

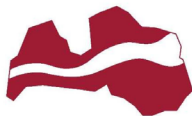
**STUDY “WORKING  
CONDITIONS AND RISKS  
IN LATVIA 2019–2021”  
FINAL REPORT**



doi:10.25143/DARL-ENG-2023



NACIONĀLAIS  
ATTĪSTĪBAS  
PLĀNS 2020



**EIROPAS SAVIENĪBA**  
Eiropas Sociālais  
fonds

I E G U L D Ī J U M S T A V Ā N Ā K O T N Ē

*Eiropas Sociālā fonda projekts “Darba drošības normatīvo aktu praktiskās  
ieviešanas un uzraudzības pilnveidošana” Nr. 7.3.1.0/16/I/001*

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SIA “TNS Latvia”

 RĪGAS STRADIŅA UNIVERSITĀTES  
DARBA DROŠĪBAS UN VIDES  
VESELĪBAS INSTITŪTS

## **WORKING CONDITIONS AND RISKS IN LATVIA 2019–2021**

**European Social Fund project “Improvement of the Practical Application and  
Monitoring of Work Safety Laws and Regulations” No. 7.3.1.0/16/I/001**

**Contracting Authority: State Labour Inspectorate**

**Contractor: Association of Rīga Stradiņš University and SIA “TNS Latvia”**

# **FINAL REPORT**

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## Summary

The aim of the study “Working Conditions and Risks in Latvia 2019–2021” was to find out the current situation in the field of labour relations and occupational health and safety, to dynamically analyse the data obtained and to develop proposals to improve the legal framework or the practical implementation thereof. By identifying the main causes of the problems and possible solutions, the study provides information that contributes to the implementation of high-quality and goal-oriented policy in the field of labour relations and occupational health and safety. The study was carried out within the framework of the project “Improvement of the Practical Application and Monitoring of Work Safety Laws and Regulations” (No 7.3.1.0/16/I/001) under the specific aid objective 7.3.1 “To improve work safety, especially in enterprises of hazardous sectors” of the operational programme “Growth and Employment”.

Between 2005 and 2018, four major studies on occupational health and safety and labour relations were carried out in Latvia, entitled “Working Conditions and Risks in Latvia”. In the light of major changes in the labour market, national economic development and the COVID-19 pandemic, this study is the fifth of its kind to provide an in-depth and comprehensive analysis of the different aspects of working conditions and work environment risks, as well as dynamic changes therein. Compared to previous studies, this study additionally analyses issues of length of service, working with carcinogens, remote working, the impact of COVID-19 on the work environment, measures taken by employers to reduce the spread of COVID-19 and cooperation with inspectors of the State Labour Inspectorate. This study also analyses the experience of other countries with preventive inspections to prevent accidents, including accidents caused by employees’ negligence. The results reflect the level of awareness of employees, employers and population on occupational health and safety issues, their attitudes towards occupational health and safety and its importance for the enterprise’s activities, and the involvement of employers and employees in social dialogue in enterprises. The study “Working Conditions and Risks in Latvia 2019–2021” includes recommendations for measures to improve working conditions in enterprises at national level, including those aspects of occupational health and safety where employers and employees lack information.

*Keywords: occupational health and safety, workplace safety, occupational diseases, accidents at work, State Labour Inspectorate, work environment, labour relations*

## List of Abbreviations

<b>CDPC</b>	Centre for Disease Prevention and Control
<b>CI</b>	Competent institution
<b>CoM</b>	Cabinet of Ministers
<b>COVID-19</b>	SARS-CoV-2 virus
<b>CS</b>	Competent occupational safety and health specialist
<b>CSB</b>	Central Statistical Bureau
<b>ESF</b>	European Social Fund
<b>EU</b>	European Union
<b>ICD-10</b>	International statistical classification of diseases and related health problems, 10th revision
<b>LHOD</b>	Laboratory of Hygiene and Occupational Diseases
<b>MHE</b>	Mandatory health examination(s)
<b>MoW</b>	Ministry of Welfare
<b>NACE</b>	Statistical classification of economic activities
<b>OSHS</b>	Occupational safety and health specialist
<b>PSCUH CORM</b>	Centre of Occupational and Radiation Medicine of Pauls Stradiņš Clinical University Hospital
<b>RSLI</b>	Regional State Labour Inspectorate
<b>RSU IOSEH</b>	Institute of Occupational Safety and Environmental Health of Rīga Stradiņš University
<b>SLI</b>	State Labour Inspectorate
<b>SSIA</b>	State Social Insurance Agency
<b>WCRL</b>	Working conditions and risks in Latvia

## Introduction

1 January 2022 marked the 20th anniversary of the entry into force of the Labour Protection Law in Latvia, which changed the overall approach to occupational safety and health: under the previous principles, all actions taken by employers were aimed at compensating employees for the possible consequences of working in harmful conditions (e.g. additional hazard pay, additional leave days for working in harmful conditions, preventive milk for working in harmful conditions, etc.). Workplace risk assessment and risk reduction or elimination became the cornerstones of the new occupational safety and health system. In addition to changes in regulatory requirements, a new generation of occupational safety and health specialists (hereinafter – OSHS) has grown up over these 20 years, and many awareness-raising activities have been carried out to promote the culture of prevention. The European Social Fund (hereinafter – ESF) has supported employers in doing workplace risk assessment risks and drawing up preventive plans, introducing a continuing education system for OSHS, etc.

Despite the measures taken, the total number of workplace accidents and occupational diseases registered with the State Labour Inspectorate (hereinafter – SLI) in Latvia continues to increase, which is why the fifth study “Working Conditions and Risks in Latvia” (hereinafter – WCRL), covering the period until 2021, provides an insight into the development of the situation in recent years. Globally, this period was mainly associated with the COVID-19 pandemic, which also had a major impact on Latvian enterprises. Some enterprises were closed or were idle for long periods, some operated entirely remotely, others had to redesign their business model and introduce strict epidemiological requirements. These rapid changes have undoubtedly also had an impact on occupational safety and health, which is why the analysis of these issues is a particular focus of the study.

The study “Working Conditions and Risks in Latvia 2019–2021” has been carried out with the financial support of the European Union (hereinafter – EU), ESF and the Latvian government within the project “Improvement of the Practical Application and Monitoring of Work Safety Laws and Regulations” (No 7.3.1.0/16/I/001). The aim of the study was to find out the current situation in the field of labour relations and occupational safety and health, to dynamically analyse the data obtained and to develop proposals to improve the legal framework or the practical implementation thereof. The study was needed to implement a high-quality and goal-oriented policy on labour relations and



occupational safety and health by monitoring current situation and identifying the causes of current problems.

Objectives of the study:

1. To identify existing problems and gaps in ensuring a safe working environment in enterprises in Latvia by sector, region, etc., taking into account the questions of the WCRL questionnaires and methodology of previous studies, so that the study results are comparable:
  - 1.1. Carrying out a survey of employers and their representatives;
  - 1.2. Carrying out a survey of employees;
  - 1.3. Carrying out a survey of Latvian population aged 15 to 74 years;
  - 1.4. Carrying out a survey of OSHSs, who are acquiring/have completed professional higher education in occupational safety and health;
  - 1.5. Carrying out a survey of people with occupational diseases;
  - 1.6. Organising focus group discussions with employers or their representatives;
  - 1.7. Organising focus group discussions with representatives of competent occupational safety and health institutions (hereinafter – CI) (external service providers), competent occupational safety and health specialists (individual external service providers) (hereinafter – CS) and OSHSs with higher education (from enterprises of hazardous sectors);
2. To perform a dynamic analysis of the following national data available on occupational diseases, accidents at work and the resulting costs for the social insurance budget in the period from 1993 to 2021:
  - 2.1. SLI data on accidents at work;
  - 2.2. Data on occupational diseases from the Latvian National Register of Persons with Occupational Diseases and Persons Exposed to Radiation from the Chernobyl Nuclear Power Plant Accident, Centre of Occupational and Radiological Medicine of Pauls Stradiņš Clinical University Hospital (hereinafter – PSCUH CORM);
  - 2.3. Data on laboratory measurements of the work environment from the Institute of Occupational Safety and Environmental Health of Rīga Stradiņš University (hereafter – RSU IOSEH);
  - 2.4. Data from the State Social Insurance Agency (SSIA) on costs of accidents at work and occupational diseases (including expenditure on preventive measures);
3. To evaluate all the results:

- 3.1. To analyse the data from all surveys, paying particular attention to the dynamic description of the situation (compared to the ESF study “Working Conditions and Risks in Latvia” conducted in 2005–2007, the ESF study “Working Conditions and Risks in Latvia” conducted in 2009–2010, the ESF study “Working Conditions and Risks in Latvia” conducted in 2012–2013 and the ESF study “Working Conditions and Risks in Latvia” conducted in 2017–2018);
- 3.2. To dynamically analyse the above-mentioned national databases for the period 1993–2021;
- 3.3. To evaluate the implementation of the recommendations of the study “Working Conditions and Risks in Latvia” carried out in the framework of the ESF project in 2017–2018;
4. To identify changes and improvements needed in occupational health and safety legislation to reduce the administrative burden on employers, make recommendations to policy makers and implementers, and propose topics for future research;
5. To study the experience of at least five European and at least two non-EU countries in carrying out preventive activities to avoid accidents, including accidents due to negligence;
6. To prepare various deliverables and carry out public awareness activities.

The study “Working Conditions and Risks in Latvia 2019–2021” was carried out by a team of researchers, including experts from JSC “TNS Latvia” and RSU IOSEH. The following experts took part in the study: Ivars Vanadziņš, Lāsma Akūlova, Linda Paegle, Kristiāna Venžega, Svetlana Lakiša un Dace Jakimova, while quantitative surveys of employers, employees and the Latvian population were conducted under the supervision of Signe Kaņējeva, Major Account Director at SIA “TNS Latvia”, and Dace Goško, Senior Account Manager. The following additional specialists participated in the design of the survey samples, data processing and analysis on behalf of SIA “TNS Latvia”: Ingrīda Libora, Olga Gutoviča, Jānis Reinsons, Elīna Mūrniece, Evija Pļavinska, Anna Orehova, Ilze Liepiņa, Agnese Indriksone and Jūlija Cvetkova.

The research team would like to thank everyone who contributed to the study!

## Methodology

In line with the objectives of the study, quantitative and qualitative research methods were used. To allow for a dynamic analysis of the study results, the methodology of previous WCRL studies was used to the extent possible. Within the framework of the study, several activities were carried out and different research methods were used to obtain subjective (focus group discussions) and objective (surveys, databases) results from the different target populations included in the study. The results allow to assess the existing problems and gaps in ensuring a safe work environment in enterprises in Latvia, as well as people's attitudes towards occupational safety and health and labour relations.

Within the framework of the study, several activities were carried out using the methods described below:

- 1) Surveys of employers and representatives, employees and the Latvian population;
- 2) OSHS survey;
- 3) Survey of people with occupational diseases;
- 4) Focus group discussions with employers and their representatives, as well as CIs, CSs and OSHSs with higher education;
- 5) Assessment of the dynamic analysis of the national data available on occupational diseases, accidents at work and the resulting costs for the social insurance budget in the period from 1993 to 2021;
- 6) Assessment of the objective situation of working conditions and hazards in the work environment (analysis of laboratory measurement database).
- 7) Study of the experience of at least five European and at least two non-EU countries in carrying out preventive checks to avoid accidents at works, including accidents due to negligence;
- 8) Evaluation of all the results obtained.

## Surveys and Discussions

Within the framework of the study “Working Conditions and Risks in Latvia 2019–2021”, several surveys were conducted – surveys of employers and their representatives, employees and the Latvian population on working conditions and workplace hazards in enterprises, as well as a survey of people with occupational diseases and focus group discussions with employers, their representatives, CSs and OSHs with higher education working in enterprises.

Below is a summary of the methods used in the study (Table 1).

**Table 1. Summary of surveys and focus group discussions**

Title	Target group	Research method	Period of field work	Number of respondents
Survey of employers and representatives	Employers in Latvia, i.e. business owners or senior managers	Computer Assisted Telephone Interviews (CATI) in Latvian or Russian (respondent’s choice)	From 3 January 2022 to 18 March 2022	1013
Survey of employees	Employed population of Latvia, i.e. all persons aged 15–74 who, at the time of the survey, are performing any work either for remuneration in cash or for remuneration in goods or services (Labour Force Survey, Central Statistical Bureau)	Computer Assisted Personal Interviews (CAPI) at the respondents’ place of residence in Latvian or Russian (respondent’s choice)	From 20 December 2021 to 14 July 2022	2503
Survey of the Latvian population	Latvian population aged 15–74	Computer Assisted Web Interviews (CAWI) in Latvian or Russian (respondent’s choice)	From 5 November 2021 to 14 November 2021	1100
Survey of OSHs	OSHSs, who are acquiring/have completed professional higher education in occupational safety and health	Electronically distributed (self-addressed) surveys (interviews) using the so-called snowball sampling approach	From 19 January 2022 to 4 February 2022	224

Title	Target group	Research method	Period of field work	Number of respondents
Survey of persons with occupational diseases	Persons with occupational diseases	Computer Assisted Personal Interviews (CAPI) at the PSCUH CORM and an online survey distributed via direct emails to the OSHSSs of enterprises with the highest number of employees with occupational diseases recorded in the last 5 years, according to SLI data	From 22 April 2022 to 15 August 2022	203
Focus group discussions with employers and their representatives	Employers and their representatives	Focus group discussion	From 20 January 2022 to 10 May 2022	26
Focus group discussions with representatives from CI and OSHSSs with higher education	OSHSSs with higher education	Focus group discussion		17

## Database Analysis

To perform a dynamic analysis of the national data available on occupational diseases, accidents at work and the resulting costs for the social insurance budget in the period from 1993 to 2021, the following data were used:

- 1) SLI data on accidents at work;
- 2) Data on occupational diseases from the Centre for Disease Prevention and Control (hereinafter – CDPC), which includes data on occupational diseases from the PSCUH CORM;
- 3) SSIA data on costs of accidents at work and occupational diseases (including expenditure on preventive measures);
- 4) RSU IOSEH data on laboratory measurements of the work environment.

Data of the thematic annexes of previous studies were used to describe and dynamically compare the results of this study with those of previous periods.

The SLI periodically collects data on work environment indicators such as accidents at work and recognised occupational diseases, so the SLI annual activity reports were used as a data source for the analysis in this section. Within the framework of the study, a dynamic in-depth analysis of the following parameters (analysis of available data from 1993 to 2021) was carried out:

- Accident dynamics, breakdown by sector, region;
- Number of employees injured in accidents;
- Breakdown of accidents by type of impairment, by month, by cause, by body part injured, etc.

The data on occupational diseases used in this study come from the CDPC Register of Patients with Specific Diseases. This register collects data on occupational diseases submitted by the CDPC to the PSCUH CORM. As in previous studies, this study uses data on the number of employees available from the Central Statistical Bureau (hereinafter – CSB). In Latvia, diseases (including occupational diseases) are classified using the tenth edition of the International Classification of Diseases (hereinafter – ICD-10). It consists of alphanumeric codes covering all pathological conditions. In this study, the relevant ICD codes of occupational diseases are written after the name of the occupational disease or group of occupational diseases.

The national costs of accidents at work, occupational diseases and preventive measures have been analysed using the SSIA Public Annual Reports, available on the SSIA website. Since 1997, employers have been obliged to pay both mandatory social security contributions and contributions for insurance against accidents at work and occupational diseases for their employees. These contributions are administered in a separate so-called Special Budget for Accidents at Work. The costs of preventive measures were analysed using data on the Special Budget for Accidents at Work, as the amendments to the Law on Mandatory Social Insurance in Respect of Accidents at Work and Occupational Diseases provide that the funds of the Special Budget for Accidents at Work, but not more than 0.5 per cent of the total amount of the Special Budget for Accidents at Work established in the Annual State Budget Law, shall be used to finance preventive measures implemented by the RSU IOSEH, as recommended by the Ministry of Welfare (hereinafter – MoW). The cost of preventive measures is therefore calculated and derived from the revenue and expenditure of the annual Special Budget for Accidents at Work.

This study also included an analysis of the RSU IOSEH laboratory measurement database on laboratory measurements of the work environment from 1 January 1995 to 31 December 2021. For

a further description of the database, see the WCRL thematic annex “Workplace Hazards and Workplace Risk Assessment”.

## Other Data

In order to identify good practices in the prevention of accidents, the researchers studied the occupational safety and health situation in other European countries.

To compare the situation in Latvia with the EU average and with other EU Member States, data from the EUROSTAT database, which collects and publishes data according to a common methodology, were used. To ensure that the data are comparable, it takes time to collect and process EUROSTAT data, therefore they are published with a delay. For this reason, researchers could only analyse data up to and including 2020 in this thematic annex. Data on the number of accidents at work per 100,000 employees were used for the data analysis. The countries have been selected so that the results reflect the situation in the region (Baltic States) and in the countries with the highest and lowest corresponding rates of accidents at work according to EUROSTAT data. More information on the data used and the analysis carried out can be found in the WCRL thematic annex “Accidents at Work, 1993–2021”.

## Results and Discussion

### Impact of the COVID-19 Pandemic on the Work Environment

Unlike the other WCRL studies, the period between 2018 and 2022, when the last two studies were carried out, is characterised as a time of significant change not only in the work environment but in the country as a whole. This is due to the COVID-19 pandemic, which affected both business and employment. Studies on the COVID-19 pandemic have already been carried out in Latvia, the results of which showed that employees were more affected by the emergency situations declared in Latvia, and that employers did not provide sufficient support to their employees – both in organising remote work (e.g. ergonomic workplace, reimbursement of expenses), psycho-emotional support, training and career development support<sup>1</sup>. Taking into account the mentioned aspects, the fifth WCRL study specifically analysed the impact of the COVID-19 pandemic on various work-related issues.

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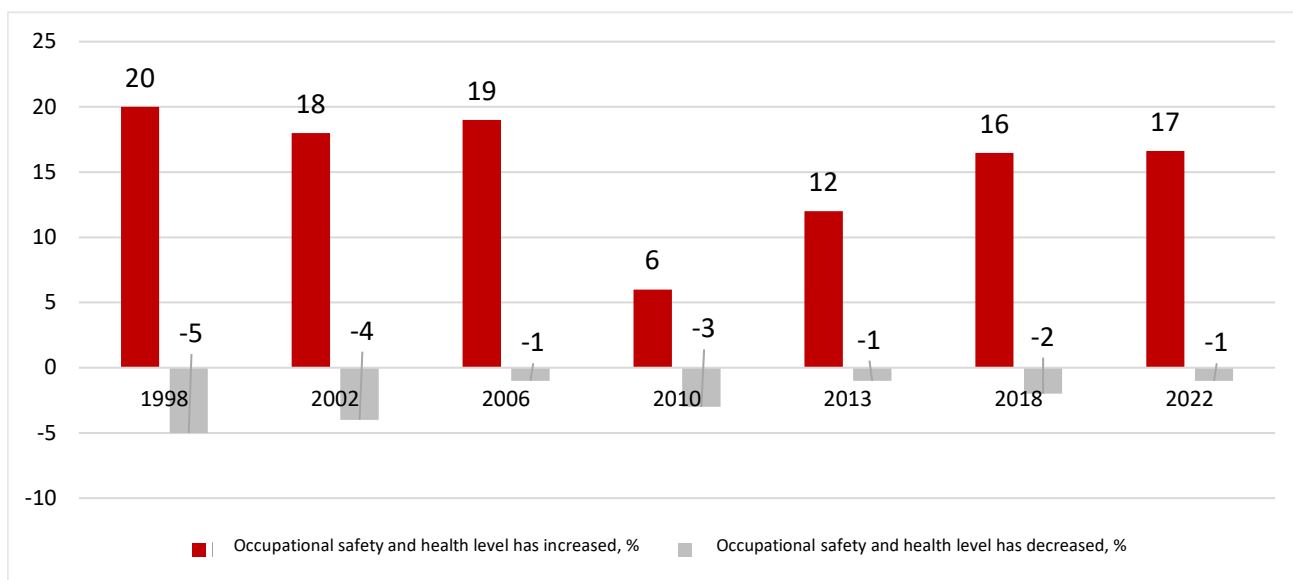
<sup>1</sup> Study “Life with COVID-19: An Assessment of the Management of the Coronavirus Crisis in Latvia and Proposals for Future Societal Resilience”, available at: [http://stradavesels.lv/Uploads/2021/01/05/31\\_zinojums\\_c.pdf](http://stradavesels.lv/Uploads/2021/01/05/31_zinojums_c.pdf), viewed on 10.03.2023.

## Changes in the Work Environment

### Occupational safety and health

To assess whether the COVID-19 pandemic has had an impact on the work environment, **employees** were asked during the WCRL study how the occupational safety and health situation in their workplace had changed over the past year. This question has been asked not only in all previous WCRL studies, but also in 1998 and in 2002, when the Working Life Barometer in the Baltic Countries studies were carried out. Overall, the analysis of the responses to this question allows to assess the dynamics of change in employees' views (Figure 1).

**Figure 1. The proportion of employees who believe that the level of occupational safety and health in their enterprises/institutions has changed, %**



Base – all respondents: In 2022, n=2503; in 2018, n=2502; in 2013, n=2383; in 2010, n=2378; in 2006, n=2455. Data from 1998 and 2002 from the study Working Life Barometer in the Baltic Countries.

Source: employee survey

In 2022, the situation has not changed significantly compared to the results of the previous employee survey, with about the same proportion of respondents in both surveys indicating that the level of occupational safety and health in their enterprise/institution has improved. Such research results can be evaluated positively as they show that the COVID-19 pandemic has not had a significant impact on the views of employees. In the context of crises, it is important to compare the results of the 2022 and 2010 surveys. While the 2010 survey results were affected by the global financial crisis, which had reduced the share of respondents who felt that the occupational safety and health situation had improved, the COVID-19 pandemic did not have such an impact on employees' views.



Analysing the results of the survey by age and gender of respondents, it can be concluded that respondents in the younger age groups were more likely to indicate an improvement in the level of occupational safety and health than older respondents (18–24 years – 20.3%, 25–34 years – 20.3%, 35–44 years – 15.9%, 45–54 years – 16.5%, 55–74 years – 13.7%), while no significant difference was observed by respondent gender (men – 15.2%, women – 17.6%). Improvements were more often experienced by respondents in the public sector (20.2% in the public sector, 14.7% in the private sector, 16.4% in public organisations) and in large enterprises (1–10 employees – 12.2%, 11–49 employees – 15.6%, 50–249 employees – 18.5%, 250 and more employees – 22.3%).

### Labour Law

In the 2022 **employer** survey, the proportion of respondents saying that employees work only on the basis of a verbal agreement has increased significantly. These results are critical as they are the worst in all the WCRL studies (Table 2).

**Table 2. The proportion of employers who have concluded a written labour agreement or verbal agreement with employees, %**

	2006	2010	2013	2018	2022
A written labour agreement has been concluded with all employees	97.0	95.0	97.0	94.4	92.4
At least one employee works on the basis of a verbal agreement	2.0	3.0	1.0	1.0	–
A written labour agreement has been concluded with most employees	1.2	1.0	0.3	0.3	0.8
An equal proportion of employees have concluded a written agreement and work on the basis of a verbal agreement	0.1	0.5	0.2	0.0	
Most employees work on the basis of a verbal agreement	0.4	0.01	0.02	0.3	0.0
Employees work only on the basis of a verbal agreement	0.3	1.0	0.2	0.4	5.2
Difficult to say/NA	1.0	2.0	2.0	4.6	1.6

Base – all respondents, in 2022, n=1013; in 2018, n=1081; in 2013, n=1044; in 2010, n=1044; in 2006, n=1058

Source: employer survey

These results are likely to be linked to the impact of the COVID-19 pandemic, during which the SLI carried out much fewer on-site inspections of enterprises. This is also confirmed by the study Shadow Economy Index for the Baltic Countries 2009–2021<sup>2</sup> conducted by the Stockholm School of Economics in Riga, which calculated the shadow economy index in Latvia at 26.6% of gross domestic product, and predicted that in the second year of the pandemic the shadow economy in Latvia could be more extensive than before, as due to the difficult business conditions, many entrepreneurs will have to look for ways to reduce expenses (such as related to labour taxes). It should also be borne in mind that the reporting of employment is considered sensitive information that some employers may not wish to disclose in the survey and for this reason the data cannot be considered comparable with the actual situation in the country.

The results of the **employee** survey conducted as part of the study show a positive trend, with an increasing number of employees considering the need for a written employment agreement to be important (Table 3).

**Table 3. The proportion of employees by understanding of the need for a written employment agreement, %**

Proportion of employees/year	2006	2010	2013	2018	2022
Very important	73*	68*	77*	81.5	86.1
Rather important	18*	22*	17*	15.2	11.1
Rather unimportant	5*	7*	5*	2.0	1.5
Completely unimportant	3*	3*	1*	0.8	1.0
Difficult to say/NA	0.3	0.1	0.4	0.5	0.3

Note: \* – exact information on these answer options is not available for the years concerned

Base – all respondents, in 2022, n=2503; in 2018, n=2502; in 2013, n=2383; in 2010, n=2378; in 2006, n=2455

Source: employee survey

This trend can be explained by various information materials and campaigns. For example, in 2017 and 2018, activities were implemented under the “#Atkrāpies!” movement aimed at informing the public about various fraud risks, including potential risks related to labour relationships. The COVID-19

<sup>2</sup> Shadow Economy Index for the Baltic Countries 2009-2021: [https://www.sseriga.edu/sites/default/files/2022-05/SSERiga\\_Enu\\_ekonomikas\\_indekss\\_2009\\_2021\\_brosura\\_0.pdf](https://www.sseriga.edu/sites/default/files/2022-05/SSERiga_Enu_ekonomikas_indekss_2009_2021_brosura_0.pdf), viewed on 21.01.2023.

pandemic made employees aware of the vulnerability of those without a written contract and tax contributions – during the initial phase of the pandemic, it was not possible to apply for state support (downtime compensation) or to get paid sick leave.

The importance of having a written labour agreement (including answers “very important” and “rather important”) is most likely to be mentioned in 2022 by employees of the following sectors:

- Manufacture of textiles and clothing – 100%;
- Manufacture of paper and paper products, printing and reproduction of records – 100%;
- Health and social care – 98.2%.

It should be noted that the number of employees surveyed in the sectors of production of textiles and clothing and paper and paper products in 2022 was small (50 employees or less), so the data should be interpreted with caution.

The existence of a written labour agreement was least important for employees in the following sectors in 2022:

- Construction – 92.7%;
- Production of wood and manufacture of products of wood and cork, manufacture of furniture – 94.3%;
- Metal manufacturing, metal fabrication, except for machinery and equipment – 94.7%.

As in previous WCRL surveys, women find having a written labour agreement more important than men in 2022 (men: in 2022 – 95.1%, in 2018 – 94.1%, in 2013 – 91.1%, in 2010 – 88.7%; women: in 2022 – 98.6%, in 2018 – 98.7%, in 2013 – 95.6%, in 2010 – 98.7%). Such indicators can be explained by the fact that social insurance is more important for women, which also includes, for example, maternity benefits. The trend observed in the dynamic can be evaluated positively – the proportion of men who consider concluding a labour agreement to be important is increasing. Similarly, compared to previous WCRL surveys, the proportion of employees in all age groups for whom a written labour agreement is important is increasing. In 2022, a written employment agreement is equally important for all age groups, with no significant differences:

- In 2022: 18–24 years – 97.3%, 25–34 years – 96.6%, 35–44 years – 97.2%, 45–54 years – 98.0%, 55–74 years – 96.9%;

- In 2018: 18–24 years – 93.2%, 25–34 years – 96.8%, 35–44 years – 96.9%, 45–54 years – 97.9%, 55–74 years – 96.3%;
- In 2013: 18–24 years – 94.2%, 25–34 years – 93.3%, 35–44 years – 94.9%, 45–54 years – 93.7%, 55–74 years – 91.9%;
- In 2010: 18–24 years – 86.1%, 25–34 years – 89.4%, 35–44 years – 91.7%, 45–54 years – 90.6%, 55–74 years – 90.8%.

See the thematic annex “Labour Relations” for more details.

### Compliance with Laws and Regulations

The **employer** survey asked respondents to rate the extent to which the work environment in their enterprise/institution complies with the requirements of the Labour Protection Law. The assessment had to be made on a 10-point scale, where 1 meant “not compliant” and 10 meant “fully compliant”. Unlike in previous studies, where a positive trend was observed as the average employer rating improved, the dynamics remain unchanged in 2022 (the average rating was 8.7 in 2022, 8.7 in 2018, 8.4 in 2013, 7.9 in 2010 and 8.1 in 2006). It is likely that these results are linked to the impact of the COVID-19 pandemic, which led enterprises to focus on the implementation of epidemiological requirements. Some enterprises were also idle for long periods, while others needed to redesign their business to adapt to changes in the business environment.

As in previous studies, there are significant differences (Table 4) when comparing the average results for individual sectors with the Latvian average. While in 2018 the lowest score was 8.0 in production of wood and manufacture of products of wood and cork, manufacture of furniture, in 2022 the lowest score was in metal manufacturing, metal fabrication and fishing industry (8.1 in both sectors). However, for the best score, it is not possible to conduct a precise dynamic analysis, as education was not distinguished as a separate sector in 2022. Health and social care had the best average score (9.0 points), with a slight increase compared to 2018 (8.9 points). However, comparing the survey results on a dynamic basis, it can be seen that there have been no significant changes in the sectors. The largest improvement was observed in water supply, waste water and waste management and remediation (0.4 points) and production of wood and manufacture of products of wood and cork, manufacture of furniture (0.3 points), while the manufacturing industries that were not analysed separately in the study showed a decline (0.3 points).

**Table 4. Average score of sectoral employers on the compliance of their enterprise/institution with the requirements of the Labour Protection Law, points**

Main sector of activity of the enterprise	2006**	2010	2013	2018	2022
Health and social care	8.8	8.7	8.2	8.9	9.0
Other sectors	8.3	8.1	8.4	8.9	8.9
Electricity, gas supply, heating and air conditioning	7.9	7.8	8.4	8.7	8.8
Transport and storage sector	*	*	*	*	8.8
Water supply, waste water and waste management and remediation	*	7.8	8.3	8.3	8.7
Mining and quarrying	7.4	8.0	8.5	8.7	8.6
Manufacture of food products and beverages	7.9	7.4	8.4	8.4	8.6
Manufacture of textiles and clothing	*	7.7	8.2	8.6	8.6
Manufacture of paper and paper products, printing and reproduction of records	*	7.8	8.5	8.5	8.5
Agriculture and forestry	7.8	7.4	8.4	8.3	8.3
Production of wood and manufacture of products of wood and cork, manufacture of furniture	7.4	7.2	7.8	8.0	8.3
Manufacturing industry	8.0	7.5	8.0	8.5	8.2
Construction	7.8	7.7	8.2	8.4	8.2
Fish industry	8.4	7.7	8.6	8.2	8.1
Metal manufacturing, metal fabrication, except for machinery and equipment	7.3	7.1	7.7	8.2	8.1
Education	*	*	*	9.5	*

Notes: \* – sector-specific data are not available for the study;

\*\* - data cannot be analysed dynamically due to the change in NACE classification in 2008.

Base – all respondents, in 2022, n=1013; in 2018, n=1081; in 2013, n=1044; in 2010, n=1044; in 2006, n=1058

Source: employer survey

When analysing employers' responses on the compliance of their enterprise with the requirements of the Labour Protection Law, taking into account the size of the enterprise the respondent represented, similar trends were observed as in 2018, with employers of small and large enterprises

rating compliance the highest. In the 2022 employer survey, for the first time in the lifetime of the WCRL studies, one group of respondents had an average score of at least 9:

- 1–10 employees – 8.8 (in 2018 – 8.7, in 2013 – 8.3, in 2010 – 7.9, in 2006 – 8.2);
- 11–49 employees – 8.7 (in 2018 – 8.6, in 2013 – 8.2, in 2010 – 7.9, in 2006 – 8.1);
- 50–249 employees – 8.7 (in 2018 – 8.5, in 2013 – 8.5, in 2010 – 8.3, in 2006 – 7.8);
- 250 and more employees – 9.0 (in 2018 – 8.7, in 2013 – 8.4, in 2010 – 8.3, in 2006 – 8.3);

Using a similar 10-point scale as employers, **employees** were also asked to rate the extent to which the enterprise/institution they work for complies with occupational safety and health requirements. The average score in 2022 was 8.9, indicating that, in contrast to the employer’s view, employees believe that the level of compliance with occupational safety and health requirements in their companies continues to improve (8.7 in 2018, 8.5 in 2013, 8.3 in 2010 and 8.2 in 2006).

When analysed by sector, surprising results were observed in 2022, with employees from the mining and quarrying sector scoring the highest in terms of compliance with occupational safety and health requirements in 2022. These results are likely to be due to the relatively small number of employees in the sector and the use of sectoral quotas in the formation of the research sample – it is possible that several respondents were interviewed from a single enterprise where compliance with occupational safety and health requirements is relatively high (Table 5). As with the results of the employer survey, it is not possible to accurately compare the views of employees on a dynamic basis, as the education sector performed best in 2018 (the 2018 study was the only one to single out this sector). In 2022, the largest increases in average scores were found in agriculture and forestry, water supply, waste water and waste management and remediation, and fish industry (in all sectors by 0.6 points), while decreases were found in the manufacture of food products and beverages and textiles and clothing (by 0.2 points in both sectors).

**Table 5. Average score of employees in different sectors on compliance with occupational safety and health requirements in their enterprises/institutions, points**

Main sector of activity of the enterprise	2006**	2010	2013	2018	2022
Mining and quarrying	8.7	8.9	8.2	8.7	9.2
Health and social care	8.7	9.3	8.8	8.7	9.1
Water supply, waste water and waste management and remediation	*	8.8	8.2	8.5	9.1

Main sector of activity of the enterprise	2006**	2010	2013	2018	2022
Electricity, gas supply, heating and air conditioning	8.9	8.7	9.0	8.9	9.0
Manufacture of paper and paper products, printing and reproduction of records	*	8.0	8.0	8.9	9.0
Manufacturing industry	8.1	8.4	8.6	8.9	9.0
Metal manufacturing, metal fabrication, except for machinery and equipment	7.9	7.5	8.2	8.7	9.0
Other sectors	8.2	8.4	8.6	8.8	9.0
Manufacture of food products and beverages	7.9	8.4	8.6	9.1	8.9
Agriculture and forestry	7.7	8.1	8.3	8.2	8.8
Production of wood and manufacture of products of wood and cork, manufacture of furniture	7.6	7.8	8.0	8.3	8.7
Fish industry	8.2	8.6	8.2	8.0	8.6
Construction	7.6	7.3	8.3	8.5	8.6
Manufacture of textiles and clothing	*	7.7	8.6	8.5	8.3
Education	–	–	–	9.3	–

Notes: \* – data for these sectors are not available in a given year due to the change in NACE classification;

\*\* – data cannot be analysed dynamically due to the change in NACE classification in 2008;

“–” – these studies did not single out the education sector.

Base: all respondents, in 2022, n=2503; in 2018, n=2502; in 2013, n=2383; in 2010, n=2378; in 2006, n=2455

Source: employee survey

There is little difference in the average rating of compliance with occupational safety and health requirements in the enterprise between different age groups (18–24 years – 9.0, 25–34 years – 8.9, 35–44 years – 8.8, 45–54 years – 9.0, 55–74 years – 9.0). According to employees, the average score in 2022 was 9.1 in the public sector (9.1 in 2018, 8.8 in 2013, 8.6 in 2010), 8.8 in the private sector (8.6 in 2018, 8.3 in 2013, 8.0 in 2010) and 8.9 in public organisations (8.2 in 2018, 8.5 in 2013, 7.3 in 2010). In 2022, as in all previous studies, the trend remains the same – as the number of employees in the enterprise increases, the average score of compliance with occupational safety and health requirements increases (1–10 employees – 8.7, 11–49 employees – 8.9, 50–249 employees – 9.0, 250 and more employees – 9.2).

**OSHSs who had completed or were acquiring higher education in occupational safety and health at the time of the survey** also gave their views on the compliance of enterprises with the

requirements of the Labour Protection Law. Respondents of this group rated compliance with regulatory requirements in the workplace more negatively than other groups, but the score has improved over time from 6.4 in 2018 to 6.7 in 2022 (scores ranged from 1 to 10, with 1 being “not compliant” to 10 being “fully compliant”). In the 2022 survey, for the first time more than half of the respondents chose a score higher than 7. In 2022, 59.4% of respondents (48.2% of OSHs surveyed in 2018, 35.2% in 2010, 8.6% in 2006) gave this assessment. The OSHs were also asked to assess compliance with specific laws and regulations. The survey results show that the best compliance is with the requirements of the laws and regulations on the procedure for investigating and registration for accidents at work, and the worst compliance is with the requirements on the procedure for electing and acting as trusted representatives (Table 6).

**Table 6. Average score of occupational safety and health specialists on compliance with laws and regulations, points**

<b>Cabinet of Ministers regulations</b>	<b>2006</b>	<b>2010</b>	<b>2018</b>	<b>2022</b>
Cabinet Regulation No. 950 of 25 August 2009 Procedures for Investigation and Registration of Accidents at Work	*	7.4	7.4	8.5
Cabinet Regulation No. 343 of 06 August 2002 Labour Protection Requirements when Working with Displays	6.5	7.1	6.9	8.1
Cabinet Regulation No. 219 of 10 March 2009 Procedures for the Performance of Mandatory Health Examinations	6.4	7.0	6.7	8.1
Cabinet Regulation No. 660 of 02 October 2007 Procedures for the Performance of Internal Supervision of the Work Environment	*	*	6.8	8.0
Cabinet Regulation No. 749 of 10 August 2010 Regulations Regarding Training in Labour Protection Matters	*	*	6.9	8.0
Cabinet Regulation No. 400 of 03 September 2002 Labour Protection Requirements for Use of Safety Signs	*	7.0	6.7	7.9
Cabinet Regulation No. 372 of 20 August 2002 Labour Protection Requirements When Using Personal Protective Equipment	*	6.8	6.3	7.8
Cabinet Regulation No. 723 of 08 September 2008 Regulations Regarding the Requirements for Competent Authorities and Competent Specialists in Labour Protection Issues and the Procedures for Assessing Competence	*	*	6.9	7.8
Labour Protection Law	–	–	–	7.7
Cabinet Regulation No. 116 of 01 March 2016 Procedures for the Investigation and Registration of Accidents at Work Involving Officials with Special Service Ranks of the Ministry of the Interior System Institutions and the Prison Administration	*	*	8.4	7.7



<b>Cabinet of Ministers regulations</b>	<b>2006</b>	<b>2010</b>	<b>2018</b>	<b>2022</b>
Cabinet Regulation No. 359 of 28 April 2009 Labour Protection Requirements in Workplaces	5.7	6.6	6.3	7.7
Cabinet Regulation No. 908 of 06 November 2006 Procedures for Investigation and Registration of Occupational Diseases	*	*	7.0	7.7
Cabinet Regulation No. 99 of 08 February 2005 Regulation Regarding the Types of Commercial Activities in which an Employer Involves a Competent Authority	5.4	6.1	6.5	7.6
Cabinet Regulation No. 344 of 06 August 2002 Labour Protection Requirements, when Moving Heavy Loads	5.4	6.2	6.3	7.6
Cabinet Regulation No. 92 of 25 February 2003 Labour Protection Requirements in Performing Construction Work	*	6.0	6.1	7.5
Cabinet Regulation No. 143 of 18 March 2014 Labour Protection Requirements when Working at a Height	*	*	6.2	7.5
Cabinet Regulation No. 310 of 02 May 2012 Labour Protection Requirements in Forestry	*	*	7.3	7.5
Cabinet Regulation No. 713 of 03 August 2010 Regulations on the Procedure for Providing First Aid Training and the Minimum Medical Materials for First Aid Kits	*	*	5.9	7.5
Cabinet Regulation No. 526 of 09 December 2002 Labour Protection Requirements when Using Work Equipment	*	*	6.2	7.4
Cabinet Regulation No. 66 of 04 February 2003 Labour Protection Requirements for Protection of Employees from the Risk Caused by the Noise of the Work Environment	5.7	6.7	6.2	7.2
Cabinet Regulation No. 189 of 21 May 2002 Labour Protection Requirements when coming into Contact with Biological Substances	5.7	5.6	6.5	7.2
Cabinet Regulation No. 284 of 13 April 2004 Labour Protection Requirements for the Protection of Employees from the Risk Caused by Vibration in the Work Environment	5.0	5.8	5.8	7.2
Cabinet Regulation No. 300 of 10 June 2003 Labour Protection Requirements at Work in Explosive Atmospheres	6.2	6.0	7.2	7.2
Cabinet Regulation No. 325 of 15 May 2007 Labour Protection Requirements when Coming in Contact with Chemical Substances at Workplaces	5.7	6.3	5.9	7.2
Cabinet Regulation No. 803 of 29 September 2008 Labour Protection Requirements when Coming in Contact with Carcinogenic Substances at Workplaces	5.3	5.5	6.9	7.0
Cabinet Regulation No. 150 of 21 February 2006 Labour Protection Requirements for Extraction of Minerals	5.2	5.0	8.8	6.9
Cabinet Regulation No. 731 of 30 June 2009 Labour Protection Requirements for the Protection of Workers from the Risk Arising from Artificial Optical Radiation in the Work Environment	*	*	7.2	6.6

<b>Cabinet of Ministers regulations</b>	<b>2006</b>	<b>2010</b>	<b>2018</b>	<b>2022</b>
Cabinet Regulation No. 852 of 12 October 2004 Labour Protection Requirements in Work with Asbestos	4.9	5.1	6.6	6.6
Cabinet Regulation No. 584 of 13 October 2015 Labour Protection Requirements for the Protection of Employees from Risks Arising from Electromagnetic Fields in the Working Environment	*	*	6.2	6.4
Cabinet Regulation No. 359 of 01 July 2003 Regulations on Safety and Health Protection Requirements and Medical Treatment Procedures on Board Vessels	5.6	5.2	9.1	6.3
Cabinet Regulation No. 61 of 04 February 2003 Regulations Regarding the Safety and Health Protection Requirements for Work on Fishing Vessels	5.3	4.9	8.8	6.2
Cabinet Regulation No. 427 of 17 September 2002 Procedure for the Election of Trusted Representatives and the Activities Thereof	4.8	4.8	6.0	5.8

Note: \* – laws and regulations adopted after the survey or not included in the survey

Base: all respondents; in 2022, n=224; in 2018, n=201; in 2010, n=210; in 2006, n=86

Source: Survey of OSHSs

### Changes in Attitudes Towards Laws and Regulations

The OSHSs' assessment of the laws and regulations and procedures for adoption and implementation thereof cannot be evaluated unambiguously, but it is very similar to that of 2018 (Table 7). On the one hand, OSHSs consider laws and regulations as simple and easily accessible (72.3% of respondents), but they require too many different lists and documents (68.8% of respondents fully/rather agree). In addition, 57.6% of OSHSs believe (fully/rather agree) that the administrative burden has increased in the last five years. It is likely that these results are mainly due to changes in laws and regulations related to chemicals and carcinogens, an area of the work environment already identified as problematic in previous WCRL studies. However, a possible explanation for these results could be related to the frequent and rapid changes in regulatory requirements, which was a typical situation in the context of the containment of the COVID-19 pandemic, as these laws and regulations contained various administrative requirements.

**Table 7. Occupational safety and health specialists' opinion on Laws and Regulations, %**

Statement	I fully agree	I rather agree	I rather disagree	I fully disagree	Difficult to say
Laws and regulations (including consolidated versions thereof) are easily and conveniently accessible	24.1	48.2	21.4	3.6	2.7
Regulatory requirements change too often	8.0	27.7	48.7	12.5	3.1
Regulatory requirements are sufficiently discussed before adoption	3.6	21.0	40.6	18.8	16.0
Laws and regulations require too many different lists and other documents in organisations	18.8	50.0	23.7	3.5	4.0
Guidelines should be prepared for each legislative act at the same time as it is adopted	50.4	37.9	4.9	2.2	4.6
The administrative burden for employers in the field of occupational safety and health has increased over the last 5 years	20.1	37.5	28.1	4.9	9.4
Laws and regulations have become more practical, easier to understand and easier to follow over the last 5 years	2.2	30.8	42.9	10.3	13.8
New, unjustified occupational safety and health requirements have emerged over the last 5 years	4.0	19.6	54.0	8.0	14.4
The requirements of occupational safety and health legislation have become more specific over the last 5 years	3.1	35.7	37.1	8.0	16.1
The requirements of the laws and regulations on occupational safety and health adopted over the last 5 years impose additional costs on employers	11.6	40.6	23.7	4.5	19.6

Base: all respondents, in 2022, n=224

Source: Survey of OSHSs

The results of the OSHSs survey show that two types of improvements are desirable in the process of adoption and implementation of laws and regulations. Firstly, 88.3% of the OSHSs surveyed agree (fully/rather agree) that explanatory material should be prepared for each legislative act at the same time as it is adopted. Secondly, 59.4% of respondents of this group rather disagree or fully disagree with the statement that regulatory requirements are sufficiently discussed before adoption. At the

same time, it should be stressed that greater involvement of OSHs in the development process of laws and regulations is challenging, due to the different interests of OSHs (the wishes of service provider and enterprise OSHs differ significantly). This is also confirmed by the analysis of the results of the OSHs focus group discussions, as the OSHs pointed to substantially different ideas when it came to the changes needed in laws and regulations. For example, conflicting views were found regarding the issue of whether in-house OSHs should be subject to regular recertification: *“I think yes, every 5 years ... such certification would be good”, “Maybe not certification... some courses, additional training, that kind of thing”*.

The most frequently mentioned issues were related to working outdoors in hot weather (with similar restrictions as for work in cold weather) and the determination of CO<sub>2</sub> concentrations and limit values in non-industrial premises. For example, an OSH providing services in the field of occupational safety and health stated: *“It’s certainly the case that the cold weather is at least somewhat regulated, but in the hot weather I have seen a lot of complaints ... What do we do then? We go home, we don’t work – what do we do?”* Issues related to CO<sub>2</sub> concentrations came to the fore during the COVID-19 pandemic, when special attention was paid to room ventilation. In this context, an OSH from an enterprise mentioned: *“[In the regulatory context, a significant aspect is] CO<sub>2</sub> concentration. It would also make my job as an occupational safety and health specialist easier if there were certain ... these concentrations in the work premises, because I would very much like to... to take measurements, to improve the air quality, but for the moment I don’t really have anything ... to bring before the employer, because there are no [mandatory requirements]”*.

### Changes to the Occupational Safety and Health System in Enterprises

Under the laws and regulations, employers have a number of options for setting up an occupational safety and health system in their enterprise, but these are influenced by the sector in which the enterprise operates and the number of employees in that enterprise. The results of the 2022 **employer** survey show that, as in all previous surveys, employers were most likely to carry out occupational safety and health duties themselves. Moreover, the share of such employers has increased since 2018, and is at its highest level ever in the WCRL studies (Table 8).

**Table 8. Operator of the occupational safety and health system in the enterprise/institution, %**

Operator	2006	2010	2013	2018	2022
Employer carries out occupational safety and health duties	63.4	55.8	44.9	58.4	64.1
There is an OSHS	22.6	24.1	33.4	15.6	9.4
There are several OSHSs and/or an occupational safety and health unit has been set up	3.8	8.5	9.0	0.9	0.3
An agreement has been concluded with CI on occupational safety and health (outsourced)	2.0	7.4	8.0	11.0	12.9
An agreement has been concluded with a CS (outsourced)	8.1	7.8	9.2	14.3	13.2
There are no such specialists	1.9	1.3	0.3	7.3	6.8

Base – all respondents, in 2022, n=1013; in 2018, n=1081; in 2013, n=1044; in 2010, n=1044; in 2006, n=1058

Source: employer survey

The results of the 2022 employer survey indicate that the situation has dynamically worsened with regard to employers' education in the field of occupational safety and health. Whereas in the 2018 survey 36.6% of those employers who themselves performed occupational safety and health duties in their enterprise had neither higher professional education nor further training in occupational safety and health in 2022, 40.4% of this group responded like this (36.6% in 2018, 52.6% in 2013, 42.5% in 2010 and 61.6% in 2006). In general, this means that the occupational safety and health system established in this way is inconsistent with laws and regulations. The fact that such an inadequate occupational safety and health system is also of poor quality is shown by other results of the study: in enterprises without trained OSHSs, a workplace risk assessment was not carried out in 90.3% of cases (if the enterprise has a trained specialist, no workplace risk assessment was carried out in 44.8% of cases, but if the enterprise has contracted an occupational safety and health protection service provider, the assessment was not carried out in only 23.0% of cases).

Employers were most likely to carry out OSHSs duties themselves in small enterprises, which is similar to the trend identified in previous WCRL studies. However, it is important to underline that the situation in this group has worsened by around 10 percentage points:

- In 2022: 1–10 employees – 70.2%, 11–49 employees – 23.3%, 50–249 employees – 10.7%, 250 and more employees – 4.8%;

- In 2018: 1–10 employees – 60.7%, 11–49 employees – 43.2%, 50–249 employees – 17.3%, 250 and more employees – 3.4%;
- In 2013: 1–10 employees – 55.9%, 11–49 employees – 14.9%, 50–249 employees – 12.0%, 250 and more employees – 3.8%;
- In 2010: 1–10 employees – 61.8%, 11–49 employees – 26.1%, 50–249 employees – 6.1%, 250 and more employees – 0.2%;
- In 2006: 1–9 employees – 76.1%, 10–49 employees – 31.6%, 50–249 employees – 13.0%, 250 and more employees – 5.5%.

An analysis of which specialists perform duties related to occupational safety and health in Latvian enterprises in 2022 shows a change in dynamics. In 2022, 9.4% of enterprises employed an OSHS, down from 15.6% in 2018. Hiring an in-house OSHS is no longer the second most popular choice for employers – in the 2022 study, employers were more likely to concluded agreements with both CS (13.2%) and CI (12.9%).

### Obstacles to Implementing Occupational Safety and Health Measures

In order to find out the main obstacles to the implementation of occupational safety and health measures, **employers** were asked what are the most important hindering factors. In the 2022 survey, 57.5% of respondents replied that nothing prevents them from taking the necessary occupational safety and health measures – these employer survey results show that despite the challenges posed by the COVID-19 pandemic to the work environment, the dynamics have not changed significantly (57.5% in 2022, 59.5% in 2018, 59.9% in 2013, 50.4% in 2010 and 61.0% in 2006 considered that nothing prevents them from taking occupational safety and health measures). Lack of resources and lack of time (both mentioned by around 9% of respondents) were mentioned as the two main factors hindering the implementation of occupational safety and health requirements in 2022 (Table 9).

**Table 9. Proportion of employers by the reasons that prevented them from taking occupational safety and health measures, %**

Reasons	2006	2010	2013	2018	2022
Lack of resources	16.0	26.9	15.4	11.7	9.1
Lack of time	7.0	7.3	5.3	12.9	9.0
COVID-19 pandemic	*	*	*	*	3.6
Decrease in the number of employees, reduction in workload	*	*	*	*	3.6
Occupational safety and health requirements are too complex	*	2.0	2.8	2.6	3.0
Lack of information (not knowing the requirements)	4.0	4.0	2.0	6.4	3.0
Occupational safety and health requirements are vague and incomprehensible	*	4.1	2.9	2.6	2.9
No need, no point	*	*	*	*	2.8
Work specifics	*	*	*	*	2.5
Occupational safety and health requirements are unreasonable	*	4.1	2.9	1.9	2.5
Nothing prevented them	61.0	50.4	59.9	59.5	57.5

Base – all respondents, in 2022, n=1013; in 2018, n=1081; in 2013, n=1044; in 2010, n=1044; in 2006, n=1058

Source: employer survey

It is important to note that in both groups of respondents (there are obstacles; there are no obstacles) there are respondents who take various occupational safety and health measures and those who do not, but the proportion of respondents varies. For example, only 57.8% of respondents who said there were obstacles had nevertheless carried out a workplace risk assessment. The group of respondents who indicated that they had no obstacles was less likely (46.8%) to have carried out a workplace risk assessment. It is important to underline that 47.7% of the respondents with no obstacles had also not carried out a risk assessment, which indicates either a lack of knowledge and understanding or attitude towards occupational safety and health. Comparing the existence of prevention plans, 63.2% of the respondents who said they had obstacles indicated that an action plan

was in place. In the group of respondents with no obstacles, 34.0% of respondents had no action plan.

Lack of resources was the most frequently mentioned obstacle by respondents in the manufacture of food products and beverages (32.7%), production of wood and manufacture of products of wood and cork, manufacture of furniture (24.3%) and metal manufacturing, metal fabrication, except for machinery and equipment (23.4%) sectors, while lack of time was mentioned by respondents in the manufacture of food products and beverages (13.7%), metal manufacturing, metal fabrication, except for machinery and equipment (11.8%) and construction (11.8%) sectors.

### Attitude towards Occupational Safety and Health

One of the issues discussed during the **OSHS** focus groups was the change in employers' attitudes towards occupational safety and health during the COVID-19 pandemic. According to the results of this discussion, OSHSs consider that, in general, employers' attitude towards occupational safety and health has not changed, but their attitude towards OSHSs has changed – it has improved. At the same time, OSHSs point out that the focus of OSHS work has changed significantly during the pandemic – it was no longer just about occupational safety and health in its traditional sense, but about containing management of the COVID-19 pandemic in the workplace. For example, during the discussion, an OSHS from an enterprise pointed out: *“The pandemic has affected employers' attitude towards occupational safety and health, ... occupational safety and health specialist is taken more seriously in the enterprise than before, because all these COVID-19 safety and protection processes are practically managed to a greater extent through occupational safety and health”*. Another OSHS from an enterprise explained: *“My colleagues are joking that now we are more like a COVID department than an occupational safety and health department, because occupational safety and health, .... monitoring, has become less important... Of course, the priority is everything related to COVID activities and the organisation of this work”*.

In addition to the change in priorities, traditional occupational safety and health duties were also more difficult to carry out (e.g. face-to-face training and workplace inspections were not possible due to epidemiological restrictions) and new working methods had to be used as similar work had not been done (e.g. workplace risk assessment of remote workplaces using photos or video). In addition, the situation was complicated by the rapidly changing requirements of laws and regulations with an implementation deadline of a few days. An OSHS who provides occupational safety and health services explained: *“But the employer now has a lot of unclear issues where they use our help as an*



*advisor, because the legislation changes at lightning speed, if you count how many times there have been amendments to, let's say, the decree on emergency situation or COVID-19 infection control... The pandemic has now actually opened up more new ways of working, remote working, which ... is difficult for the occupational safety and health specialist, to assess what the risks are at home, what the conditions are, the layout of the workplace". Another OSHS representing service providers believes: "A few things changed in our life, first of all they don't want to see us there very much at the facilities for the on-site briefings, but we moved ... to remote briefings and electronic signatures". One of the OSHS working in an enterprise mentioned: "Lack of time was also a very big problem, because the other work did not stop, so the people working on COVID issues were overloaded. Also, very rapid changes and very chaotic decisions by the government made the job very difficult, because quite rapid changes had to be made in the workplaces in a very short time".*

Overall, these study results suggest that the level of safety in the workplace during the COVID-19 pandemic was not sufficiently monitored by employers (and OSHSs). This may explain why the number of accidents at work in the second year of the COVID-19 pandemic was higher than in the first year of the pandemic and also higher than before the pandemic (see thematic annex "Accidents at Work, 1993–2021" for details). When assessing the impact of the COVID-19 pandemic on the work of OSHSs themselves, it is likely that the new work conditions caused overwork and signs of burnout for some OSHSs.

### Changes in Employee Satisfaction

The results of the **employee** survey conducted during the WCRL study show that employees have become more satisfied with their current job than in previous studies – overall, 90.5% of respondents are satisfied (very or fairly) with their job, with the largest increase since the previous study among respondents who are very satisfied with their current job (Table 10).

Unlike in the 2018 study, there are no differences between the two genders in 2022:

- women: in 2022 – 90.3%, in 2018 – 87.1%, in 2013 – 83.2%, in 2010 – 74.9%, in 2006 – 73.4%;
- men: in 2022 – 91.0%, in 2018 – 82.7%, in 2013 – 81.8%, in 2010 – 72.4%, in 2006 – 76.3%.

**Table 10. Proportion of employees, assessing their satisfaction with the current job, %**

Level of satisfaction	2006	2010	2013	2018	2022
Very satisfied	20.0	26.0	27.0	33.8	39.4
Fairly satisfied	55.0	48.0	55.0	51.4	51.1
Not really satisfied	21.0	21.0	15.0	13.0	8.3
Not satisfied	3.0	5.0	2.0	0.9	1.0
Difficult to say	1.0	0	1.0	0.9	0.2

Base: all respondents, in 2022, n=2503; in 2018, n=2502; in 2013, n=2383; in 2010, n=2378; in 2006, n=2455

Source: employee survey

When comparing age groups, the results of the study show differences with the previous study. While in 2018 the most satisfied employees were aged between 25 and 34, in 2022 there is a clear trend towards lower satisfaction with their current job as their age increases:

- 18–24 years of age: in 2022 – 93.4%, in 2018 – 84.0%, in 2013 – 83.5%, in 2010 – 81.3%, in 2006 – 81.4%;
- 25–34 years of age: in 2022 – 91.8%, in 2018 – 89.3%, in 2013 – 85.9%, in 2010 – 71.8%, in 2006 – 74.2%;
- 35–44 years of age: in 2022 – 91.4%, in 2018 – 84.5%, in 2013 – 81.0%, in 2010 – 73.9%, in 2006 – 78.2%;
- 45–54 years of age: in 2022 – 90.3%, in 2018 – 84.8%, in 2013 – 80.3%, in 2010 – 71.3%, in 2006 – 70.7%;
- 55–74 years of age: in 2022 – 88.5%, in 2018 – 81.9%, in 2013 – 83.4%, in 2010 – 75.9%, in 2006 – 73.6%.

In the 2022 study, the most frequently mentioned reasons for employee satisfaction with their current job were good personal relations with colleagues, a good and regular salary that corresponds to the market situation, a secure and stable job, and interesting work. All these reasons were also among the top five reasons for satisfaction in the previous study (Table 11). However, it is important to underline that the share of respondents mentioning this reason varies – for example, 13.5

percentage points fewer respondents mentioned a secure and stable job, while 31.2 percentage points fewer respondents mentioned social guarantees. These results are surprising in the context of the COVID-19 pandemic, where the amount of downtime benefits depended on the amount of taxes previously paid. At the same time, overall, the 2022 survey results are much more similar to the 2013 results than to the 2018 results, and the researchers have no reasonable explanation for this situation.

**Table 11. Proportion of employees, naming the reasons of the their satisfaction with the current job, %**

Reason/year	2006	2010	2013	2018	2022
A good and regular salary (that corresponds to the market situation)	38	23	28	45.0 (4)	51.8 (1)
Secure, stable job	40	41	48	61.5 (2)	48.0 (2)
Interesting job	41	42	40	35.7 (5)	38.6 (3)
Having social guarantees	40	29	40	64.5 (1)	33.3 (4)
Good personal relations with colleagues	33	30	33	45.1 (3)	33.3 (5)
Successful professional cooperation with colleagues	13	15	15	27.8 (7)	22.4 (6)
Understanding/supportive employer	*	*	*	*	16.9 (7)
Good and safe working conditions, orderly work environment	17	18	20	32.0 (6)	14.4 (8)
Opportunities to find a balance between work and personal life	*	*	*	*	14.5 (9)
Various extra payments, additional benefits	8	5	10	26.5 (8)	11.8 (10)
The freedom to plan one's working hours	*	*	*	12.2 (12)	9.7 (11)
Good career, development opportunities	9	6	9	19.4 (10)	8.6 (12)
Training opportunities (courses)	8	7	11	20.1 (9)	7.0 (13)
Opportunity to work from home/remotely	*	*	*	4.7 (14)	6.5 (14)
COVID-19 epidemiological safety is observed	*	*	*	*	6.4 (15)
I like the work I do, a suitable profession	*	*	*	*	5.4 (16)
Work is close to home	*	*	*	*	4.2 (17)
Trips abroad	2	2	3	8.9 (13)	1.8 (18)

Reason/year	2006	2010	2013	2018	2022
Other	2	1	1	2.6 (15)	0.7 (19)
I have no other choice, it's good to have a job at all, I can't find another job	*	*	*	*	0.6 (20)
Difficult to say/NA	1	0.3	1	1.4 (16)	0.5 (21)
Good contractual conditions	8	6	5	16.7 (11)	*

Note: \* – this answer option was not offered in the corresponding year's survey

Base: respondents who are satisfied (very satisfied or fairly satisfied) with their current job, in 2022, n=2264; in 2018, n=2131; in 2013, n=1964; in 2010, n=1865; in 2006, n=1841

Source: employee survey

Year after year, there are differences between the sectors in which employees were most dissatisfied with their jobs:

- In 2022: manufacture of textiles and clothing – 23.7% (19.4% in 2018), mining and quarrying – 14.8% (12.5% in 2018, 11.6% in 2013) and transport and storage sector (14.2%);
- In 2018: fish industry (33.3%), wholesale and retail trade, repair of cars and motorcycles (21.2%) and agriculture and forestry (20.7%);
- In 2013: 42.2% in manufacture of textiles and clothing, 30.2% in production of wood and manufacture of products of wood and cork, manufacture of furniture (16.1% in 2018);
- In 2010: in mining and quarrying – 98.1%, in water supply, waste water and waste management – 88.0% (in 2018 – 18.2%, in 2013 – 27.1%), in health and social care (in 2018 –16.0%, in 2013 – 22.3%, in 2010 – 86.7%).

The 2022 study also analyses the main reasons why employees are dissatisfied with their current job (Table 12).

**Table 12. Proportion of employees, naming the reasons of the their dissatisfaction with the current job, %**

Reason/year	2006	2010	2013	2018	2022
Low salary	76	74	76	64.7 (1)	60.6 (1)
Heavy workload	30	20	32	42.4 (2)	28.7 (2)
Stressful job	*	*	*	*	15.9 (3)

Reason/year	2006	2010	2013	2018	2022
Poor and unsafe working conditions, unorganised work environment (e.g. workplace area, temperature, technical facilities)	18	11	19	12.6 (7)	15.8 (4)
No stability, sense of security	17	42	17	27.0 (3)	11.9 (5)
No career, growth opportunities	12	15	13	19.9 (5)	9.3 (6)
No bonuses, additional benefits (insurance, paid mobile phone, etc.)	9	10	11	27.0 (4)	7.5 (7)
Dissatisfied with the work specifics (shift work, manual work, seasonal, etc.)	*	*	*	*	6.6 (8)
Poor attitude of employers	*	*	*	*	6.2 (9)
Excessive epidemiological requirements for COVID-19 (including vaccination requirements)	*	*	*	*	5.7 (10)
Overtime	10	6	10	12.5 (8)	5.5 (11)
Uninteresting work	6	5	11	15.3 (6)	4.3 (12)
No option to freely plan one's working hours	*	*	*	11.1 (9)	4.1 (13)
Other	3	4	1	5.3 (13)	3.4 (14)
Work does not match education, profession	*	*	*	*	3.2 (15)
Bad personal relations with colleagues	1	1	1	2.8 (15)	3.0 (16)
Cannot go on leave	*	*	*	*	2.8 (17)
No training opportunities (courses)	3	8	5	6.4 (11)	2.3 (18)
No social guarantees (employer does not pay taxes)	4	11	5	10.5 (10)	2.0 (19)
Bad contractual conditions, no employment contract	2	5	3	2.1 (16)	2.0 (20)
Bad professional cooperation with colleagues	2	1	3	2.9 (14)	1.9 (21)
No option to work from home/remotely	*	*	*	5.5 (12)	1.8 (22)
Workplace is far away	*	*	*	*	1.4 (23)
Sick leave is not paid for	*	*	*	*	1.1 (24)

Note: \* – this answer option was not offered in the survey

Base: all respondents who are dissatisfied (not too satisfied or not satisfied) with their current job, in 2022, n=233; in 2018, n=345; in 2013, n=415; in 2010, n=502; in 2006, n=605

Source: employee survey

As in previous studies, employees who were dissatisfied with their current job were most likely to mention low salary as the reason, with the share of this reason decreasing in 2022, as in 2018. At the same time, low salary is more than twice as often mentioned as the second most common cause of dissatisfaction – heavy workload.

### Changes in People's Awareness

Overall, the level of awareness of the work environment among the Latvian **population** in 2022 has worsened compared to the results of the 2018 study, reversing the trend observed in 2018. When asked how aware they are of issues related to working conditions and work environment, 48.0% of respondents in 2022 said they were well aware of these issues (54.5% in 2018, 36.5% in 2013, 83.0% in 2006). As in previous studies, the lowest level of awareness in 2022 was found among young people aged 15–24, but this group showed a significant improvement (34.9% in 2022, 17.1% in 2018, 26.4% in 2013). Similarly, respondents with a low level of education (people with primary or incomplete primary education) are less well informed, but the results show that there are significant differences in the results of the last three studies for which the researchers have no explanation (12.5% in 2022, 43.6% in 2018, 10.9% in 2013).

According to the 2022 population survey, the share of the population that does not want to receive information on issues related to working conditions and the work environment because it is not relevant has decreased significantly (6.8% in 2022, 23.5% in 2018, 15.8% in 2013). When analysing the sources that people would like to use as sources of information on work environment issues, the results are completely different in 2022. For example, while in 2022 just over half of respondents mentioned the employer as a source of information, in 2018 only 15.7% of respondents did so (see Table 13).

**Table 13. Sources of information where people would like to receive information about the work environment, %**

Source of information*	%
Employer, OSHS of the enterprise	51.6
Special information materials (booklets, brochures, posters), laws and regulations	15.5
MoW (including website <a href="http://www.lm.gov.lv">www.lm.gov.lv</a> ), SLI (including websites <a href="http://www.vdi.gov.lv">www.vdi.gov.lv</a> and <a href="http://www.osha.lv">www.osha.lv</a> )	13.3
Specialised websites ( <a href="http://stradavesels.lv">stradavesels.lv</a> , <a href="http://arodslimibas.lv">arodslimibas.lv</a> , etc.)	12.6
State Social Insurance Agency (including website <a href="http://www.vsaa.gov.lv">www.vsaa.gov.lv</a> ), Ombudsman's Office, local municipality or other public institutions	11.9

Source of information*	%
Occupational physician, general practitioner or a physician of other specialty	11.9
Educational institutions or courses, seminars	11.6
TV, radio	10.7
Other websites (delfi.lv, tvnet.lv, etc.)	10.5

Note: only answers given by more than 10% of respondents are included in the table

Base: n=1100

Source: population survey

Overall, when assessing the level of awareness of the population, it should be noted that similar trends continue to emerge for the so-called high risk groups – those categories of the population that are less informed – which also in 2022 include young people and people with a lower level of education, so it is important to pay attention to the sources of information that respondents from these groups have indicated as their most preferred. Young people up to 18 years of age mentioned the following as the five most frequent sources of information:

- employer, OSHS of the enterprise – 49.1%;
- educational institutions or courses, seminars – 41.8%;
- social networks (*Twitter, draugiem.lv, Youtube, Facebook*) – 25.5%;
- relatives, friends, acquaintances (informal channels) – 23.7%;
- employers' organisations (including consultation centres, *lddk.lv*) – 20.0%.

Young people of 19–24 years of age mentioned the following as the five most frequent sources of information:

- employer, OSHS of the enterprise – 54.5%;
- MoW (including website *www.lm.gov.lv*), SLI (including website *www.vdi.gov.lv*) – 27.3%;
- special information materials (booklets, brochures, posters), laws and regulations – 24.7%;
- educational institutions or courses, seminars – 22.1%;
- SSIA (including website *www.vsaa.gov.lv*), Ombudsman's Office, local municipality or other public institutions – 20.8%.

Respondents with the lowest level of education mentioned the following as the five most frequent sources of information:

- educational institutions or courses, seminars – 49.9%;
- employer, OSHS of the enterprise – 25.1%;

- MoW (including website [www.lm.gov.lv](http://www.lm.gov.lv)), SLI (including website [www.vdi.gov.lv](http://www.vdi.gov.lv)) – 25.0%;
- social networks (*Twitter, draugiem.lv, Youtube, Facebook*) – 25.0%;
- TV, radio – 25.0%.

When comparing the sources of information mentioned by the different high risk groups, similar trends are observed, with the employer and the enterprise's OSHS being the most important sources of information in all cases. Differences can be observed with regard to TV and radio, which currently do not really reach young people in high quality. The results showing that none of the high risk groups consider trade unions to be an important provider of information on issues related to the work environment. Overall, only 7.1% of respondents mentioned trade unions, and none of the respondents with the lowest level of education chose trade unions as their preferred provider of information. Moreover, despite the activities that the Free Trade Union Confederation of Latvia has implemented over many years with the target audience of young people, the share of such respondents in the youth age group was also less than 4 per cent. Overall, the results of the study suggest that there is a need to rethink how to reach high risk groups in the context of awareness raising activities.

### Changes in Employee Awareness

As in previous surveys, **employees** were asked a number of questions about whether they had been informed about different occupational safety and health issues at their workplace in the last year (Table 14).



**Table 14. Percentage of employees saying they have received information on occupational safety and health at their workplace in the last year, %**

Year	Answers	Workplace hazards	Impact of workplace hazards on health and required health examinations	Personal protective equipment to be used	Safe work methods	Situations when work must not start and when work must stop	Emergency response	Health and safety instructions (by signing for getting acquainted)
<b>2022</b>	Yes	75.5	82.7	79.3	53.0	77.3	90.7	93.0
	No	13.7	10.5	4.5	4.9	8.2	5.7	4.5
	Not necessary	8.9	5.2	15.5	41.0	12.5	2.5	1.8
<b>2018</b>	Yes	60.0	65.7	52.0	31.0	65.5	88.1	90.2
	No	17.7	16.8	10.3	11.4	10.7	7.4	5.1
	Not necessary	19.4	14.4	36.6	55.7	21.6	**	**
<b>2013</b>	Yes	69.0	74.0	61.0	53.0	73.0	89.0	94.0
	No	19.0	17.0	11.0	11.0	11.0	8.0	4.0
	Not necessary	11.0	7.0	28.0	35.0	15.0	**	**
<b>2010</b>	Yes	52.0	57.0	48.0	36.0	60.0	85.0	89.0
	No	26.0	27.0	13.0	13.0	15.0	12.0	8.0
	Not necessary	21.0	15.0	38.0	50.0	24.0	**	**

Year	Answers	Workplace hazards	Impact of workplace hazards on health and required health examinations	Personal protective equipment to be used	Safe work methods	Situations when work must not start and when work must stop	Emergency response	Health and safety instructions (by signing for getting acquainted)
2006	Yes	57.0	61.0	53.0	41.0	60.0	79.0	85.0
	No	18.0	19.0	11.0	10.0	12.0	13.0	8.0
	Not necessary	24.0	19.0	35.0	47.0	26.0	7.0	5.0

Notes:

\* – “Difficult to say” is not included, \*\* – information is not available

Base – all respondents, in 2022, n=2503; in 2018, n=2502; in 2013, n=2383; in 2010, n=2378; in 2006, n=2455

Source: employee survey

Analysing the dynamics of receiving information on various occupational safety and health issues, it can be seen that the situation in Latvia has improved in all matters, however, the extent of changes in the dynamics varies:

- information on personal protective equipment to be used – an increase of 27.3 percentage points;
- information on safe work methods – an increase of 22.0 percentage points;
- information of influence of workplace hazards on health and required health examinations – an increase of 17.0 percentage points;
- information on workplace hazards – an increase of 15.5 percentage points;
- information on situations when work must not start and when work must stop – an increase of 11.8 percentage points;
- information on emergency response – an increase of 2.6 percentage points.

Overall, the 2022 employee survey results show a slight increase in the proportion of respondents indicating that they have received an occupational safety and health instructions, but the level found in 2022 is not the highest of all the WCRL studies. 1 percentage point higher result was found in 2013 (in 2022 – 93.0%, in 2018 – 90.2%, in 2013 – 94.0%, in 2010 – 89.0%, in 2006 – 85.0%). Across all WCRL studies, occupational safety and health instructions were most frequently conducted in the public sector – 94.7% (93.7% in 2018, 97.3% in 2013, 94.5% in 2010, 91.8% in 2006) and in the private sector – 92.2% (89.0% in 2018, 91.4% in 2013, 87.3% in 2010, 82.4% in 2006) and least often in public organisations – 90.4% (74.5% in 2018, 87.4% in 2013, 98.4% in 2010, 82.4% in 2006). As in all previous study periods, the trend remained in 2022 as well – the larger the enterprise in terms of the number of employees, the more often respondents are instructed on occupational safety and health.

In the context of the COVID-19 pandemic, the responses of employees on receiving all types of information can be assessed as very positive and indicate better training of employees on occupational safety and health in very difficult circumstances. Remote training, often introduced in response to epidemiological restrictions, has not reduced the quality of the instructions given. In addition, the significant increase observed with regard to information on the use of personal protective equipment is directly attributable, as the pandemic required the use of respiratory protection for all workers who worked in person. However, not all sectors are experiencing the same changes. For example, in the construction sector, there has been an increase in the

proportion of employees who have not received information on emergency response. Between the 2018 and 2022 studies, several national emergency situations were declared in relation to the COVID-19 pandemic, but the information that employees received from their employers was, in their view, insufficient.

### Long-Term Changes

While entrepreneurship in the context of the COVID-19 pandemic was a major challenge, the pandemic also served as a basis for business development. To find out whether any of the measures will remain in place in enterprises after the end of the pandemic, **employers** were asked during focus group discussions: “What did you take away as a permanent thing/process/way of working from the emergency situation of the COVID-19 pandemic? What will remain in the long term?” Entrepreneurs point out that the COVID-19 pandemic has led to fewer people attending work with signs of illness. For example, a representative of a small enterprise explained: “...*the impact of the COVID-19 pandemic in my opinion is very positive – in [20]19, we all got sick and dragged ourselves to work, and now finally none of you come to work, it’s finally such a positive moment*”. A similar example was given by a representative of a large enterprise: “*We mainly took over the principle ... it used to be that someone came to work with a runny nose or a sore throat, but now it doesn’t happen. If there is even the slightest sign, they stay at home and work remotely. Similarly, if a family member is ill at home, it is better to work remotely for those few days.*”

Several focus group participants also noticed an improvement in personal hygiene (regular hand washing and disinfection): “*And to be honest, I learned to wash my hands every time I come home. Now I find myself washing my hands every time I come home. I get off the wheel of the car or somewhere outside – it has become a custom, like putting on seatbelt – it has become a habit, we’ve learnt good habits over these 2 years.*” Another positive aspect mentioned is that employees have been forced to improve their digital skills and meetings are more often held remotely, which saves time.

A representative of a large enterprise said: “... *I think in the long term it will leave people with good, positive digital skills*”, but another representative of a large enterprise admitted: “... *then there is the benefit of remote working. And actually having meetings in a Team or Zoom environment saves time for employees, managers, they don't have to go anywhere.*”

## Remote Work

One of the most important areas that changed in the work environment in Latvia during the COVID-19 pandemic is the much wider use of remote working. According to the CSB, 22.0% of employees in Latvia worked remotely at the start of the pandemic in April 2020, 18.2% in May and 15.5% in June. According to the CSB<sup>3</sup>, 11.3% (87.7 thousand) of employees (workers) worked remotely in Q4 2022.

According to the amendments (adopted on 31.10.2019) to the Labour Protection Law (adopted on 20.06.2001), the term “remote work” means such way of work performance that the work which could be performed by an employee within the premises of an employer is permanently or regularly performed outside the premises, including the work performed by using information and communication technologies. The work which due to its nature is related to regular movement shall not be regarded to be remote work within the meaning of this Law. A similar definition is also included in the amendments to the Labour Law adopted on 27.05.2021. The Labour Protection Law also stipulates that “an employee who is performing remote work shall cooperate with the employer in workplace risk assessment and provide information to the employer on the conditions of the place of remote work which may affect the safety and health of the employee, when he or she is performing work.”

According to the **employer** survey conducted under the WCRL study, 51.8% of employers indicated that at least one person in their enterprise works remotely. There is a trend that, as the size of the enterprise increases, employers are more likely to report that at least some employees work remotely:

- 1–10 employees – 75.0%;
- 11–49 employees – 95.9%;
- 50–249 employees – 100%;
- 250 and more employees – 99.7%.

Remote working was mentioned by all respondents from the public sector, 77.4% from the private sector and 96.8% from the non-governmental sector. Remote work was most frequently

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<sup>3</sup> CSB: <https://stat.gov.lv/lv/statistikas-temas/darbs/nodarbinatiba/tabulas/nbl270c-attalinati-stradajosie-darbinieki-darba>, viewed on 21.03.2023.

mentioned in Riga Region – 83.8%. In Zemgale Region it is mentioned by 73.2%, in Kurzeme Region – 72.5%, in Vidzeme Region – 68.6%, and least in Latgale Region – 58.9%.

Although around half of employers say they have employees who work remotely, the **proportion of employees** who say they do so is 28.5%. The proportion of women who say they work remotely is 31.4%, compared with 24.4% of men. Respondents aged 25–44 are more likely than employees in other age groups to mention they work remotely (18–24 years – 26.0%, 25–34 years – 35.1%, 35–44 years – 33.9%, 45–54 years – 28.6%, 55–74 years – 20.9%). Regarding the education level of respondents, there is a trend that the higher the level of education, the higher the proportion of respondents indicating that they work remotely (primary education – 1.5%, secondary – 12.4%, higher – 55.9%). Remote work is more common among managers and senior specialists (69.7% of senior managers of institutions and enterprises, 50.8% of middle managers, 73.7% of senior specialists), less common among specialists (38.1%) and other lower-level employees (13.5% of service and sales workers, 6.2% of skilled workers and craftsmen, 1.9% of unskilled workers).

Similar to the results of the employer survey, as the number of people employed by an enterprise increases, so does the proportion of **employees** who say in the survey that they work remotely: 1–10 employees – 19.6%, 11–49 employees – 26.5%, 50–249 employees – 32.7%, 250 and more employees – 39.8%. Remote work was most frequently mentioned in Riga Region – 40.5%. In Latgale Region it is mentioned by 21.2%, in Zemgale Region – 19.7%, in Vidzeme Region – 19.5%, and least in Kurzeme Region – 15.2%. Employees working in more than one workplace are more likely to work remotely (one workplace – 27.3%, two – 42.1%, three or more – 42.1%).

The survey asked employees if they had any health problems that they thought were caused by harmful factors in their work environment. Employees who reported in the survey that they work remotely (11.4%) are just as likely as the Latvian average (12.7%) to report having a health problem caused by harmful factors in the work environment. There are no gender differences in the responses of employees working remotely on the health problems caused by harmful factors in the work environment (men – 14.8%, women – 17.2%). However, among respondents of different ages working remotely, employees aged 55–74 were the most likely to report a health problem (18–24 years – 6.8%, 25–34 years – 6.4%, 35–44 years – 11.9%, 45–54 years – 13.8%, 55–74 years – 16.7%). However, employees in this age group (55–74 years) have much longer working lives than employees in other age groups and have therefore spent much more time in

the work environment where they not only work with computers but are also exposed to other hazards.

Overall in Latvia, 10.9% of respondents say they feel lonely and isolated at work. Remote workers are almost three times more likely to feel lonely and isolated at work than employees not working remotely. Feelings of loneliness and isolation were mentioned by:

- 22.8% of respondents who were already working remotely before the COVID-19 pandemic;
- 20.3% of respondents who started working remotely during the COVID-19 pandemic;
- 7.2% of respondents who work in a job that cannot be done remotely.

The most frequent feeling of loneliness is among employees aged 18–24 (16.5%). No significant differences were observed between the two genders (men – 11.0%, women – 10.8%). The most frequent respondents to feelings of loneliness and isolation were senior specialists (18.1%), specialists (14.2%) and middle managers (11.6%).

30.5% of employees surveyed say they experience a lack of work-life balance at work. When comparing the situation depending on how the employee works, remote workers were about twice as likely to experience an imbalance in the workplace, suggesting that remote workers are also at risk in this regard (already working remotely before the COVID-19 pandemic – 52.7%, started working remotely during the COVID-19 pandemic – 45.8%, working a job that cannot be done remotely – 24.6%). Also, imbalances are more often experienced by employees in the younger age groups, but in the case of imbalances, the age range of the affected group is wider – up to 44 years (18–24 years – 39.7%, 25–34 years – 36.7%, 35–44 years – 35.0%, 45–54 years – 27.8%, 55–74 years – 22.4%). Men were slightly more likely to experience a lack of balance than women (men – 32.6%, women – 29.0%). There are differences depending on the education of the respondent – the situation is worse if the employees have higher education (primary education – 11.9%, secondary education – 25.6%, higher education – 40.4%). Most frequently the lack of a sense of balance is mentioned by senior managers of enterprises (50.3%), middle managers (43.5%) and senior specialists (43.9%).

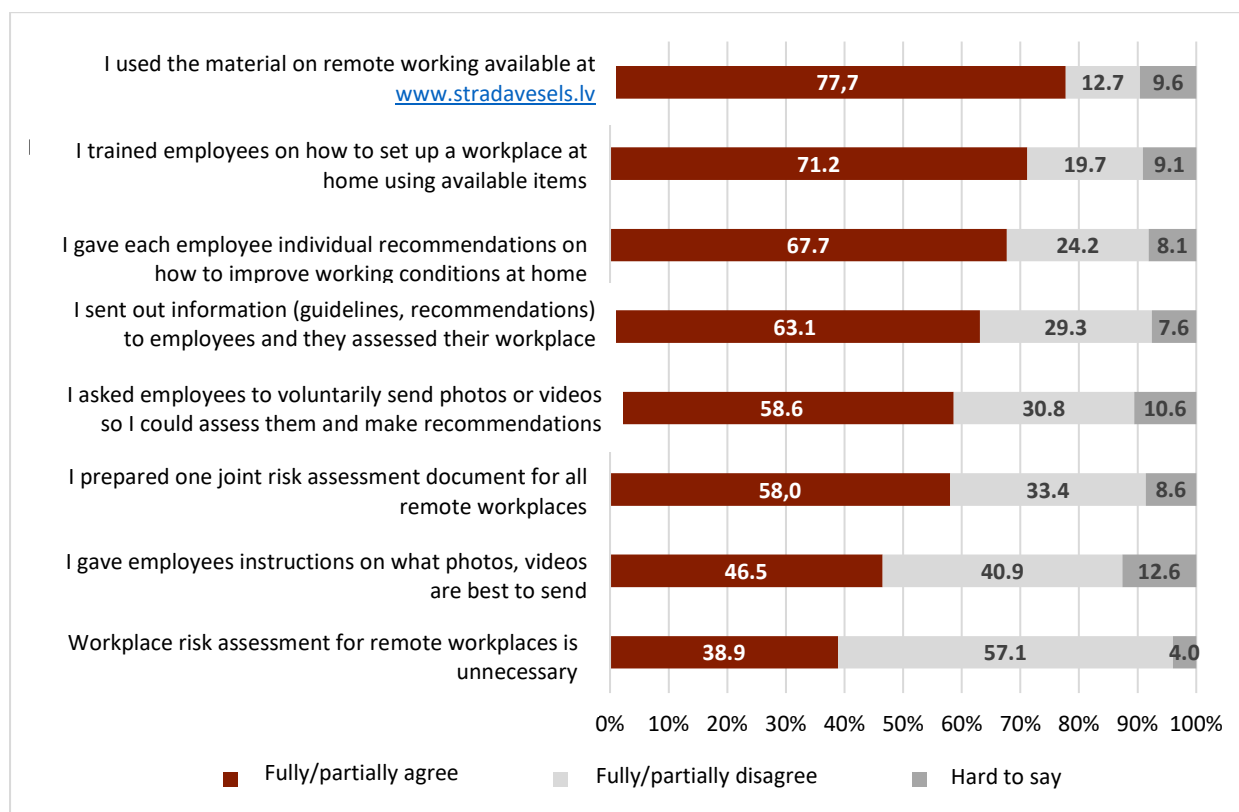
As remote work becomes more popular, it can also be used as a way of working in case of minor illnesses that do not require sick leave. Overall, only 2.9% of respondents to the 2022 employee survey indicated that they had continued to work while sick, which is lower than the 5.3% in the

2018 WCRL employee survey. These results can be explained by the extensive public awareness activities during the COVID-19 pandemic, which urged employees not to go to work with signs of illness. Respondents who indicated in the survey that they continued to work while sick were asked how they continued to work – whether they went to work or worked remotely from home. Just over half of respondents (54.8%) said they worked remotely. Remote working was more frequently mentioned by women (men – 45.7%, women – 62.7%). Study results indicate that there are differences between age groups, but there is no particular trend (the proportion of respondents in different age groups ranges from 23.1% to 78.5%). Remote working during sickness is more common in the public sector (65.1%) than in the private sector (48.2%) and in larger enterprises (1–10 employees – 32.5%, 11–49 employees – 37.5%, 50–249 employees – 69.4%, 250 and more employees – 81.5%).

Despite the significant change in dynamics, remote work was only ranked as the 13th most important hazard in the work environment by the OSHSs (28 different options were offered in total, with the possibility to choose several). Only 38.4% of OSHSs noted this. One of the challenges for employers in the context of remote work relates to the workplace risk assessment that are located outside the employer's office, which is why the OSHS survey asked a question that explains in more detail how the workplace risk assessment of remote workplaces was carried out: "Describe your experience and attitude towards workplace risk assessment for remote workplaces?". The OSHSs were given eight statements and asked to rate the extent to which they agreed with each of them, choosing between "I fully agree", "I rather agree", "I rather disagree", "I fully disagree" and "Difficult to say". The aggregated responses in Figure 2 show that the most popular way among OSHSs to carry out a workplace risk assessment for remote workplaces was to use the material on remote working available at [www.stradavesels.lv](http://www.stradavesels.lv) (77.7%).



**Figure 2. Opinion of occupational safety and health specialists on workplace risk assessment for remote workplaces, %**



Base: OSHSs working in CIs, providing CS services or working for an enterprise/institution as the sole or one of the OSHSs or working for several enterprises as OSHS, n=206

Source: Survey of OSHSs

Although many seminars on remote work and related occupational safety and health issues have been organised in Latvia in recent years, almost 40% of OSHSs consider that workplace risk assessment for remote workplaces is unnecessary. When analysing in more detail the groups of respondents who gave this answer, it is likely that this is related to the formal attitude and workload of OSHSs, as respondents working for several enterprises (both as OSHSs and service providers) were more likely to give this answer. The study results can be evaluated as very negative, as they could affect the health and working capacity of many remote workers. Of the OSHSs who fully/rather agree that workplace risk assessment for remote workplaces is unnecessary, 44.7% work for several enterprises/institutions as OSHS:

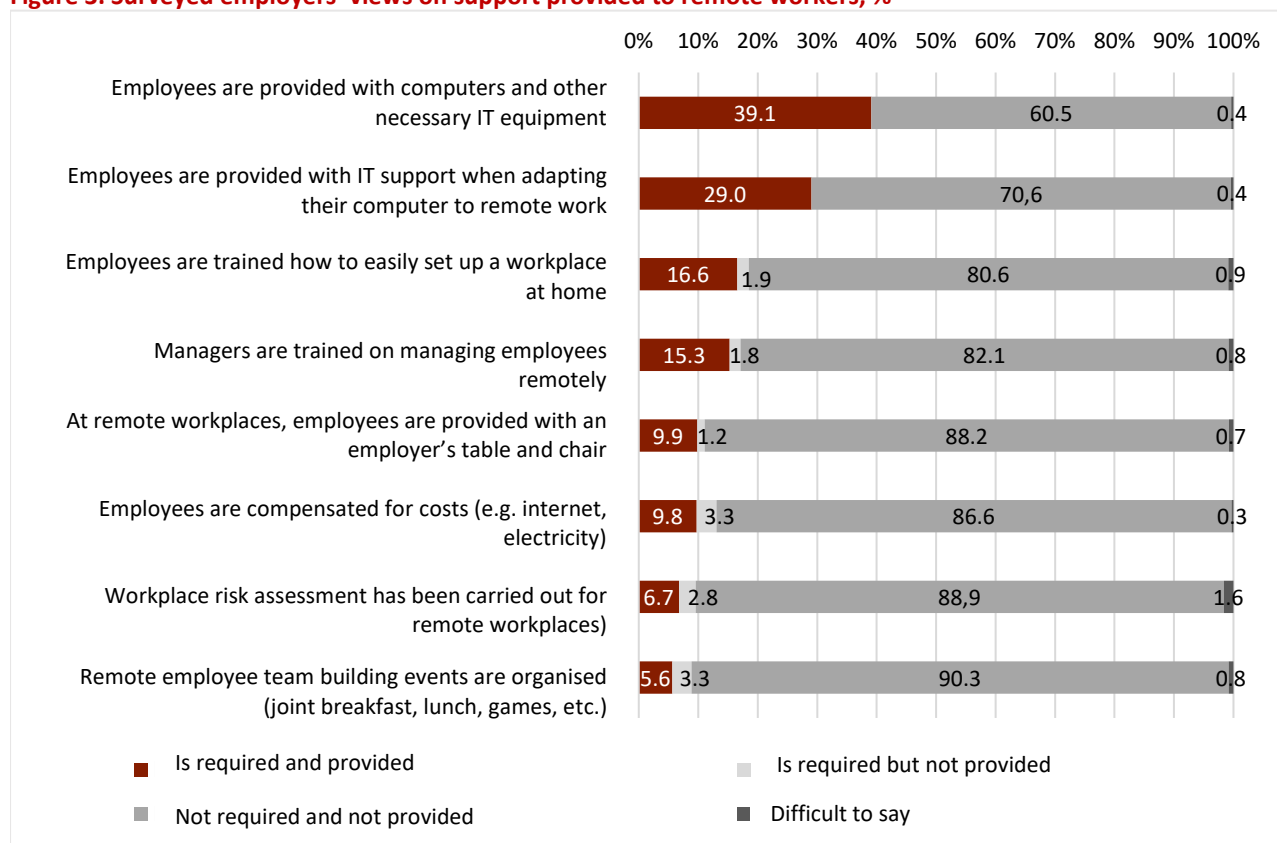
- work for several enterprises/institutions as OSHS (44.7%);
- work for a CI (42.9%);

- provide CS services to several enterprises/institutions (35.7%);
- work for an enterprise/institution as the sole OSHS (40.0%);
- work for an enterprise/institution as one of several OSHSs (28.3%).

**Employees**, who indicated in the survey that they work remotely, were asked whether their employers had clarified the conditions under which they would work. This wording was chosen to avoid the need to explain the term “workplace risk assessment”. Overall, 64.5% of respondents said that the employer enquired about working conditions at home, with a higher proportion of women (women – 66.2%; men – 60.6%). Clarification of remote work conditions was mentioned least frequently by younger respondents and most frequently by respondents aged 35–44 (18–24 – 53.5%, 25–34 – 60.7%, 35–44 – 77.9%, 45–54 – 61.3%, 55–74 – 60.9%). There were no significant differences with regard to the level of education of respondents, except for respondents with primary education, where the only respondent with primary education was asked by the employer about the conditions under which remote work would take place. These results are based on a small number of remote workers with primary education (62.9% with secondary education and 64.8% with higher education).

The **employer** survey shows that most often employers have provided measures related to opportunities to perform work in general, rather than good working conditions. For example, computers and other necessary IT equipment are most often provided to employees (39.1%) and IT support to adapt computers for remote work (29.0%), while activities related to stress reduction (e.g. remote worker bonding activities (having breakfast, lunch together, games, etc. – 5.6%)) are least often provided (Figure 3).

**Figure 3. Surveyed employers' views on support provided to remote workers, %**



Base: all respondents, n=1013

Source: employer survey

16.6% of employers reported that their employees have received training on how to set up a comfortable workplace at home. Further analysis of the respondents' answers according to the number of employees in the enterprise showed results that are contrary to what would be expected: while in the classical sense small and micro enterprises are considered high risk groups in the field of occupational safety and health, according to the employers' opinion, employees of micro and small enterprises were most often trained in the context of remote work (1–10 employees – 81.6%, 11–49 employees – 78.3%, 50–249 employees – 58.2%, 250 and more employees – 45.7%). On the one hand, it is possible that such results are more indicative of the level of employers' awareness of occupational safety and health measures in the enterprise. In practice, training of employees is often carried out either by the OSHS or by department managers, so the employer may not be aware of such training as they focused on other issues during the COVID-19 pandemic, such as adapting the business to the new requirements and opportunities. On the other hand, it is easier to implement measures in small enterprises than in large ones (e.g. agreeing on the timing of online seminars and training). Moreover, while small

enterprises in general may lack the resources and knowledge to provide high-quality training and other occupational safety and health measures, they may have sufficient resources and knowledge for remote work. For this reason, the researchers believe that all results from this section of the employer survey should be interpreted with caution.

During the focus group discussions, **employers** were asked a question about remote work in the future – “When the pandemic is over, what do you think will be the attitude of employers towards remote work?”. Study results show that the COVID-19 pandemic has been a good reason for workplaces to adapt to remote work and that entrepreneurs see many advantages in remote work – reduced costs of commuting to and from work, successful scheduling of working hours and work to be done. However, remote work is a decision of each enterprise and there are some employers who believe that remote work should not be supported. The vast majority believe that remote work as a form of working will definitely remain in the long term. In this context, **employees** whose job allows them to work remotely were asked “How much would you like to work remotely in the future when there are no COVID-19 restrictions?” The proportion of employees who indicated that they would like to work remotely in the future is 80.7%, which shows that remote work is here to stay. Men (86.6%) are more likely than women (78.1%) to want to work remotely in the future. As the age of respondents increases, the share of respondents who want to work remotely in the future decreases (18–24 years – 89.7%, 25–34 years – 86.8%, 35–44 years – 83.3%, 45–54 years – 76.4%, 55–74 years – 72.9%). Those employed in the public sector (72.0%) and non-governmental organisations (74.4%) are less likely than those in the private sector (89.3%) to say they want to work remotely in the future.

In general, the study results show that one of the challenges for employers in the future will be to find a hybrid work balance that meets the needs and expectations of both employers and employees, as during the study some employers indicated that it is currently difficult to persuade employees to return to work in the office and to deal with employees who want to work remotely from another country. There are also some employees who only want to work remotely. In addition, as the number of employees working remotely and their experience of working remotely increases, the uncertainties related to remote work become more complex. For example, how to set up a workplace if an employee wants to work remotely from another country, or how several employers should provide support for employees working for several employers (not just 2, but also 3 or more)?

Additional data are available in the thematic annex “Remote Work”.

## Workplace Hazards, Workplace Risk Assessment and Preventive Measures

The Labour Protection Law (adopted on 20 June 2001) stipulates that employers are responsible for organising and operating an occupational safety and health system, including workplace risk assessment. Regulation No 660 of the Cabinet of Ministers (hereinafter – CoM) “Procedures for the Performance of Internal Supervision of the Work Environment” (adopted on 02 October 2007) specifies in more detail the internal supervision of the work environment, including the workplace risk assessment. Workplace hazards factors are present in all areas of economic activity, and it is difficult to think of a job in which the safety or health of the employee is not affected by any hazard of the work environment.

### Employers’ Awareness of Workplace Hazards

**Employers** were asked about the total number of employees in their enterprises (percentage) exposed to different workplace hazards (chemical, physical, ergonomic, psychosocial, traumatic, etc.) in order to assess employer awareness of the presence of the hazards in the work environment. In fact, the answer should be that 100% of employees are exposed, as there are no workplaces/types of work in which an employee is not exposed to any workplace hazard. Overall, the situation in Latvia in 2022 has not changed significantly compared to 2018, but there is a positive trend that awareness of the presence of hazards in the work environment has increased over the years (Table 15).

**Table 15. Percentage of employers who consider that their employees are exposed to harmful workplace hazards, %**

Proportion of employees exposed to hazards	2006	2010	2013	2018	2022
Some degree of exposure	56.0	75.8	60.5	68.9	70.2
100%	16.0	30.8	17.5	41.7	42.8
80–99 %	6.0	5.0	6.0	5.4	5.2
60–79 %	7.0	7.0	5.0	4.5	4.8
40–59 %	10.0	11.0	8.0	5.3	5.3
Less than 40%	17.0	21.0	24.0	12.0	12.1
No one is exposed	43.0	24.0	37.5	28.0	27.6

Proportion of employees exposed to hazards	2006	2010	2013	2018	2022
Difficult to say	2.0	1.0	2.0	3.2	2.2

Base – all respondents, in 2022, n=1013; in 2018, n=1081; in 2013, n=1044; in 2010, n=1044; in 2006, n=1058

Source: employer survey

As in previous WCRL studies, the trend remains that the proportion of employers claiming that no employees are exposed to workplace hazards decreases as the number of employees in the enterprise increases (in 2022: 1–10 employees – 30.0%, 11–49 employees – 11.8%, 50–249 employees – 5.8%, 250 and more employees – 4.4%).

### Prevalence of Workplace Hazards

In the surveys, **employers**, **employees** and **OSHSs** were asked about the most important workplace hazards in their enterprise. In 2022, the presence of the five most frequently mentioned hazards differs between these groups of respondents (Table 16). Comparing the five hazards most frequently mentioned by employers and employees, it is clear that the situation is very similar for both groups of respondents, with only the two most frequently mentioned hazards (remote work and heavy workload) differing. Psycho-emotional and ergonomic hazards dominate the list of the five most common hazards for employers and employees.

**Table 16. Opinion of employers', employees' and occupational safety and health specialists' on employee exposure to workplace hazards in 2022, %**

<b>Hazards ranked by prevalence</b>	<b>Employers<sup>a</sup></b>	<b>Employees<sup>b</sup></b>	<b>Occupational safety and health specialists<sup>c</sup></b>
1.	<b>Work with a computer for at least 2 hours a day</b> (77.7% in 2022, 59.9% in 2018, 70.3% in 2013, 75.5% in 2010, 60.9% in 2006)	<b>Making quick and important decisions</b> (74.8% in 2022 (there was a different question wording in previous years, not comparable dynamically))	<b>Work in forced postures such as standing, sitting</b> (89.7% in 2022, 89.1% in 2018, 89.0% in 2010, 93.0% in 2006)
2.	<b>Direct contact with people who are not employees in the workplace – such as buyers, passengers, etc.</b> (74.9% in 2022, 75.8% in 2018)	<b>Direct contact with people who are not employees in your workplace – such as buyers, passengers, etc.</b> (65.9% in 2022, 60.9% in 2018, 63.9% in 2013, 75.4% in 2010, 63.8% in 2006)	<b>Carrying or lifting heavy objects</b> (78.6% in 2022, 81.6% in 2018, 76.7% in 2010, 69.8% in 2006)
3.	<b>Making quick and important decisions</b> (63.9% in 2022, there was a different question wording in previous years, not comparable dynamically)	<b>Heavy workload, lots of responsibilities</b> (62.1% in 2022, new question, not comparable dynamically)	<b>Psycho-emotional hazards such as lack of time, constant pace of work, long working hours, stress</b> (75.0% in 2022, 67.7% in 2018, 68.1% in 2010, 80.2% in 2006)
4.	<b>Work in forced postures such as standing, sitting</b> (52.6% in 2022, 67.5% in 2018, 41.5 in 2013, 48.4% in 2010, 33.1% in 2006)	<b>Work on a computer for at least 2 hours a day</b> (60.4% in 2022, 53.0% in 2018, 44% in 2013, 42% in 2010, 35% in 2006)	<b>Increased visual strain, including computer use</b> (67.4% in 2022, 60.7% in 2018, 78.6% in 2010, 82.6% in 2006)
5.	<b>Remote work</b> (51.8% in 2022, 29.2% in 2018, 37.7% in 2013, 28.9% in 2010, 15.2% in 2006)	<b>Work in a forced posture</b> (60.2% in 2022, 75.1% in 2018, 59.2% in 2013, 70.2% in 2010, 63.8% in 2006)	<b>Risks of a mechanical nature when working with equipment</b> (66.1% in 2022, 57.7% in 2018, 70.0% in 2010, 68.6% in 2006)

Base: <sup>a</sup>all employers, in 2022, n=1013; <sup>b</sup>all employees, in 2022, n=2503; <sup>c</sup>all OSHSs, in 2022, n=224

Source: <sup>a</sup>employer survey, <sup>b</sup>employee survey, <sup>c</sup>OSHS survey

The OSHs also rank psycho-emotional risk hazards among the five most important hazards in the work environment, which include such aspects as lack of time, constant pace of work, long working hours, stress. Similarly, ergonomic hazards such as work in a forced posture (standing, sitting) are highlighted by OSHs and the employers and employees surveyed. But surveyed OSHs are also more likely to highlight other ergonomic hazards, such as carrying or lifting heavy objects, or hazards of a mechanical nature (when working with equipment). The differences between the employer and employee survey data and the OSHS survey results may be due to different wording of questions – in both the employer and employee survey questionnaires psycho-emotional hazards were separated into several hazards (e.g. lack of time, heavy workload, direct contact with customers, etc.), while in the OSHS survey questionnaire all psycho-emotional hazards were included in a single question. In essence, this does not allow to compare the opinions of different groups of respondents, but it does allow to assess the dynamics of change within each group.

The prevalence of other hazards according to the results of the survey of employers, employees and OSHs can be found in Annexes 1 to 3 of the WCRL thematic annex “Workplace hazards and Workplace Risk Assessment”.

### Workplace Risk Assessment

Identifying and assessing the workplace hazards is the cornerstone of every enterprise’s occupational safety and health management system, because without such an assessment it is impossible to determine the most appropriate occupational safety and health improvement and preventive measures. It is therefore negative that in the 2022 study there has been a significant decrease in the proportion of **employers** whose enterprise/institution has carried out a full workplace risk assessment and an increase in the proportion of employers who have carried out a partial workplace risk assessment (Table 17). This is probably due to the impact of the COVID-19 pandemic, when some enterprises were idle or many employees were working remotely. The fact that almost one in two employers in 2022 admitted that they had not carried out a workplace risk assessment is a worrying trend, as the requirement for employers to carry out a such assessment at least once a year has been in force in Latvia for more than 20 years and the situation has not improved since the previous study.



**Table 17. Proportion of employers according to whether they have carried out a workplace risk assessment in the last year, %**

Extent/year	2006	2010	2013	2018	2022
Has been carried out in full	22.1	31.4	28.5	41.9	32.5
Has been carried out partially	21.5	15.3	18.8	9.0	18.7
Has not been carried out	54.8	50.5	48.6	43.2	44.9
Difficult to say/NA	1.6	2.8	4.1	5.8	3.9

Base – all respondents, in 2022, n=1013; in 2018, n=1081; in 2013, n=1044; in 2010, n=1044; in 2006, n=1058

Source: employer survey

In all WCRL studies, employers in micro-enterprises with up to 10 employees were the most likely to report that no workplace risk assessment had been carried out, so it is advisable to pay particular attention to small enterprises from the supervisory authorities.

An analysis of the situation depending on the type of occupational safety and health management system in place in the enterprise shows that full or partial workplace risk assessment is most common in enterprises that have concluded an agreement with occupational safety and health service providers, and least common in enterprises that do not have a trained OSHS:

- external service provider – 73.6%;
- enterprise OSHS – 51.5%;
- no OSHS – 9.4%.

In the **employee** survey, almost half of the respondents stated that the employer had provided a workplace risk assessment (45.6% in 2022, 28.6% in 2018, 21.1% in 2013, 14.0% in 2010 and 13.2% in 2006), a significantly better result than in the 2018 study. As in the employer survey results, there is a trend in the employee survey that as the number of employees in an enterprise increases, so does the proportion of respondents who report that the employer has provided a workplace risk assessment.

In the 2022 survey, when asked about the providers of workplace risk assessments, **employers** whose enterprises have carried out workplace risk assessments are most likely to mention that they themselves carried out the risk assessment (49.6%), that the assessment was carried out by outsourced CS (30.3%) or OSHS (17.5%). The response rate for workplace risk assessors is similar to previous years' WCRL data.

In order to assess the structure of services received, employers who indicated in the survey that they had a contract with a CI or a CS (as an outsourced service) were asked which occupational safety and health services they had mainly received from service providers. In 2022, the services provided by the CS and CI were mainly used to carry out workplace risk assessments (87.9%). Unfortunately, there is an unsatisfactory observation – when asking the employer whether someone else from the enterprise was also involved in the workplace risk assessment, most often (42.9%) respondents answered that no one else participated. Similarly, in the employee survey, 47.3% of respondents said they had not participated in the workplace risk assessment. The Labour Protection Law mentions the involvement of a specific employee and enterprise's trusted representative in the workplace risk assessment process as one of the legal requirements.

### **Preventive Measures in Occupational Safety and Health**

A plan of preventive measures is part of the occupational safety and health management system and aims to reduce the impact of workplace hazards on the safety and health of workers. It should be noted that in 2022 there is a clear negative trend – a decrease in the proportion of **employers** who answered that their enterprise has a preventive measures plan (61.1% in 2022, 67.7% in 2018, 62.0% in 2013, 65.0% in 2010 and 50.0% in 2006). There are differences between small and large enterprises – large enterprises are more likely than small enterprises to have a preventive measures plan in place (in 2022: 1–10 employees – 55.6%, 11–49 employees – 79.4%, 50–249 employees – 84.4%, 250 and more employees – 84.9%).

The 2022 study also shows another strongly negative trend, with a decrease of around 20 percentage points in the proportion of employers responding that the necessary occupational safety and health measures for all workplace hazards have been implemented following the preventive measures plan, and an increase of 12 percentage points in the proportion of respondents indicating that the measures have not been implemented following the development of a preventive measures plan (Table 18). It is likely that these results are due to a

number of factors, for example, in the context of the COVID-19 pandemic, employers focused on implementing epidemiological safety measures and related regulatory requirements, the introduction of remote work, which created new challenges in the area of occupational safety and health.

**Table 18. Proportion of employers who have taken the necessary occupational safety and health measures to prevent or reduce the identified hazards, %**

Answer	2010	2013	2018	2022
Yes, for all hazards	48.0	42.0	68.5	47.8
Yes, but not for all hazards	35.0	39.0	19.5	32.0
No	14.8	16.1	5.6	17.7
Difficult to say/NA	2.0	3.0	6.3	2.5

Base: employers, in whose enterprise workplace risk assessment has been carried out, in 2022, n=643; in 2018, n=609; in 2013 n=659; in 2010, n=621

Source: employer survey

As regards the preparation of a preventive measures plan, similar to the results of previous WCRL studies, the situation is worse in small enterprises (in 2022: 1–10 employees – 55.6%; 11–49 employees – 79.4%; 50–249 employees – 84.4%; 250 and more employees – 84.9%) and in the private sector (in 2022: public sector – 77.1%; private sector – 60.7%). As in 2018, employers in micro-enterprises in 2022 most often have not implemented the necessary occupational safety and health measures. It is therefore advisable to focus the attention of the regulatory authorities on the monitoring of these enterprises.

### Laboratory Measurements

For the analysis of laboratory measurements in 2022, the question “Where did you invest financial resources in the past year for occupational safety and health issues other than limiting COVID-19?” was used from the **employer** survey. The answer option “Laboratory measurements of the work environment” was analyzed. In addition, it should also be noted that this answer option probably does not include the measurements carried out under the ESF project “Improvement of the Practical Application and Monitoring of Work Safety Laws and Regulations” (No 7.3.1.0/16/I/001), as these measurements did not require any financial investments from

them. However, it should be mentioned that only 9.5% of employers surveyed in 2022 indicated that they had invested finances in laboratory measurements of the work environment in the last year. The regional distribution (according to the supervision areas of the SLI regional departments) is also uneven. According to employers, in 2022, laboratory measurements were most frequently done in the Riga Region (10.5%), Latgale Region (9.5%), Zemgale Region (8.7%) and Kurzeme Region (8.4%), and least frequent in the Vidzeme Region (6.2%).

The **employee survey** also included a question whether their employer had provided laboratory measurements of the work environment in their enterprise (institution) in the past year. In 2022, 12.1% of respondents answered in the affirmative, which is about the same as in 2018.

In the **employer survey**, the analysis of the services provided by the CS and CI on the question of laboratory measurements of the work environment in 2022 showed a significant difference from the results of previous WCRL studies. Whereas in the past laboratory measurements were most common in enterprises with more than 250 employees, they were much less common in this group of enterprises in 2022. These results are supposedly related to the COVID-19 pandemic. For example, epidemiological restrictions as a result of which enterprises did not allow persons not directly involved in the production process to enter their premises; financial difficulties which made it necessary to find measures to reduce expenditure. Laboratory measurements may have been one of the items to reduce expenditure, which is why paid measurements were commissioned less frequently than in previous years: 2022: 1–10 employees – 12.7%, 11–49 employees – 30.5%, 50–249 employees – 51.9%, 250 and more employees – 27.9%; 2018: 1–10 employees – 26.1%, 11–49 employees – 29.7%, 50–249 employees – 43.0%, 250 and more employees – 73.2%. However, the survey results generally confirm the trend that the larger the number of employees in an enterprise, the more frequently laboratory measurements are carried out.

The survey results also show that the dynamic situation with measurements has worsened, with fewer measurements being taken than in the past. The situation would probably have been even worse if during the reporting period small enterprises in the so-called high-risk sectors had not had the opportunity to receive support under the ESF project “Improvement of the Practical Application and Monitoring of Work Safety Laws and Regulations” (No 7.3.1.0/16/I/001) – free of charge workplace risk assessment, of which free of charge laboratory measurements were an integral part.

Data from the measurement database of the **RSU IOSEH** Laboratory of Hygiene and Occupational Diseases (hereinafter – LHOD) show that 42,350 workplaces have been measured at the RSU IOSEH LHOD between 1 January 1995 and 31 December 2021, for which 6,003 test reports have been drawn up. It should be noted that the number of measurements varies from year to year, with several possible explanations. The number of measurements is influenced both by the changing demand from enterprises (measurements paid for by the customer – either the enterprise where the measurements are carried out or the CA) and by the participation of RSU IOSEH LHOD in various projects related to the work environment, which provide free of charge measurements to Latvian enterprises. The COVID-19 pandemic has also affected the number of measurements in recent years. Between 2017 and 2021, 1043 reports were produced, of which 906 are included in the database analysed.

It should be noted that the RSU IOSEH LHOD is not the only accredited testing laboratory in Latvia and measurements may be ordered from other accredited testing laboratories in free market competition, as well as in some cases measurements are carried out by CI or CS. In general, it should be noted that the number of measurements as a unit of assessment should be treated with caution, as data on exceedances of limit values or non-compliance of measurements with regulatory requirements are not reflected. It can happen that the number of measurements is high but the proportion of non-compliances is not high, and vice versa – measurements were taken rarely, but they did not comply with the regulatory requirements in all cases.

Between 2017 and 2021, 8,964 measurements have been made: 5,397 measurements of physical factors, 1,243 measurements of dust and aerosols and 2,324 measurements of other chemical factors (Table 19).

**Table 19. Number of measurements of physical and chemical workplaces hazards, 2017–2021**

Group of hazards	Year					Total	Distribution of measurements, %
	2017	2018	2019	2020	2021		
Physical hazards	513	1064	1183	1385	1252	5397	60.2
Dust measurements*	154	202	269	371	247	1243	13.9
Chemical hazards	283	496	391	549	605	2324	25.9

*Note: Dust measurements do not include data on asbestos fibres measurements as these are analysed in a separate thematic annex "Asbestos".*

Source: RSU IOSEH

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Measurements of physical hazards, including work environment noise, whole-body and hand-arm vibration, microclimate (air temperature, relative humidity, air velocity) and lighting, account for more than half of all laboratory measurements of the work environment as a percentage. The group of chemical hazards is very diverse and also includes different types of dust and aerosol measurements. When analysing dust measurements, from 2017 to 2021, welding sprays, wood dust, dust of plant origin, abrasive dust and paper dust were the most frequently measured. Measurements were also made for dust types such as cement, polymer, soot, clay, powdering ink, limestone, graphite, gypsum, metal, fibreglass, charcoal, carbon, fertiliser dust, etc. The number of different chemicals (excluding dust and aerosols) detected in the air of the work environment varies between 44 and 58 substances between 2017 and 2021. The most commonly measured chemicals are carbon dioxide, total hydrocarbons, formaldehyde, manganese, isopropanol, ammonia, xylenes, chromium, benzene, toluene and nitrogen dioxide. For a more detailed description of the measurements carried out, see the section on laboratory measurements in the WCRL thematic annex "Workplace Hazards and Workplace Risk Assessment".

### Consequences of an Unfavourable Work Environment

Most often, when talking about the consequences that can happen if the work environment is unfavourable, accidents at work are mentioned because they happen suddenly and the consequences are immediately visible, but other types of consequences are also possible. The most important consequences are:

- occupational diseases;
- work-related diseases;
- other diseases or exacerbations of other diseases;
- accidents at work;
- decline in working capacity;
- direct and indirect costs in case of occupational diseases and accidents at work, etc.

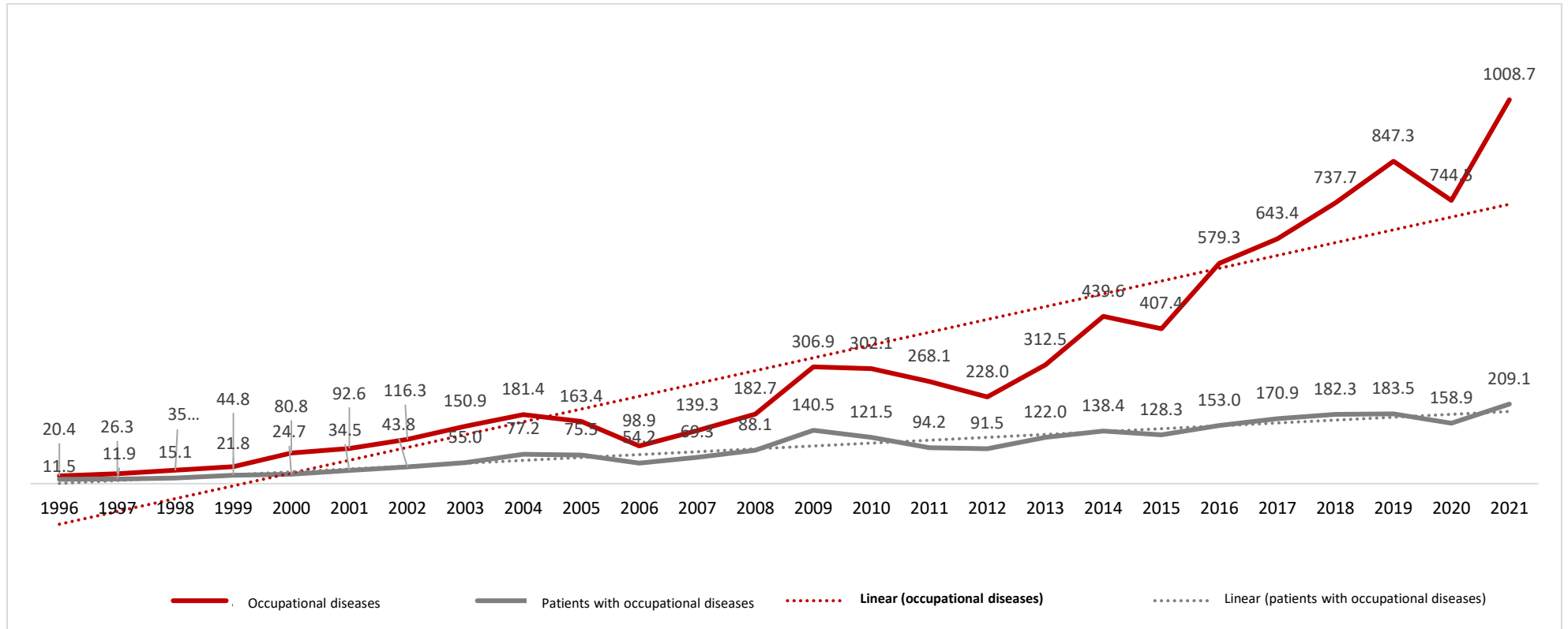
This study analysed the dynamic changes in the number of diagnosed occupational diseases, the health disorders reported by employees, the dynamic changes in the number of registered accidents at work, and the costs incurred by the state.

### Occupational Diseases

In Latvia, a total of 23,559 first-time occupational patients were registered over 29 years (from 1993 to 2021), of whom more than half (61.1%) were women. The absolute number of first-time registered patients of occupational diseases continues to increase year on year, reaching its highest ever number in 2021 (1,807 unique persons registered). The number of occupational diseases has also increased, with the highest rate recorded in 2021 (8,715 occupational diseases). Year 2021 also saw the highest number of occupational diseases for both men and women (3,507 first-recorded occupational diseases for men, 5,208 first-recorded occupational diseases for women). It should be noted that the large increase in 2021 could be due to the restrictions on the availability of health services in 2020. It is possible that, as a result of the COVID-19 pandemic containment measures, not everyone who needed healthcare services received them.

To compare the situation dynamically, the absolute numbers of occupational diseases were recalculated per 100,000 employees. For a more accurate interpretation of the data, both absolute figures and the recalculated indicator per 100,000 employees should be taken into account. The absolute number of first-time registered occupational patients and occupational diseases per 100,000 employees can be seen graphically in Figure 4.

**Figure 4. Dynamics of the number of first-time occupational patients and occupational diseases per 100,000 Employees in 1996–2021**



Data source: CDPC, Register of Patients with Specific Diseases; CSB: Number of employed people aged 15–74 by sex



Since 1993, the increase in the number of occupational diseases registered for the first time has been much faster than the increase in the number of occupational patients registered for the first time. Consequently, the average number of occupational diseases per person in Latvia has risen steadily each year. While in 2011, the average number of occupational diseases diagnosed per occupational patient was 2.8, 10 years later – in 2021 – the average number of occupational diseases per occupational patient was already 4.8. The high number of occupational diseases per occupational patient indicates that mandatory health examinations (hereinafter – MHEs) fail to detect health problems caused by the work environment at an early stage, while employees themselves do not complain of health problems during MHEs and turn up late to the doctor with health problems they have allowed to develop. Occupational physicians also do not have access to the health data of the employee being examined, which makes it very difficult to carry out high-quality MEHs.

Since 2000, there has been a trend towards more occupational patients per 100,000 employed women than per 100,000 employed men. Moreover, the gap between men and women continues to widen. The all-time high for both sexes was reached in 2021, when 1,205.0 cases of occupational diseases per 100,000 employed women and 812.2 cases of occupational diseases per 100,000 employed men were recorded. However, it is important to stress that, even under the same working conditions, women are more likely to develop occupational diseases because the actual exposure may differ – for example, if workers of both sexes do equally physically demanding work in a dusty environment, women will breathe faster under physical stress and will therefore inhale more dust. At the same time, men are much more likely to work in hazardous sectors, where they face workplace hazards that can have serious consequences for their health, but are less likely to take care of their health and to see a doctor in good time. It is likely that the actual incidence of occupational diseases among employed men is higher than the confirmed incidence of occupational diseases.

Analysis of the number of occupational diseases registered for the first time by age group shows that occupational diseases are most often registered at the age of 55–64. The number of occupational diseases registered in this age group has increased more than 1.5 times in the last five years, which is probably due to the fact that the average age of an occupational disease patient in Latvia is around 53 years, but the late visit to an occupational physician, as well as the long registration period of occupational diseases, leads to recognition of the disease after the

age of 55. The share of registered occupational diseases is also quite high in the 45–54 age group, rising from 1,023.5 cases in 2017 to 1,378.3 cases per 100,000 employees in 2021. Over the last 5 years, an average of 8–16 occupational diseases per 100,000 employees have been recorded in the 25–34 age group, 191–332 in the 35–44 age group and 252–441 in the 65–74 age group.

Since 2000, occupational diseases of the musculoskeletal system and connective tissues (M00–M90) have been the most frequently reported and the fastest growing in Latvia (Table 20). Since 2006, the number of cases registered per 100,000 employees has also been increasing annually. Over the last 10 years, the incidence of occupational musculoskeletal system and connective tissue diseases per 100,000 employees has increased almost 6-fold.

**Table 20. Dynamics of the number of occupational diseases per 100,000 employees by predominant diagnosis groups (ICD-10) in 1996–2021**

Year	Nervous system and sensory organ diseases (G00–H95)	Circulatory system diseases (I00–I99)	Respiratory system diseases (J00–J99)	Musculoskeletal system and connective tissue diseases (M00–M90)	Injuries and other external effects (S00–T98)
1996	4.6	0.4	6.3	3.4	3.9
1997	7.0	0.9	9.2	2.9	4.6
1998	7.4	1.2	11.4	6.4	5.2
1999	7.9	1.3	15.2	11.2	6.7
2000	14.3	1.0	20.7	33.5	5.0
2001	22.5	2.2	17.5	36.4	8.4
2002	25.7	2.1	20.9	54	9.2
2003	36.8	1.6	24	65.3	16.6
2004	47.3	4.2	20.7	86.4	17.4
2005	44.4	3.1	15.3	77.9	16.7
2006	30.0	2.9	11.0	39.8	13.0
2007	40.8	1.9	17.9	59.2	14.6
2008	49.3	4.6	18.8	88.6	16.2
2009	92.5	6.0	30.5	139.4	33.9
2010	91.2	5.2	26.8	143.2	32.2

Year	Nervous system and sensory organ diseases (G00–H95)	Circulatory system diseases (I00–I99)	Respiratory system diseases (J00–J99)	Musculoskeletal system and connective tissue diseases (M00–M90)	Injuries and other external effects (S00–T98)
2011	73.4	3.1	15.3	146.1	27.0
2012	68.9	4.7	6.2	128.1	18.6
2013	84.9	7.0	10.2	182.7	24.8
2014	118.5	21.8	11.2	265.0	16.4
2015	110.3	15.0	6.5	258.8	12.1
2016	126.9	27.0	11.4	392.9	15.8
2017	137.6	25.3	7.9	453.5	15.0
2018	155.2	24.1	11.2	535.6	16.9
2019	161.4	10.8	10.8	651.8	18.1
2020	140.0	11.2	6.5	562.3	15.6
2021	179.9	13.3	6.2	752.1	15.3

*Note: The table includes only the most frequently registered occupational disease groups (other occupational disease groups had an incidence of less than 5 cases per 100,000 employees in the country).*

Data source: CDPC, Register of Patients with Specific Diseases; CSB: Number of employed people aged 15–74 by sex, authors' calculations

The most common group of occupational diseases in the last 9 years is soft tissue disorders related to load, overload and pressure (M70–M72; M75–M79). Their prevalence per 100,000 employees has increased more than 4-fold since 2013. Spondylosis with radiculopathy (M47.2; M47.8) is also a relatively common diagnosis – the increase in the period from 2013 has been more than 3 times. The next most common occupational diseases are arthroses (M15–M19) and carpal tunnel syndrome (G56.0), which have also seen their diagnosis rates increase several-fold in the last 9 years. The top ten occupational diseases recorded in the previous study period did not include unspecified synovitis and tenosynovitis (M65.9), which has seen a sharp increase in registration over the last 5 years – from 2.3 cases per 100,000 in 2017 to 67.0 in 2021, an increase of more than 29 times (Table 21). The increase in the number of these diseases is probably due to better diagnostic capabilities (e.g. specialised ultrasonography equipment capable of early detection of various soft tissue inflammations), better medical knowledge, which allows

potential occupational patients with complaints of musculoskeletal diseases to undergo additional examinations at the PSCUH CORM, thus diagnosing several diseases simultaneously.

It must be concluded that there have been changes in the structure of the most common occupational diseases over ten years. While the 2012–2013 study looked at occupational diseases such as chronic inflammatory diseases of the upper respiratory tract (J30, J31, J37), chronic inflammatory diseases of the lung (J44.8), asthma (J45) and polyneuropathy due to other toxic factors (G62.2), in the last 9 years these have been replaced by diagnoses such as other specified polyneuropathies (G62.8), ulnar nerve pathology (G56.2) and Raynaud's syndrome (I73.0). In general, these changes in dynamics are due to changes in the work environment already identified in previous WCRL studies – traditional hazards have been replaced by ergonomic and psycho-emotional workplace hazards that lead to other types of diseases. Consequently, in the structure of occupational diseases, overload-related diseases (e.g. diseases of the musculoskeletal system) are more frequently registered instead of diseases caused by traditional hazards (e.g. dust-related occupational diseases or chemical-related occupational diseases).

**Table 21. Dynamics of the most common\* occupational diseases per 100,000 employees in 2013–2021**

Year	Soft tissue disorders related to load, overload and pressure (M70–M72; M75–M79)	Spondylosis with radiculopathy (M47.2; M47.8)	Arthroses (M15–M19)	Carpal tunnel syndrome (G56.0)	Unspecified synovitis and tenosynovitis (M65.9)	Other specified polyneuropathies (G62.8)	Ulnar nerve pathology (G56.2)	Effects of vibration (T75.2)	Raynaud's syndrome (I73.0)	Occupational hearing loss (H83.3; H93.3)
2013	65.6	79.0	35.0	60.7	*	1.8	4.8	24.5	1.9	14.5
2014	105.4	107.2	48.4	80.3	*	16.2	7.3	16.2	16.8	14.2
2015	112.0	98.6	44.7	80.9	*	11.3	5.9	11.9	11.5	11.7
2016	163.8	129.5	94.8	86.9	*	16.9	7.9	15.8	20.7	14.1
2017	191.4	128.6	115.1	101.8	2.3	15.5	8.7	14.5	18.9	10.6
2018	204.1	150.5	151.2	109.2	3.8	16.2	10.9	16.1	16.5	15.2
2019	212.0	210.0	164.6	113.3	51.5	18.1	14.3	17.1	6.5	13.0
2020	187.0	169.2	167.0	101.1	39.1	18.1	12.4	15.1	9.3	8.6
2021	290.0	247.8	172.5	137.5	67.0	22.1	18.8	15.3	11.5	8.0

Note: The table includes only the 10 most frequently reported occupational diseases during the time period indicated; unspecified synovitis and tenosynovitis (M65.9) was not among the top 10 most frequently reported occupational diseases during the previous study period.

Data source: CDPC, Register of Patients with Specific Diseases; CSB: Number of employed people aged 15–74 by sex

Looking at the dynamics between the different enterprise activity sectors from 2013 to 2021, it is clear that the health and social care sector is more likely than other sectors to have registered first-time occupational patients during this period. Data from the last 9 years show that the health and social care sector registers around 300–370 first-time occupational patients per 100,000 people employed in the sector each year. It should be noted, however, that people working in the health and social care sector are often better informed about occupational diseases, their symptoms and diagnostic possibilities, as well as health care services and the availability thereof (Table 22).

**Table 22. Dynamics of the number of occupational patients by sector per 100,000 employees in the sector, 2013–2021**

Sector	2013	2014	2015	2016	2017	2018	2019	2020	2021
Agriculture, forestry and fish industry	66.8	96.5	61.9	83.0	114.0	135.9	114.6	84.0	117.9
Mining and quarrying	71.4	162.2	282.1	352.9	173.9	466.7	281.3	148.1	481.5
Manufacturing industry	222.8	255.9	254.5	261.5	266.3	299.4	310.2	278.6	323.3
Electricity, gas supply, heating and air conditioning	103.4	130.0	55.6	157.1	427.5	626.0	712.8	205.6	181.8
Water supply, waste water and waste management and remediation	241.9	307.7	56.3	156.6	230.8	215.2	179.1	241.9	232.9
Construction	77.3	79.2	90.4	128.6	122.0	104.6	107.3	79.7	136.9
Health and social care	324.9	363.5	313.6	367.5	372.5	330.9	334.5	301.6	348.2
Other sectors	93.3	103.9	98.4	118.4	135.7	147.9	152.2	137.7	189.7

Data source: CDPC: Register of Patients with Specific Diseases; CSB: Employees by group of economic activities (NACE Rev.2), authors' calculations

The electricity, gas supply, heating and air conditioning sector has experienced a significant increase in the number of first-time occupational patients per 100,000 employees between 2017 and 2019 (427.5 registered in 2017, 626.0 in 2018 and even 712.8 first-time occupational patients per 100,000 employees in the sector in 2019). Industrial workers also contribute to the number of first-time registered occupational patients each year. Between 2013 and 2021, 250 to 310 and 70 to 470 first-time occupational patients per 100,000 employees in the manufacturing industry

and mining and quarrying sectors, respectively, are registered annually. Between 2013 and 2021, there were around 60 to 120 first-time registered occupational patients in agriculture, 150 to 310 in water supply, waste water, waste management and remediation, and 80 to 140 first-time registered occupational patients in construction per 100,000 people employed in the sector. The number of occupational patients registered for the first time in agriculture, forestry and fish industry has been among the lowest in previous years and in 2021. Agricultural and forestry workers are often employed only on a seasonal basis, which does not require the performance of a MHE, and employment relations are very often not registered (to register seasonal farm workers, employers use the electronic application system of the Rural Support Service, which does not require employers to conclude an employment agreement with employees, and according to the SLI Annual Activity Report for 2021<sup>4</sup>, agriculture, forestry and fish industry are the sectors in which unregistered employees are most often detected).

More information is available in the thematic annex “Occupational Diseases in Latvia, 1993–2021”.

## Accidents at Work

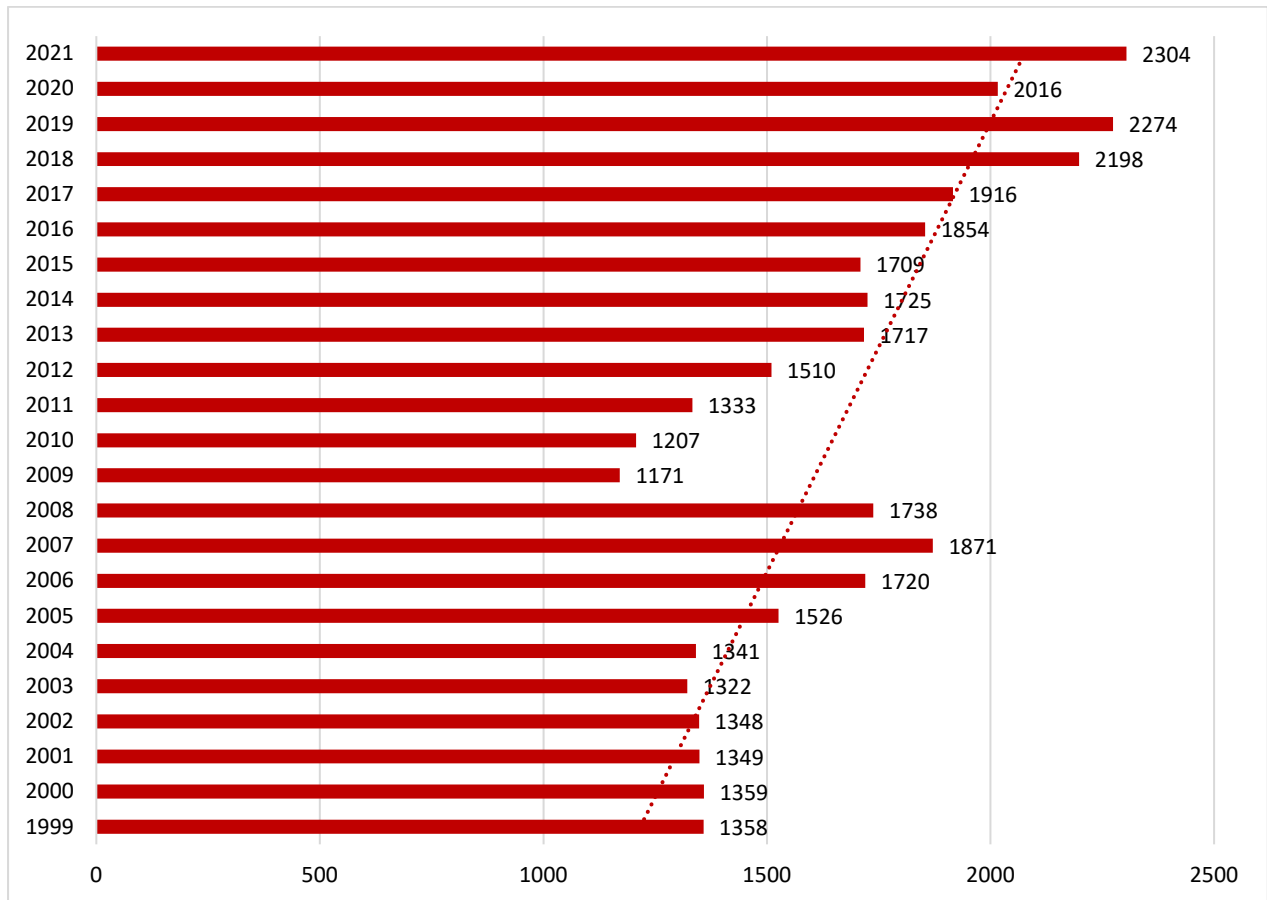
### Absolute number of accidents

Between 1999 and 2021, there has been an overall increase in the number of accidents at work registered by the SLI (Figure 5).

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<sup>4</sup> SLI Annual Activity Report for 2021: <https://www.vdi.gov.lv/lv/media/2193/download?attachment>, viewed on 21.02.2023.

Figure 5. Total number of registered accidents in Latvia, 1999–2021



Source: SLI activity reports

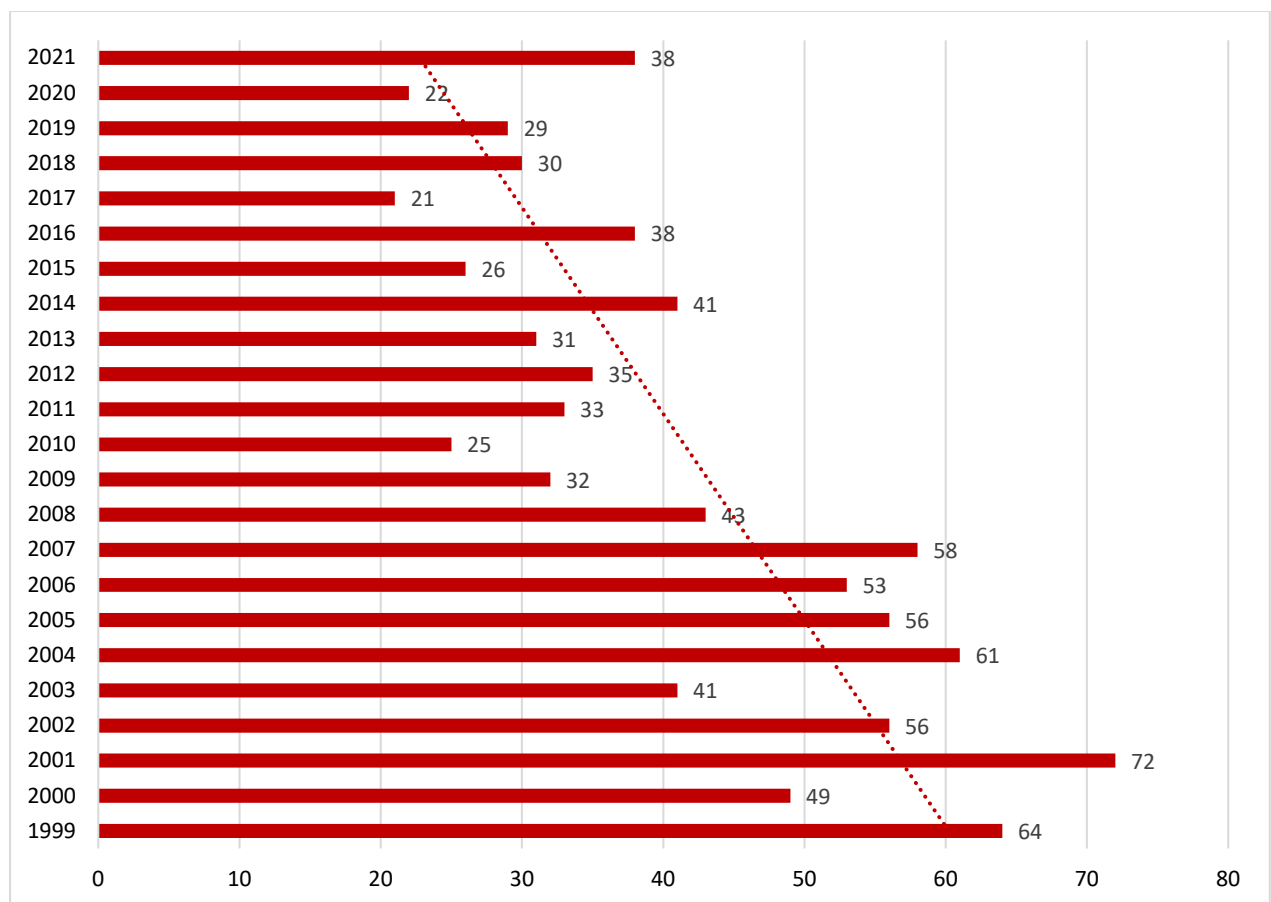
The upward trend between 2005 and 2008 is due to a sharp increase in the number of employees. Following the economic crisis in 2008, the number of employees was reduced and the number of victims of accidents at work decreased to 1,171 in 2009. Although there has been an increase in the number of accidents at work after 2009, a decrease in the total number of accidents at work was also recorded in 2020. Both of these declines are linked to the various crises that reduced business activity. If in 2009 it was the financial crisis, in 2020 it was the COVID-19 pandemic. This situation in the context of the crises is likely to be due to a variety of factors – decline in business during the crisis, recovery in the post-crisis period, entry of young untrained workers into the labour market, etc. In 2021, the highest total number of accidents at work in Latvia was registered. However, researchers believe that the total number of registered accidents will continue to increase in the future, as in the 2022 survey only around 70% of employers indicated that they had reported the accident to the SLI, and the number of accidents registered in Latvia is significantly lower than in



other EU Member States. Overall, the increasing number of accidents does not reflect a worsening of the work environment, but rather better recording of accidents at work.

Although a year-on-year comparison of the number of fatalities in accidents at work shows a fluctuating trend (highest in 2001 with 72 fatalities, lowest in 2017 with 21 fatalities), the overall trend is towards fewer fatal accidents (Figure 6).

**Figure 6. Total number of registered fatal accidents at work, 1999–2021**



Source: SLI activity reports

It is important to underline that in 2021 there was a significant increase in the number of fatal accidents, and this is the highest rate observed in the last 5 years. There are likely to be several explanations for these results. For example, in its 2021 Annual Activity Report, the SLI mentioned: “Given the high morbidity rates in Latvia, employers in all sectors were significantly affected by the absence of workers due to incapacity for work and/or quarantine, creating additional physical and psychological strain for both parties, which could have contributed to a set of conditions in the workplace and/or process that could have led to an accident at work. In the light of the above,

it can be concluded that the conditions created by the COVID-19 pandemic are clear evidence that prolonged exposure of workers to extreme working conditions contributes to a significant increase in the number of accidents.”<sup>5</sup> However, researchers believe that the reduced control and surveillance by the SLI, when the number of on-site visits by the SLI also decreased during the COVID-19 pandemic due to epidemiological restrictions, may also have contributed to these numbers. Also, compared to other countries, the SLI in Latvia makes much less use of such a sanction mechanism as the suspension of the operation of equipment and facilities, which the International Labour Organisation considers to be the most effective sanction mechanism when there is an immediate danger to the safety and health of workers<sup>6</sup> (see the thematic annex “State Labour Inspectorate” for more details).

#### Number of accidents per 100,000 employees

In order to compare the situation between countries and between sectors, the absolute numbers of registered accidents are recalculated per 100,000 employees. Such a recalculation may give a wrong picture of sectors with low employment, so both the absolute figures and the recalculated indicator per 100,000 employees should be taken into account for the interpretation of the data.

According to the definitions of the International Labour Organisation, the employed population is defined as all persons who performed at least one hour of work for pay in cash or for remuneration in goods or services during the reference week. The employed population in Latvia from 2021 is aged between 15 and 89 (15 years and older until 2001, and 15 to 74 from 2002 to 2020), which must be taken into account in the analysis of the dynamics of the situation. The data on the number of employees for recalculation per 100,000 employees are taken from the publicly available information on the website of the CSB<sup>7</sup>. As the number of employees in this source is only available from 1999 onwards, in order to allow a dynamic comparison, the data were calculated only for the period from 1999 onwards.

Overall, the trend over the entire reference period has been towards an increase in the total number of accidents registered per 100,000 employees (Figure 7). As with the absolute numbers,

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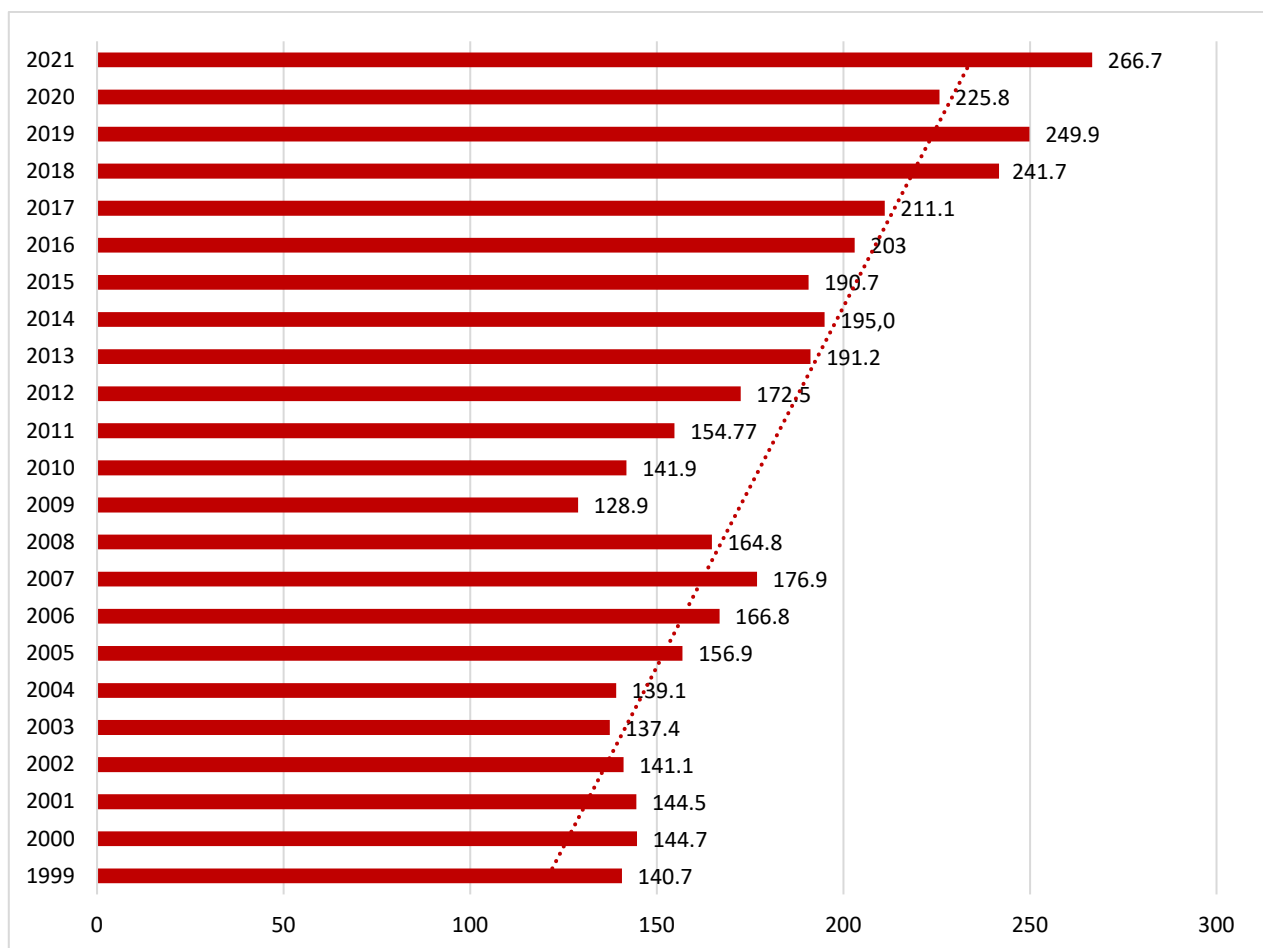
<sup>5</sup> SLI 2021 Annual Activity Report: <https://www.vdi.gov.lv/lv/media/2193/download?attachment>, viewed on 09.12.2022.

<sup>6</sup> Wolfgang von Richthofen. Labour Inspection. A guide to profession: [http://www.oit.org/wcmsp5/groups/public/---ed\\_protect/---protrav/---safework/documents/publication/wcms\\_108665.pdf](http://www.oit.org/wcmsp5/groups/public/---ed_protect/---protrav/---safework/documents/publication/wcms_108665.pdf), viewed on 11.01.2023.

<sup>7</sup> Source of data on the number of employees – CSB: [https://data.stat.gov.lv/pxweb/lv/OSP\\_PUB/START\\_EMP\\_NB\\_NBLA/NBL040/](https://data.stat.gov.lv/pxweb/lv/OSP_PUB/START_EMP_NB_NBLA/NBL040/); viewed on 14.11.2022.

the rate mentioned in 2020 has fallen, but in 2021 the number of cases of accidents at work was the highest ever recorded, at 266.7 cases per 100,000 employees. The lowest number of accident victims per 100,000 employees in the reporting period was in 2009, at 128.9. The explanation for this trend is similar to the increase in the absolute number of accidents – better reporting and registration of accidents. However, the sharp increase in the accident rate per 100,000 employees in 2021 was also influenced by the relatively low number of employees, as the gap between 2020 and 2021 was around 30,000. This may also be due to changes in the level of undeclared employment (e.g. the amount of undeclared employees has increased since 2019, according to the Shadow Economy Index)<sup>8</sup>.

**Figure 7. Number of injured persons in accidents at work per 100,000 Employees, 1999–2021**



Source: SLI and CSB, authors' calculations

<sup>8</sup> Shadow Economy Index: [https://www.sseriga.edu/sites/default/files/2022-05/SSERiga\\_Enu\\_ekonomikas\\_indeks\\_2009\\_2021\\_brosura\\_0.pdf](https://www.sseriga.edu/sites/default/files/2022-05/SSERiga_Enu_ekonomikas_indeks_2009_2021_brosura_0.pdf), viewed on 13.12.2022.

Between 2011 and 2020, the number of accidents at work registered in Latvia per 100,000 employees is much lower than in the EU as a whole. For example, in 2020, 223.6 accidents at work per 100,000 employees were registered in Latvia, while in the EU – 1443.6 accidents per 100,000 employees, which means that the rate registered in Latvia is about 6.5 times lower than the EU average (the comparison is made for 2020, the latest year for which EUROSTAT data on the number of accidents are available). The researchers believe that this difference is due to the same reasons as in previous WCRL studies – it is not due to better (safer) working conditions, but to the fact that not all accidents at work are registered in Latvia.

An analysis of the situation in the Baltic States shows that Estonia has the highest number of registered accidents per 100,000 employees, followed by Lithuania and Latvia. However, overall, the number of accidents per 100,000 employees in the Baltic States is significantly lower than in the EU as a whole. For example, while in 2020 the EU average was 1,443.6 accidents at work per 100,000 employees, Estonia had 903.8 accidents, Lithuania 318.1 accidents and Latvia 223.6 accidents per 100,000 employees. It is also important to underline the trends: while the number of registered accidents per 100,000 employees is increasing in the Baltic States as a whole, the EU average is decreasing.

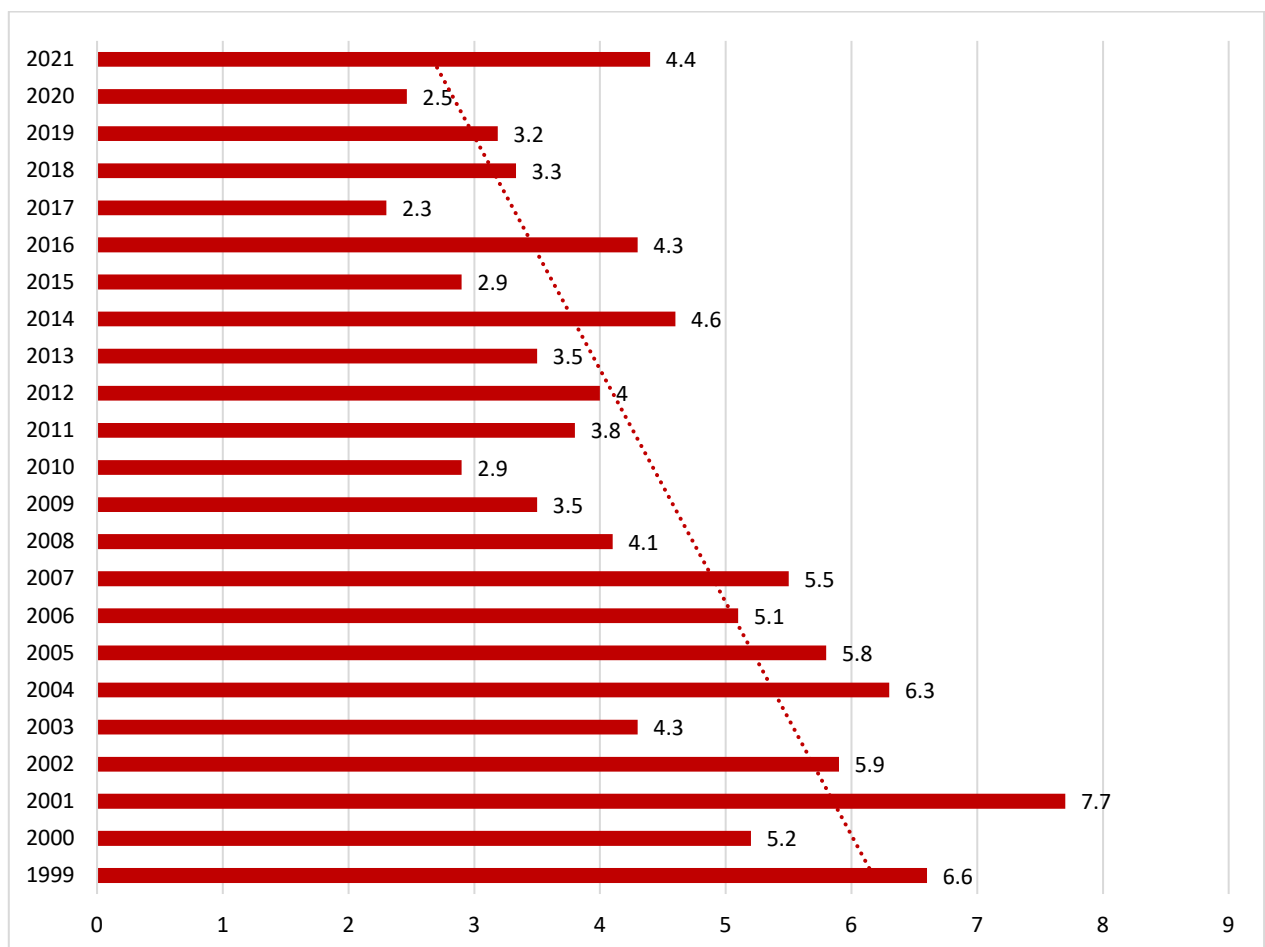
A breakdown of the number of victims of accidents at work by NACE sector in Latvia per 100,000 persons employed in the sector shows that the highest rates in 2020 were in manufacturing industry – 608.9 accidents per 100,000 employees and in agriculture, forestry and fish industry – 436.0 accidents per 100,000 employees. In the manufacturing industry, the number of victims of accidents at work has slightly increased compared to 2019, when it was 569.8 accidents per 100,000 employees. The agriculture, forestry and fish industry also saw an increase in the number of accidents at work compared to 2019 – 206.2 accidents per 100,000 employees. The lowest rates in the data for the reference period are observed in the sectors of professional, scientific and technical services and information and communication services. These sectors registered 39.9 and 40.3 accidents at work per 100,000 employees in 2020. Similarly, the arts, entertainment and recreation and education sectors had lower rates in the 2008–2020 period.

Data on the number of injured persons in accidents at work per 100,000 employees in different sectors in the EU show that the highest number in 2020 was recorded in the construction sector, with 3986.9 accidents per 100,000 employees. High rates are also found in the water supply sector, where 2,554.0 accidents at work per 100,000 employees were recorded in 2020. In Latvia,

the number of victims of accidents at work is much lower in both sectors, 12 times lower in construction and 6 times lower in water supply. Working conditions in both sectors in Latvia are likely to be no better than the EU average, so the causes are more likely related to low levels of accident registration.

Although the number of fatal accidents per 100,000 employees in 2021 was found to be very high, the overall trend over 20 years has been a decline (Figure 8). The lowest fatality rate was in 2017 (2.3 cases per 100,000 employees) and the highest in 2001 (7.7 cases per 100,000 employees).

**Figure 8. Number of fatal accident per 100,000 employees, 1999–2021**



Source: SLI and CSB, authors' calculations

Overall, the EU fatal accident rate per 100,000 employees was 1.8 in 2020, but ranges from 1.7 fatal accidents (2019) to 2.3 fatal accidents (2011) per 100,000 employees in the data for the reference period. These rates have been significantly lower than in Latvia in all years (lowest in 2017 – 2.3 fatal accidents, highest in 2001 – 7.7 fatal accidents), however, when comparing

trends, on average there has been a slight downward trend in the EU, while in Latvia the downward trend has been relatively steep. However, given that in 2021 Latvia recorded the highest number of fatal accidents in recent years, a continuation of this positive trend is not expected in the 2021 EUROSTAT data. Lithuania also has a higher rate of fatal accidents than the EU as a whole (3.2 accidents per 100,000 employees in 2020), while Estonia has a lower rate (1.7 fatal accidents per 100,000 employees).

By sector, the highest number of fatal accidents per 100,000 employees was registered in the agriculture, forestry and fish industry, manufacturing industry and transport and storage sectors throughout the reference period. In 2020, the highest number of fatal accidents at work per 100,000 employees was recorded in the transport and storage sector (15.2 cases per 100,000 employees), which could possibly be linked to the COVID-19 pandemic, when various types of deliveries to customers were increasingly taking place. In 2020, 9.2 fatal accidents per 100,000 employees were registered in the agriculture, forestry and fishing industry.

The highest number of fatalities at work in the EU by NACE sector is in construction, with 6.1 fatal accidents per 100,000 employees of the sector registered in 2020. The second highest rate is in the water supply; waste water and waste management and remediation sector, with 5.7 fatal accidents per 100,000 employees registered in 2020. These rates in Latvia in 2020 were lower than the EU average (4.8 fatal accidents per 100,000 employees in the construction sector, and no fatalities in the water supply, waste water and waste management and remediation sector in Latvia).

#### Accident registration level

In the 2022 survey, 70.5% of **employers** who had indicated that one or more accidents at work had occurred in their enterprise/institution in the last 3 years (69.3% in 2018, 58.5% in 2013, 78.9% in 2010, 70.4% in 2006) acknowledged that the accident had been reported to the SLI. 12.6% of the surveyed employers in whose enterprise/institution an accident has happened in the last 3 years have not investigated it (6.3% in 2018, 23.1% in 2013, 8.7% in 2010, 11.4% in 2006). This is a relatively poor indicator. The situation was worse only in 2013 and similar in 2006. Respondents who had not investigated the accidents were asked about the reasons for not investigating – 61.9% of respondents indicated that it was not a serious accident, while another 38.1% mentioned other reasons without specifying them.

**Employees** whose enterprise/institution had experienced one or more accidents in the last 3 years were also asked whether these accidents had been investigated to find out the cause of the accident. The proportion of employees in the enterprises that investigated accidents in the 2022 survey is 83.3%, which is significantly better than in all previous WCRL surveys (68.4% in 2018, 70.0% in 2013, 68.0% in 2010 and 30.3% in 2006). This means that in 2022, the proportion of respondents whose enterprises did not investigate accidents was approximately half that in 2018 (8.0% in 2022, 15.9% in 2018, 15.6% in 2013, 22.3% in 2010 and 59.5% in 2006). In 2022, 4.6% (4.9% in 2018, 2.8% in 2013, 2.5% in 2010, 1.8% in 2006) of employees responded that some accidents were investigated.

Overall, the analysis of all the results on registered accidents shows that the situation in Latvia is dynamically improving – the work environment is becoming safer, and employers are more conscientious in complying with the requirements of laws and regulations on the investigation and registration of accidents at work. It has been possible to achieve these results only through mutual cooperation between all parties in raising public awareness, organising training, providing support, conducting surveys, etc. At the same time, it is important to underline that the government needs to prepare more carefully to address issues in the post-crisis years, as both post-crisis periods (after the financial crisis in 2009 and after the COVID-19 crisis in 2020) have seen a sharp increase in the number of accidents per 100,000 employees.

## **Public Costs**

### Costs of accidents and occupational diseases

The most important regulatory enactment on the basis of which the state makes payments in case of a confirmed occupational disease or after an accident at work that has been investigated and registered in accordance with the requirements of laws and regulations is the Law on Mandatory Social Insurance in Respect of Accidents at Work and Occupational Diseases adopted on 01.10.1997 and the subordinate Cabinet Regulations. The payments are administered by the SSIA and the following benefits/compensations are available:

- sickness benefit (up to 52 calendar weeks at 80% of the average monthly insurance contribution salary);
- compensation for loss of ability to work (the amount of compensation depends on the consequences of the harm and the average monthly insurance contribution salary);

- compensation of extra costs incurred as a result of an accident at work or occupational disease – medical treatment and rehabilitation costs, and other costs (e.g. medicines, travel expenses) related to the treatment of the injury or occupational disease;
- lump sum benefit – compensation for the insured person, in addition to covering costs incurred as a result of an accident at work or occupational disease, for prosthetics, the cost of an assistant and travel expenses for visiting medical institutions, the cost of purchasing and repairing technical aids, and the cost of treatment, care, medical and professional rehabilitation, if these expenses are not covered by the minimum level of health care services or the state social assistance programme.

If the occupational disease or accident at work results in the death of the employee, the family is paid:

- compensation for the loss of a provider for family members incapable of work;
- funeral benefit.

When analysing the data from the survey of occupational patients on the compensation they receive, only 40.9% of the surveyed occupational patients indicated that they receive a monthly benefit from the SSIA. 34.0% indicated that medical expenses are covered and 31.0% that rehabilitation expenses are covered. In both 2018 and 2022, a similar proportion (just over 7%) said they had not received any benefits or compensation (Table 23).

**Table 23. Proportion of occupational patients who received benefits and compensation from the State Social Insurance Agency, %**

Compensation and benefits received from the SSIA	2018	2022
Monthly benefit	72.7	40.9
Medical treatment expenses	66.8	34.0
Rehabilitation expenses	58.5	31.0
Compensation of travel expenses	12.2	4.9
No benefits/compensation have been received	7.8	7.4
Compensation for professional rehabilitation	4.9	3.4
Technical aids	2.4	2.0
Other	1.5	4.4

Base: all respondents, in 2022, n=203; in 2018, n=205

Source: occupational patient survey

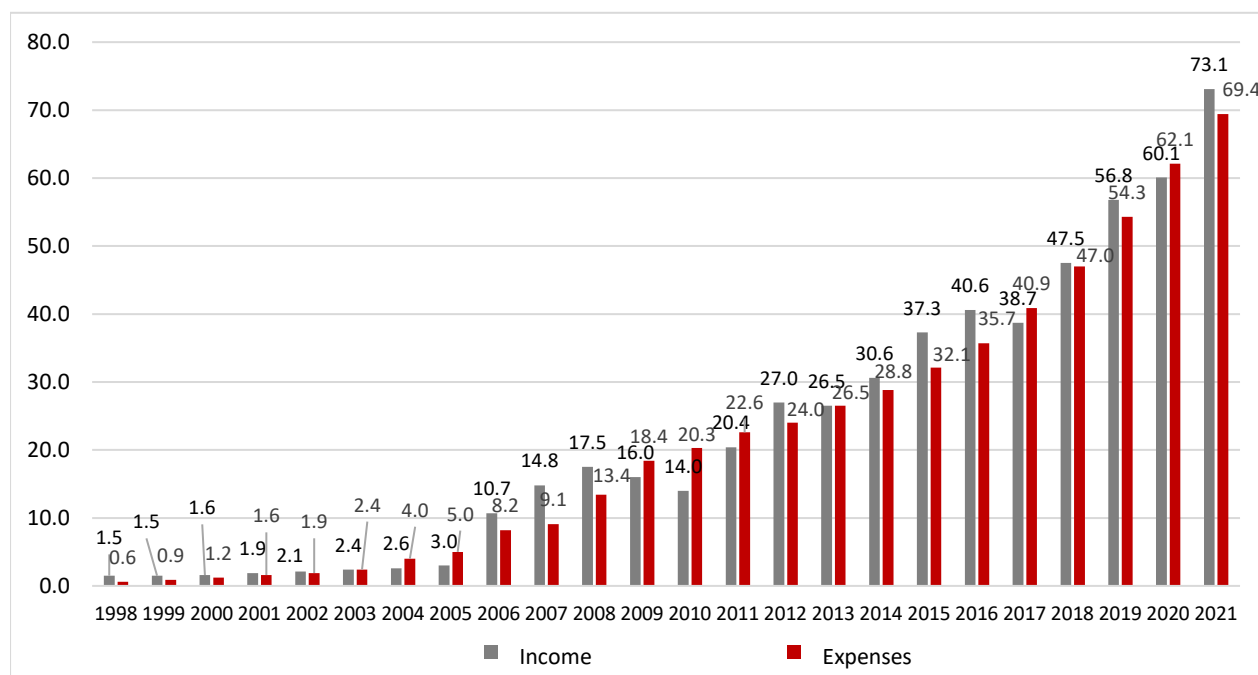


As shown in Table 23, all types of compensation and benefits show a percentage decrease compared to 2018. It is likely that these study results are due to a number of factors, such as the limited access to both medical treatment and rehabilitation services during the COVID-19 pandemic, which explains why compensation of such costs has not been claimed. This also reduced compensation of travel expenses, as doctors were often consulted remotely. In addition, it must be noted that the survey results show that awareness of possible compensation of travel expenses has also decreased. It is also possible that the results of the survey have been influenced by changes in the recruitment of respondents – while in all previous studies, a sufficient number of respondents could be interviewed at the premises of the PSCUH CORM, in the 2022 survey the questionnaire was also distributed through the enterprises with the highest number of registered occupational patients. Thus, some of the respondents are working, and have health insurance, which is the easiest way to get paid health care services, so any compensation of medical treatment, rehabilitation or travel expenses during the COVID-19 pandemic was not necessary.

Of those respondents who had not received benefits or compensation, 53.5% said they knew nothing about it, 13.3% could not find the information themselves, and when asked for an explanation it was not clearly provided. Another 13.3% of respondents said they knew about the benefit but had not claimed it themselves. It is important to explain more clearly how to apply for these benefits in the future. Similarly, 29.3% of occupational patients who have benefited from rehabilitation services indicate that benefits and compensation are insufficient to cover the costs of treatment – 40.1% say that they are partially sufficient, but that the amount for treatment and rehabilitation still needs to be increased.

Since 1997, employers have been obliged to pay compulsory social insurance contributions for their employees, as well as contributions for insurance against accidents at work and occupational diseases. These contributions are administered separately by the Special Budget for Accidents at Work and are administered by the SSIA. Analysis of the SSIA data shows that the Special Budget for Accidents at Work has paid out more in each successive year than in the previous year, with particularly sharp increases in the most recent years covered by the study (Figure 9).

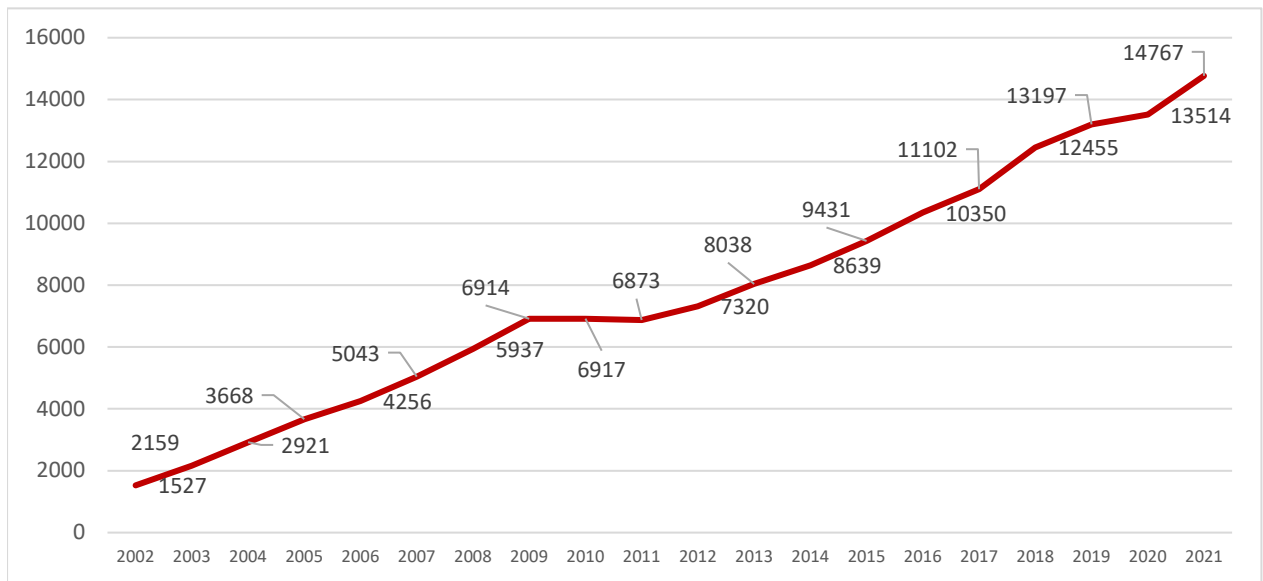
**Figure 9. Income and expenditure of the special budget for accidents at work, 1998–2021, Million EUR**



Source: SSIA, Treasury

In order to cover the increasing expenditure, several decisions have been taken to increase the revenue of the Special Budget for Accidents at Work. For example, the Cabinet of Ministers has several times redistributed the rate of compulsory contributions according to the type of social insurance. In 2000, only 0.09% of contributions were allocated to social insurance against accidents at work and occupational diseases, in 2017 – 0.48%, in 2018 – 0.53%, in 2021 – 0.66% (the highest percentage allocated to insurance against accidents at work and occupational diseases). Overall, these developments confirm that the conclusions of the first WCRL study in 2007 were correct – the redistribution of the contribution rate in favour of compulsory social insurance against accidents at work and occupational diseases has been sufficiently effective in the short term. The results of this WCRL study also suggest that budget expenditure will continue to increase, as both the number of recipients of benefits and compensation (e.g. the number of persons who have received insurance compensation for incapacity for work due to an occupational disease or accident at work is shown in Figure 10) and the average size of the compensation paid (the size of the contribution increases as the national average salary used to calculate the benefit increases) (Figure 11).

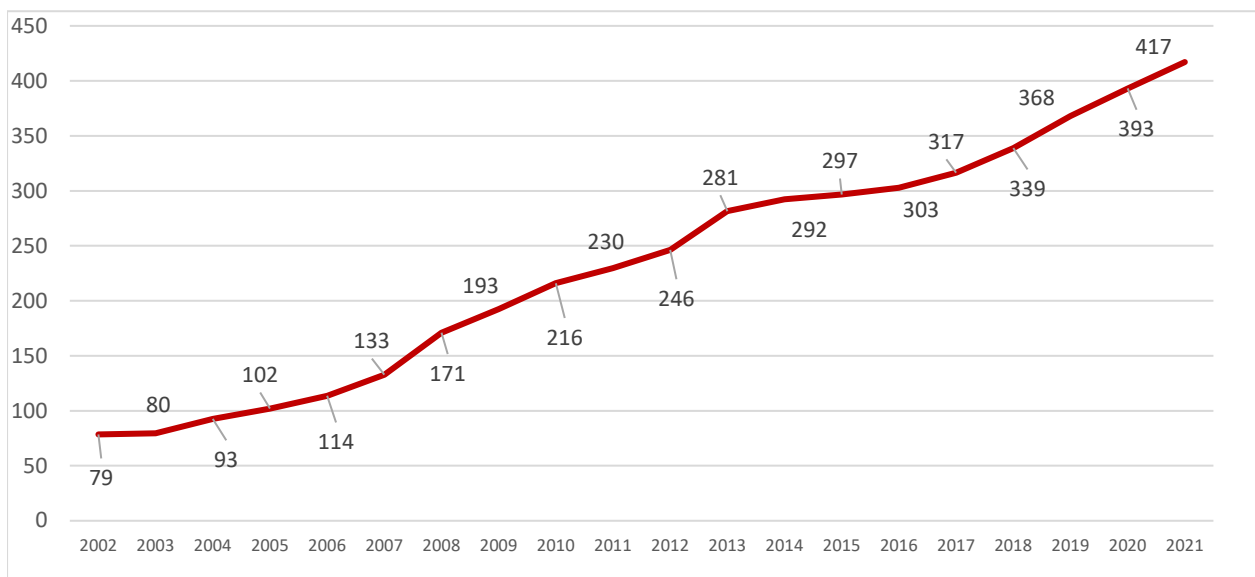
**Figure 10. Number of persons who have received insurance compensation for incapacity for work due to an occupational disease or accident at work in December each year\*, 2002–2021**



*Note: The number of persons varies from month to month, but tends to increase within a year, so the figure reflects December of each year.*

Source: SSIA

**Figure 11. Average insurance compensation for incapacity for work due to an occupational disease or accident at work in December each year\*, 2002–2021, EUR**



*Note: The average compensation varies from month to month, but tends to increase within a year, so the figure reflects December of each year.*

Source: SSIA

### Costs for preventive measures

In 2009, amendments were adopted to the Law on Mandatory Social Insurance in Respect of Accidents at Work and Occupational Diseases that provide that “the funds of the Special Budget for Accidents at Work, but not more than 0.5 per cent of the total amount of the Special Budget for Accidents at Work established in the Annual State Budget Law, shall be used to finance preventive measures implemented by the RSU IOSEH, as recommended by the MoW”. Analysing the income and expenditure of this budget for the period from 2017 to 2022, it can be concluded that each year the SSIA has planned identical costs (EUR 131,627) for preventive measures. At the same time, the total costs of the Special Budget for Accidents at Work are rising every year. For example, in 2022, total costs were already €82,057,744, while the 0.5% mentioned in the law would amount to €4,102,887.2. This means that the budget planned for preventive measures is relatively small and, according to the said law, it would be possible to significantly increase the expenditure on preventive measures.

Funds of the Special Budget for Accidents at Work are mainly devoted to preventive measures such as seminars, development of information materials, public awareness raising activities, production of videos related to occupational safety and health, etc. These activities are administered by the RSU IOSEH. Within the framework of this WCRL study, OSHSs were asked both about seminars and informative activities, however, the opinion of these specialists cannot be attributed exclusively to the informative activities implemented with the funds allocated by the SSIA, because during the reporting period RSU IOSEH also organised seminars within the ESF project “Improvement of the Practical Application and Monitoring of Work Safety Laws and Regulations” (No 7.3.1.0/16/I/001).

According to Cabinet Regulation No 723 “Regulations Regarding the Requirements for Competent Authorities and Competent Specialists in Labour Protection Issues and the Procedures for Assessing Competence”, OSHSs need an average of 16 hours of continuing education per year if they want to become re-certified. Analysing the responses of OSHSs that could be attributed to the seminars organised by the RSU IOSEH, it can be concluded that by attending only free courses and seminars available in Latvia, it is possible to accumulate the necessary ~16 training hours per year (67.1% answered in the affirmative). 13.9% said it is possible, but the knowledge is not sufficient for further training, and 7.5% replied negatively. In the OSHS focus groups, the problem of access to seminars where the topic is interesting and necessary was highlighted as the most

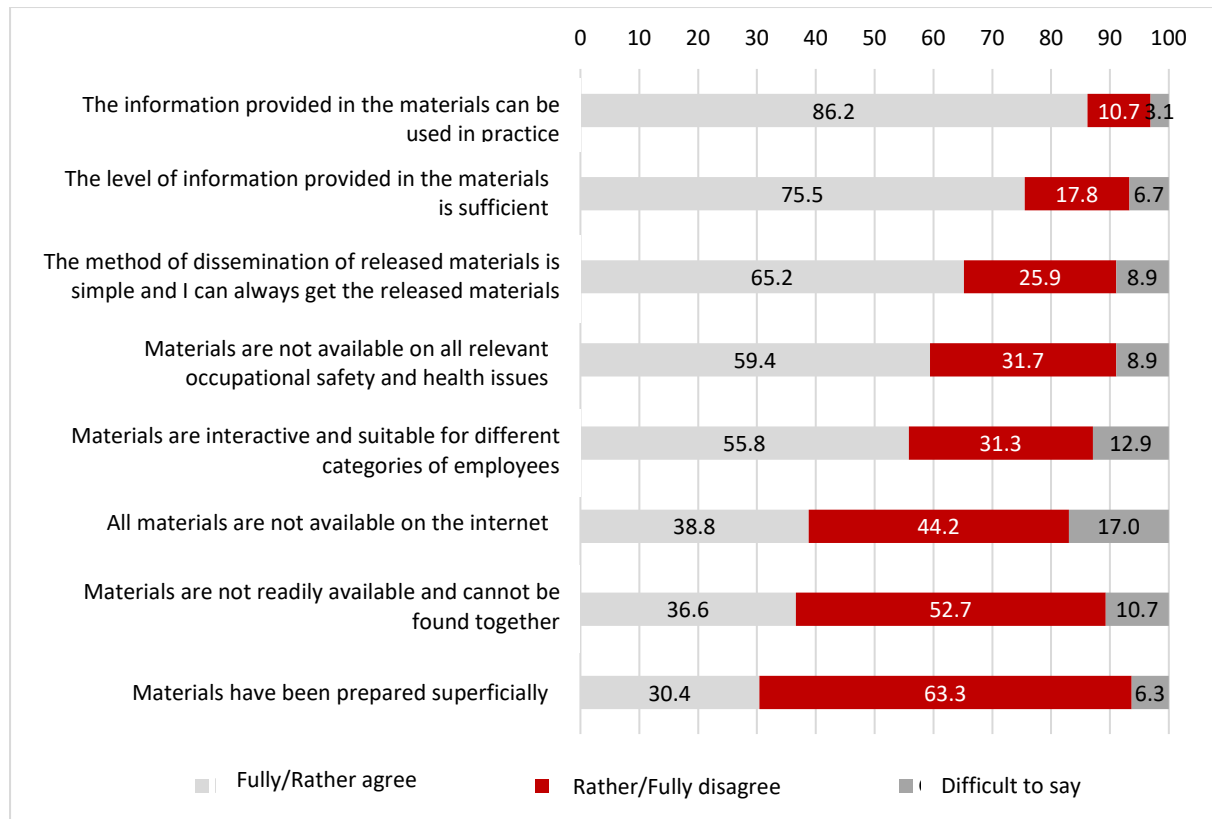
important problem. For example, an OSHS providing services in the field of occupational safety and health indicates: *“Unfortunately ... seminars always ended very quickly and there was no chance to apply”*. Another specialist has mentioned: *“Often it’s like, everything is closed and you have to wait for next month. OK, we wait for the next month ... everything is closed, we wait for next month; for some seminars that could be really topical, I’ve been waiting half a year actually”*. Another quote is as follows: *“The problem I have is that I usually am too late to register for these events, people grab all the free places instantly .... The only way for us as specialists to get those hours is to go to you (RSU IOSEH) and then you have a shortage of hours. I can’t manage it, or I’m very slow to react to information, but all the places there are filled in a really short time and applications are closed.”*

It is important to stress that the number of available seminars will decrease in the coming years as the ESF project “Improvement of the Practical Application and Monitoring of Work Safety Laws and Regulations” (No 7.3.1.0/16/I/001) will end, which means that the problem will only become more acute. In such a situation, it would probably be desirable to “transfer” the system for organising and financing the seminars developed by this project to the RSU IOSEH as an integrated and permanent part, with increased funding from the Special Budget for Accidents at Work. This system involves signing employment agreements with lecturers to prepare and organise a certain number of seminars. It would also be advisable to respond more quickly to the need to repeat seminars that fill up quickly, or to recommendations from industry specialists and requests from business sectors.

In addition to the seminars, another major part of the prevention plan is the development and updating of information material and its electronic availability on the [www.stradavesels.lv](http://www.stradavesels.lv) website. According to the OSHS survey (Figure 12), the majority of respondents agree that the information provided in the materials is practically applicable (86.2%) and the level of information provided in the materials is sufficient (75.5%). More than half feel that the distribution of the published materials is easy, that they are always available (65.2%) and that they are interactive and suitable for different categories of employees (55.8%). However, more than half of the respondents also note that materials are not available on all relevant occupational safety and health issues (59.4%). When asked about the availability of materials on the internet and the overall ease of access, 44.2% fully/rather disagree that materials are not available and 52.7% fully/rather disagree that materials are not easy to access and find in one place. More than half

(63.3%) of the OSHS respondents rather/fully disagreed with the statement that the materials are superficially prepared.

**Figure 12. Evaluation of information and explanatory materials on occupational safety and health, %**



Base: OSHSs working in CIs, providing CS services or working for an enterprise/institution as the sole or one of the OSHSs or working for several enterprises as OSHS, n=206

The OSHS focus group discussions also addressed issues related to information materials. In general, OSHSs evaluate both information materials and various interactive tools available at [www.stradavesels.lv](http://www.stradavesels.lv) positively. For example, an OSHS of an enterprise considers: *“Well, I think it [www.stradavesels.lv] is very clear and it is easy to find information there. Well, I can’t think of [how to improve] it yet”*, while an OSHS of another enterprise assessed it as follows: *“I am very, very positive about all the information material – I also use a lot of it when I create occupational safety briefing materials.”* When analysing possible improvements, one focus group participant mentioned: *“I really like the posters, the booklets, also the videos, the ones that are posted on strādāvesels. As for the risk game, “Atpazīsti bīstamību” (Recognise the Hazards) and the ruler, yes, it would be great to have photos of better quality”*, but several specialists pointed to the

limited possibilities for OSHs to communicate among themselves and exchange experiences. Some OSHs call it a platform, others a discussion, still others a forum (OSHS providing services in the field of occupational safety and health: *“We should have this discussion of occupational safety and health specialists, I don’t know if the association of occupational safety and health specialists would be interested in that, but maybe with the possibility of this institute, we could organise, so to speak, two or three questions at the beginning, when people start getting used to it, it would certainly go further and so on”*; OSHs of an enterprise: *“I also really liked the idea of a forum for occupational safety and health specialists”*).

### National Supervision and Control

National supervision and control functions in the field of occupational safety and health and labour law are performed by the SLI and its activity is regulated by the State Labour Inspection Law (adopted on 19.06.2008). The main method used by the SLI to monitor and control compliance with the requirements of laws and regulations is the inspection of enterprises.

The results of the **employer** survey conducted as part of the WCRL study show that the share of enterprises inspected has decreased over the last three years compared to 2018 (Table 24).

**Table 24. Percentage of employers whose enterprise/institution has been inspected by the State Labour Inspectorate in the last three years, %**

Response/year	2006	2010	2013	2018	2022
Yes	43.0	43.0	33.9	30.0	18.4
No	52.6	54.2	63.9	64.8	76.3
Difficult to say / no response	4.4	2.8	2.3	5.2	5.3

Base – all respondents, in 2022, n=1013; in 2018, n=1081; in 2013, n=1044; in 2010, n=1044; in 2006, n=1058

Source: employer survey

The SLI annual activity reports also indicate that both the number of inspections and the number of enterprises inspected have decreased compared to 2018. The biggest decrease was in 2020 (10,397 inspections in 7,272 enterprises in 2018, 10,426 inspections in 7,174 enterprises in 2019, 9,423 inspections in 6,373 enterprises in 2020, 10,026 inspections in 6,392 enterprises in 2021). It is important to underline that the performance of the SLI inspections was significantly affected in various aspects by the compliance with the COVID-19 pandemic containment measures, as some

of the inspections of enterprises were carried out remotely, while communication with enterprises was organised through electronic and written processes.

During inspections, it is important that the cooperation between the employer and the inspector is successful. The **employer** survey asked about the cooperation between SLI inspectors and employers and the evaluation of the inspectors' work. The study data show that inspectors are businesslike in their attitude, competent and knowledgeable, and that the recommendations they give are practically applicable. However, problems persist, such as formal and superficial inspections and a lack of preventive inspections. Compared to the previous study, employers recognise that inspectors have become more flexible (e.g. in the circulation of electronic documents) and have dealt with cases remotely (Figure 13). In general, remote case handling could be seen as a negative, as it only allows the existence of documents to be verified, but not the elimination of hazards in the workplace.

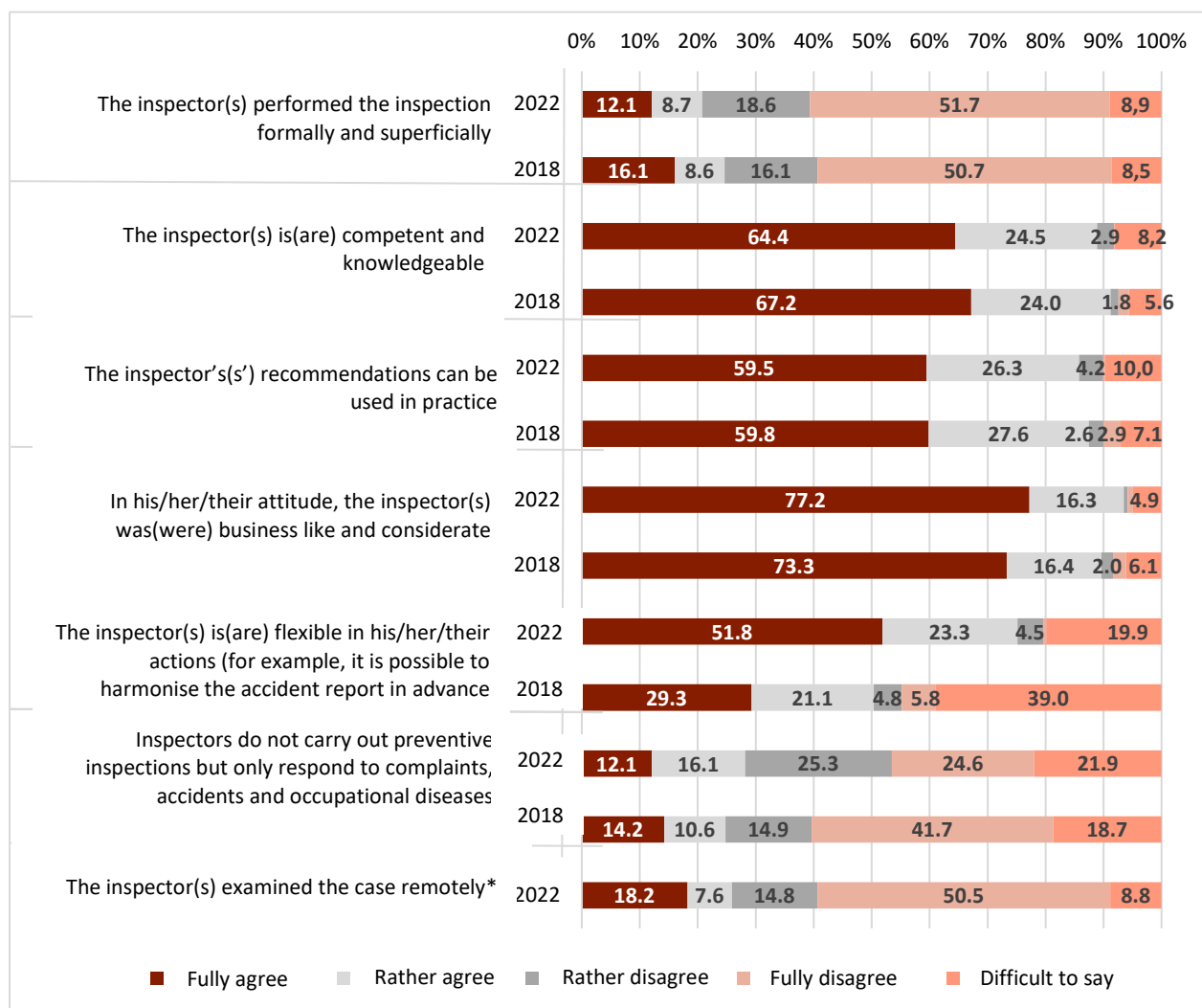
Unlike the results of the 2018 employer survey, which showed that SLI inspections were carried out proportionally across all territories supervised by the Regional State Labour Inspectorates (hereinafter – RSLI), in 2022 there is an imbalance – employers in the Latgale Region were 3.3 times more likely to mention that SLI had carried out an inspection than in the Riga Region. This is considered to be a major problem and the SLI needs to replan its activities in order to equalise the proportion of enterprises inspected in the different territories under the SLI supervision. Similarly, differences have been identified between RSLIs by supervision territory when analysing the above seven statements from employers (Table 25). To compare employers' assessment of the performance of RSLIs, the RSLIs were ranked in order and the scores for each of the statements were added up – the highest scoring region was awarded 1 point for each statement, the lowest – 5; the total score for each region was added up. The lowest total score indicates the region that employers think scores best, while the highest score indicates the region that scores worst.

In the 2022 survey, employers rated the Zemgale and Latgale Regions the best, and the Kurzeme and Riga Regions the worst. Compared to the 2018 assessment, the biggest changes are in the Kurzeme and Zemgale Regions, where the Kurzeme Region scored the highest and the Zemgale and Riga Regions the lowest. The variation in scores between regions varies by year, possibly influenced by the proportion of each respondent's answer, as the number of respondents (n=312) by region is not large. In 2013, the highest-rated regions were Zemgale and Latgale, while the lowest-rated regions were Riga and Kurzeme. In 2010, employers were generally more positive



about the Vidzeme and Kurzeme Regions, and more negative about the Riga and Latgale Regions. In general, it should be remembered that the administrative-territorial division of the SLI has changed between the studies, so it is not possible to analyse the situation in precise dynamics, but the Riga Region has been rated the lowest in all the studies.

**Figure 13. Opinion of employers on cooperation with the inspectors of the State Labour Inspectorate, %**



Note: \* – new question in 2022

Base: respondents whose enterprise has been inspected by the SLI in the last 3 years, n=312 in 2022, n=396 in 2018.

Source: employer survey

**Table 25. Employers' opinion on the State Labour Inspectorate in the different supervision territories of the RSLIs**

SLI supervision territories	Inspectors carried out a formal inspection		Inspectors are competent and knowledgeable		Recommendations are practically applicable		Inspectors were businesslike and considerate in their approach		Inspectors are flexible in their actions		Inspectors do not carry out preventive checks		The inspector(s) dealt with the case remotely		Number of points
	Score	Do not agree (%)	Score	Agree (%)	Score	Agree (%)	Score	Agree (%)	Score	Agree (%)	Score	Do not agree (%)	Score	Agree (%)	
Zemgale region	1	80.6	2	95.7	2	92.8	2	95.7	3	76.5	1	62.3	3	23.0	14
Latgale Region	4	66.9	1	95.8	1	94.9	1	99.9	1	83.2	3	60.6	5	18.3	16
Vidzeme Region	2	77.7	3	92.1	3	91.6	3.5	93.4	2	78.6	2	62.1	4	21.9	19.5
Kurzeme Region	3	72.3	4	88.0	4	83.7	3.5	93.4	5	71.7	4	53.3	1	39.3	24.5
Riga Region	5	64.7	5	82.0	5	77.5	5	89.6	4	70.9	5	35.3	2	28.0	31

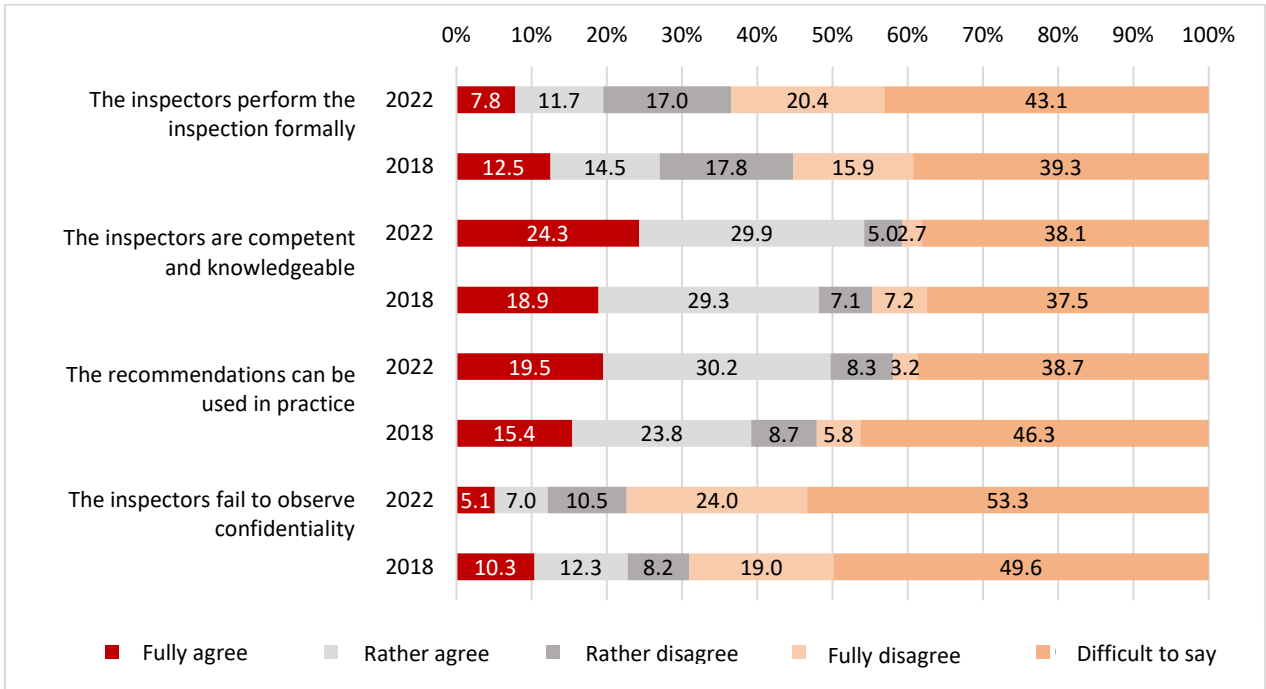
Base: respondents whose enterprise has been inspected by the SLI in the last 3 years, n=312

Source: employer survey

The thematic annex “State Labour Inspectorate” also contains the results of the employers’ focus group discussions, where open questions on employers' positive and negative experiences with SLI inspectors, recommendations and requirements were discussed. According to the results of the employers' focus group discussions, the SLI is growing and changing, improving and becoming more modern, inspectors are responsive and cooperative, working together to resolve situations.

The same principles used for the analysis of employers’ views were also applied to the analysis of **employees’** views on the activities of the SLI. Employees who responded that they or their colleagues had had experience with SLI inspectors were asked to describe the State Labour Inspectorate inspector(s), indicating the extent to which they agreed with statements about the formality and superficiality of the inspection, the competence of inspectors, the practical applicability of recommendations and the lack of respect for confidentiality (Figure 14).

**Figure 14. Opinion of employees on cooperation with the inspectors of the State Labour Inspectorate, %**



Base: employees who have had experience with SLI inspectors, n=198 in 2022, n=113 in 2018;  
 Source: employee survey

Compared to 2018, the situation has improved in terms of employees’ assessment of inspectors’ competence and knowledge, as well as the practical applicability of inspectors’ recommendations. It is also positive that the number of respondents who say that the inspection is carried out in a formal and superficial way or that confidentiality is not respected has decreased.

In order to assess the overall opinion of employees on the SLI by region, all four of the above statements were analysed. The results of the survey on RSLI were ranked in the order in which employees rated each statement separately. The best-rated region was awarded 1 point, the worst – 5; the total score for each region was added up: the lowest total score indicates the best-rated region in employment terms, the highest score indicates the worst (Table 26).

**Table 26. Opinion of employees of the State Labour Inspectorate in the different supervision territories of the RSLIs, points**

SLI supervision territories	Inspectors carried out a formal inspection		Inspectors are competent and knowledgeable		Recommendations are practically applicable		Inspectors do not respect confidentiality		Total score
	Score	Respondents disagree (%)	Score	Respondents agree (%)	Score	Respondents agree (%)	Score	Respondents disagree (%)	
Riga Region	3	36.1	1	59.5	2	51.6	2	35.2	8
Zemgale Region	1	42.8	3	51.5	4	45.9	1	39.4	9
Latgale Region	2	39.2	4	49.7	3	51.1	3	32.6	12
Vidzeme Region	5	27.3	2	52.8	1	53.9	4	27.3	12
Kurzeme Region	4	33.7	5	41.7	5	41.7	5	22.4	19

Base: employees who have had experience with SLI inspectors, n=198 in 2022

Source: employee survey

It is important to underline the employees' assessment of the Kurzeme RSLI – this region has received the worst assessment in several analysed aspects. In the context of the relatively poor assessment of the region by employers, the SLI needs to analyse the situation within the region in more depth. It is also important to highlight the positive assessment of the Riga Region – for the first time Riga has been ranked as the best region among employees, which is in contrast to the opinion of employers. The 2018 survey data show that the best RSLI in terms of employees' opinion was the Latgale RSLI, followed by the Zemgale RSLI in 2013 and the Vidzeme RSLI in 2010. In 2022, the **OSHS** survey also asked respondents to rate the extent to which they agreed with 14 different statements about SLI inspectors and cooperation with them. One new statement was added to this year's survey – "inspectors handle cases remotely". In general, the OSHSs that have cooperated with the SLI in the last 3 years are increasingly appreciative of the inspectors' work and cooperation with them (Figure 15).

**Figure 15. Opinion of occupational safety and health specialists on cooperation with the inspectors of the State Labour Inspectorate, %**



Base: OSHSs who have cooperated with the SLI in the last 3 years, n=168 in 2022, n=159 in 2018, n=171 in 2010, n=86 in 2006

Source: Survey of OSHSs

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The most significant percentage change is in the question on whether inspectors do not notice significant occupational safety and health problems, with a decrease in the proportion of OSHSs who fully/rather agree with this statement (62.9% in 2022, 26.8% in 2018). Support for the statement “inspectors have a good understanding of the application of occupational safety and health legislation” has increased. According to OSHSs, inspectors are also more likely to carry out preventive inspections rather than just reacting to complaints, accidents and occupational diseases. The proportion of OSHSs who fully/rather agree that inspectors are sufficiently competent and knowledgeable, kind and helpful, and that the advice they give is practically applicable has increased. There has also been a decrease in the proportion of OSHS who consider that inspectors’ requirements are excessive and inappropriate, that different inspectors interpret regulatory requirements differently, and that their work is superficial and formal. During the COVID-19 pandemic, due to limited face-to-face contact, electronic communication became even more important: the OSHSs note that when registering accidents at work, it is possible to send documents and agree the text with the inspector electronically, and more than half agree that inspectors handle cases remotely.

Additional data on the evaluation of the activities of the SLI are available in the thematic annex “State Labour Inspectorate”.

## Employee Representation and Trade Unions

Employees have the right to nominate different representatives from among themselves to engage in dialogue with their employer:

- the employees’ authorised representatives in the field of labour relations;
- employees’ trusted representatives, who represent employees in the field of occupational safety and health;
- trade union representatives, who represent their members in the field of labour relations and occupational safety and health.

According to the 2022 **employer** survey, there has been a significant shift in employee representation, with the worst trend for trade unions and the best trend for trusted

representatives. As regards trade unions, the share of employers indicating that their enterprises have trade unions has continued to decline, with the lowest rate observed in 2022 (1.4% in 2022, 1.7% in 2018, 4.8% in 2013, 2.4% in 2010 and 3.7% in 2006). As regards trusted representatives, the best rate observed during the WCRL studies has been achieved (11.1% in 2022, 3.7% in 2018, 8.7% in 2013, 6.9% in 2010 and 9.1% in 2006). The share of enterprises with elected employee representatives has slightly increased compared to 2018 (6.5% in 2022, 5.9% in 2018, 9.1% in 2013, 8.8% in 2010 and 8.7% in 2006). Overall, not only has the presence of employee representatives declined over the years, but other trends have also changed. While previous studies have shown a trend where the larger the enterprise, the more likely it is to have some form of employee representation, in 2022 this trend was observed only for trade union representatives. In terms of trusted representatives, enterprises can be divided into two groups: small enterprises with up to 10 employees, which have a lower proportion of trusted representatives, and larger enterprises, which have about the same proportion of trusted representatives (32.3–36.3% of employers mentioned trusted representatives) (Table 27).

**Table 27. Prevalence of having employees' authorised representatives, trade union representatives and employees' trusted representatives in enterprises and institutions, %**

Representatives	Year	Percentage of employers with employee representatives in their enterprises (by enterprise size)			
		1–10 employees	11–49 employees	50–249 employees	250 and more employees
Authorised representatives	2006	6.5	14.6	28.5	41.1
	2010	8.9	16.1	21.2	43.1
	2013	11.0	19.3	26.9	41.8
	2018	5.0	9.8	30.7	21.3
	2022	5.3	12.1	27.1	24.3
Trade union representatives	2006	8.2	24.4	35.8	60.7
	2010	8.0	23.8	36.8	57.3
	2013	8.7	29.0	38.3	57.8
	2018	0.7	4.2	18.9	39.8
	2022	0.8	3.1	10.3	36.2

Representatives	Year	Percentage of employers with employee representatives in their enterprises (by enterprise size)			
		1–10 employees	11–49 employees	50–249 employees	250 and more employees
Employees' trusted representatives	2006	5.5	15.3	24.8	38.8
	2010	11.3	17.3	24.1	40.8
	2013	9.4	19.1	28.0	39.4
	2018	3.1	5.9	14.5	27.2
	2022	8.0	32.3	36.3	36.3

Base – all respondents, in 2022, n=1013; in 2018, n=1081; in 2013, n=1044; in 2010, n=1044; in 2006, n=1058  
Source: employer survey

According to the results of the **employee** survey, the share of employees whose enterprises have employee representatives has slightly increased between 2018 and 2022 (22.3% in 2013, 18.0% in 2018 and 20.0% in 2022). As regards trade unions and trusted representatives, the situation has not changed significantly compared to 2018:

- Trade unions: 23.0% in 2018, 24.6% in 2022;
- Trusted representatives: 25.5% in 2018, 24.7% in 2022.

The results of the employee survey show a similar trend as in previous years' surveys: the larger the enterprise, the more likely it is to have an employee representative, and such results are different from the employers' point of view (Table 28). Overall, the 2022 study results also show that social dialogue is better developed in large enterprises.

All surveyed employees were asked a series of evaluative questions about the trade union, asking them to agree or disagree with the statements in categories from 1 to 5, where 1 means "fully agree" and 5 means "fully disagree". The main change in the dynamics throughout the WCRL studies is the trend of a significant increase in the proportion of respondents who find it difficult to assess or have no opinion on the performance of trade unions in all questions (Table 29). For example, more than 40% of respondents were unable to assess whether or not trade union activity is outdated and whether or not it is currently beneficial to be a member of a trade union, suggesting that an increasing number of employees are not aware of or have not come into contact with trade union activities.



**Table 28. Prevalence of having employee representatives, trade union representatives and employee trusted representatives in enterprises, %**

Representatives	Year	Proportion of employees who are employee representatives in their enterprises/institutions				
		1–10 employees	11–49 employees	50–249 employees	250 and more employees	Difficult to say
Authorised representatives	2006	6.5	14.6	28.5	41.1	18.0
	2010	8.9	16.1	21.2	43.1	18.8
	2013	11.0	19.3	26.9	41.8	17.8
	2018	8.4	16.5	24.5	28.9	13.4
	2022	8.9	17.5	23.2	35.1	8.9
Trade union representatives	2006	8.2	24.4	35.8	60.7	32.4
	2010	8.0	23.8	36.8	57.3	31.3
	2013	8.7	29.0	38.3	57.8	25.8
	2018	5.8	15.2	38.3	43.9	19.4
	2022	7.3	19.1	29.4	45.6	27.5
Employees' trusted representatives	2006	5.5	15.3	24.8	38.8	21.4
	2010	11.3	17.3	24.1	40.8	20.8
	2013	9.4	19.1	28.0	39.4	14.9
	2018	13.6	24.6	35.8	35.7	17.5
	2022	13.0	22.7	29.9	37.2	19.0

Base – all respondents, in 2022, n=2503; in 2018, n=2502; in 2013, n=2383; in 2010, n=2378; in 2006, n=2455

Source: employee survey

**Table 29. Percentage of employees by assessment of trade union activity (1 Means “Fully Agree”, 5 Means “Fully Disagree”), %**

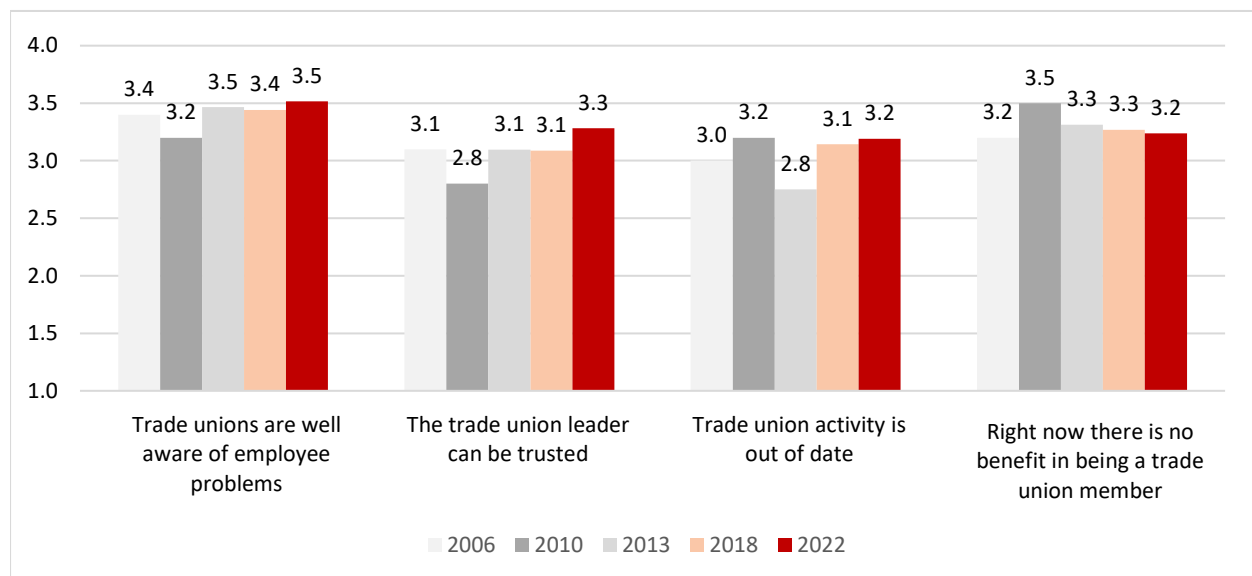
Statement	Year	Available answers					
		1	2	3	4	5	Difficult to say/NA
Trade unions are well aware of employees’ problems	2006	10.0	8.0	19.0	14.0	20.0	29.0
	2010	16.0	14.0	20.0	11.0	11.0	28.0
	2013	18.5	20.0	18.3	9.7	6.6	26.9
	2018	4.6	9.0	19.1	24.2	12.2	30.9
	2022	5.7	6.3	15.4	15.5	16.4	40.7
Trade union leaders can be trusted	2006	11.0	10.0	21.0	14.0	12.0	32.0
	2010	9.0	12.0	22.0	16.0	14.0	27.0
	2013	11.0	17.0	20.0	13.0	10.0	29.0
	2018	6.1	10.9	21.1	17.3	5.7	38.9
	2022	6.9	7.4	15.4	16.1	10.5	43.7
Trade union activity is outdated	2006	15.0	11.0	17.0	11.0	16.0	30.0
	2010	19.0	13.0	19.0	9.0	13.0	27.0
	2013	16.0	13.0	17.0	11.0	13.0	30.0
	2018	8.7	13.2	16.5	17.3	11.4	32.9
	2022	9.4	8.8	14.1	12.5	13.0	42.2
There is no benefit in being a trade union member	2006	14.0	11.0	16.0	11.0	19.0	29.0
	2010	27.0	14.0	17.0	7.0	10.0	25.0
	2013	20.0	14.0	17.0	10.0	10.0	29.0
	2018	9.0	10.7	15.4	17.2	14.8	32.9
	2022	9.2	8.7	13.5	8.4	16.0	44.2

Base – all respondents, in 2022, n=2503; in 2018, n=2502; in 2013, n=2383; in 2010, n=2378; in 2006, n=2455

Source: employee survey

To better assess the dynamics of the situation, the average scores from each study are compared. This analysis of the situation shows that the change in dynamics from the first WCRL study is mixed, with both improved and worsened scores (Figure 16). The overall highest scoring statement is “Trade unions are well aware of employees’ problems” (3.5 points), which is the highest throughout the WCRL study period. Most importantly, however, the average score for “Trade union activity is outdated” has been increasing slowly, gradually but steadily since 2013, which, in the context of the high proportion of employees who do not have an opinion on the issue, points to the need for change in trade union activity. Moreover, previous studies have already observed expressed doubts about the preparedness of trade unions for the new challenges of the work environment, for example in the context of remote work<sup>9</sup>.

**Figure 16. Employees’ average rating of trade union activity, points**



Base – all respondents, in 2022, n=2503; in 2018, n=2502; in 2013, n=2383; in 2010, n=2378; in 2006, n=2455

Source: employee survey

<sup>9</sup> Transition to the forced telework – a challenge for trade unions identified by the study on working life with COVID-19 in Latvia. Matisāne L, Paegle L, Vanadziņš I, Rozentāle S, Grīntāle I, Mietule I, Lonska J, Litavniece L, Arbidāne I. Work. 2022; 71(3):527-537. doi: 10.3233/WOR-211042. <https://content.iospress.com/articles/work/wor211042>, viewed on 17.03.2023.

## Future Challenges

### Readiness for Change

#### Preventive measures to limit the SARS-CoV-2 virus in the work environment

The COVID-19 emergency and restrictions established within the framework of it had a significant impact on the work environment, not only in Latvia but also globally, and employers needed to take preventive measures quickly to reduce the spread of the virus in the work environment. The most important measures include staying at home if there are any signs of illness, regular hand washing and disinfection if hand washing is not possible, keeping a distance of 2m, ventilating rooms, and taking technical and organisational measures to reduce contact at the workplace (including working remotely). It was equally important to adapt business processes to the emergency restrictions and work organisation to remote work, which required new knowledge and skills such as how to manage work remotely, how to sell remotely, how to teach remotely, as well as ICT skills. During the COVID-19 emergency, some employees were idle. Downtime could and should have been used to learn new skills.

In the survey, **employers** were asked about 14 different preventive measures, allowing employers to choose from the following responses: “It was needed and provided in all cases”, “It was needed and provided in some cases”, “It was needed but not provided”, “It was not needed and not provided” and “Difficult to say”. In analysing the measures that employers themselves indicated were necessary but not implemented at all or not fully, the following should be mentioned:

- the possibility to work remotely (25.7%);
- replanned work processes to reduce contact with people (remote services, remote deliveries, etc.) (20.0%)
- meetings organised remotely (13.9%);
- variable working hours, including flexible start, end, lunch break (10.2%).

In analysing the measures identified by the **OSHSs** as necessary but not fully provided, the following should be mentioned:

- identification of employees at risk and application of special conditions (26.8%);
- the need for employees to get the job done and take care of their families (15.2%);
- temperature monitoring of employees and visitors (12.9%);

- movement restrictions in the enterprise territory (for example, movement in only one direction on the stairs, separated movement directions) (12.5%).

A separate part of the **employers'** focus group discussion was devoted to talking about the obstacles to the implementation of the COVID-19 restrictive measures in the workplace: "What is the biggest obstacle to your enterprise taking the necessary occupational safety and health measures? Were/are there other factors that were a hindrance during the COVID-19 pandemic? What were they?". Regarding the question about the difficulties faced by enterprises in taking the necessary occupational safety and health measures, there were mixed opinions. Some participants felt that there were no obstacles, but some found it difficult to work remotely due to the COVID-19 pandemic and to be able to monitor what was happening in the workplace (including compliance with occupational safety and health requirements), as well as to conduct high-quality training and conduct employee briefings. Lack of financial or human resources was also cited as a hindering factor. A focus group participant also pointed out that the frequent changes in legislation were also a hindrance, especially during the COVID-19 pandemic when requirements changed weekly. Lack of time was also mentioned, as were the amount and volume of information (complexity, specificity). For example, a representative of a micro enterprise explained: *"The fact that sometimes we can't keep track of what has changed this time and what now has to be observed – it's difficult for small enterprises and not all small enterprises get the information because if it's just one person or two or three people, well, they have their main job to do. They have to deliver their product or service and don't have time to keep up to date with all the regulatory documents."* A representative of a large enterprise said: *"About ... the impact of the COVID regulations, of course, those sometimes rushed decisions meant that quite a lot of resources had to be invested in order to keep up with the rules and apply any requirements, the time taken was quite considerable."*

Overall, the main factors that were mentioned as hindering the implementation of the COVID-19 pandemic containment measures were the frequent and rapidly adopted changes in laws and regulations that needed to be implemented quickly, resulting in both lack of time to take thoughtful action and overload of people working on COVID-19 issues. At the same time, an analysis of the measures that employers themselves identified as options that could have been implemented more clearly shows that the implementation of these measures is not linked to changes in laws and regulations (e.g. option to work remotely, replanned work processes, flexible working hours). Employers' willingness and readiness to change the organisation of work in their

enterprises is therefore seen as the main problem. This in turn raises questions about employers' preparedness for possible future crises.

### Readiness for innovation

In order to ascertain the readiness of **OSHSs** to introduce occupational safety and health innovations in enterprises and possible obstacles, the following issues were discussed in focus groups of OSHSs: "What do you think about innovative personal protective equipment (e.g. that can record an employee's heart rate, showing their workload, changing colour when protection is no longer sufficient, exoskeletons)? Have you heard of any enterprise in Latvia using them? Would you be willing to try them? Recommend them to enterprises? Can you think of any other innovations in the field of occupational safety and health that you have used?" Most often, OSHSs had not heard anything about smart personal protective equipment and other innovations in personal protective equipment and wearable employee monitoring equipment, but their overall attitude was positive – they would like to try using such personal protective equipment in their enterprises. In general, enterprise OSHSs seem to be more willing to embrace innovations than OSHSs providing occupational safety and health services. An enterprise OSHS said: *"I'll admit, I hadn't heard of, well, the things that record an employee's heart rate, I think this would be very valuable and for employees who have some problems and it could help that same employee and also, well, detect things quicker. Would we be willing to try, use such equipment? I think we would."* Whereas, an OSHS providing services in the field of occupational safety and health said: *"I have absolutely no information about these things. I don't know if anyone in Latvia is selling these things, supplying them, or if they comply with Latvian norms."* The main issues discussed related to the high cost of such equipment (an argument mainly used by OSHSs working as CS or CI), also procurement procedures in the public sector, the willingness of employers and employees to accept such equipment and the personal data protection. For example, an enterprise OSHS explained: *"We personally have been looking for information and wanted to try exoskeletons but, well, there was so little information and the price was so insanely high that we put it all aside .... But at the same time it's a very, very big investment and then there's not really that much information on how many years it will take to pay off, what the maintenance is, well, there's too little information on the subject, so, yeah. But we would certainly be willing to use it if there was more of this opportunity."* An enterprise OSHS mentioned: *"Again, the question is whether employees would be willing to use something like this and share their biometric data, so maybe... there would be concerns."* Another enterprise OSHS said: *"I think, yes, it would certainly be very*

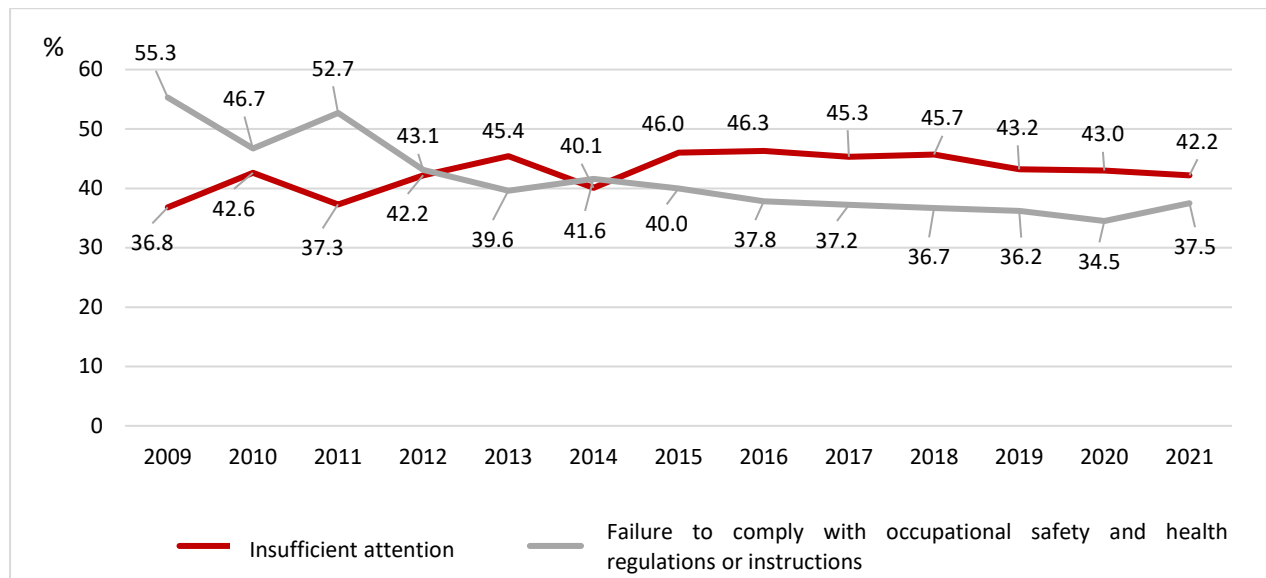
*interesting and very applicable and usable. ...unfortunately, we are constrained by the public procurement law, so we should justify it very strongly, why we want to buy equipment that is so expensive...”*

Overall, such study results point to the need to improve the knowledge of OSHs on innovations in the field of occupational safety and health.

### Carelessness as a Cause of Accidents at Work

One of the future challenges in the context of accidents at work is related to unsafe human behaviour as a cause of accidents, as an analysis of the causes of accidents at work recorded by the SLI shows that the proportion of such accidents has been high in recent years. The two most frequent causes are insufficient attention by workers (the average over the 13-year period from 2003 to 2021 is 42.8%) and failure to follow occupational safety and health instructions (the average over the period – 41.5%) (see Figure 17).

**Figure 17. Breakdown of unsafe human behaviour (Action/Person), 2009–2021, %**



Source: SLI, authors’ calculations

Although there has been a small but steady increase in carelessness as a cause of accidents at work in Latvia, this situation is not typical of other countries. Employee carelessness is not identified as a cause of accidents in the so-called “old” EU Member States, suggesting that there are still differences between Latvia and other “new” EU Member States in their understanding of the causes of accidents. This is likely to be related not only to employers’ understanding of the

causes of accidents, but also to a common understanding of the nature of investigating accidents – to find out the causes and prevent them so that accidents do not happen again. If the cause of the accident is attributed to employee carelessness, the employer does not actually have to take steps to prevent it. This is probably one of the reasons why the number of accidents in Latvia is higher than the EU average. The experience of other countries was analysed to try to identify possible future measures at the national level (see Table 30).

**Table 30. National experience in preventing accidents, including accidents caused by employee carelessness**

Country	Quotes / description obtained from another source
<p><b>Belgium</b> (EU Member State)</p>	<p>In Belgium, employers are always responsible for the health and safety of their employees and must take the necessary measures to protect their employees from all risks (including lack of attention). Of course, employees must follow the instructions.</p> <p>Source: Electronic reply from the European Agency for Safety &amp; Health at Work's national focal point</p>
<p><b>Denmark</b> (EU Member State)</p>	<p>In the Danish reporting system for accidents at work, it is not possible to indicate that the accident was due to the employee's fault. It is therefore not possible to measure the number of reports with this indication. If we look at the issue from the point of view of control and liability, the employer is always liable if there is a breach of the law (e.g. if there is an accident).</p> <p>Source: Electronic reply from the European Agency for Safety &amp; Health at Work's national focal point</p>
<p><b>France</b> (EU Member State)</p>	<p>In France, there is no such classification [to determine whether an accident is caused by employee carelessness] as the employee cannot be held liable for their accidents. Thus, all [our] measures and awareness-raising campaigns aim to improve occupational safety, since the employer is solely responsible for employees' health (Articles 1 and 2 of French Labour Code L. 4121).</p> <p>Source: Electronic reply from the European Agency for Safety &amp; Health at Work's national focal point</p>
<p><b>Croatia</b> (EU Member State)</p>	<p>In Croatia, other institutions are also involved in the prevention of accidents at work and together decide on further actions. For example, based on the results of studies carried out in clinical hospital centres, which indicate that slips, trips and falls cause a significant number of workplace injuries, the Croatian Health Insurance Fund, in cooperation with the Croatian Institute of Public Health and with the support of the Ministry of Health, developed a document entitled "Uniform Catalogue of Footwear for Health Care Professions". As carelessness is often linked to tripping over something, slipping and stumbling, personal protective equipment, including suitable footwear adapted to the workplace and work tasks, reduces the risk of such injuries.</p> <p>Source: Electronic reply from the European Agency for Safety &amp; Health at Work's national focal point</p>
<p><b>Estonia</b> (EU Member State)</p>	<p>Comparing the number of fatal accidents per 100,000 employees in Latvia and Estonia (countries with similar histories and development trends), it can be concluded that in Estonia in 2021 this indicator was more than twice as low as in Latvia (Estonia – 2.0, Latvia – 4.7). A more in-depth analysis of the labour inspectorates in the two countries identified a significant</p>



Country	Quotes / description obtained from another source
	<p>difference – Estonia has a significantly higher number of suspended production sections, production sites, departments, plants and machinery (77 in Estonia in 2021, 15 in Latvia).</p> <p>Source: SLI information and activity report 2021</p>
<p><b>Kosovo</b> (not an EU Member State)</p>	<p>In Kosovo, the labour inspectorate uses more than 20 different checklists during inspection visits, which are available in modified form on the labour inspectorate’s website as guidelines for employers. In these checklists, special attention is not devoted to employee carelessness, but to the provision of safe and healthy work conditions, as well as compliance with the requirements of laws and regulations.</p> <p>Source: <a href="https://ip.rks-gov.net/?page_id=3735">https://ip.rks-gov.net/?page_id=3735</a></p>
<p><b>Great Britain</b> (not an EU Member State)</p>	<p>In the Great Britain, different institutions are responsible for informing the public and inspecting workplaces, but they work together. In general, labour inspectors say it is relatively difficult to carry out inspections in areas that could be described as “common sense”. An example is the maintenance of cleanliness and tidiness in workplaces, which can prevent accidents related to slipping, tripping and stumbling. Public awareness activities are therefore essential in such cases.</p> <p>Source: <a href="https://www.hse.gov.uk/research/rrpdf/rr548.pdf">https://www.hse.gov.uk/research/rrpdf/rr548.pdf</a></p>
<p><b>Lithuania</b> (EU Member State)</p>	<p>The situation in Lithuania is very similar [to Latvia]. This year, the Lithuanian Labour Inspectorate obtained funding for an awareness-raising campaign to draw employees’ attention to occupational safety and health. The campaign is called “Is your workplace safe? Check it!”, and it includes five images of a typical accident at work with a slogan and the contact details of the labour inspectorate. These posters are placed in public places that are frequently visited, on popular news websites (e.g. 15min.lt), on the websites of the labour inspectorate and the social partners.</p> <p>Source: Electronic reply from the European Agency for Safety &amp; Health at Work's national focal point</p>
<p><b>Spain</b> (EU Member State)</p>	<p>In Spain, an extensive awareness-raising campaign is being carried out with the aim of having the greatest possible impact in reducing fatal accidents at work, in particular the incidence of this type of accidents, and reducing the severity of harm to employees’ health. The campaign’s priorities take into account which sectors have the highest incidence of accidents at work and mortality and which also have the highest number of exposed employees. According to the data for 2017–2019, and in line with the previous prioritisation criteria, the most vulnerable sectors and employees who are also at risk of accidents are:</p> <ul style="list-style-type: none"> <li>- road freight transport and moving services;</li> <li>- construction of buildings;</li> <li>- electrical, plumbing and other installations as part of construction work.</li> </ul> <p>Source: Electronic reply from the European Agency for Safety &amp; Health at Work's national focal point</p>
<p><b>Canada</b></p>	<p>In 2019, labour inspectors in Canada carried out an inspection campaign for preventing the risk of slipping, stumbling and tripping that included 4,670 workplace inspections, identifying a total of 14,301 violations. During this campaign, 899 stop-work orders were issued, showing that stop-work as a method of sanction can be used not only in case of immediate danger but also to prevent slipping, tripping and stumbling hazards.</p> <p>Source: Ontario Branch of the Ministry of Labour, Immigration, Training and Skills Development of Canada website <a href="https://www.ontario.ca/page/inspection-blitz-results-slips-trips-and-falls">https://www.ontario.ca/page/inspection-blitz-results-slips-trips-and-falls</a></p>

Source: authors’ compilation

Also during the **OSHS** focus group discussions, various aspects related to the causes of accidents at work were discussed, including carelessness as a cause of accidents. In general, OSHSs attribute non-compliance with occupational safety and health requirements to traditional reasons such as low work culture, poor/careless attitude, lack of awareness of consequences, lack of focus on the job, fear of losing the job, etc. For example, an enterprise OSHS mentioned: *“I’ve also seen that they [employees] have a careless attitude. Maybe they don’t consciously think they are careless – they do it, they’ve been taught it, they’ve always done it this way...”* Another enterprise OSHS indicated: *“Most accidents happen when the employee is not here and now.”* Whereas an OSHS providing services in the field of occupational safety and health said: *“... actually ... the main reason why a person has been careless is because they have been tired, they have not rested, they have a bad state of health.”*

The most frequently mentioned recommendations by OSHSs were traditional ones, such as improving information for employees (OSHS, service provider: *“One of the things... employees should be told about the accidents that are, that have been, that have happened. Analysing causes, analysing the situation, attention should be paid to facts, to events as such”*) and the integration of occupational safety and health issues into the curricula of educational institutions (enterprise OSHS: *“...you have to tell people, teach them. And it would be preferable to do it and to teach it from childhood, from school age, perhaps even from kindergarten age – then, as the person grows up, it becomes a reflex in their subconsciousness that they have to do it, they have to follow it.”*) In addition, some specialists suggest that enterprises should more often adopt systematic approaches to cleanliness and order (e.g. 5S, LEAN). During the focus group discussion, an enterprise OSHS said: *“...nationally, I think that maybe in the same way that there is, for example, support for occupational safety and health, there could also be support for ... efficiency systems for enterprises, because efficiency, 5S, these LEAN systems – they actually go hand in hand with occupational safety and health.”*

### **Preferred Free Support in the Field of Occupational Safety and Health**

In order to find out what kind of support employers would like to receive to address occupational safety and health issues, both employers and OSHSs were asked to assess the need for such support. This would allow the planning of public support for enterprises and facilitate the implementation of regulatory requirements.

**Employers** were asked to rate the need for more than 10 different types of possible free support in the survey. As in all previous WCRL studies, the most demanded free support measure was free MHE, but the share of employers varies across studies (the lowest was 51.4% in 2018 and the highest was 75.0% in 2010) (Table 31).

**Table 31. Proportion of employers by preferences for free occupational safety and health support for the enterprises they represent, %**

Type of support	2010	2013	2018	2022
Free MHE	75.0	66.0	51.4 (1)	54.0 (1)
A guide to all the occupational safety and health issues and hazards that affect the enterprise's sector of activity	57.0	54.0	45.9 (2)	51.7 (2)
Guidelines on all the occupational safety and health issues and hazards that affect my enterprise's sector of activity	50.0	50.0	40.9 (3)	
Free personal protective equipment	56.0	48.0	36.8 (5)	41.6 (3)
Free workplace risk assessment tools (computer software, downloadable or online)	53.0	54.0	28.4 (10)	41.2 (4)
Free training for employers on occupational safety and health issues	58.0	53.0	33.1 (7)	40.0 (5)
Free advice on specific solutions to occupational safety and health and labour law issues	35.9	50.0	37.0 (4)	39.0 (6)
Free workplace risk assessment and development of binding documentation	*	*	35.9 (6)	35.8 (7)
Free laboratory measurements	40.0	39.0	23.7 (12)	34.8 (8)
Explanatory information on social networks (infographics, etc.) Facebook, Twitter, LinkedIn, etc.	*	*	27.8 (11)	29.4 (9)
Free safety signs	53.0	41.0	28.7 (9)	29.3 (10)
Educational videos on occupational safety and health	*	34.0	19.7 (17)	27.8 (11)
Posters, easy-to-read information to be used to inform employees about workplace hazards	39.0	28.0	23.2 (13)	22.8 (12)
Free information and training for employees on workplace hazards and safe working practices	51.0	43.0	31.7 (8)	28.5 (13)

Type of support	2010	2013	2018	2022
Free training (a 40 h course) for trusted representatives on occupational safety and health (a 50 h course in the first studies)	37.0	33.0	22.7 (14)	22.2 (14)
Experience exchange events (tours) in enterprises	*	*	20.2 (16)	21.7 (15)
Nothing is needed	11.0	14.0	21.6 (15)	19.3 (16)

Note: \* – data from previous studies not available

Base – all respondents, in 2022, n=1013; in 2018, n=1081; in 2013, n=1044; in 2010, n=1044; in 2006, n=1058

Source: employer survey

In 2022, the response options for this question were slightly changed by combining the response options related to the guide and guidelines on all occupational safety and health issues and hazards relevant to the enterprise's sector of activity. While in the 2018 survey these two separate answer options ranked second and third with 45.9% and 40.9% respectively, 51.7% of respondents indicated the combined answer option in 2022. The most significant changes in dynamics are related to free workplace risk assessment tools: in 2022, 12.8 percentage points more employers mention this type of support, but this is lower than in 2010 and 2013. Similar trends can be observed for free laboratory measurements of the work environment and educational videos on occupational safety and health. Overall, the 2022 study showed different trends: while the need for all types of free occupational safety and health measures included in the survey was mentioned less frequently in 2018 than in 2013, it was mentioned more frequently in 2022 than in 2018. At the same time, only free advice on specific occupational safety and health and labour law issues was mentioned more frequently than in the 2010 WCRL survey, when employers were first asked about the need for free assistance. Meanwhile, the proportion of employers who do not need free assistance has increased significantly, with around a quarter of employers surveyed in the last two WCRL studies feeling this way. While in 2018 these results were explained by the stabilisation of employers' financial situation and the availability of sufficient financial resources to implement occupational safety and health requirements, free materials prepared by the SLI and other institutions, and seminars organised, the 2022 study results show that in some cases employers are not aware that they need to implement various occupational safety and health requirements and therefore do not consider that they need free support. For example, 18.4% of the employers who indicated that 100% of their employees are exposed to workplace hazards, indicated that they do not need any free support. The same applies to 34.4% of employers who

believed that none of the employees was exposed. This means that one of the future challenges in the field of occupational safety and health will be how to reach those employers whose awareness of occupational safety and health is very low.

Surveyed **OSHSs** were also asked about the need for free support, but the wording of the question was different from that included in the employer survey. On a 10-point scale, where 1 is “not at all necessary” and 10 is “very necessary”, the OSHSs were asked to rate the extent to which employers would need free occupational safety and health assistance in the future. Free seminars for OSHSs themselves were identified as the most needed occupational safety and health support in Latvia in both 2018 and 2022, with the average score increasing significantly (Table 32).

**Table 32. Occupational safety and health specialists’ assessment of the need for free assistance for Latvian enterprises in the field of occupational safety and health, average score on a 10-point scale**

Type of support	2018	2022
Seminars, use of videos, etc.	7.9	8.7
Laboratory measurements	*	8.6
Information (materials, booklets, expert comments on <a href="http://www.stradavesels.lv">www.stradavesels.lv</a> )	7.6	8.5
Mandatory health examinations	*	8.5
Consultations at the SLI	7.7	8.4
Information on occupational safety and health on the websites of public authorities (SLI, MoW, etc.)	*	8.2
Information and explanatory material on occupational safety and health	7.5	8.0
Method for workplace risk assessment for remote workplaces	*	8.0
Consultations on occupational safety and health and labour law issues at the Employers’ Confederation of Latvia	7.2	7.6
Workplace risk assessment	*	7.6
Information on social networks (infographics, etc.) Facebook, Twitter, SlideShare, etc.	6.9	7.5
Consultations at the Free Trade Union Confederation of Latvia	6.9	7.5
Games on occupational safety and health (e.g. board games, computer games)	*	7.3
OiRA workplace risk assessment tool	7.1	6.6

Note: \* – data from previous study not available

Base: all OSHSs, in 2022, n=224; in 2018, n=201

The interest in free educational seminars for OSHs is due to the requirements of the Cabinet Regulation No. 723 of 08 January 2008 Regulations Regarding the Requirements for Competent Authorities and Competent Specialists in Labour Protection Issues and the Procedures for Assessing Competence, which stipulates that OSHs wishing to re-certify and provide occupational safety and health services must receive at least 80 hours of continuing education every five years. In 2022, laboratory measurements of the work environment were mentioned as the second most important type of free support, but it should be emphasised that almost all types of free support analysed in both studies received a higher average rating in terms of dynamics. The only measure where the average score has decreased is the OiRA online interactive risk assessment tool. In general, such results are understandable, as the OiRA tool is designed to enable the employer of a small enterprise to do workplace risk assessment in their enterprise, and the target audience of the tool is not OSHs with higher education. In addition, OSHs providing occupational safety and health services tend to perceive the OiRA tool as a threat, as the employer's willingness to outsource occupational safety and health <sup>10</sup> may be reduced if the employer has assessed the hazards of the work environment using the tool. In addition, the number of sectors where the tool has been developed has increased significantly since 2018, which has also objectively reduced the need for additional new sectoral tools.

### **Language Skills and Continuing Education of Occupational Safety and Health Specialists**

The COVID-19 pandemic demonstrated the importance of OSH skills to quickly and efficiently navigate in a rapidly changing world where up-to-date and reliable information is often only available in a foreign language. This is likely to remain one of the professional challenges in the future. OSHs who have completed or are completing professional higher education in occupational safety and health were also asked in which language they search for information on current developments in occupational safety and health (Figure 18). Latvian remains the most popular language in which OSHs search for information on current occupational safety and health issues (99.6%). The number of respondents looking for information in Russian has decreased significantly (from 46.8% in 2018 to 33.9% in 2022). The use of English in obtaining

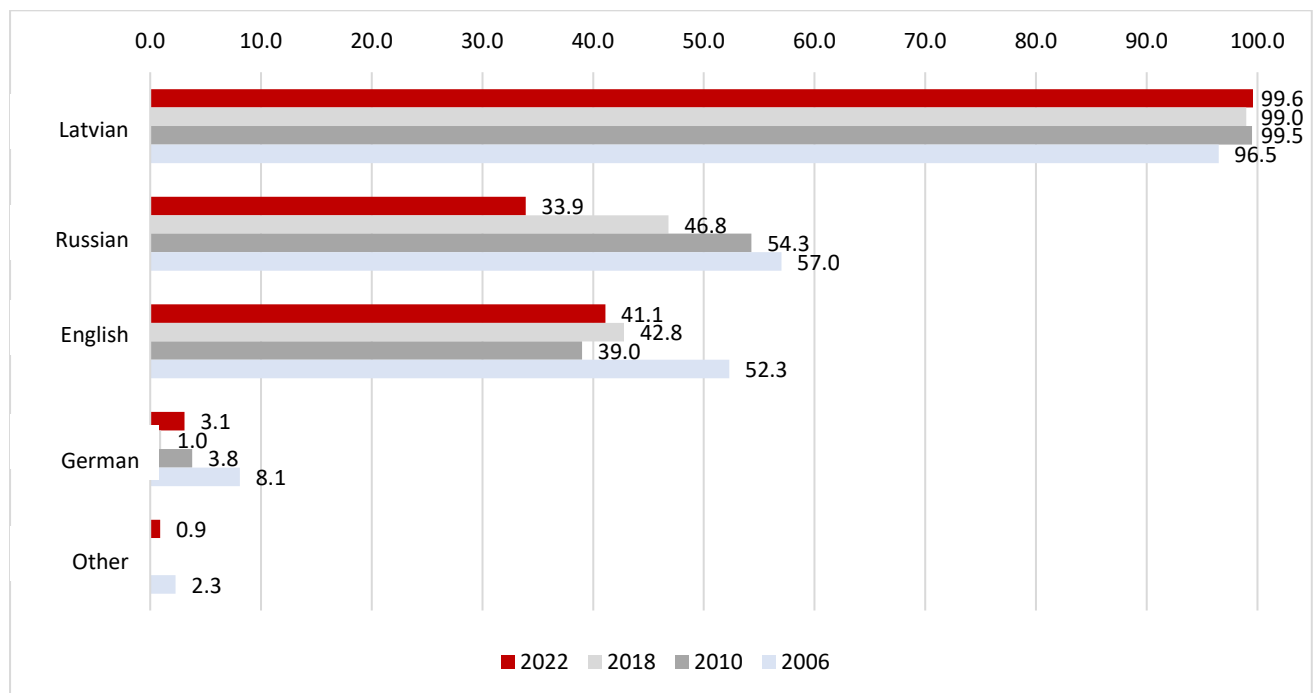
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<sup>10</sup> SLI response to the Association of Competent Institutions in Occupational Safety and Health on the OiRA tool. Available at: <http://stradavesels.lv/jaunumi/valsts-darba-inspekcijas-atbilde-dakib-par-oira-riku/>, viewed on 19.03.2023.

information remained practically unchanged (41.1%), with a slight increase in the use of German (3.1%). A very small part (0.9%) of respondents also obtain information in French and Spanish.

OSHSs must regularly keep abreast of developments in their sector and changes in the various laws and regulations. In the question asking OSHSs to select the information channels where they get the latest and most up-to-date information, changes were made to the answer section in 2022, so it is not possible to accurately compare the results dynamically. Two new answer options were offered – <https://lvportals.lv/> and [likumi.lv](https://likumi.lv/), and the answer option “Latvijas Vēstnesis” was removed (the results of previous years for this question are not discussed below).

**Figure 18. Proportion of occupational safety and health specialists by language used to obtain information on current occupational safety and health issues, %**

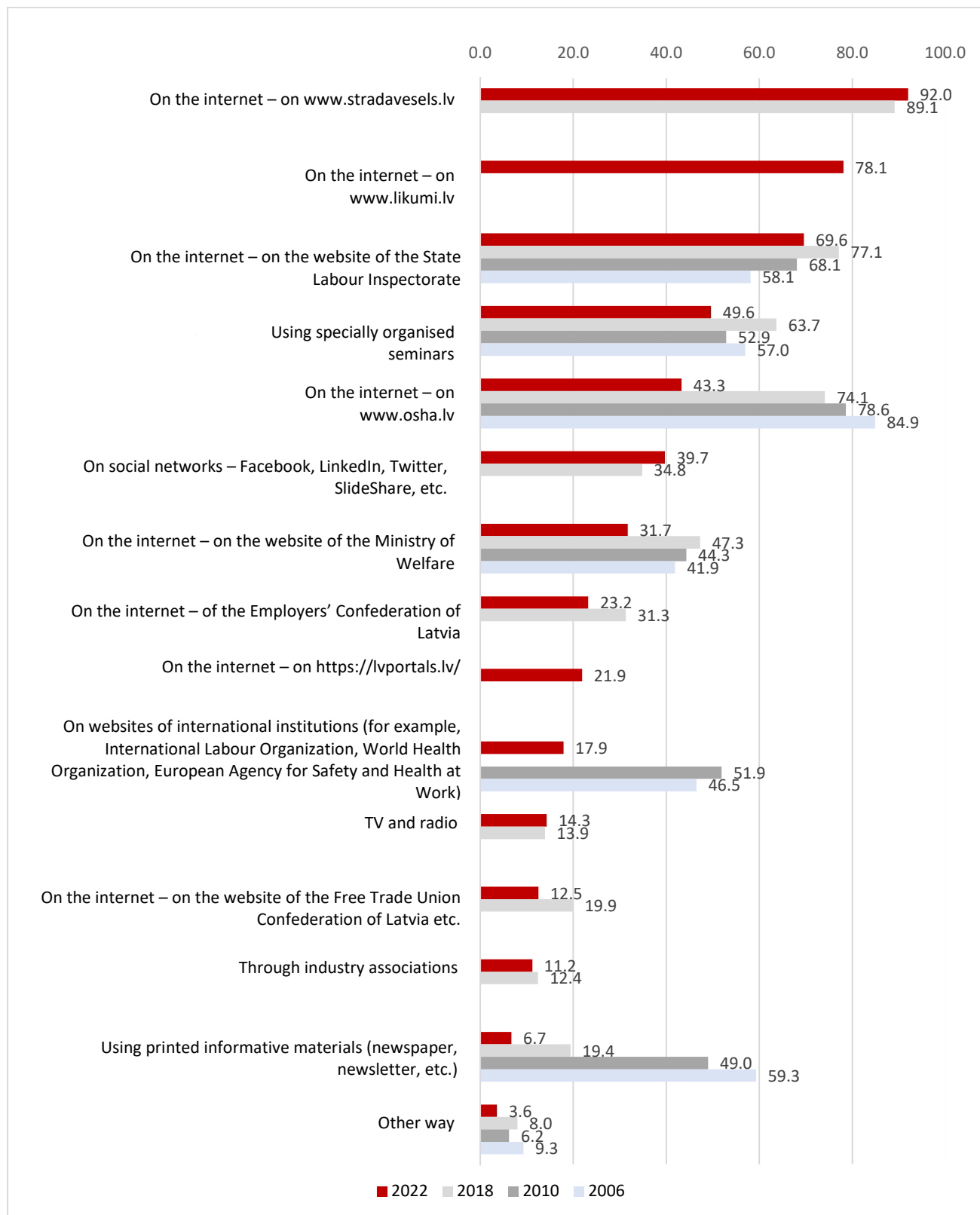


Base: all respondents; in 2022, n=224; in 2018, n=201; in 2010, n=210; in 2006, n=86

Source: Survey of OSHSs

The most common source of information for OSHSs on occupational safety and health in 2022 is the website [stradavesels.lv](https://stradavesels.lv/) (Figure 19), which is noted by 92.0%, followed by the portal [likumi.lv](https://likumi.lv/) – 78.1%. Other popular sources of information are the SLI website (69.6%), specially organised seminars (49.6%) and the [osha.lv](https://osha.lv/) website (43.3%). It should be noted here, however, that all three of the above-mentioned information channels have lost a significant percentage of their relevance compared to 2018.

**Figure 19. Proportion of occupational safety and health specialists by source of obtaining information on current occupational safety and health issues, %**



Base: all respondents; in 2022, n=224; in 2018, n=201; in 2010, n=210; in 2006, n=86

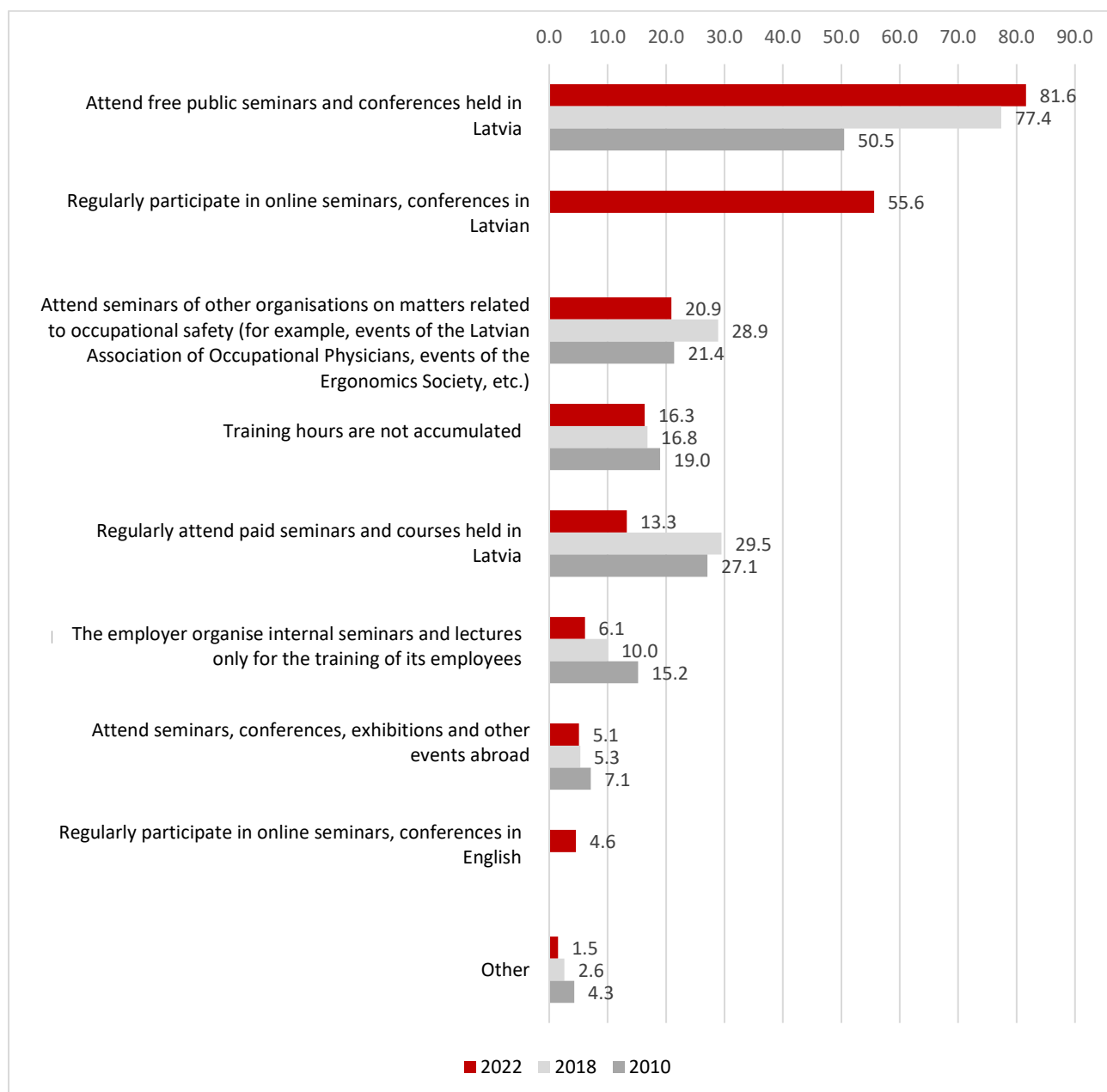
Source: Survey of OSHSs



The website of the MoW continues to lose its relevance in obtaining information (from 47.4% in 2018 to 31.7% in 2022), along with the website of the Employers' Confederation of Latvia (from 31.3% to 23.2%), the website of the Free Trade Union Confederation of Latvia (from 19.9% in 2018 to 12.5% in 2022), printed information materials (from 19.4% in 2018 to 6.7% in 2022) and also websites of international organisations (e.g. International Labour Organization, the World Health Organization, the European Agency for Safety & Health at Work) (from 51.9% in 2010 to 17.9% in 2022).

In order to analyse more accurately how OSHSs collect the training hours required for recertification, the answer options in the 2022 survey were slightly refined and changed. Free public seminars and conferences have been updated with "Latvia" as the venue and two new options – participate in conferences, online seminars in Latvian and participate in conferences, online seminars in English. OSHSs most often attend free public seminars and conferences held in Latvia (81.6%) and regularly participate in online seminars and conferences in Latvian (55.6%). When asked whether it is possible to accumulate the required ~16 hours of training per year just by attending free courses and seminars, 67.1% answered in the affirmative. 13.9% said it is possible, but the knowledge is not sufficient for further training, and 7.5% replied negatively. Compared to 2018, the number of respondents attending seminars of other organisations on issues related to occupational safety and health has decreased (from 28.9% in 2018 to 20.9% in 2022), along with the number of those regularly attending paid seminars and courses held in Latvia (from 29.5% in 2018 to 13.3% in 2022). In 2022, the question on accumulation of training hours was asked in a more targeted way, excluding those groups of respondents who do not need to accumulate training hours; however, also in 2022, 16.3% of OSHSs indicated that they do not accumulate training hours for certification (Figure 20).

**Figure 20. Proportion of occupational safety and health specialists, by type of accumulating ~16 hours per year to apply for certification, %**



Base: OSHSs working in CIs, providing CS services or working for an enterprise/institution as the sole or one of the OSHSs and not currently studying; in 2022, n=196; all respondents, in 2018, n=201; in 2010, n=210; in 2006, n=86  
 Source: Survey of OSHSs

The COVID-19 pandemic brought many changes to continuing education of OSHSs. For example, events of various new formats were made available, such as online seminars on Zoom, live streaming of seminars and conferences on YouTube/Facebook and recordings on [www.stradavesels.lv](http://www.stradavesels.lv), etc. In order to find out the satisfaction of OSHSs who have obtained higher education in occupational safety and health with information events, the following questions were discussed during the focus group discussions: “How satisfied are you with the seminars and other information events you have attended in the last 2–3 years? Why are satisfied / not satisfied? Name a positive/negative example. Should remote information events (online closed Zoom seminars, Youtube/Facebook live streams) be continued? What should the format be? Which would you prefer in the future – face-to-face or online events?” In general, OSHSs are satisfied with the various information events and are keen to participate in online events. Some participants point to the need for a broader range of topics and for more discussion and other participatory working methods, as well as the promotion of good practice examples from small enterprises. The problem of limited possibilities to apply for the desired seminars has also been mentioned (see under Public Costs). An OSHS employed at an enterprise explained: *“I have attended seminars in person and now I have attended some remotely, and I will say this – I like remotely better: ZOOM seminars, I also use Facebook, I watch Youtube live, it’s more convenient for me.”* Another OSHS from an enterprise mentioned: *“I would say I prefer face-to-face seminars because there are much better... discussions, which don’t usually happen on ZOOM platforms, where it’s just more of a monologue.”* Another OSHS from an enterprise emphasises: *“A very positive example is all those seminars where there is also a lot of practical classes. I participated in one, I think, on chemicals, where you could also calculate exposure [indices].”* At the same time, an OSHS providing services in the field of occupational safety and health stated: *“I would like to see a wider variety of topics and more practical examples from the experience of small enterprises, rather than large ones with much more resources.”* To summarise, a quote from an OSHS providing services in the field of occupational safety and health: *“Because if we compare the qualifications of occupational safety and health specialists, as they were five years ago and as they are now, they have undoubtedly grown... and I think it’s also thanks to the principle of collecting 80 hours, attending seminars, the use of videos, etc.”*

Taking into account that the number of available continuing education seminars will decrease in the near future due to the end of the ESF project “Improvement of the Practical Application and Monitoring of Work Safety Laws and Regulations” (No 7.3.1.0/16/I/001), under which

7–8 seminars are organised every month, it is necessary to find solutions to continue the same number of such seminars. In addition, this WCRL study has identified the need to broaden the range of topics covered in the seminars (thematic annex “Training in Occupational Safety and Health”), suggesting that the provision of high-quality continuing education for OSHSs will be a challenge for the future. For a possible solution, see the Public Costs section of this report.

### **System of Occupational Safety and Health Services and the Quality of Services Provided**

The legal framework for the occupational safety and health services system was created in 2005 and the number of occupational safety and health services has steadily increased since then. At the time of the study, there were 88 registered CIs and 357 OSHSs eligible to provide CS services in Latvia<sup>11</sup>. The quality of occupational safety and health services provided has always been a source of debate both among OSHSs themselves and among employers, and the COVID-19 pandemic brought about the need to modify the services provided (e.g. in terms of online training, workplace risk assessment for remote workplaces, etc.), which may have had an impact on the quality of the services provided.

According to the **employer** survey results, employers mention the use of occupational safety and health services about as often in 2022 as in 2018, suggesting that the trend of increasing outsourcing has not continued. 12.9% of respondents indicated that they had signed an agreement with a CI (as an outsourced service) (11.0% in 2018, 8.0% in 2013, 7.4% in 2010, 2.0% in 2005), while another 13.2% indicated that they had signed an agreement with a CS (as an outsourced service) (14.3% in 2018, 9.2% in 2013, 7.8% in 2010, 8.1% in 2005). According to the survey results, employers received a variety of services from the CIs and CSs, but most often services, as in previous years, were related to the workplace risk assessment, development of occupational safety and health instructions, assistance in the instruction and training of employees and advice on the necessary preventive measures to be taken (Table 33).

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<sup>11</sup> Occupational safety and health services – Competent authorities and specialists: <https://www.lm.gov.lv/lv/darba-aizsardzibas-pakalpojumi-kompetentas-institucijas-un-specialisti>, viewed on 04.04.2023. According to Paragraph 10 of Regulation No. 723, persons who have obtained a second-level professional higher education in occupational safety and health (professional standard Senior Occupational Safety and Health Specialist) are comparable to competent specialists for a period of five years from the date of issue of the education certificate, but only persons who have requested (consented to) publication of their data are included in this list. The exact number of persons authorised to provide occupational safety and health services is unknown.

**Table 33. Proportion of employers naming occupational safety and health services provided by competent institutions or specialists, %**

Service	2006	2010	2013	2018	2022
Workplace risk assessment	73.3	78.6	79.1	83.8 (1)	87.9 (1)
Development of occupational safety and health protection instructions	69.9	83.8	86.5	75.0 (2)	79.7 (2)
Advice on preventive measures required	79.0	73.5	66.9	61.0 (4)	76.4 (3)
Assistance in the instruction and training of employees	51.3	81.0	78.8	74.2 (3)	66.4 (4)
Internal monitoring of the work environment	65.8	63.4	62.8	59.5 (5)	55.3 (5)
Advice on occupational safety and health	52.7	59.2	56.7	37.0 (6)	50.5 (6)
Organisation of employee health checks	29.6	33.4	49.9	31.2 (8)	45.8 (7)
Advice on choosing and using work equipment	38.8	35.7	40.7	36.7 (7)	37.1 (8)
Advice on choosing workwear and personal protective equipment	29.6	40.6	39.8	30.8 (9)	35.8 (9)
Health promotion advice for employees	*	*	*	24.6 (11)	22.4 (10)
Opinion on non-compliance with the requirements of occupational safety and health legislation	22.3	29.1	34.3	20.1 (12)	21.0 (11)
Taking laboratory measurements	34.5	18.5	35.7	28.1 (10)	19.5 (12)

Note: \* – previous studies did not offer this answer option.

Base: respondents whose enterprise have signed an agreement with a CI/CS, in 2022, n=369; in 2018, n=348; in 2013, n=244; in 2010, n=217; in 2006, n=75

Source: employer survey

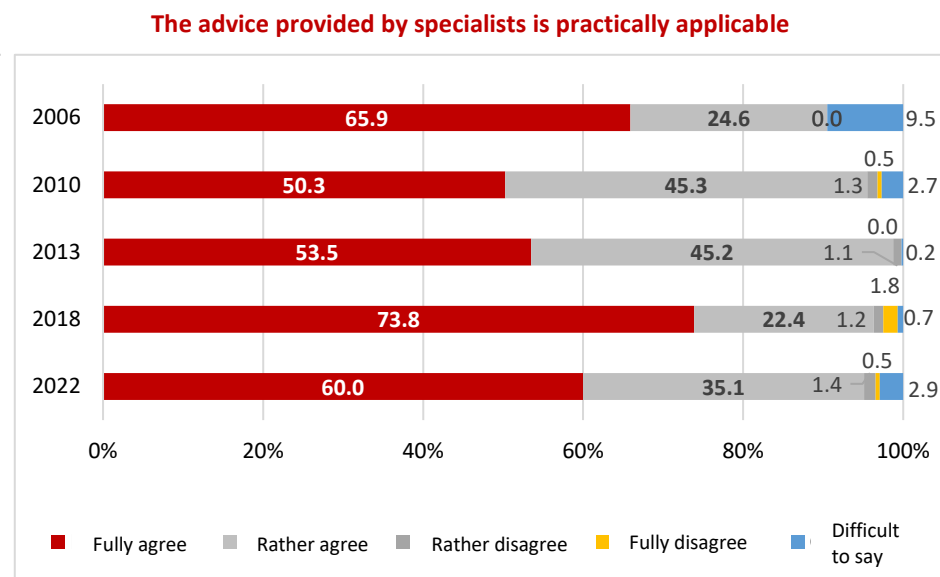
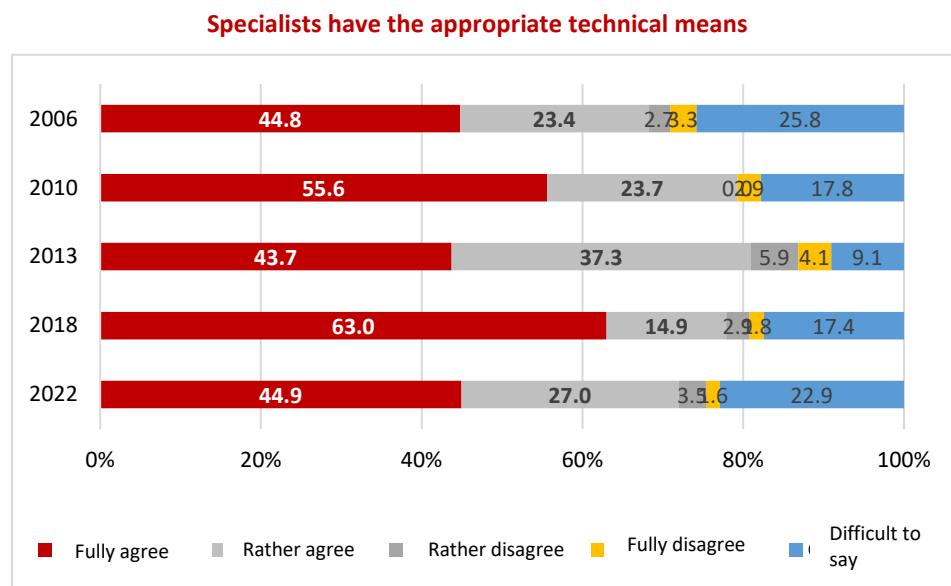
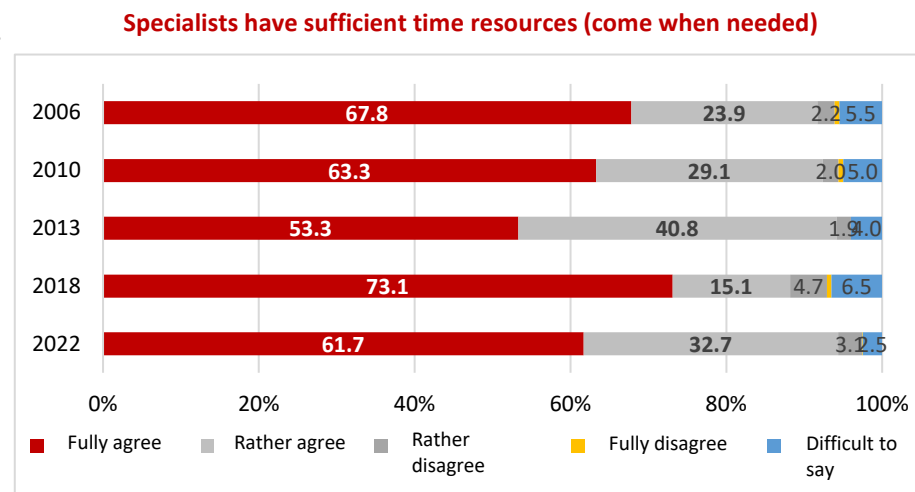
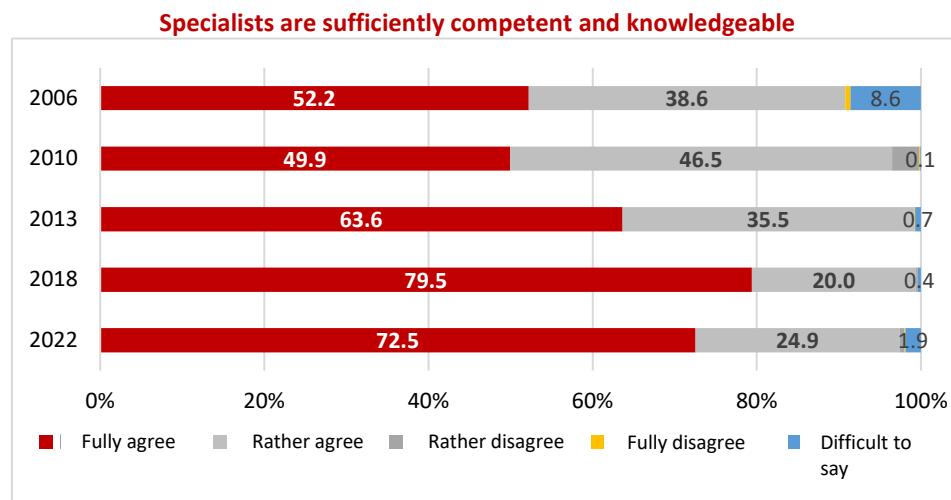
Comparing the situation dynamically, some of the services are more frequently mentioned by employers than in 2018, while others are less frequently mentioned:

- advice on preventive measures required – an increase of 15.4 percentage points;
- organisation of employee health checks – an increase of 14.6 percentage points;
- advice on occupational safety and health – an increase of 13.5 percentage points;
- internal monitoring of the work environment – a decrease of 4.2 percentage points;
- assistance in the instruction and training of employees – a decrease of 7.8 percentage points;
- making laboratory measurements – a decrease of 8.6 percentage points.

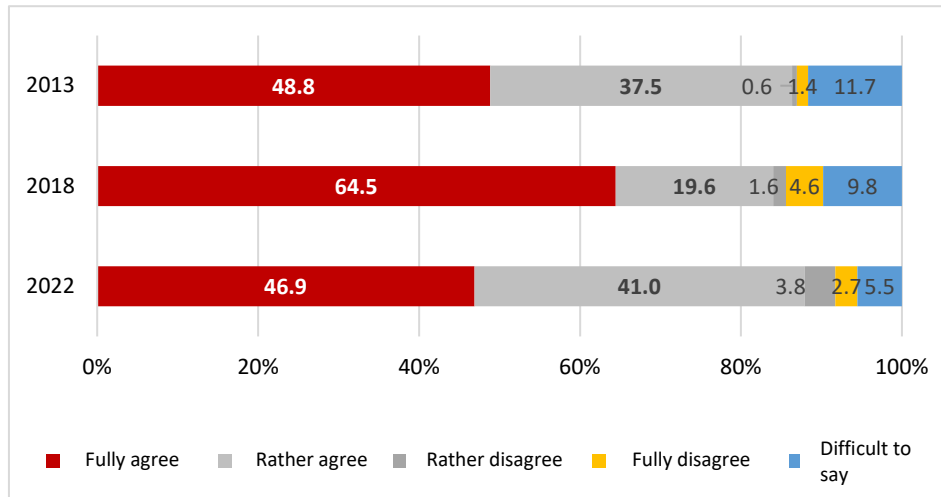
In contrast to the 2018 trend, the employer survey data in 2022 no longer show a trend – the larger the enterprise, the more frequent the use of CI and CS for workplace risk assessment. The main changes were in the group of large enterprises with more than 250 employees (8.9% of employers from enterprises with 1–10 employees, 38.8% from enterprises with 11–49 employees, 53.7% from enterprises with 50–249 employees, 31.8% from enterprises with 250 and more employees used CA, 11.5% of employers from enterprises with 1–10 employees, 27.0% from enterprises with 11–49 employees, 21.3% from enterprises with 50–249 employees, 13.0% from enterprises with 250 and more employees used CS).

The study also analysed the quality of the services provided (Figure 21).

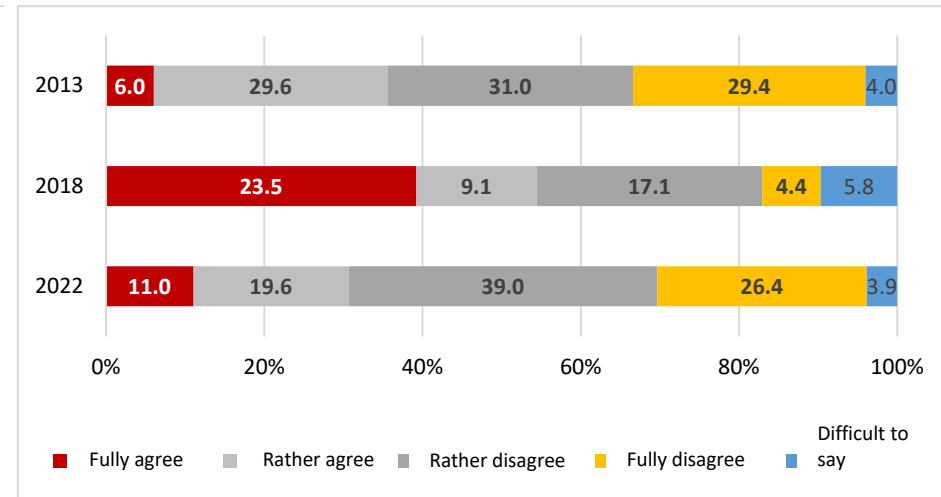
**Figure 21. Proportion of employers in the assessment of competent specialists and competent institutions with which they cooperate, %**



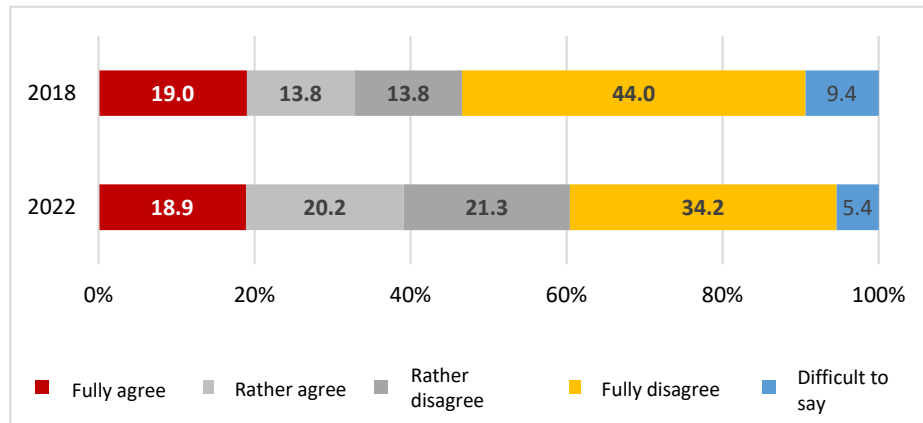
**Specialists recommend technical measures to improve occupational safety and health in enterprises**



**Specialists prepared a set of documents that I used for formal purposes only (the documents are not of practical use)**



**Specialists use creative/interactive working methods (e.g. videos, games)**



Base: respondents whose enterprise have signed an agreement with a CI/CS on occupational safety and health, in 2022, n=369; in 2018, n=348; in 2013, n=244; in 2010, n=217; in 2006, n=75

Source: employer survey



Combining the responses of employers who fully or partially agree with the statements, the most significant improvements are observed in the use of creative and interactive methods (e.g. videos, games) (increase in positive assessment by 6.3 percentage points) and sufficient time resources (increase in positive assessment by 6.2 percentage points). Both of these positive assessments are probably linked to the COVID-19 pandemic, when epidemiological restrictions meant that some services had to be provided remotely (e.g. employee training). This generally freed up time resources for service delivery, as travelling time was saved. The most significant decline is observed with regard to the technical means available (e.g. measuring instruments for noise, light, microclimate levels, etc.) (a 6.0 percentage point decline in the positive rating). In general, it can be concluded that employers' opinions about the occupational safety and health services they receive have not changed significantly, despite developments in the overall situation in the country (e.g. the variety of seminars organised, the development of sectoral NGOs, etc.).

The analysis of the **OSHSs'** views, on the other hand, points to significant problems with the quality of occupational safety and health services in Latvia. For example, in the OSHS focus group discussions, several OSHSs working in enterprises pointed to the formal approach of service providers. For example, *"I have had three competent authorities that I am totally disappointed with, they are irresponsible... no responsibility for the quality of their work, the work is done just for the sake of doing, deed of delivery and acceptance is prepared, and that's it, bye!"* or *"Competent specialists... they don't have the time, they don't go into detail, because, of course, they have the maximum profit, the maximum number of enterprises and then... you end up with it work that is done just for the sake of doing – well, if they have to do it, they do it, but without going into any detail."* Another OSHS from an enterprise said: *"... the quality is greatly affected by the fact that ... several competent specialists and employees of competent authorities that I know have been on the verge of burnout because they have too many clients to serve..."*

Analysing the obstacles to the quality of services provided by OSHSs, the fact that OSHSs working in enterprises see the situation differently from those providing occupational safety and health services, it can be concluded that enterprise OSHSs mainly see the consequences – poor quality of service, lack of time, poorly prepared documents and attribute it to problems in the CI internal organisation of work (*"In the competent authorities, this ungrateful work, this running around is done by occupational safety and health specialists with basic level knowledge, or something like that. Running, collecting information, taking it to the office and then having a senior officer process it is not a high-quality service."*) Service providers, on the other hand, cite employers'

unwillingness and inability to pay for a high-quality service as the main cause (*"But I have to say that in reality it depends very much on how much the employer is willing to pay and whether he needs occupational safety and health in a folder on a shelf or whether he needs actual occupational safety and health, because, well, whatever the demand for the service, that's what the supply is"*).

However, the above situation is not the only one in which enterprise OSHs and OSHs providing services are divided. Another such topic is the view that OSHs working for enterprises on the basis of an employment agreement should also be re-certified (a service provider's opinion: *"Competent specialists should repeat this certification process periodically, there should be some monitoring of their level of knowledge, because through this process not everybody is conscientious and through this process they are also forced to learn something new, because life does change, new risks are developing in the work environment and you have to live and learn as the life goes on."*; an OSH from an enterprise: *"I totally agree that occupational safety and health specialists working in enterprises should also have some kind of supervision so that they do not relax and just sit in their chairs, but continue to grow and continue to learn."*)

As a possible solution, OSHs of both groups point to the possibility of specialising in a narrow field or sectors, including obtaining a certificate in a specific field (an OSH providing services: *"The term competent specialist in itself, they are competent and occupational safety and health is quite universal in different fields and a specialist cannot be competent in all fields. And that is why it would not be a bad thing to have competent specialists in each field in the future. Specialist familiar with work at a height and construction work in trenches, work in closed tanks, etc. Share or specialise in these things and then the service would be competent enough"*; an enterprise OSH: *"A specialist should not be outsourced in all fields... because you can never know everything. Maybe specialists should be certified in certain fields."*) Overall, this points to the need for a national assessment of the possibility to provide in legislation for both OSHs who are sole practitioners and CIs to specialise in certain fields. This could be done on a voluntary basis initially and could help to raise the profile of the specialists in the fields concerned. This certification could be used by service providers to sell their services and would give the industry enterprises more credibility. Another possibility mentioned by the OSHs is to set a maximum amount of work for each service provider, both the CS and an employee in the CI (*"Maybe somehow limit how much work the competent authority can impose on its specialists?"*), but it is likely that such requirements would be very cumbersome and difficult to implement and control in practice.

The researchers, on the other hand, believe that it would be important to activate the operations of non-governmental organisations in the field, as the OSHSSs also mentioned as a problem that their opinion is not represented (*"I think the LDASA [Latvian Association of Occupational Safety and Health Specialists] does not exist any more", "And an alternative, so that the DAKIB [Association of Competent Occupational Safety and Health Institutions] is not the only one that represents somewhere, but so that there is also this support for occupational safety and health specialists", "About the Association of Safety Professionals – I don't know how many of you are involved, yes, but it is a growing, growing alternative to the Association of Competent Occupational Safety and Health Institutions, so I would recommend occupational safety and health specialists to get involved, now there are also already several members, professionals in their field specifically on occupational safety and health and developing this direction"*). It is likely that it would be difficult for one NGO to represent the views of all OSHSSs, as these views are not homogeneous.

### **Employees of High Risk Groups**

The labour shortage is increasingly being discussed both globally and in Latvia, which means that there is a growing variety of employees in the work environment – seniors, people with chronic illnesses and other groups of employees who need special attention, either in general or in specific situations.

### **Employees over 45 years of age**

All over the world, as retirement ages rise, issues related to the ageing of the workforce are becoming more pressing in the labour market as working life extends. Older employees, who often also suffer from various chronic illnesses, need to be able to carry out their jobs for longer.

During the study, employees were asked about various changes in their work environment over the last year. On some issues, the situation is the same for younger and older respondents and worse, but very similar, across the three middle age groups (e.g. in relation to the increase in workload and mental effort required to do the job). There were no significant differences in the increase in physical effort required to do the job by age (Table 34).

**Table 34. Proportion of employees reporting an increase in various work environment parameters, %**

Causes	18–24 years	25–34 years	35–44 years	45–54 years	55–74 years
Workload	36.5	44.9	44.0	42.7	36.9
Mental effort required to do the job	30.8	37.8	38.6	39.1	31.2
Work intensity, pace	36.9	40.3	40.2	38.1	33.7
Physical effort required to do the job	21.1	19.9	18.4	19.8	20.4
Opportunity to use your professional skills	40.9	37.4	29.8	26.5	19.2
Performance monitoring	21.5	25.1	22.3	25.0	19.1
Support from the line manager	34.1	30.4	25.2	22.4	16.4
Possibility to receive training from the employer	28.5	24.4	19.4	17.2	14.5

Base: all respondents, in 2022, n=2503

Source: employee survey

One of the biggest problems related to the age of employees is the possibility of receiving training from the employer. Although the increase in the possibility of receiving training from employers is least often reported by the oldest group of respondents, the overall trend observed is significant: as the age of employees increases, the possibility of receiving training from employers decreases, which is a long-term problem as the possibilities to improve skills and knowledge needed in the labour market decrease in each successive age group (down from 28.5% to 14.5%). A similar trend can be observed when it comes to the support an employee can receive from their line manager (down from 34.1% to 16.4%) and opportunities to use professional skills (down from 40.9% to 19.2%). The WCRL study did not investigate the causes of these results, so only hypothetical assumptions can be made. For example, such results could be explained by the fact that middle managers may lack the skills to manage employees over 45 years of age. At this age, employees themselves may be ready for less interesting work and work that does not require them to use all their skills. Older employees may also be more experienced and independent, or less willing to learn new skills themselves. To find out the real causes, an in-depth study is needed to identify the barriers preventing employers from providing training to older employees.

The **OSHSs** survey asked the following: “In the last year, have employers in enterprises/institutions ensured the following measures related to occupational safety and health or promotion of the health of employees?” The OSHSs were presented with 28 statements, one of which was “Provides specific measures for longer working lives (especially measures for workers aged 45+)”. OSHSs had the opportunity to choose the most appropriate of the available options when answering this question: “Always when needed”, “Rarely, not systematically”, “Measures are needed, but not provided”, “Not needed” and “Difficult to say”. 3.6% of surveyed OSHSs answered that such measures are always provided to employees aged 45+ when necessary, while 24.6% answered that such measures are provided rarely and not systematically. 44.6% said that such measures would be necessary but are not provided, while 12.1% said that no specific measures were necessary (Table 35). Those OSHSs who answered that specific measures are always provided for employees aged 45+, were asked a follow-up question to find out what these are. The most frequently mentioned ones were better insurance conditions with additional massages, treatments, rotation and more frequent breaks from work, as well as educational lectures, exercise, timely health check-ups and employer-paid medical treatment. On the one hand, all these measures are examples of good practice and should be promoted both among employers and OSHSs; on the other hand, the results of the WCRL study show that various health problems, including musculoskeletal disorders, are common in all age groups, so the measures could improve the health of all employees.

**Table 35. Provision of specific measures for longer working lives, %**

	Always when needed	Rarely, not systematically	Measures are needed, but not provided	Not needed	Difficult to say
Provides specific measures for longer working lives	3.6	24.6	44.6	12.1	15.1

Base: all respondents, n=224

Source: Survey of OSHSs

Although a number of good practices were identified during the OSHS focus group discussions (e.g. improving the psycho-emotional work environment, health promotion measures, etc.), in none of these cases employees aged 45+ were the target group. The options offered by the OSHSs

are more related to already known health promotion measures, such as those aimed at reducing stress or improving the microclimate of relationships. Moreover, these examples were cited by enterprise OSHs, which shows that service providers are in fact only providing a service in terms of meeting minimum regulatory requirements.

For **employers**, the focus group discussions included a section on issues related to the work conditions of older employees: “Do you have any experience of implementing preventive measures for a group of employees over 45, 50 or 55 years of age? Do you carry out specific risk assessments for these groups of employees?” In general, enterprises do not specifically assess the risks for employees over 50, but rather the risks are assessed in other categories – profession classes and positions (a representative of a micro-enterprise said: *“Well, unfortunately, the hazards have been assessed on a profession-specific basis. [...] But age-specific? No – work until you drop”*), while a representative of a large enterprise noted: *“For older people, no, we don’t set them apart specifically...”*). Only the COVID-19 period is singled out, when more thought was given to maintaining the health of older workers (a representative of a large enterprise mentioned: *“If we’re talking about the 50 or 55 plus, probably the only exception was the COVID, where we looked at these people to protect them as much as possible”*).

The **employees** in the survey were asked the following: “Do you have any health problems that you think are caused by hazards in your work environment (e.g. noise, vibration, dust, chemicals, etc.)?” The survey results show that the proportion of respondents reporting such health problems increases with the age of the respondent. The only age group with a slightly lower proportion of respondents with health disorders caused by the work environment than the previous age group is the 55–74 age group (Table 36). These results are due to the so-called healthy worker effect, as this age group also includes employees who have already reached retirement age but continue to work. To work at this age, people need to be healthy enough to do the job. Whereas workers in poor health retire and do not continue working.

**Table 36. Proportion of employees with work-related health problems, %**

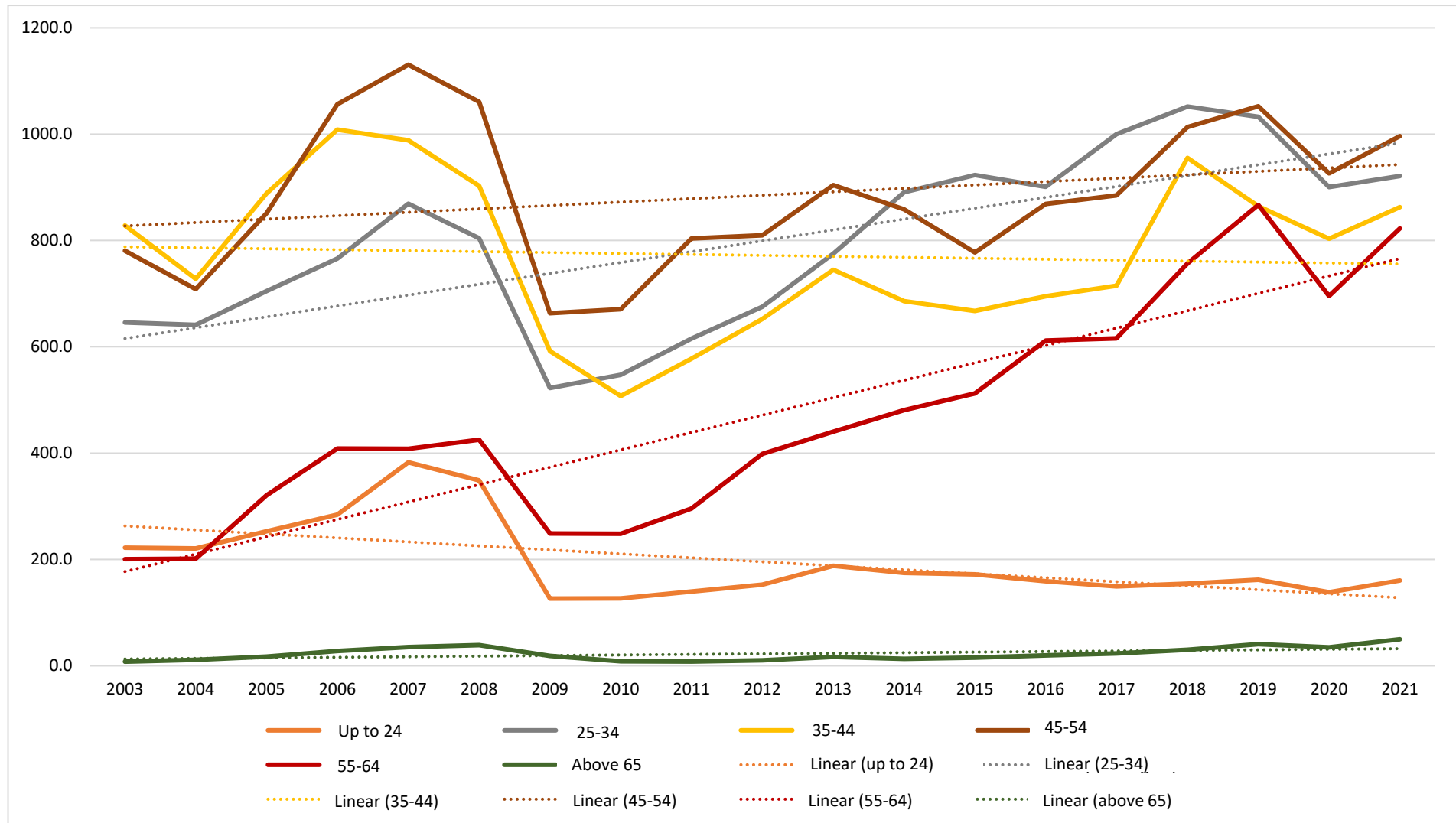
	18–24 years	25–34 years	35–44 years	45–54 years	55–74 years
Yes, I have	2.1	4.6	9.3	9.6	10.2
More likely than not	7.6	9.4	9.0	12.1	10.4
<b>Yes, I have (cumulative)</b>	<b>9.7</b>	<b>14.0</b>	<b>18.3</b>	<b>21.7</b>	<b>20.6</b>
More likely haven't	7.4	12.1	8.5	6.9	7.1
Optional	82.2	72.3	71.8	69.6	70.9
<b>No, I haven't (cumulative)</b>	<b>89.6</b>	<b>84.4</b>	<b>80.3</b>	<b>76.5</b>	<b>78.0</b>
Difficult to say/NA	0.7	1.6	1.4	1.8	1.4

Base: all respondents, in 2022, n=2503

Source: employee survey

Another important difference among employees of different age groups is related to accidents at work. The number of accident casualties by age group was analysed per 100,000 employees of the respective group (Figure 22). Also in this analysis, in the period from 2003 to 2021, the largest number of persons injured in accidents at work was found in the age group from 45 to 54 years old, however, the essential part of this analysis is related to changes in dynamics, which shows that the trends are different in different age groups. For example, there has been a relatively sharp increase in the 55–64 age group, which may be due to the increase in the retirement age, which contributes to the fact that more people with various chronic diseases are working. The older age group is also seeing an increase, but it is much smaller. These results can be explained by the so-called healthy worker effect, where the relatively healthiest workers remain on the labour market, i.e. workers whose health and well-being allow them to perform their jobs and who are also motivated to work.

Figure 22. Age distribution of the number of injured persons in accidents at work per 100,000 employees, 2003–2021



Source: SLI, CSB, authors' calculations



In addition, according to the results of the WCRL study (e.g. in relation to reasons for employee job satisfaction, changes in workload, mental effort required to do the job, intensity and pace of work), employees aged 45+ cannot be considered as a homogeneous group, but can be distinguished separately as 45–54 year-old and 55–74 year-old respondents. There may also be differences between respondents who are before retirement age and those who have already reached retirement age. For more details, see thematic annex “Working Conditions of Employees Aged 45+”.

### Protection of vulnerable groups during the COVID-19 pandemic

One of the reasons for introducing epidemiological restrictions in the work environment for the COVID-19 pandemic was to protect employees in so-called vulnerable groups from a severe course of the COVID-19 infection. Severe course is most often caused by individual factors, such as older age of employees (over 55). Severe infections are also more common in employees with chronic health problems such as overweight, obesity, diabetes mellitus, hypertension, other cardiovascular diseases, respiratory diseases, kidney diseases, weakened immunity (including malignancies and autoimmune diseases)<sup>12</sup>. Employers could take various preventive measures to protect these employees, so one of the questions employers were asked was about protecting high risk employees. The study results show that identifying vulnerable employees and offering special conditions was the least frequently implemented measure mentioned by **employers** in the 2022 survey.

Employers in manufacturing industry (17.1%), water supply, waste water and waste management and remediation (16.6%), and manufacture of paper and paper products, printing and reproduction of records (16.4%) cited this measure most often. As the number of employees in the enterprise increased, high risk employees were identified more often. However, the best situation is observed in companies with 50–249 employees: 1–10 employees – 7.8%, 11–49

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<sup>12</sup> Matisāne, L.; Paegle, L.; Eglīte, M.; Akūlova, L.; Linde, A.A.; Vanadziņš, I.; Mietule, I.; Lonska, J.; Litavniece, L.; Arbidāne, I.; Rozentāle, S.; Grīntāle, I. Reasons for Low Protection of Vulnerable Workers from COVID-19—Results from the Quantitative and Qualitative Study on Working Life in Latvia. *Int. J. Environ. Res. Public Health* 2021, 18, 5188. Source: <https://www.mdpi.com/1660-4601/18/10/5188>, viewed on 22.03.2023.

employees – 9.6%, 50–249 employees – 25.5%, 250 and more employees – 19.1%. This measure is slightly more common in the public sector:

- in the public sector – 12.8%;
- in the private sector – 8.3%;
- no respondents indicated such a measure in non-governmental organisations.

Identification of vulnerable employees is less frequent in enterprises with local ownership (7.9% local, 14.5% foreign). There are differences between enterprises in different regions:

- Riga Region – 11.4%;
- Kurzeme Region – 7.1%;
- Zemgale Region – 5.1%;
- Latgale Region – 2.4%;
- Vidzeme Region – 2.3%.

The identification of vulnerable groups was mentioned more frequently by employers representing enterprises that are members of an employers' organisation (13.7%) than by those who are not members of an employers' organisation (7.3%). In contrast to other preventive measures, the situation in enterprises did not differ according to whether or not the enterprise had a collective agreement (with a collective agreement – 8.8%, without a collective agreement – 8.4%). In enterprises where employee representation is organised, vulnerable groups are identified more frequently (authorised employee representatives – 10.7%, no authorised representatives – 8.3%, trade unions – 19.0%, no trade unions – 8.3%, elected trusted employee representative – 11.9%, no elected trusted employee representative – 7.8%).

**OSHSs**, like employers, were also asked during the survey about the measures taken during the COVID-19 pandemic. Among the measures that were needed but not provided, the most frequently mentioned were the identification of vulnerable employees and the application of special conditions (26.8%), as well as the need for employees to do their work and take care of their families (15.2%). Only 14.3% of the OSHSs indicated that the enterprise needed and in all cases identified vulnerable employees and offered them special conditions (chronically ill employees, employees over 55). However, a higher proportion of OSHSs (26.8%) indicated that

such a measure would have been necessary but was not provided. Breakdown of OSHSs by place of work who have indicated this:

- work for a CI (32.6%);
- provide CS services to several enterprises/institutions (29.4%);
- work for an enterprise/institution as one of several OSHSs (26.5%);
- work for an enterprise/institution as the sole OSHS (25.0%);
- work for several enterprises/institutions as OSHS (22.8%).

Young people as a high-risk group for musculoskeletal disorders and loneliness

When it comes to employee health, employees over 45 are often cited as a high-risk group, but the data from the employee survey of this WCRL study reveal a worrying trend regarding the health of young people. The employees in the survey were asked the following: “Do you have any health problems that you think are caused by harmful factors in your work environment (e.g. noise, vibration, dust, chemicals, etc.)?” The survey results show that the proportion of respondents reporting such health problems increases with the age of the respondent (Table 37).

**Table 37. Proportion of employees with work-related health problems, %**

	18–24 years	25–34 years	35–44 years	45–54 years	55–74 years
Yes, I have	2.1	4.6	9.3	9.6	10.2
More likely than not	7.6	9.4	9.0	12.1	10.4
<b>Yes, I have (cumulative)</b>	<b>9.7</b>	<b>14.0</b>	<b>18.3</b>	<b>21.7</b>	<b>20.5</b>
More likely haven’t	7.4	12.1	8.5	6.9	7.1
Optional	82.2	72.3	71.8	69.6	70.9
<b>No, I haven’t (cumulative)</b>	<b>89.6</b>	<b>84.4</b>	<b>80.3</b>	<b>76.5</b>	<b>78.0</b>
Difficult to say/NA	0.7	1.6	1.4	1.8	1.5

Base: all respondents, in 2022, n=2503

Source: employee survey

The respondents who indicated that they had health problems were asked to specify what they were. For all age groups, musculoskeletal disorders were more frequently mentioned than other health conditions, but the youngest age group was the most likely to mention such disorders (Table 38). These results are likely to be due to several factors: in younger age groups, musculoskeletal disorders are caused by sedentary lifestyles and prolonged use of smart devices, while in older age groups, the healthy worker effect mentioned above. The use of smart devices is also the most likely explanation why the younger respondent groups (18–24 and 25–34) report visual impairment as often as the older respondent groups (45–54 and 55–74), which are characterised by physiological changes in vision.

**Table 38. Proportion of employees with specific work-related diseases (%)**

	18–24 years	25–34 years	35–44 years	45–54 years	55–74 years
Musculoskeletal system diseases	73.7	59.6	69.0	69.2	68.8
Respiratory system diseases	7.2	8.1	19.1	5.8	17.4
Nervous system	7.1	25.9	13.6	23.8	12.6
Cardiovascular system	0.0	2.7	2.1	10.4	10.3
Hearing	12.0	6.9	2.6	9.5	8.1
Vision	28.4	25.7	15.4	28.0	25.9
Digestive systems	0.0	1.5	0.9	0.0	0.0
Skin	0.0	2.8	0.0	0.0	1.9
Other body systems	0.0	2.8	1.1	4.1	1.0

Base: respondents with any health disorders caused by harmful factors in the work environment; in 2022, n=455

Source: employee survey

The 2022 employee survey was the first one to include a question about the feeling of loneliness and lack of work-life balance. The study results show that in both cases the situation is best in the oldest group (only 8.3% of respondents aged 55–74 feel lonely and 22.4% feel a lack of work-life balance). There are differences when analysing the study results on both questions according to the age of the employees. In all three middle age groups (25–34, 35–44 and 45–54), loneliness is mentioned by about the same proportion of respondents (10.3–11.6%), but there is a clear trend with regard to lack of work-life balance: as the age of respondents increases, the proportion of respondents indicating a lack of work-life balance decreases (Table 39). It is likely that these results are related to family responsibilities (in younger age groups this is related to raising children), the lack of adaptation skills to changes characteristic of young people<sup>13</sup>, the skills acquired during life, which allow better planning of both work and private life activities, etc.

**Table 39. Percentage of employees who have experienced feeling of loneliness and lack of work-life balance, %**

	18–24 years	25–34 years	35–44 years	45–54 years	55–74 years
Feeling of loneliness	16.5	12.4	10.3	11.6	8.3
Lack of work-life balance	39.7	36.7	35.0	27.8	22.4

Base: all respondents, in 2022, n=2503

Source: employee survey

Overall, these study results suggest that employers need to take a more personalised approach to different groups of employees, due to differences in the health and well-being problems identified. There is a need for measures for older employees that focus more on reducing pain (especially in the musculoskeletal system), for young people on reducing the feeling of loneliness, and for middle-aged people on balancing work and private life.

<sup>13</sup> ECL 2021 report Work-Life Balance in Latvia. Available at: [https://balanceforall.eu/wp-content/uploads/2021/03/B4All\\_Zinojums.pdf](https://balanceforall.eu/wp-content/uploads/2021/03/B4All_Zinojums.pdf), viewed on 22.11.2022.

## Availability of Occupational Physicians

One of the future challenges identified by the WCRL study relates to the number of **occupational physicians**. A sufficient number of occupational physicians is essential to ensure that all employees who need it can be provided with an MHE, to monitor their state of health, to diagnose early signs of occupational diseases and to ensure faster diagnosis and registration of occupational diseases. A sufficient number of occupational physicians would also facilitate their fuller participation in the work of CIs. Unlike the previous study, according to the information provided by the Latvian Association of Occupational Physicians in 2022, it no longer registers the number of occupational physicians, but only the number of members, which does not provide information on the overall availability of physicians in Latvia and in individual regions, so these data are not analysed dynamically. In 2022, data on the number of occupational physicians was obtained from the Health Inspectorate. Although the data on the number of occupational physicians are not dynamically comparable due to different sources, it should be stressed that the number of certified occupational physicians has decreased from 375 to 341 between 2018, when the data were provided by the Latvian Association of Occupational Physicians, and 2022, when the data are available from the Health Inspectorate<sup>14</sup>. Since 2011, when the number of certified occupational physicians peaked at 457, the number of certified occupational physicians has decreased by 116 physicians, or slightly more than 10 physicians per year on average. In general, this trend is very worrying, as the number of medical residents enrolled in the residency of occupational health and occupational physicians is critically low every year (e.g. the number of state-funded study places in the academic year 2020/2021 – 0, 2021/2022 – 1, 2022/2023 – 1, also in the following academic years admission of 1 medical resident is planned, in some years also residents paying study fee). Overall, this means that in the future, even though working conditions in Latvia are generally improving, the state of health of employees could deteriorate due to a lack of physicians specialising in occupational health and a failure to detect early signs

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<sup>14</sup> Website of the Health Inspectorate: <https://www.vi.gov.lv/lv/media/7541/download?attachment>, viewed on 08.12.2022.

of occupational diseases and provide rehabilitation. This in turn will affect employees' working capacity and productivity.

The availability of occupational physicians was also assessed from the **OSHS** perspective, hence the question: "How do you rate the availability of occupational physicians?" In the 2022 survey, there was a significant decrease in the proportion of OSHSs who believe that there are enough occupational physicians, but an increase in those who believe that the shortage of occupational physicians is a problem in certain regions of Latvia. This is likely to be due to the overall decline in the number of occupational physicians. Slightly more than a tenth of OSHSs indicate that they cannot judge the sufficiency of the number of physicians because they use on-call medical teams:

- There is a sufficient number of physicians – 22.7% (36.3% in 2018, 31.9% in 2010, 11.6% in 2006);
- Lack in some regions of Latvia – 28.8% (22.4% in 2018, 21.9% in 2010, 23.3% in 2006);
- Lack throughout Latvia – 10.6% (10.4% in 2018, 4.3% in 2010, 16.3% in 2006);
- The number is sufficient, but there is a lack of good, knowledgeable occupational physicians – 15.7% (21.4% in 2018);
- The number of occupational physicians is sufficient, but they do not provide MHEs – 3.5% (4.5% in 2018, 2.4% in 2010);
- I cannot assess the sufficiency of the number of physicians, as I use on-call medical teams – 12.6%;

The number of occupational physicians is likely to continue to decline in the future, mainly due to ageing and retirement. The results of the study thus show that there is a need to address the issue of the number of occupational physicians nationally in order to continue to provide timely MHEs for all employees who are required to do so by law.

## Conclusions

1. According to the study results, changes in working conditions have continued in Latvia. Whereas in 2006 it was concluded that there had been a shift from traditional workplace hazards to ergonomic and psycho-emotional workplace hazards, in 2022 the psycho-emotional work environment is increasingly becoming a priority. In 2018, the most common mentioned hazards were psycho-emotional (organisation of working time, direct contact with customers, etc.) and ergonomic hazards (forced postures, repetitive movements, etc.). In 2022, ergonomic hazards have been mentioned less frequently and psycho-emotional hazards have become more prevalent. The OSHS survey results, on the other hand, follow similar trends as in 2018, with ergonomic hazards remaining the most popular. These results can be explained by a number of factors, such as differences in the survey questions, but it is also possible that OSHSs do not pay sufficient attention to assessing and therefore addressing psycho-emotional hazards in the work environment.
2. The results of the WCRL study show that the situation in the field of occupational safety and health is stagnating. Compared to the opinion of employees of the previous WCRL study about the level of occupational safety and health in their enterprises, the situation has not changed significantly in 2022, with about the same proportion of respondents in both studies indicating that the level of occupational safety and health in their enterprise/institution has improved. Around one in four employers still report that no employees are exposed to hazards in their work environment, and the dynamics have not changed significantly since 2018, which means that employers' perceptions of occupational safety and health have not changed significantly. According to the 2022 survey, employers from enterprises with up to 5 employees and established in 2016 or later are at risk. Given that enterprises in these groups are most often not involved in employers' organisations, the most effective way to reach them would be through the SLI, which could preventively draw the attention of such employers to their occupational safety and health obligations by implementing the "Consult First" principle.



3. In the employer survey, there has been a significant increase in the proportion of respondents saying that employees work only on the basis of an oral agreement, which may be explained by employers' attempts to reduce tax costs and overcome the economic crisis caused by the COVID-19 pandemic. At the same time, the share of employees for whom the existence of a written employment agreement is important continues to rise (especially among respondents with the lowest levels of education). In 2022, the share of respondents who do not have signed an agreement with their employer(s) where the employee works in several jobs has increased.
4. The main impediments to the implementation of the COVID-19 pandemic containment measures were the frequent and rapidly adopted regulatory changes, which employers had to implement quickly. This situation was characterised by a lack of time for considered action, which overloaded the people working on COVID-19 issues. At the same time, an analysis of the measures that employers themselves identified as options that could have been implemented more clearly shows that the implementation of these measures is not linked to changes in laws and regulations (e.g. option to work remotely, replanned work processes, flexible working hours). Employers' unwillingness and lack of readiness to change the organisation of work in their enterprises is therefore seen as the main problem. This in turn suggests that employers may not be prepared for other possible crisis situations in the future.
5. The analysis of the number of registered accidents at work shows that the total number of registered accidents at work in Latvia continues to increase, while the number of fatal accidents is decreasing (both in absolute terms and per 100,000 employees). While the overall increase in the number of registered accidents is due to better registration of accidents, which is attributable both to the linking of social guarantees to accident registration and to the requirements of laws and regulations requiring medical treatment institutions to report suspected accidents at work to the SLI, the decrease in the number of fatal accidents is attributable to the improvement of the work environment in the long term. Such results have only been possible through mutual cooperation between all parties, in raising public awareness, promoting good practice, improving laws and

regulations, organising training, providing support, conducting surveys, etc. However, the accident rates are fluctuating and activities to reduce the number of accidents need to continue.

6. The analysis of registered accidents at work carried out within the study shows that the government needs to prepare more carefully to address issues in the post-crisis years, as both post-crisis periods (after the financial crisis in 2009 and after the COVID-19 crisis in 2020) have seen a sharp increase in the number of accidents (for specific measures see the thematic annex “Accidents at Work, 1993–2021”).
7. The number of enterprises surveyed by the SLI, both in absolute terms and as a proportion of the total number of enterprises, has continued to decline in recent years, which is considered a significant problem, especially in the context of the fact that the total number of surveys carried out has not changed significantly (around 10,000). This means that the number of enterprises that have been surveyed several times has increased. The SLI rarely uses coercive measures such as stopping sites/equipment/hazardous workplaces, and the number of such cases has decreased from 67 to 15 in the last 3 years. While the 2020 indicators can be objectively explained by the impact of COVID-19 on both the on-site inspection of workplaces, where it was not possible to identify hazardous and health-threatening workplaces and a much smaller number of employees carried out on-site work, the 2021 indicators raise questions about the work methods used by the SLI (non-use of suspension as a method/reluctance to use/fear of use), as both the total and the number of serious and fatal accidents at work have increased significantly.
8. Between 1993 and 2021, both the absolute number of first-time registered occupational patients and the average number of occupational diseases per occupational patient have increased steadily. In 2021, the average number of occupational diseases per person has reached its highest level ever recorded. The most common group of occupational diseases registered for the first time in the last 9 years in Latvia is soft tissue disorders related to

load, overload and pressure (M70–M72; M75–M79). Their prevalence per 100,000 employees has increased more than 4-fold since 2013.

9. Since 2011, when the number of occupational physicians peaked at 457, the number of these physicians has decreased by 116 physicians, or slightly more than 10 physicians per year on average. Overall, this trend is considered critical, as a small number of medical residents (1–2) are admitted to the residency in occupational health each year. There is a need to address the issue of increasing the number of occupational physicians nationally, as the number of occupational physicians is likely to continue to decline in the future (mainly due to ageing and retirement of physicians), which will bring with it a decline in the quality of physicians' work (including MHEs) and, consequently, a decline in the satisfaction of employees and employers. Employees' state of health is also likely to deteriorate due to a lack of specialised physicians who can diagnose early signs of occupational diseases and provide rehabilitation. This in turn would lead to a decline in working capacity and productivity.
10. In the coming years, the number of available OSHS continuing education seminars will decrease, as the ESF project "Improvement of the Practical Application and Monitoring of Work Safety Laws and Regulations" (No 7.3.1.0/16/I/001) will end, which means that the problem of availability of seminars will become more urgent. In such a situation, it would probably be desirable to "transfer" the system for organising and financing the seminars developed by the ESF project to the RSU IOSEH as an integrated and permanent part, with increased funding from the Special Budget for Accidents at Work administered by the SSIA, in order to be able to provide preventive measures more effectively. This would allow for prompt response – to repeat seminars that fill up quickly, as well as to respond to recommendations from industry specialists and requests from business sectors. It would also allow seminars to be organised on any topic related to occupational safety and health, not just on project-specific topics.
11. During the course of this study, while evaluating the implementation of recommendations made in previous studies, it was concluded that some of these recommendations have

not been implemented, as other institutions should be involved in this work, including those that are not traditional partners in the field of occupational safety and health (e.g. Ministry of Economy, Ministry of Environment and Regional Development, universities). The study results show that there is no national system in place to inform all the institutions mentioned in the recommendations about the study results and, in particular, the recommendations developed during the study.

## Recommendations

The thematic annexes of the study assess the implementation of the recommendations of previous WCRL studies and make new recommendations and proposals. These can be found in each of the thematic annexes, but the main recommendations of the Working Conditions and Risks in Latvia 2019–2021 study for policymakers and implementers are summarised below:

1. Given the increasing prevalence of psycho-emotional workplace hazards, as well as the increasing incidence of burnout syndrome, it is advisable to step up awareness-raising activities on how to prevent psycho-emotional hazards in the work environment. In addition, it would be important to collect examples of good practice in the field of psycho-emotional risk management (including the involvement of psychologists, psychotherapists, the use of various specialised digital tools, etc.) and promote them through seminars and training.
2. When implementing OSHS training, focus on fostering collaboration between specialists, for example by involving physiotherapists who provide services in the enterprise to share good practice examples of how physiotherapists work within the enterprise's occupational safety and health system. It is also advisable to involve international experts in preventive measures on occupational safety and health to broaden the knowledge of OSHSs in areas where there are no specialists in Latvia, such as occupational safety and health and artificial intelligence, smart PPE, etc. It is recommended to diversify the training by organising some of it for specific target groups (e.g. lack of time and planning at work; improving ergonomics in fisheries; carcinogens and biological agents, etc.).
3. The SLI should assess the possibility of thematic inspections in the fisheries, textiles and clothing and transport and storage sectors, as well as in enterprises likely to work with carcinogens. Additional attention and surveys are recommended for companies with fewer than 5 employees. Construction should be identified as a priority sector for monitoring compliance with labour law and occupational safety and health requirements. It is also recommended that the SLI should be more proactive in suspending

sites/equipment/hazardous workplaces when significant infringements are found, thus contributing to a reduction in the number of accidents at work.

4. It is recommended that the SLI assesses the possibility of systematically analysing the data available to the institution, following trends dynamically and thus reacting promptly to changes in the field of occupational safety and health in the country. For example, to carry out an analysis of fall-related accidents to identify specific preventive measures to avoid accidents. It is also advisable to systematically collect and analyse the data provided by employers to the SLI if work with asbestos is planned.
5. To promote the quality of MHEs, strategically address the declining number of occupational physicians at the national level and improve the system (including the MHE system in eHealth).
6. To consider support for enterprises employing a physiotherapist and occupational therapist in the occupational safety and health system to adapt the workplace following the diagnosis of an occupational disease;
7. To organise regular and systematic public awareness campaigns on occupational safety and accidents, as well as on unregistered employment and the promotion of employment of people aged 45 and over.
8. In order to contribute to the reduction of occupational musculoskeletal and connective tissue diseases and to prevent/reduce the impact of ergonomic and psycho-emotional hazards in the work environment on employees' health, public information campaigns on how to reduce these hazards are recommended.
9. To raise awareness through awareness-raising activities about the new vulnerable groups of employees identified in the study and the need for a more personalised approach to different groups of employees (promotion of employment of people aged over 45; promotion of health of young people and its role in career development). In the context of promoting the employment of older people, focus on:
  - a. explaining the need for training specifically for employees over 45 (e.g. on new technologies relevant to the profession/position, using digital tools to be more productive, etc.);

- b. reducing negative stereotypes that hinder the employment of people aged over 45, including by using the results of this study which show that the state of health of these employees is not significantly worse than that of other groups of employees;
  - c. paying special attention to employers of the youngest age, who, according to the data of the world literature, are more intolerant in relation to the employment of older people;
  - d. explaining the need to take care of one's health and to take health promotion measures also in the workplace for all age groups.
10. To establish a system to communicate the results of applied research and recommendations to all parties involved in the recommendations (including partners not traditionally involved in the development of the occupational safety and health system).
11. To systematically collect biomonitoring data, with results obtained from laboratories that perform this type of measurement.
12. To amend Cabinet Regulation No. 852 Labour Protection Requirements in Work with Asbestos to provide the following:
  - To formulate the requirement to perform measurements in such a way that measurements of the concentration of asbestos fibres in the air of the work environment are performed during dismantling;
  - no asbestos fibres (or concentrations below 0.001 fibres/m<sup>3</sup>) should be identifiable in the air of the work environment after completion of the work.
13. To consider making defibrillators a mandatory requirement not only in public places with at least 300 visitors per day, but also in certain workplaces (e.g. enterprises with a large number of employees).

Recommendations for future WCRL studies and suggestions for research topics:

1. A large proportion of employers and employees indicate that they are exposed to making quick and important decisions, so in future studies, it is necessary to conduct in-depth research on the causes of the hazard;

2. Include the provision of a physiotherapist at the workplace in the employer and employee survey questionnaires under the employer's proposed preventive measures;
3. To unify the wording of the survey questions on specific workplace hazards in all surveys (the distribution of workplace hazards in the OSHS questionnaire differs from the distribution in the employers' and employees' questionnaires);
4. To include in the OSHS survey a question on whether, where Annex 1 to Cabinet Regulation No. 660 is used for workplace risk assessment, it has been modified to allow not only the identification but also the assessment of hazards;
5. To include an analysis of the detection of chemicals in biological samples, including a survey of both the laboratories involved and occupational physicians and OSHSs. In addition, it is recommended to compile the results of biological samples (biomonitoring) already carried out in Latvia, similar to the analysis of the RSU IOSEH LHOD database of laboratory measurements.
6. The 55–74 age group of respondents should be divided into two subgroups: those who have already reached retirement age and those who have not yet reached it.
7. To study and define in more depth the reasons that prevent employers from providing training for older employees.



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## Thematic Annexes (in Latvian)

No.	Title	Title in Latvian
1.	Occupational Diseases in Latvia, 1993–2021	<a href="#">Arodslimības Latvijā, 1993. – 2021. gads</a>
2.	Mandatory Health Examinations	<a href="#">Obligātās veselības pārbaudes</a>
3.	Workplace Hazards	<a href="#">Darba vides faktori un to izraisītie riski</a>
4.	Psycho-Emotional Factors in the Work Environment	<a href="#">Psihoemocionālie darba vides faktori</a>
5.	Ergonomics and Ergonomic Factors in the Work Environment	<a href="#">Ergonomika un ergonomiskie darba vides faktori</a>
6.	Impact of COVID-19 on the Work Environment	<a href="#">COVID-19 ietekme uz darba vidi</a>
7.	Accidents at Work, 1993–2021	<a href="#">Nelaiemes gadījumi darbā, 1993. – 2021. gads</a>
8.	Work Equipment and Dangerous Machinery	<a href="#">Darba aprīkojums un bīstamās iekārtas</a>
9.	Training in Occupational Safety and Health	<a href="#">Apmācības darba aizsardzības jautājumos</a>
10.	Labour Relations	<a href="#">Darba tiesiskās attiecības</a>
11.	State Labour Inspectorate	<a href="#">Valsts darba inspekcija</a>
12.	Remote Work	<a href="#">Attālinātais darbs</a>
13.	Working with Chemicals (Including Allergens)	<a href="#">Darbs ar ķīmiskām vielām</a>
14.	Asbestos	<a href="#">Azbests</a>
15.	Work With Carcinogenic Substances	<a href="#">Darbs ar kancerogēnām vielām</a>
16.	Working Conditions of Employees Aged 45+	<a href="#">Darbinieku vecuma grupā 45+ darba apstākļi</a>
17.	Construction	<a href="#">Būvniecība</a>
18.	Health and Social Care	<a href="#">Veselības un sociālā aprūpe</a>
19.	Wood Processing and Furniture Manufacturing	<a href="#">Kokapstrāde un mēbeļu ražošana</a>
20.	Manufacture of Food Products and Beverages	<a href="#">Pārtikas produktu un dzērienu ražošana</a>
21.	Transport, Storage and Communications Sector	<a href="#">Transporta, uzglabāšanas un sakaru nozare</a>