# HEALTH & SAFETY at WORK

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ELINYAE
HELLENIC INSTITUTE FOR OCCUPATIONAL HEALTH AND SAFETY

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## Interviews

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# HELLENIC INSTITUTE FOR OCCUPATIONAL HEALTH AND SAFETY

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## Occupational Health and Safety in a Changing World

As we approach the end of the year, we are confronted with a world of work that is changing not gradually, but structurally. Work is shifting, digitizing, and fragmenting. Along with it, the very landscape of risks is evolving risks that are less visible, unevenly distributed, and often difficult to identify in time. In this environment, Occupational Health and Safety (OHS) cannot be treated as a secondary regulatory issue or merely a matter of compliance. It concerns the way we design policies, organize work, and embed prevention within binding frameworks of responsibility.

This is precisely the message we wanted to convey from Alexandroupolis, at the 2nd Balkan Conference on Occupational Health and Safety, deliberately choosing Thrace as a meeting point for contemporary work and social challenges. Not as a declaration, but as a shared observation. OHS knows no borders, is not confined to national frameworks, and does not concern only specialists. When we protect the worker, we protect society. And when we invest in prevention, we invest in our future.

The voices featured in this issue engage directly with this perspective. Evangelia Nena, Jacqueline M. Moline, and Sibel Kıran each illuminate, from different starting points, the same critical question: how do we ensure occupational health and safety in a transforming world? Jacqueline M. Moline's experience clearly reminds us that occupational health does not end at the moment of exposure but develops over the decades that follow. Evangelia Nena highlights that no reform or system can endure without protecting and supporting people on the front lines. And Sibel Kıran urges us to recognize the unequal and often hidden dimensions of remote and hybrid work, where the organization of work itself becomes a decisive risk factor.

For ELINYAE, the response to these challenges is clear and enduring. We invest in collaboration, in linking scientific knowledge with practice, and in a broadened conception of prevention that is firmly embedded in the design of policies and work practices. This is not a temporary choice—it is an institutional commitment.

At the twilight of the year, we hold onto this steady point of reference. Workplace safety is not only about today. It is a legacy for tomorrow. And it is a collective responsibility.

Rena Bardani

Chair of the Board

*by Alexandra Lefopoulou**

*The 2nd Balkan Conference on Occupational Health and Safety at work highlighted that workplace risks are evolving faster than traditional prevention frameworks. Remote work, increasing pressures on human resources, and the long-term consequences of exposure are redefining the field of occupational health.*

*ELINYAE, selected three scientific voices that reflect these shifts from different, complementary perspectives. Sibel Kiran focuses on the organizational and psychosocial risks of hybrid work. Evangelia Nena emphasizes the importance of protecting human resources for the sustainability of healthcare systems. Jacqueline M. Moline reminds us that the effects occupational exposure extend over time.*

*The interviews that follow present three facets of the same challenge: how Occupational Health and Safety adapts to a rapidly changing world.*

# Occupational health is not defined at the moment of exposure. It unfolds across the decades that follow

*Interview with Professor Jacqueline M. Moline, MD, MSc*

*Professor Jacqueline M. Moline, MD, MSc, stands among the most influential voices in Occupational Medicine in the United States. As a keynote speaker at the 2nd Balkan Conference on Occupational Safety and Health, hosted by ELINYAE, her presence marked a significant moment for Greece's occupational health community. Her insights arrive at a time when workplace hazards are becoming more complex, long-term exposures increasingly visible, and climate pressures reshape the very conditions in which people work.*

*Professor Moline has played a defining role in the evolution of the field. She is Chair and Professor of Occupational Medicine, Epidemiology and Prevention at Northwell*



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*Health and the Zucker School of Medicine, and she was instrumental in establishing and guiding the scientific direction of the World Trade Center Health Program.*

*After the collapse of the Twin Towers, thousands of responders, recovery workers and nearby residents were exposed to a dense, highly toxic cloud containing cement dust, asbestos, heavy metals, fuels and combustion by-products. Symptoms initially believed to be transient later evolved into chronic respiratory disease, sustained immune dysregulation and persistent gastrointestinal conditions. Over time, increases in certain cancers were also documented. The psychological burden — including post-traumatic stress — proved equally consequential, influencing long-term health in ways the scientific community continues to explore.*

*The experience of 9/11 revealed something fundamental: an occupational exposure does not end when an incident concludes. Its imprint persists, often for a lifetime. Since then, long-term surveillance, prevention and rigorous documentation have become indispensable pillars of modern occupational health.*

## Why 9/11 remains a defining chapter in Occupational Health

The aftermath of 9/11 reshaped the scientific and ethical foundations of occupational health. It demonstrated how large-scale exposures can produce ripple effects for decades and highlighted the necessity of long-term systems capable of recognising, recording and responding to delayed health outcomes.

**Key insights include:**

- Acute exposures can evolve into chronic disease across entire populations.
- Physical and mental health interact in complex, mutually reinforcing ways.
- Surveillance must be continuous, long-term and methodologically robust.
- Delayed illnesses require coherent documentation frameworks.
- Workers need integrated care that bridges biological and psychological health.
- Prevention must account for rare yet high-impact exposure events.
- Transparency, accountability and evidence-based practice underpin resilient occupational health systems.

**The central lesson:**

The consequences of exposure unfold over time. Workers' health is shaped not only by what they encounter today, but by what emerges in the years and decades that follow.

## "The greatest risk in occupational health is complacency."

**- When did it become clear that the health consequences of the World Trade Center disaster would be long-term rather than temporary?**

**JM:** We realised this relatively early. When individuals continued to experience symptoms for months, and then one to two years after the exposure, it became evident that acute conditions were evolving into chronic disease phenotypes. Many continue to face health challenges even now. The persistence and severity of symptoms showed that the effects of the exposure would extend over time and that long-term monitoring was essential.

**- In your experience, what enables scientific evidence to genuinely shape policies that protect workers' health?**

**JM:** The history of occupational health offers multiple examples in which scientific observation led to meaningful intervention: asthma linked to isocyanates, silicosis caused by silica exposure, liver injury from organic sol-

vents, and neurological or haematological disorders related to heavy metals. Once the cause is understood, the workplace can be redesigned or reshaped. Eliminating the hazard remains the optimal and most ethically sound solution. When that is not possible, administrative controls or appropriate personal protective equipment can be implemented. Such measures may not alter the course for individuals already affected, but they can prevent illness in future generations of workers.

**- Recent research highlights the interplay between biological mechanisms and psychological stress. How do you understand this interaction in shaping long-term outcomes?**

**JM:** We are only beginning to fully grasp the depth and bidirectional nature of this interaction. Intense stress can exacerbate pulmonary disease. Trauma modulates inflammatory cascades and immune functioning. The microbiome — which influences both physical and mental health — can also be altered. A holistic approach is essential. These dimensions of health are not separate; they intersect and often amplify one another.

**- Building a culture of long-term medical surveillance is a challenge in many workplaces. What does it take to sustain such a culture?**

**JM:** It requires awareness and deliberate inquiry. Awareness that many diseases have long latency periods, and a willingness to explore each worker's full occupational history. Many individuals do not know what they should report or what clinicians should identify. A culture of care emerges through shared vigilance, sustained education and the institutional recognition that long-latency diseases demand long-latency oversight. Organisations must reinforce transparency, training and access to information. These elements form the foundation of surveillance systems capable of standing the test of time.

**- Looking ahead, what emerging vulnerabilities do you foresee for workers over the next decade?**

**JM:** Work is undergoing rapid transformation. Heat stress, wildfire smoke and climate-driven extreme weather events will affect increasingly broad segments of the workforce. Reduced funding for occupational safety and health research in the United States risks depriving the field of new scientists. The changing nature of work introduces new kinds of risk. The core lesson from the World Trade Center experience is that the consequences of major exposures persist for decades. Complacency remains the greatest threat.

**- If you were to offer one guiding principle to young professionals entering the field of occupational health, what would it be?**

**JM:** Embrace uncertainty, remain open to change and recognise that the field evolves as rapidly as the exposures it seeks to understand. Occupational health offers a unique opportunity: the ability to protect not only individual patients but entire populations. Few disciplines carry such breadth of impact.

# The future of health depends on the people who deliver it. Why the sustainability of care begins with a protected, supported and resilient workforce

*Interview with Professor Evangelia Nena, MD, PhD*

*Professor Evangelia Nena, MD, PhD, is one of Greece's most prominent experts in Occupational and Social Medicine, bringing a distinct systems perspective to the evolving challenges of the health workforce. As Professor and Head of the Laboratory of Social Medicine at the Democritus University of Thrace — and holding an academic appointment at the Zucker School of Medicine at Hofstra/Northwell in the United States — she works at the intersection of clinical science, public health and healthcare policy.*

*Her research explores how structural shifts in society, labour markets and the environment reshape both health systems and the conditions under which health professionals work. Ageing populations, the rise of chronic non-communicable diseases, persistent inequalities in access to care and acute workforce shortages have converged to create a demanding new reality. Meanwhile, digital transformation, workforce mobility and climate-driven stressors add layers of complexity that redefine what it means to safeguard those who safeguard public health.*

*In this interview for the ELINYAE magazine, conducted by Alexandra Lefopoulou, Professor Nena reflects on the future of health systems through the lens of the people who sustain them — the health professionals whose wellbeing increasingly determines the resilience and sustainability of care.*

## "The sustainability of health systems begins with the sustainability of the workforce."

**- The world of work is undergoing deep structural change. Which forces challenge today's health systems the most, and how do they affect the everyday reality of health professionals?**

**EN:** Demographic change poses the most profound challenge because its effects are both immediate and long-term, reshaping service

demand as well as workforce capacity. Population ageing, the rise of chronic non-communicable diseases, and persistent inequalities in access to care put pressure on systems that are already overstretched. At the same time, many countries face shortages of health professionals, uneven workforce distribution, and significant skill mismatches. These realities intensify workloads, increase stress, and make the daily practice of healthcare more demanding. When demographic pressures intersect with technological acceleration and climate-related challenges, health workers must simultaneously manage heavier caseloads, learn new tools, and respond to increasingly complex needs. Practically, this translates into longer hours, higher emotional demands, and a constant need for upskilling — conditions that make workforce sustainability one of the defining issues for the future of healthcare.


**- Across Europe, mobility and shortages have become defining features of the healthcare workforce. What do these trends mean for care continuity, safety, and the long-term resilience of health professionals?**

**EN:** Mobility can enrich health systems with new skills and diverse experiences, but it may also create instability when countries depend heavily on workers who are still adapting to new clinical environments or whose training does not fully align with local needs. This reliance can disrupt continuity of care, increase recruitment and training costs, and contribute to the underutilisation of migrant professionals' competencies when qualifications are not fully recognised. Meanwhile, persistent shortages mean that those who remain face heavier workloads, higher levels of burnout, and increased psychosocial strain — especially in rural or underserved areas. These pressures affect not only care quality and patient safety but also the long-term resilience of the workforce. Sustainable solutions require fair employment conditions, supportive organisational structures, and a more balanced distribution of health professionals across regions.

**- Digitalisation is transforming healthcare. Where do you see the greatest benefits — and the risks that systems still underestimate?**

**EN:** Digitalisation brings significant advantages. AI-assisted diagnostics, predictive models, robotic procedures and remote monitoring improve accuracy, reduce errors, and support more personalised care. Telemedicine has expanded access for rural or underserved populations, while electronic records and automation reduce administrative burden. Yet these advances come with risks that are often undervalued: data privacy and cybersecurity concerns, variability in the quality of virtual care, and the exclusion of individuals with limited digital skills or poor access to technology. In addition, the rapid pace of technological change places extra strain on health professionals, who must continuously adapt to new systems. To ensure digitalisation truly strengthens healthcare, we need robust training programmes, clear ethical

and safety standards, and policies that safeguard equitable access for all.

**- Climate and environmental stressors increasingly shape illness patterns and demand for care. How prepared are health systems — and how can the workforce be protected?**

**EN:** Most health systems are only partially prepared. As air pollution, heatwaves and extreme events become more frequent, the demand for both emergency and long-term care increases, particularly among older adults who are both growing in number and more vulnerable. Despite this, preparedness plans, climate-specific training and adequate staffing remain insufficient in many countries. In the coming decade, essential forms of protection will include stronger emergency response strategies, comprehensive occupational health policies for extreme weather, and integrated monitoring systems linking environmental and health data. Equally critical is the protection of health workers themselves through safe workplaces, psychosocial support, appropriate equipment and sufficient staffing. System readiness and workforce protection must go hand in hand in a warming world.

**- Many health professionals now work under conditions of unpredictability: flexible schedules, multiple roles, temporary contracts. How do these forms of work influence occupational health — and what must change so that flexibility does not become vulnerability?**

**EN:** Non-standard forms of employment — temporary contracts, agency work, part-time roles and zero-hours arrangements — have reshaped occupational health risks. While flexibility can support work–life balance when designed well, it often results in income instability, limited social protection and greater exposure to health and safety hazards. These conditions heighten stress and emotional pressure, especially in already understaffed environments. To prevent flexibility from turning into vulnerability, health systems must guarantee protection for all workers regardless of contract type: fair pay, predictable schedules, training opportunities and career development pathways. Stronger regulation, better workforce planning and supportive workplace cultures are essential for ensuring that flexibility becomes sustainable rather than precarious.

***While flexibility can support work–life balance when designed well, it often results in income instability, limited social protection and greater exposure to health and safety hazards.***

**- When you describe "the future of health we want", you emphasise values such as trust, fairness, competence and continuity. If you had to distil this vision into a few essential elements, what would they be?**

**EN:** First, a strong and well-supported workforce — with sufficient staffing, proper training and real protection — so that professionals can deliver high-quality care with confidence. Second, health systems grounded in fairness and inclusion, ensuring equal access to services and decent working conditions across all levels. Finally, strengthening trust and continuity through lifelong learning, responsible use of technology and workplace cultures based on collaboration, transparency and patient-centred care. Together, these elements describe a future where both health workers and health systems are more resilient and better equipped to meet the complex challenges ahead.

## Workforce Sustainability: The Hidden Determinant of Tomorrow's Health Systems

The interview with Professor Evangelia Nena highlights a critical yet often underestimated reality: the future of healthcare will be shaped not only by medical innovation, but by the capacity of health professionals to withstand rising pressures in their working environments. As demographic, technological and environmental shifts intensify, the sustainability of the workforce emerges as a defining determinant of system resilience.

**Key insights drawn from the interview:**

- Demographic pressure is immediate and structural. Ageing populations and the rise of chronic diseases increase demand while deepening workforce shortages.
- Mobility brings both opportunity and instability. It enriches systems with new skills, yet may disrupt continuity of care when qualifications or training are not fully aligned.
- Digital transformation is double-edged. AI, automation and telemedicine expand access and precision, but accelerate training needs, introduce new risks and strain professionals already operating at the limits.
- Climate-related stress is a growing occupational hazard. Heatwaves, pollution and extreme events increase health needs and expose workers to new physical and psychosocial risks.
- Non-standard employment can undermine stability. Flexible contracts, although attractive to some, often result in insecurity, inconsistent schedules and higher emotional burden.

**Underlying conclusion of Professor Nena's analysis:**
Health systems cannot remain resilient unless the professionals who sustain them receive structured protection, fair working conditions, continuous training and genuine institutional support.

**The essential message:**
Workforce sustainability is not a secondary priority — it is the foundation on which the quality, safety and continuity of healthcare depend.

# The Invisible Pressures of Remote Work.
# Inside the emerging risks shaping the future of work and wellbeing

*Interview with Professor Sibel Kıran, MD, PhD*

*Remote and hybrid work are often described as a single transformation of modern labour markets. In reality, they are producing multiple, unequal working realities — and exposing gaps in how occupational safety and health systems understand risk, prevention and responsibility.*

**INTRODUCTION**

*Remote and hybrid work have profoundly reshaped how work is organised across Europe, introducing new forms of flexibility while also generating less visible and unevenly distributed risks for occupational safety and health (OSH). Beyond simplified narratives, a more complex picture is emerging, in which psychosocial, organisational and ergonomic factors interact differently depending on employment status, gender, work arrangements and everyday living conditions.*

*This evolving landscape lies at the heart of the research of Professor Sibel Kıran, MD, PhD, one of the most respected scientific voices in occupational health. Her work focuses on occupational epidemiology, psychosocial and organisational risks, and the implications of digitalisation and remote work for workforce sustainability. As a scientific contributor to the European research initiative R-MAP (Remote Work and Mental Health Platform), she examines how remote and hybrid work are experienced across diverse employment settings in more than 25 European countries, drawing on both quantitative data and qualitative, participatory approaches.*

*Professor Kıran's contribution to R-MAP goes beyond the analysis of data. Her research connects scientific evidence with the practical limits of existing OSH frameworks, highlighting where traditional prevention models struggle to respond as work moves beyond conventional workplaces. A particular focus of her work is the gendered dimension of*

*remote work, the gradual normalisation of excessive demands, and the persistent difficulty of translating psychosocial and organisational risks into routine, operational prevention.*

*In the interview that follows, Professor Kıran reflects — in her own words — on why remote and hybrid work cannot be treated as a single phenomenon, and on what realistic, principle-based approaches are needed to adapt OSH systems to a world of work that is increasingly distributed, digital and unequal.*

**- Professor Kıran, your recent work shows that remote and hybrid work are not a single transition but two very different realities. One concerns knowledge and office-based roles; the other concerns micro-workplaces, the self-employed and highly flexible forms of work. How does this "dual landscape" shape today's OSH challenges — and why is it so important that we recognise the difference?**

**SK.** When I talk about remote and hybrid work—drawing on the perspectives I have presented and the broader reflections that sit alongside our R-MAP project—I often emphasise that we are not experiencing a single transition. R-MAP, coordinated by Professor Stratos Stylianidis at Aristotle University with White Research as the communication partner, will make its public deliverables available on www.r-map.eu.

But my perspective also comes from following wider OSH developments, and it's clear that beyond R-MAP there's a real need for further research to close existing gaps and support the development of better, evolving solutions.

We are seeing two main routes — and possibly several others — developing simultaneously. These two routes are illustrative examples, and each of them will continue to generate further, increasingly diverse pathways of work in the future.

On one side are workers in relatively stable knowledge and office-based roles, with formal contracts, clearer rights and established organisational structures. On the other side is a far more fragmented landscape of micro-workplaces, freelancers, platform workers and highly flexible forms of employment that fit only partially—if at all—within traditional labour law or OSH systems. While core bio-psycho-social OSH principles apply to everyone, the inequalities, risk profiles and protections differ markedly. A software engineer with a permanent contract experiences remote work very differently from a self-employed interpreter or a platform courier working between gigs. My concern, grounded in the literature, practice and our exchanges through R-MAP, is that treating these workers as a single group leads to policies that support some while leaving others exposed.

Recognising this "dual landscape" is therefore critical. It encourages us to think in layers—layers that are still evolving. Traditional regulation remains important for standard employment, but highly flexible, hybrid or self-employed workers require more adaptable protection mechanisms that reflect their real working conditions.

I think the key message is straightforward: if we want to support all workers fairly and in a way that is resilient for the future, we need cross-disciplinary collaboration and a clear understanding of the diverse determinants of risk. Only then can we communicate effectively and develop solutions that genuinely strengthen work-and-health systems for everyone.

**- Through the R-MAP project, you collected insights from more than 20,000 workers across 25 European countries. What did you find most striking — or most concerning — about the way workers themselves describe the new risks they face? And where do you see the biggest gap between workers' lived experience and how organisations or institutions understand these risks?**

**SK.** It's important to clarify that the dataset is not representative at either the EU or national level, and it has clear limitations in terms of generalisability and causal interpretation, particularly given its cross-sectional design. So it shouldn't be seen as a population survey. Despite these limitations, the openly published dataset still provides meaningful indications of how participating groups perceive and experience remote and hybrid work.

What struck me most — when integrating perspectives from different strands of the project — was the gendered nature of many of these narratives. In our wider engagement with worker communities, including supported workshops, it became clear that risks and opportunities often coexist within the same context. Their distribution depends heavily on individual circumstances: gender, caring responsibilities, digital skills, the preparedness of infrastructure, and the availability of supportive mechanisms.

Expectations between parties, and the extent to which system-level structures adapt, also vary considerably — not only between regions, but across sectors. In many ways, remote work has created its own ecosystem of "remote work literacy" and health-promoting practices, which now need to be integrated into broader institutional systems.

These observations do not stem from statistical inference, but from recurrent themes emerging across qualitative discussions and participatory activities. Many workers also described a gradual normalisation: they recognise the risks, yet feel limited in their capacity to influence workload expectations or the organisation of their working day. For me, this quiet normalisation of disproportionate burden is particularly concerning — and it is why we are preparing a manuscript that synthesises these gender-related insights across the various components of R-MAP.

To promote transparency and shared learning, we have made key elements of the dataset openly accessible, and several project deliverables are already available online. Additional scientific publications are under preparation, following the R-MAP analytical framework. I would also like to acknowledge the leadership of our coordinator, Professor Stratos Stylianidis from the Aristotle University of Thessaloniki, and the contribution of our data partners, particularly RIM, who ensured methodological consistency across countries.

The most significant gap we observe lies between workers' lived experience — especially psychosocial and gendered pressures — and how organisations and institutions still conceptualise emerging risks. Workers speak of cognitive fatigue, digital intensity and unevenly distributed responsibilities, yet many OSH systems remain anchored in traditional, physical hazard models, with limited preventive mechanisms for transitional risks. Aligning institutional practice with contemporary work realities is essential, and ongoing EU directives, regulations and priority-setting processes increasingly recognise the mechanisms needed to respond effectively (www.r-map.eu).

**- You often highlight that the risk profile has shifted from the physical environment to the organisation of work itself. Cognitive load, digital intensity, blurred boundaries, isolation — these psychosocial and organisational factors now define the everyday reality of millions. Why is it still so difficult to integrate them into routine OSH practice? What is missing for real, operational prevention?**

**SK.** When I speak about the shift in the risk profile, I am not suggesting that physical risks have disappeared. They remain part of everyday work. What has changed is that remote and hybrid work have added a new layer of organisational and psychosocial pressure on top of traditional hazards. Cognitive load, digital intensity, blurred boundaries and isolation have existed for a long time, but their speed, scale and interaction with work organisation have intensified.

These risks are difficult to integrate into routine OSH practice for several reasons. First, they are multi-causal and diffuse. Cognitive and emotional pressures interact with personal circumstances, leadership styles, domestic environments and broader socio-economic conditions. Second, they are harder to "see". There is rarely a single incident to investigate; rather, the problem emerges as a pattern of overload accumulated over months or years. Third, they challenge organisational culture. Addressing them seriously requires questioning workload models, management practices and performance expectations — not simply offering a training session or a wellbeing app.

Remote and hybrid work amplify these difficulties because they fragment the work environment. Risks vary not only between sectors but even between individuals performing similar tasks under different organisational arrange-

ments. This makes it challenging for OSH systems — which were built around stable workplaces and standardised hazards — to respond quickly or consistently. Prevention becomes harder when work is distributed, digitally mediated and constantly changing.

What is missing for real, operational prevention is a set of straightforward, widely accepted tools that translate these complex realities into daily practice. We need indicators for digital workload that are task-based and sensitive to individual capacity. We need clearer guidance on safe limits of availability in a digital environment. We need participatory models for psychosocial risk communication and assessment that genuinely involve workers. And critically, we need supportive arrangements embedded in work organisation — not fragmented "self-resilience" activities that place the burden back on workers and add yet another layer of choice fatigue.

Ultimately, prevention must become more worker-centred and task-specific. It has to move closer to the actual experience of work — wherever that work happens — and provide practical support that fits the real conditions people face. Until we achieve this, psychosocial and organisational risks will remain the most challenging gap in everyday OSH practice.


**- As work becomes distributed, the very idea of a "workplace" is being rewritten. In practical terms, what can realistically be regulated in a remote work environment? And where does the employer's responsibility end — especially when the work setting is outside their control but still central to workers' health and safety?**

**SK.** This question is complex precisely because we are navigating an evolving landscape. As work becomes more distributed, remote and hybrid arrangements can generate both opportunities and vulnerabilities, depending on workers' individual circumstances. We are increasingly seeing that the traditional definition of a "workplace" often falls short of capturing the diverse locations in which work is performed and the varied pathways through which risks can arise.

In responding to these shifts, it is important to remain anchored in the normative foundations that guide occupational safety and health globally: international human rights instruments, ILO conventions and recommendations, EU directives and regulations, governance model, and the UN Sustainable Development Goals — particularly the commitment to decent work and safe, healthy working conditions. These frameworks provide coherence and legitimacy as OSH systems adapt to new forms of work. They also reinforce the interconnected nature of the SDGs more broadly, as progress on decent work contributes to — and depends on — advances in areas such as health, equality, education, innovation and reduced inequalities.

Within this context, a singular focus on regulatory "control" may not adequately address the dynamics of remote work environments. Employers cannot, and are generally not positioned to, extend oversight into private households — a domain where issues of privacy, dignity and proportionality make such approaches highly sensitive and open to debate. A more suitable and internationally consistent approach is principles-based, emphasising duty of care, proportionality, effective risk communication and shared responsibility — supported by ethical and practical mechanisms that enable employers, workers, associates, and relevant stakeholders to work towards improved and sustainable arrangements.

In distributed work environments, responsibility does not rest solely with traditional employers. Depending on the work arrangement, platforms, clients and customers, as well as self-employed workers operating within their

own professional environments, also influence the conditions under which work is performed. Each actor has a role to play in shaping safe, fair and healthy organisational practices.

For those in standard employment, employers retain responsibility for the organisational dimensions they can reasonably influence, including:

- workload and task design
- working-time arrangements and digital availability
- provision of appropriate equipment and ergonomic guidance
- safe and ethical use of digital tools
- access to OSH information, consultation and support

In platform-mediated and self-employed contexts, responsibility is more distributed. Platforms and clients can influence task allocation, digital intensity, time pressures and expected modes of communication, and therefore carry a degree of responsibility for ensuring that these systems operate in a safe and proportionate way. Self-employed workers retain autonomy, but they also require accessible mechanisms for obtaining guidance, signalling constraints and negotiating feasible arrangements where relevant.

Across these diverse settings, the boundaries of responsibility become relational rather than territorial. The aim is not to regulate the entire domestic or personal workspace, but to ensure that the fundamental OSH values — prevention, participation, dignity and non-discrimination — continue to apply, regardless of whether work is organised through an employer, a platform, a client relationship or independent practice.

**- Many people now work in spaces that were never designed for work at all. From uneven equipment to makeshift workstations, the home environment creates new ergonomic inequities. What could a fair and realistic "minimum ergonomic standard" for Europe look like? And which countries seem closest to taking steps in that direction?**

**SK.** This is a difficult question to answer without robust comparative data and without clear information on how minimum ergonomic expectations are being implemented across different European contexts. At this stage, any claim about which countries are "closest" to a fair minimum ergonomic standard would go beyond the evidence currently available.

Defining a universal ergonomic standard under these conditions is scientifically complex. Remote and hybrid work differ widely across sectors, occupations, living environments and personal requirements. And ergonomics itself is in transition: traditionally centred on MSD-related and physical risks, it is increasingly expanding into cognitive and adaptive ergonomics — covering everything from clothing and tools to workflows, digital interfaces and even break patterns.

From a scientific perspective, talking about "macro-level closeness" is not particularly meaningful unless we acknowledge that ergonomic adequacy is determined at the micro level — sometimes down to the constraints of a single household. The same applies to platform-mediated and SME contexts, where ergonomic needs vary substantially and require clearer definition. For these reasons, I would be cautious not to overstate what current evidence can support. What we can say is that ergonomic risk has become more uneven as more people work in spaces never designed for sustained computer work. And although ergonomic principles are well established, their real impact depends heavily on day-to-day behaviour, adaptation, digital workload and the nature of the tasks performed.

This is precisely why we need further research — at micro, meso and macro levels — to understand ergonomic needs in distributed work environments and to identify what kind of functional and fair standards could realistically be applied. Until that evidence exists, any attempt to rank countries or determine "closeness" would be speculative rather than scientific.

We also know that many people continue to work in kitchens, bedrooms or shared spaces that were never intended for prolonged computer work. This creates a silent divergence: those with sufficient space and resources can establish a relatively ergonomic workstation, whereas others rely on makeshift solutions and

accumulate risks over time. These inequities grow as remote work becomes more widespread.

As an illustrative example from an OSH perspective — and mindful of the diversity of housing and working conditions — a fair and realistic "minimum ergonomic standard" would need to be based on biopsychosocial functional criteria, rather than a single prescribed technical configuration.

Many of these ergonomic principles are already reflected in existing EU directives for computer-based work — maintaining a neutral posture, appropriate work-surface height, separate input devices for prolonged screen use, properly positioned monitors, adequate lighting and opportunities to vary posture.

Any future standard will need to remain technology-neutral and adaptable, allowing for low-cost and context-sensitive solutions. It should also be supported by practical mechanisms such as subsidies or vouchers for workers with limited resources, guidance for optimising small spaces, and targeted assistance for those with existing musculoskeletal conditions. Public and shared environments that are increasingly used for remote work also need to be part of this planning.

Even when standards exist, their effectiveness depends heavily on individual behaviour, work organisation, digital workload and the support people receive to adopt healthier practices — equipment alone is not enough.

At European level, regulations and EU-OSHA guidance already offer reference frameworks, but without systematic comparative data it remains difficult to identify frontrunners or track implementation.

For me, this is a clear call for collaborative research and coordinated action. Ergonomics should not be a privilege available only to workers with space or financial means; it must be recognised as a fundamental element of decent work, wherever that work takes place.

**- Digitalisation brings a new paradox: more autonomy, but also more surveillance. Algorithmic task allocation, digital monitoring, expectations of constant availability — how can organisations strike the right balance between legitimate coordination and protecting privacy, dignity and mental health? Where should the line be drawn?**

SK. Digitalisation has created a genuine paradox. Remote and hybrid work often provide workers with more autonomy in how they structure their tasks, but they also introduce new forms of digital visibility — algorithmic task allocation, performance analytics, and escalating expectations of constant availability. The challenge for organisations is to distinguish between what is genuinely necessary for coordination and what begins to erode privacy, dignity and mental health.

For me, the key point is that digital management systems operate within a set of internationally recognised principles. Human rights frameworks, ILO standards, EU data protection law, and OSH regulations all converge around the idea that monitoring must be necessary, proportionate and transparent, and it should never undermine the worker's dignity or well-being. These principles remain valid even as technologies evolve.

Balancing coordination and protection starts with asking very basic questions:

What data are we collecting? Why? For whom? For how long? And what psychosocial risks might this create?

If organisations cannot answer these questions convincingly, then the monitoring practice is unlikely to be justified.

The risks associated with algorithmic systems are often diffuse: cognitive load, techno-stress, reduced sense of control, and blurred boundaries between work and private time. These are not incidental side effects — they directly influence workers' mental health. This is why digital tools must be assessed not only for efficiency, but also for their psychosocial impact.

So where should the line be drawn? In my view, the line is crossed when monitoring shifts from supporting task coordination to continuously evaluating the person. When data collection becomes an instrument of constant behavioural oversight, rather than a tool for facilitating work, it risks undermining trust, autonomy and psychological safety.

A constructive way forward is a participatory approach. Organisations should involve workers, social partners and, where relevant, OSH experts in designing digital workflows. Workers know where the pressure points are — where digital tools help, and where they become intrusive. Co-design helps ensure that technology enhances work rather than amplifies inequalities or stress.

Finally, digital autonomy and digital protection are not opposing goals. They are mutually reinforcing when systems are well designed. Transparent expectations, clear boundaries on availability, and ethically governed data practices are not regulatory burdens — they are building blocks of sustainable digital work.

In short, the balance lies in using technology to coordinate tasks, not to continuously monitor individuals, and in ensuring that digitalisation supports decent work, rather than diluting its foundations.

**- Small enterprises and micro-workplaces risk falling outside the protective umbrella of OSH systems. If you could recommend three practical interventions that would immediately help SMEs manage OSH in remote or hybrid settings, which ones would have the greatest real-world impact, especially in regions like the Balkans?**

**SK.** Small enterprises and micro-workplaces are indeed at particular risk of falling outside established OSH systems, especially in remote or hybrid settings. This vulnerability becomes even more pronounced for the self-employed, freelancers and platform-based workers, who often operate without adequate awareness, without access to supportive OSH structures, or without effective implementation mechanisms. Their working conditions are highly variable, and they frequently lack the models and advisory pathways that larger organisations rely on to identify and manage emerging risks.

1. Simple, ready-to-use OSH toolkits for remote and hybrid work

The first intervention is the development of concise, practical OSH toolkits specifically tailored for SMEs and the self-employed. These should include short risk-assessment templates, basic ergonomic guidance for diverse home and mobile settings, and simple communication rules for managing digital availability. For many SMEs in the Balkans, accessibility and clarity matter more than technical sophistication. A short, well-designed checklist can do far more than a lengthy technical document.

2. Shared or externalised OSH support services

A second intervention is the creation of shared OSH support services at regional or sectoral level. Instead of expecting every SME or self-employed worker to access their own ergonomist, mental-health specialist or digital-risk expert, pooled services could provide tailored advice, online training and targeted psychosocial-risk guidance. This model is already used in parts of Europe and could substantially strengthen SMEs and independent workers in the Balkans, where resources and expertise are often fragmented.

3. Financial and technical assistance for essential equipment and healthy digital practices

A third intervention is direct support for ergonomic basics, safe digital tools and practical organisational measures. Small grants or vouchers — even modest ones — can meaningfully reduce risk, particularly for the self-employed or micro-businesses that rely on improvised workspaces. Combined with brief guidance on digital workload, boundary setting and safe task organisation, these supports can have an immediate preventive effect.

A broader point:

These three measures share a common logic: they make OSH feasible for SMEs and accessible to the self-employed. They reduce administrative burden, address resource constraints and help embed OSH into everyday work rather than treat it as an external regulatory obligation.

For region— where economies rely heavily on small enterprises, family businesses, freelancers and mixed work arrangements — these kinds of scalable, low-barrier interventions could have the greatest immediate impact.

In this context, the interventions that achieve the greatest real-world impact are those that simplify OSH practice and make it truly acces-

sible. Revisiting the basic occupational health services principles outlined by Jorma Rantanen would be valuable in this regard, and the core commitments promoted by ICOH should also be considered and more widely disseminated.

**- Labour inspection has become one of the most complex institutional questions in this new reality. What could a realistic European inspection model look like for remote and hybrid work? Do you foresee virtual inspections, structured self-assessment models, or some hybrid approach that combines both?**

**SK.** Labour inspection has undoubtedly become one of the most complex institutional questions in the context of remote and hybrid work. The traditional model of inspecting a single physical workplace does not translate easily into distributed, digitally mediated environments. At the same time, workers' need for protection — particularly in the biopsychosocial domain — has not diminished. If anything, it has increased.

Looking ahead, I believe that inspection systems will have to evolve toward a more preventive and capacity-building model, integrating health promotion and pre-emptive evaluation into the way organisations manage remote and hybrid work. This means creating an architecture that is more flexible, more system-oriented and technologically enabled, while fully respecting European principles on privacy, data protection and human dignity.

In practice, a realistic European inspection model could take the form of a hybrid approach that combines several complementary components:

1. Structured self-assessment by employers and, where appropriate, workers

Self-assessments would involve standardised questionnaires, documentation of policies (for example on working time, the right to disconnect, digital availability), records of risk assessments covering remote settings, and evidence of communication, consultation and training. These tools would help organisations evaluate not just physical risks but also organisational and psychosocial aspects — cognitive load, digital rhythms, and task organisation — in line with a biopsychosocial OSH perspective.

2. Targeted virtual inspections

Inspectors, managers and worker representatives could meet online to review documentation, discuss risk-management systems and, where appropriate and with consent, view typical workspaces or equipment without intruding into private life. This enables oversight that is proportional, respectful and still effective, particularly in distributed settings.

3. Selective on-site inspections where risks are systemic or high

Certain environments — such as co-working spaces, satellite offices, shared facilities or sectors with specific hazards — may still require in-person inspection. This ensures that physical risks and organisational structures are assessed where they remain most relevant.

In my view, a hybrid, preventive and principle-based architecture — strengthened by health promotion, shared responsibility and technological tools — will become increasingly central as remote and hybrid work continue to evolve across Europe.

**- Finally, you often speak about the need for a shared operational language — and new competencies for the next generation of OSH professionals. Which skills will be essential for OSH experts in a distributed, digital and constantly evolving world of work? And how important is it for Europe to converge on common terminology and tools to support that transition?**

**SK.** For the next generation of OSH professionals, technical knowledge of traditional hazards remains essential, but it is no longer sufficient on its own. Several areas of competence will be particularly important for the next generation of OSH professionals:

• Competence in digital work environments — the capacity to understand how digital systems shape work, including algorithmic task allocation, platform work models and the implications of AI for workload, fairness, decision-making and safety.

• Psychosocial and organisational risk competence — the ability to assess and influence work design, workload models, communication

structures and leadership practices, especially in remote and hybrid settings, while recognising the biopsychosocial needs of individual workers.

• Interdisciplinary and cross-sector collaboration skills — working effectively across HR, IT, legal, public health, ergonomics and OSH domains, and engaging with diverse teams across borders, sectors and institutional cultures.

• Risk communication and participatory facilitation — supporting evidence-informed, participatory risk assessments; enabling constructive dialogue between management and workers; and translating complex evidence into practical, actionable measures that reflect individual and organisational realities.

In addition to these competencies, OSH professionals will increasingly need a strong orientation toward sustainability — not only environmental sustainability, but workforce sustainability. This means developing models of work that protect health, support long-term capacity and adaptability, and respond to individual differences rather than relying on uniform assumptions.

The world of work is becoming more distributed, more digital and more interdependent — at once more connected and, paradoxically, more separate — and OSH expertise must evolve accordingly to support systems that are resilient, inclusive and person-centred.

Alongside these emerging skills, the development of a shared operational language at the European, international and global levels is crucial. Common terminology, compatible indicators and interoperable tools make it possible to compare data, monitor trends and support multinational organisations in a consistent way. They also help align national practice with global frameworks developed by the ILO, WHO and other UN bodies.

Ultimately, convergence on language and tools is not about imposing uniformity; it is about enabling clarity and strengthening our ability to generate knowledge rather than relying on fragmented information. It ensures that across different national systems and cultural contexts we can recognise emerging risks, articulate them consistently and respond in a coordinated and effective manner.

A shared operational language also enables to contribute constructively to global progress in OSH—providing momentum, coherence and examples of good practice as the world navigates a rapidly changing landscape of work. This foundation will support the development of OSH capacity that is sustainable, adaptive and genuinely responsive to the diverse needs of the workforce.

BIOGRAPHICAL NOTE – Professor Sibel Kıran, MD, PhD

Professor Sibel Kıran, MD, PhD, is a faculty member at Koç University in Türkiye and a leading expert in Occupational Health. She completed her medical degree and PhD at Dokuz Eylül University and expanded her research through postdoctoral collaborations at KU Leuven's WOPP group, the Universities of Cagliari and Ludwig-Maximilians, and a long-standing affiliation with the Healthy Working Lives team at the University of Glasgow. Her work focuses on occupational epidemiology, psychosocial and organisational risks, remote/hybrid work and health, workforce sustainability, and capacity-building in occupational health. She is a scientific contributor to R-MAP, one of Europe's most extensive cross-country projects on remote and hybrid work.

# The Balkans United for Occupational Safety and Health - Investing in prevention, investing in the future

The 2nd Balkan Conference on Occupational Safety and Health at work was held in Alexandroupolis on November 3, 2025, organized by ELINYAE in collaboration with Democritus University of Thrace. Over 300 experts and professionals from 12 countries joined to discuss the future of prevention and workplace safety.

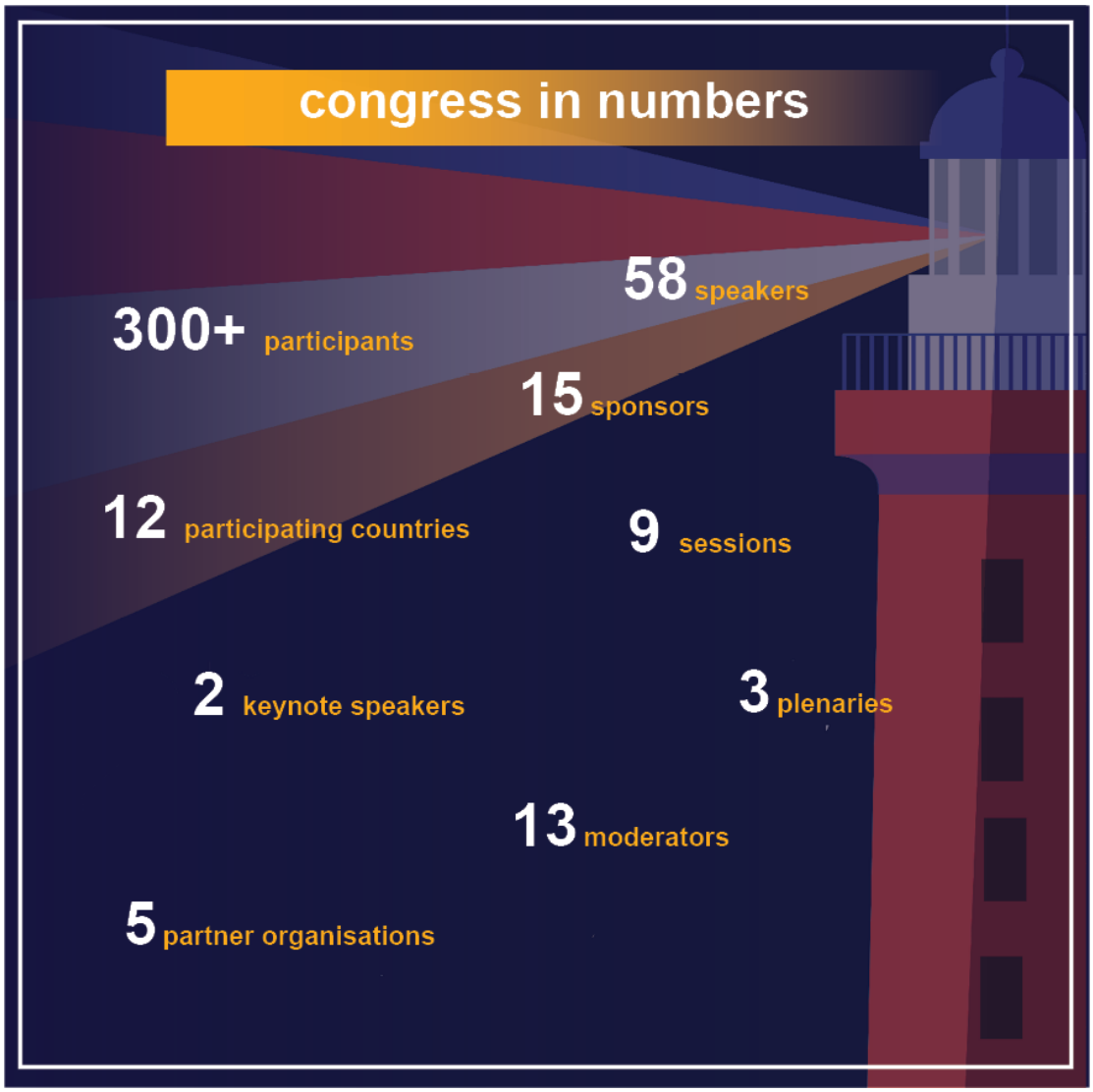
Under the auspices of the Region of Eastern Macedonia and Thrace and the Municipality of Alexandroupolis, with the support of Greece's social partners, the conference highlighted the importance of Balkan cooperation in promoting occupational health and safety.

A key moment was the signing of a Memorandum of Cooperation between ELINYAE and Democritus University of Thrace, establishing a framework for scientific collaboration and applied research in prevention and workplace well-being.

The conference featured 58 high-level presentations covering occupational health, ergonomics, mental health, AI and safety, education, sustainability, and local entrepreneurship—confirming that prevention is a core element of modern, sustainable work.

Participants emphasized the convergence of Balkan countries with European standards and the long-term social and economic value of prevention. Sessions also addressed gender equality and the ethical dimensions of new technologies at work.

The event concluded with a strong message: prevention connects the Balkans and builds the foundation for a safer, more sustainable future. Proceedings are available on the ELINYAE website. The 5th National Conference on Occupational Safety and Health is scheduled for November 23–24, 2026, in Athens.


## ELINYAE visits DAMCO ENERGY for OHS insights

ELINYAE had the opportunity to visit the facilities of DAMCO ENERGY SA, a member of the Copelouzos Group. This project is one of Europe's largest energy facility constructions, providing a unique opportunity to observe safety and risk management practices in a large-scale, high-tech environment.

The visit included a tour of the facilities and presentations on safety policies, employee protection measures, and operational procedures, reinforcing ELINYAE's collaboration with industry and the transfer of best OHS practices.

## Hellenic Seamen's House and ELINYAE Join forces for workplace health and safety

A new collaboration began on November 19, 2025, with the signing of a Memorandum of Cooperation between the Hellenic Seamen's House and ELINYAE. The partnership aims to promote workplace health and safety through joint initiatives, training, and awareness actions. The first event in Piraeus focused on psychosocial risks, legal aspects, and emergency preparedness, marking the start of a series of coordinated efforts to improve working conditions.


## Collaboration between ELINYAE and DESFA S.A. on Near Misses

As part of the memorandum of cooperation on occupational health and safety between ELINYAE and DESFA S.A., an initiative is currently underway focusing on the management of near misses. Recently, ELINYAE conducted a study to capture experiences from the implementation of DESFA's previous near-miss management system and to identify improvement priorities.

The study included a survey using questionnaires and sample interviews with employees from various departments, as well as a review of relevant literature. The findings of the study were utilized in upgrading the near-miss management system.

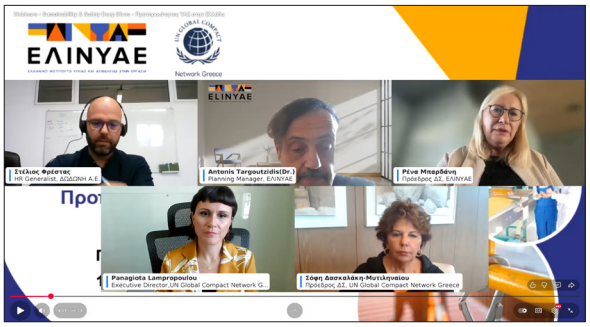
Currently, an awareness campaign is in progress, involving educational lectures aimed at raising awareness among technical personnel on issues related to near misses.

## New Webinar Series by ELINYAE and UN Global Compact Network Greece: "Sustainability & Safety Deep Dives"

ELINYAE, in collaboration with the UN Global Compact Network Greece, launched the new webinar series "Sustainability & Safety Deep Dives" to promote Occupational Safety and Health (OSH) and sustainable business practices.

The first webinar, held on October 23, 2025, focused on "OSH Priorities in Greece," presenting key insights from the national "Safety and Health at Work 2023–2027" strategy. Speakers highlighted data, challenges, and best practices from major industries, emphasizing OSH as

a pillar of sustainable development. The event, moderated by Ms. Panagiota Lampropoulou, Executive Director of UN Global Compact Greece, received strong participation and marked the beginning of an ongoing dialogue on safety and sustainability.




**ELINYAE member of PEROSH**

## ELINYAE will host the PEROSH Secretariat

PEROSH is a European network of leading OSH institutes. ELINYAE became a member on January 1, 2025, actively participating in research programs and events. From January 1, 2026, ELINYAE will take over the PEROSH Secretariat for five years—an important milestone reflecting trust and enhancing Greece's international role in OSH collaboration.

## ELINYAE joins the Sheffield Group* for the first time

For the first time, ELINYAE participated in the annual Sheffield Group meeting, held in Manchester just before the PEROSH Conference. Ms. Rena Bardani presented ELINYAE's activities and priorities, strengthening international collaboration and knowledge exchange among leading OSH research institutes worldwide.


* The Sheffield Group is a global network of directors of occupational safety and health research institutes, established in 1989 by the UK's HSE. It promotes cooperation, experience sharing, and joint initiatives, providing a high-level platform for international dialogue and collaboration in OSH research.

## 6th PEROSH Research Conference – “Innovative Solutions for Occupational Safety and Health”

The 6th PEROSH Research Conference took place in Manchester, UK, on 9–11 September 2025, hosted by the Health and Safety Executive (HSE). ELINYAE participated actively, represented by Ms. Rena Bardani, Chair of the Board, and Mr. Antonis Targoutzidis, Head of Planning and Coordination, who presented a paper on “An Online System for OSH Data Exchange for Compliance Monitoring.” The conference focused on innovative and emerging approaches to occupational safety and health, featuring young researchers and awarding the best presentation to Christine Darbakk (STAMI, Norway).


## Strengthening European cooperation – Visit of SAWEE (Sweden) to Athens

From 15–19 September 2025, ELINYAE hosted Sweden’s SAWEE in Athens, fostering exchange on best practices in occupational safety and health. Visits included the Papastratos factory, the University of West Attica, and ELINYAE’s facilities. Discussions focused on joint research and training opportunities. The visit reinforced both institutes’ commitment to advancing OSH knowledge and collaboration across Europe.

## ELINYAE's active role at CSR School 2025

ELINYAE took part in the 7th CSR School 2025, organized by CSR HELLAS in collaboration with the University of Crete and the American College of Greece. Mr. Antonis Targoutzidis' presentation focused on risk assessment and safety culture, while Ms. Rena Bardani joined a panel on "Health & Safety as a Pillar of ESG." The Institute highlighted occupational safety as a key element of sustainable development and corporate responsibility


## ELINYAE at the 43rd Oil and Gas HSE Conference

The Hellenic Institute for Occupational Health and Safety (ELINYAE) participated in the 43rd Oil and Gas Refinery Cooperation Conference on Health, Safety, and Environment, which this year was organized by DESFA and held in Athens on December 8–9, 2025.

During the conference, Dr. Paraskevi (Evi) Georgiadou, from the Research and Development Department of ELINYAE gave a presentation on "Protection of Facilities and Workers from Natural Phenomena, Natural and NATECH Disasters."


## Participation of ELINYAE in the PPC Workshop on Near Misses

On October 23,2025 PPC organized a workshop on the topic "Near Misses in the Workplace."

The event was opened by Ms. Vasiliki Kochyla, PPC's Group General Manager of Health, Safety and Environment.

A welcome address was given by Ms. Rena Bardani, ELINYAE' s Chair of The Board.

During the event, presentations were delivered by PPC executives and their associates.

Dr. Theoni Koukoulaki, Coordinator of ELINYAE's Research and Development Department, gave a presentation on "Challenges in Implementing an Integrated Near Miss Management System."

# ELINYAE launches SafetyPass: A Unified Digital Training Program for Workplace Safety

For over three decades, ELINYAE, the organization representing social partners, has promoted awareness and training in Occupational Health and Safety (OHS) through initiatives aimed at employees, employers, and safety professionals. Building on its experience and leveraging modern technology, ELINYAE is moving from targeted pilot programs to comprehensive, cross-sector education.

The SafetyPass platform, developed with NextEra Group, offers a standardized digital training program for all employees, regardless of sector. The core program lasts two hours, divided into ten ten-minute modules with videos, practical examples, and simple language, followed by knowledge assessments. Upon completion, employees receive a digital certificate, securely stored and accessible only to them.


**Key Features of SafetyPass:**

Standardization and Quality Assurance: All employees receive the same core OHS training, ensuring transparency, comparability, and consistent quality across different employers and sectors.

Tailored Content: Training is concise, role-specific, easy to understand, and engaging, allowing employees to learn at their own pace from any location.

Assessment and Documentation: Knowledge is evaluated through module quizzes, and successful completion generates a secure digital record accessible only to the employee, providing proof of basic OHS training.

In addition to the general program, sector-specific modules are available for industries like construction and energy. Employers can also integrate their own training into the platform, creating a centralized profile of each employee's OHS education. SafetyPass serves as a practical tool for documenting basic OHS training, helping employees and employers comply with regulations and managing daily operations. It can also function as a general access card for workplaces, enabling controlled entry based on the recorded OHS training.

# ELINYAE's Asynchronous e-Learning Platform

In 2025, ELINYAE launched its asynchronous e-learning platform, focused on Occupational Health & Safety. Designed to meet the expanded training needs of companies and professionals, the platform offers flexible, high-quality training accessible anytime, anywhere.

To date, large companies have already implemented training for their employees on health and safety topics. At the same time, health and safety professionals are systematizing their knowledge by selecting one or more of the available training modules through the platform.

## ELINYAE 2026 Training Programs: In-Person and Online Opportunities

In 2026, ELINYAE plans to offer in-person training programs for Safety Technicians, including 100-hour courses for university graduates and shorter programs for employers of businesses in risk categories B and C. Interested participants can submit their applications here.

Additionally, a series of short, specialized online training programs will be available. Upcoming programs and registration details can be found here.

## Training Workshops in Collaboration with the Hellenic Agency for Local Development and Local Government (E.E.T.A.A.)

ELINYAE, in collaboration with E.E.T.A.A., has begun a series of training workshops for municipal employees in Central Macedonia. The 2025 program started in the Municipality of Neapoli-Sykies, focusing on sanitation staff, and continued through September–December in Thessaloniki, Oreokastro, Delta, Volvi, and Pylaia-Chortiatis.

Training emphasized safe work practices, with specialized modules on Safe Driving for municipal drivers—including theory, simulator practice, and reaction time testing—and Working at Heights for electricians and green-space workers, combining classroom instruction with hands-on practice using ladders and bucket trucks provided by the municipalities.

Book presentation

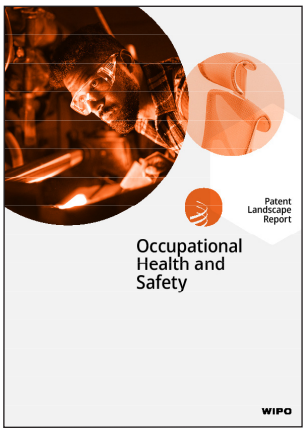
# Occupational Health and Safety Patent Landscape Report

**Title:** Occupational Health and Safety Patent Landscape Report

**Publisher:** World Intellectual Property Organization - WIPO

1rst edition: 2025

https://www.wipo.int/web-publications/patent-landscape-report-occupational-health-and-safety-ohs/assets/74214/2012%20PLR%20OHS_WEB2.pdf

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The sound of safety: exploring the determinants of prevention intention in noisy industrial workplaces/ H. Jo, E-M. Baek, BMC Public Health, Jan. 2024, 15 p.

## Upcoming Conferences


4th Wellbeing@Work conference

114th Session of the International Labour Conference


XVII Congreso Nacional de la SEMST y las IX Jornadas Vasco Aquitanas


17th conference of the European Academy of Occupational Health Psychology


18 Safety Gala
The Int'l ESG Conference

9th EUROSHNET conference - “Digital and green innovations: Shaping the future of OSH”