APRIL 2026

Engaging Women in Luxembourg's Cleaning Sector

Co-Designing Health Solutions (WISH)

Valerie Moran[1,2]
Carole Blond-Hanten[1]
Maria Ruiz-Castell[2]

1 Luxembourg Institute of Socio-Economic Research (LISER)
2 Luxembourg Institute of Health (LIH)

LISER
Luxembourg Institute of Socio-Economic Research

LUXEMBOURG INSTITUTE OF HEALTH

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Valerie Moran

Carole Blond-Hanten

Maria Ruiz-Castell

LISER | Science Enlightening Society

Valerie Moran is a member of the Health and Health Systems Research Programme and the Living Conditions Department at LISER, the Department of Precision Health at LIH, and the LIH-LISER Joint Research Group on Socio-Economic & Environmental Health & Health Services (CARES). Carole Blond-Hanten is a member of the Labour Market Department at LISER. Maria Ruiz-Castell is a member of the Department of Precision Health at LIH, and the LIH-LISER Joint Research Group on Socio-Economic & Environmental Health & Health Services (CARES).

The project "Engaging Women in Luxembourg's Cleaning Sector: Co-Designing Health Solutions (WISH) was funded by a 2025 Seed Grant from the LISER Competence Centre on Experimental and Participatory Research (ccEXPAR). We warmly thank all the research participants for contributing their time and support to this project. We also sincerely thank the Chambre des Salariés Luxembourg (CSL) for their support for the project. We would like to recognise the valuable contributions and support of Magdalena Jakubowska (former Director of Art Square Lab) and Emanuele Prestifilippo (Director of Art Square Lab), Goda Lukoseviciute (LISER), Edita Sabotic (formerly LISER), Cristina Gutu (formerly LISER) and Babul Hossain (LIH).

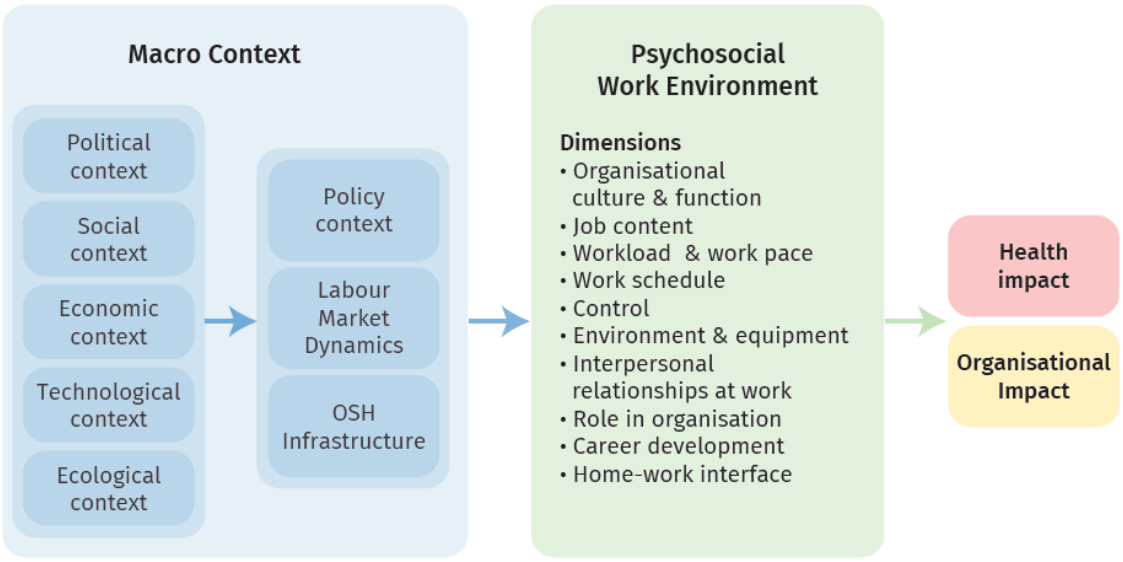
Background

This report describes the project “Engaging Women in Luxembourg's Cleaning Sector: Co-Designing Health Solutions (WISH)”, which was funded by a Seed Grant from the Competence Centre on Experimental and Participatory Research (ccEXPAR) at LISER in 2025. ccEXPAR is a cross-departmental initiative to improve awareness of and skills in experimental and participatory research methods (1). Among its activities, it provides seed grants to support research on the development or application of innovative methodologies to strengthen future funding applications.

The project developed from a previous LISER report that described the profile and working conditions of employees in the cleaning sector in Luxembourg (2). The report included an analysis of 2019 social security data that showed that people working in the cleaning sector were primarily women (83%), of Portuguese nationality (53%), and were primary caregivers (55% with at least one dependent child), and had low education levels (2013 survey data showed that 30% of cleaning sector workers completed only lower secondary school). Part-time employment was widespread, often necessitating multiple jobs to make ends meet. The report also highlighted the main health problems and their impacts using survey data from 2013. Compared to other sectors, workers in the cleaning sector experienced problems with physical health and risk of burnout. Common health problems included musculoskeletal disorders, pain and stress. Just over half (51%) of cleaners reported absence from work due to illness or injury during the previous 12 months (lower than the overall private sector at 59%). Compared to the private sector overall, cleaners’ sickness absence was longer (12 days per year compared to 8 days) and more frequent (2.5 times per year compared to twice a year).

The impetus for the WISH project was to explore in more depth the health and wellbeing of women cleaners with a view to developing an intervention. Promoting health and wellbeing in the workplace can benefit employees, employers, and wider society, due to higher productivity and reduced absenteeism and lower health care costs (3). Moreover, there is growing awareness of psychosocial risks in the workplace related to unfavourable working conditions and the social context of work, and their relationship with health and wellbeing (4). Leka and Jain (4) recently developed a conceptual framework to illustrate the impacts of the psychosocial work environment on workers’ health and the organisations where they work (Figure 1). This framework is pertinent to the study of the health and wellbeing of women cleaners as it also recognises the influence of wider macro determinants including social context.

Figure 1. Conceptual framework of determinants and impacts of work-related psychosocial risks developed by Leka S. and Jain A. (2025)



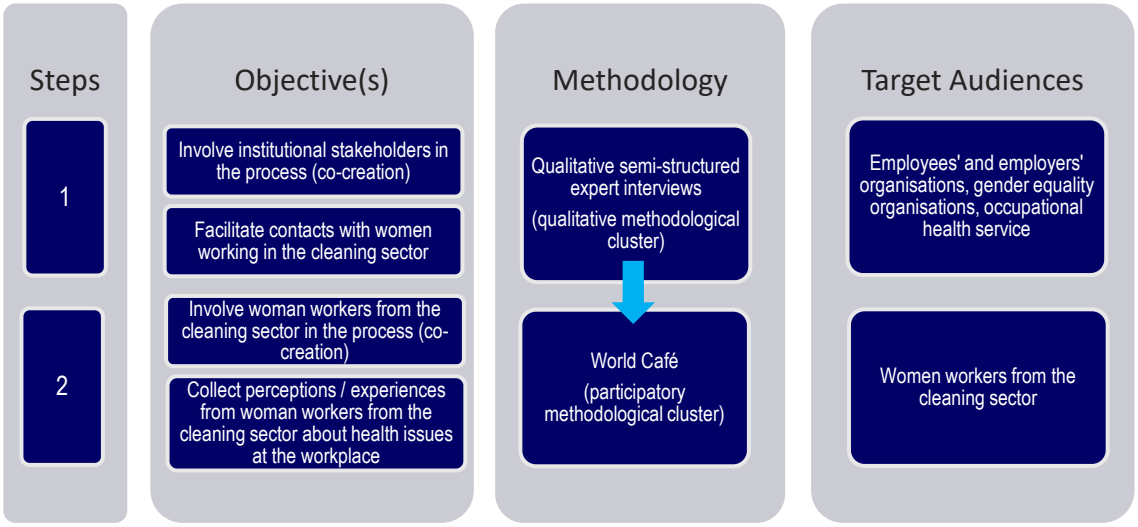
Source : Stavroula Leka, Aditya Jain. Conceptualising work-related psychosocial risks. ETUI, The European Trade Union Institute. March 13, 2025, 13:00 Europe/Brussels (4). Replicated with permission from ETUI.

The aim of the WISH project was to collect data from women working in the cleaning sector about their perceptions and experiences of health issues at the workplace. We focused only on women as they comprise the majority of workers in the sector. This data would inform the co-design of an intervention to improve the health and wellbeing of this group, which would be developed in a larger follow-up project.

Methodology

The project comprised two steps (Figure 2): 1) in-person interviews with key stakeholders and 2) the 'World Café' (WC) method (6, 7), which is an effective and flexible format for hosting dialogue and communication in groups of varying sizes.

Figure 2. Overview of WISH project methodology



Source: Authors

From a methodological perspective, WISH combined qualitative methodologies (semi-structured interviews with experts) and participatory methodologies (WC with women working in the cleaning sector). These two methodological clusters (ccEXPAR) are frequently paired; the innovative aspect of our approach lies in the target audience of the WCs: women working in the cleaning sector. Indeed, while the challenges faced by these women are well-known, including in the scientific literature (5-8), few studies have been conducted that integrate them from the outset, in the development of a framework capable of both exploring their needs and devising solutions (double diamond) (9).

Expert interviews

We undertook stakeholder mapping to identify relevant institutional stakeholders. We identified experts from each of the relevant stakeholder organisations and contacted these experts by email to invite them to participate in the study and to organise an interview at a time and place convenient to them.

The topic guide for the expert interviews (*Appendix 1*) was drafted by the authors.

We undertook the expert interviews between 6th June and 27th June 2025. During the fieldwork we interviewed eight people representing seven different key institutional stakeholders (*Table 1*) to discuss the main issues affecting the health and wellbeing of women working in the cleaning sector in Luxembourg. The authors conducted the interviews in English, French and Luxembourgish. Three interviews were in-person and the remaining five were conducted online using Webex. In-person interviews were audio-recorded and Webex interviews were audio- and video-recorded with participants' consent. Each interview lasted up to one hour.

Table 1. Number and type of stakeholder organisations contacted and interviewed

Stakeholder organisation	Number of organisations contacted	Number of organisations interviewed
Employer	5	2
Employee	2	1
Associations	2	2
Health	2	2 (3 interviews)

The associations represented gender equality (*Association 1*), and immigrant workers (*Association 2*) respectively. The representatives of health organisations were medical doctors – one was a general practitioner/family doctor (Doctor 1) and two worked in occupational health (*Doctors 2 and 3*).

World Café

The WC is a method of explorative data collection as part of a qualitative and participatory research approach (10). Small groups of people with knowledge or experience engage in discussions on specific aspects of an overall topic for a predefined time (e.g. twenty minutes), and knowledge is shared by rotation of participants between tables, which are focused on different aspects of the overall topic (10, 11). The event culminates with a 'harvest' process whereby the insights and outcomes of the different discussions are shared in the larger group. Therefore, the method is ideal for facilitating co-creation in the design of an intervention. There are several key design principles for the WC method including clarifying the context and purpose of the meeting and exploring compelling and important questions. While the process is relatively simple, expertise and skill are required to address the complexities and nuance of the method.

We adapted the methodology to a population characterized by its heterogeneity including diverse socio-cultural backgrounds and multiple spoken languages. Based on these considerations, the WC needed to meet certain requirements:

- Many women cleaners work during office hours and in the evening:
  - the WC was scheduled on a weekend.
- Travelling to the event location may be problematic:
  - the WC was held in a room at the Chambre des Salariés, located near the central train station in Luxembourg city.
- Not all participants are fluent in the most common spoken languages of the country:
  - moderation needed to incorporate multiple languages (our facilitators spoke Luxembourgish, German, French, English, Lithuanian, Polish, Portuguese, and Spanish).
- Some women may face challenges with childcare for young children:
  - a childminding service during the WC was offered.

We recruited WC participants between 11th June 2025 and 11th July 2025. We utilised several different recruitment strategies. We developed a flyer advertising the event (*Appendix 2*), which we distributed to the interviewed experts, personal and professional contacts, and in public places. The flyer included a dedicated event email, which people could contact if they wished to register for the event. In the latter weeks of the recruitment period, we created an event page on the LISER website where participants could register with an associated QR code. We asked the interviewed experts to disseminate information on the event using the flyers and QR codes. These were also distributed at events organised by an employee organisation. We also recruited participants using social media including a Facebook event and Meta advertising campaign targeting Portuguese and French-speaking audiences. The French language campaign ran between 30th June and 9th July, 2025 and reached 23,447 accounts with 403 Link Clicks. The Portuguese language campaign ran between 3rd and 9th July, 2025 and reached 27,119 accounts with 376 Link Clicks.

Following the expert interviews, three topics were identified for discussion at the WC: Health, Working Conditions, and Working Environment. For each topic, sub-topics and questions were drafted to facilitate the discussion (*Appendix 3*). The sub-topics were printed on A1 size posters and participant feedback was written (by participants and moderators) on post-it notes and placed on the posters (*Appendix 4*).

Participants registered for the WC upon arrival and were invited to take refreshments (tea, coffee, juice, croissants, and fruit) before the event started. At the beginning of the WC, the facilitators introduced themselves and explained how the WC would proceed, including guarantees of confidentiality of all discussions. The participants were then invited to introduce themselves and to sort themselves into small groups. Eleven women participated in two groups of four and one group of three. The tables were facilitated by

MRC (Health), CBH (Working Conditions) and VM (Working Environment) with assistance from a LISER researcher (GL) who translated Portuguese and an external company with expertise in Design Thinking (Art Square Lab). The first part of the workshop focused on a discussion of the three topics with each group spending 20 minutes on each topic. During a break, Art Square Lab formulated “How Might We (HMW)?” questions with inputs from the authors, to identify potential solutions in the second part of the workshop. The solutions were formulated in terms of “What should stop?”, “What should continue?”, and “What could start or be created?”. Following the break, the women returned to the same group as in the first part of the WC. Each group focused on a different HMW question and groups did not change tables for this second part of the WC. The HMW questions are elaborated in more detail in the Results section. The WC ended with the participants and facilitators eating lunch together around a single shared table, during which informal discussions continued.

Data analysis

The interview and WC recordings were transcribed using manual transcription with the assistance of MAXQDA (12) and AI-assisted transcription using MAXQDA and the Whisper package in RStudio (13).

Analysis of the semi-structured interview and WC data was conducted by VM with the NVivo (Release 1.7.1) software (Lumivero) (14) using a thematic analysis with the codes derived from the research questions and the Leka and Jain (4) conceptual framework of determinants and impacts of work-related psychosocial risks.

Ethical considerations

We drafted separate Data Protection Notices (including Consent Forms) and Information Sheets in English for each event. The Data Protection Notices were revised by the Data Protection Officer at LISER and we adapted the Information sheets for lay readers using ChatGPT. The documentation for the Expert Interviews were translated into French while the documentation for the WC was translated into French and Portuguese (no English language documents were used).

The study was approved by the LISER Research Ethics Committee [LISER REC/2025/143.WISH/1] on 19th May 2025.

Results

We first present an overview of the themes identified in the data collected from the expert interviews and WC. We then present the different solutions identified from the expert interviewees and during the WC using the HMW questions.

Macro context

Social context

Workforce demography

There was a consensus that a majority of workers in the cleaning sector are women. While men are a minority, they work in different occupational settings compared to women:

> *"In the industry there are also men so there are not only women. Women are more in offices and in the healthcare sector and in other activities like the commercial shopping centres or something like that. But in the big industries it's also men so it's not always women."*
>
> *(**Doctor 2**)*

There is a wide range of age groups that may differ in terms of other characteristics. Immigrants from Africa tend to be more represented in the younger age groups. Younger women may also include students or people entering the workforce, who take temporary jobs until they gain qualifications or find another job. It was noted that while the impact of the work on physical health is more pronounced among older women, this group may need to continue working to have sufficient pension contributions to retire. Moreover, many women cleaners are single mothers.

In terms of nationality, women cleaners are predominantly Portuguese. Other common nationalities include Eastern Europe and Balkan countries, as well as North (Algeria, Morrocco, Tunisia) and West (Cameroon, Cape Verde, Ivory Coast, Guinea, Guinea-Bissau, and Senegal) Africa. Therefore, the predominant languages are French and Portuguese, but some immigrants (e.g. from Guinea-Bissau) may only speak their own dialect language, which can pose challenges, for example, in terms of training (see also Environment and equipment – Training, p. 26).

Cleaners with an immigrant background can face specific challenges, particularly around language and literacy, for example in terms of reading work contracts, which are always written in the French language. In general, contracts are not translated, and women may

not be given time to seek help in reading and understanding the contract. During the WC, women told of how they were given a contract or contract amendment and asked to sign it immediately, without time to bring it home to read (see also Organisational culture and function – Respect, p. 16). As a result, women did not know or understand what they were signing, which could be disadvantageous for them (for example, if the contract included changes in working conditions such as a reduction in working hours or need to work in multiple sites). This in turn had other consequences, for example, an inability to afford their rent or problems with their work permit due to a low number of working hours. It was noted that due to cultural differences, immigrant women may also be more reluctant to speak up for their rights. Immigrants may be more likely to accept suboptimal working conditions, as they were viewed as better compared to their country of origin or indeed to other European countries. One WC participant from Cape Verde noted that the pay is higher in Luxembourg compared to other countries, for example Belgium, France and Portugal, so working in Luxembourg was still worthwhile, even for only a short period (2-3 years).

The diversity in background and spoken languages could feed into a lack of solidarity between women cleaners, with women feeling more comfortable with other women of a similar background and tending to stick together based on their nationality and language. This in turn led to conflicts between different groups and perceived racism.

> *"The black women stick together and the Portuguese women stick together, the French and then the Luxembourgish as well, because there are those too. And that there were, in part, rivalries or squabbles along those lines.*
>
> *I think that often in precarious professions, the principle is that it's also not desirable for people to band together in solidarity, that this kind of climate is promoted, and that it's also a great shame when the people involved don't see through it or perhaps don't have the capacity to reflect on it and to say to themselves, that's really not something we should let divide us."*
>
> *(**Association 1**)*

Living conditions

Many of the women who participated in the WC were cross-border workers. They commented that to live in Luxembourg, it was necessary to have two salaries (both partners in the household working) and even then, it can be difficult to afford housing costs in Luxembourg, particularly if the partner does not have a well-paid job. Cross-border workers faced long commuting times and packed public transport. Private transport (car) could also be challenging, for example, due to a lack of available parking

for cleaners in different worksites. For those working part-time, the commute could take as long as the working time so there was a perception that the job was not worth it.

Several interviewees highlighted that some women working in the cleaning sector have difficult life histories and adverse social circumstances, characterised by vulnerability and precarity. These social circumstances led workers to accepting sub-optimal conditions or contracts as they cannot leave their job even though they would like to. Some women cleaners had other qualifications or previous occupations in other sectors and needed to take work as a cleaner due to their specific life or social circumstances.

Social attitudes

Several interviewees emphasized that the cleaning occupation is not highly valued by society and that women working in the sector are often "invisible". There was a lack of awareness and appreciation of the contribution and value of cleaners working in private households and in office buildings. This was also reflected in the experiences of WC participants, who often perceived a negative attitude towards them, for example the lack of acknowledgement or greetings by workers in office buildings:

> *"Because there are a lot of people who have this manner of seeing cleaning ladies, who do cleaning as if they're worthless, in fact you work in the sector it because you're worthless but no – me, I always say "You should not judge people by their appearance.""*
>
> *(**WC participant**)*

Some WC participants felt that the job title could be used to demean them, for example by being introduced as "this is our cleaning lady".

Participants also discussed how they and other women cleaners had other qualifications or previous occupations but had to work in the cleaning sector due to life circumstances:

> *"Most of us had qualifications – it's really just luck that we didn't find something else."*
>
> *"If I am here, it's not because I am incapable, it is because sometimes life does not allow us to make choices."*
>
> *(**WC participants**)*

One participant said that she was not ashamed to work as a cleaner as she earned her income honestly and she taught her children the importance of respecting others.

The topic of racism - from clients, employers and even other cleaner colleagues - arose during the WC. Racism related to nationality and religion. A participant from Cape Verde believed that she had to work “three times as hard” as a white colleague.

Expert interviewees and WC participants agreed that a lack of social recognition and negative attitudes had a detrimental impact on mental health (see also Health impact – Mental health, p. 38).

Occupational Safety and Health Infrastructure

Occupational health services

Employers in Luxembourg are obliged to organise or affiliate with an occupational health service to assure the health and safety of their employees in all aspects of their work (15). The occupational health doctor interviewees provided an insight into their contact with women cleaners. Generally, they usually saw employees at the start of their contract and if they had a sick leave for longer than six weeks. Otherwise, there could be an interval of six years before a follow-up appointment, unless the employer or employee requested one sooner. Older workers may be less likely to wait six years before a follow-up visit. The employee organisation interviewee believed that cleaners should have more regular appointments with occupational health, particularly as they get older, due to the physical nature of the work.

Different contract types raised issues for occupational health. For example, a fixed-term contract of a very short duration meant that there is not enough time for the employee to have the initial appointment with occupational health.

Reclassification (redeployment) was discussed by interviewees and WC participants. Reclassification is a process that concerns employees who are unable to continue their usual work for health reasons, disability or physical wear and tear (16). The employee can be redeployed to another position within the company (internal reclassification), and following the advice of the occupational health doctor, the internal reclassification may include a reduction in working time, which cannot exceed 20% of the working time in the employment contract (17). The difference in salary due to a reduction in working hours is paid to the employee by the National Employment Agency (ADEM) as a compensatory benefit (17). One occupational health doctor interviewee noted that in practice, a reduction in working hours is often the only option available:

> *"So it is this repetitive movement. So when they are 50 or 55, so they have a lot of health issues with musculoskeletal disorders. So they need reintegration at work. And reintegration is difficult because there are a lot of people that have no training at all. Then to integrate them in another job is very difficult. So the only situation we have is to reduce the working hours…. And that is the only way to reintegrate them at work because with the lack of training and language barriers finding another job is almost impossible."*
>
> *(**Doctor 2**)*

However, with part-time contracts, a reduction in working hours may not be an effective solution:

> *"What good is it for a cleaner if she's on a 20% reduction when she already has a minimal contract?..... Unless she actually had a 40-hour contract where you could go down to half that, then you could still discuss it, but there are practically none. So, I don't know of many businesses, not even the large ones, that have people on 40-hour contracts."*
>
> *(**Employee Organisation**)*

During the WC, participants discussed how employees often need the assistance of the staff delegation with occupational health service visit(s) and/or procedures, including reclassification.

Occupational Safety and Health enforcement

WC participants and a medical doctor (Doctor 1) perceived a lack of enforcement of occupational health and safety decisions, for example, in relation to a lack of equipment. Restrictions on certain work tasks by the occupational health doctor could be ignored by the employer without any consequences. One participant felt that in such cases, employees need to be more assertive and tell the employer what the doctor recommended. However, the employee organisation interviewee gave an example of an occupational health and safety decision that resulted in job losses.

Psychosocial Work Environment

Organisational culture and function

Respect

WC participants discussed a perceived lack of respect shown towards them by employers. Two separate participants used the analogy of a mop to describe how they felt they were treated:

> *"Me too, I have the experience of being in cleaning companies before and my feeling was that there was no difference between us and the mops. Because the way of treating people like they are nothing, because it's already the mentality."*
>
> *(**WC participant**)*

Different manifestations of this perceived lack of respect were discussed. One example was the pressure placed on workers to sign contracts that were not necessarily in their best interests, for example if they meant a reduction in working hours.

> *"When you sign something it can be turned against you. People are pressurised to sign, even though they do not know what they are signing. Afterwards, you cannot defend yourself by saying "I did not know" – they will tell you "that's your signature."*
>
> *(**WC participant**)*

Another example was the sense of dehumanisation from being known only by their employee number, and not their (first) name.

> *"Without wanting to oversimplify, I think that in most cleaning companies, and I mean most, perhaps not all, I think that cleaning staff, unless they have been in the job for 40 years, are simply a number: their internal reference number. In fact, I've been in other companies where people weren't referred to by their first names, but by their internal registration numbers."*
>
> *(**Employer 1**)*

This depended on the level of management and the size of the company. While it was not expected for senior management to know the name of every employee, it was assumed that mid-level management and direct supervisors would address employees by their name, rather than employee number. One participant felt that she received even less recognition and respect:

> *"I'm not even a number – a number would mean that I am something - me, I'm below a number – it's true!"*
>
> *(**WC participant**)*

Another WC participant observed that some employees prefer anonymity and chose to keep a low profile to avoid the attention of their supervisor or management.

Disrespect also manifested in instances of inadequate information related to working conditions, for example if a worker was not paid on time, or there was a change in their working conditions (for example, a change from working on single to multiple sites). Participants also spoke of unclear communication channels between them and more senior management with other staff such as supervisors acting as intermediaries.

WC participants thought that the lack of respect from employers stemmed from a belief that they could be easily replaced as there were plenty of people searching for a job through the public employment service (ADEM) or from spontaneous applications to the employers. This belief was reinforced by Employer 2:

> *"We get more applications spontaneously on site, even in our offices to fill out a form and submit a CV, than via ADEM assignments. And we see this regularly, especially in the 18 to 25 to 30 age group"*
>
> *(**Employer 2**)*

In general, the WC participants felt that a lack of respect led to low morale, while in contrast being treated with respect would be motivating. The importance of a respectful attitude was reiterated by Employer 2:

> *"It's about being respectful of people and listening to people. Addressing the problem of someone who is not doing well. That means looking at them, considering them, respecting them. That's it. We're not machines."*
>
> *(**Employer 2**)*

Workload & work pace

Work pace

Time pressure was identified as an issue by interviewees and WC participants, stemming from the competitive nature of the market and tenders and subsequent negotiation of contracts:

> *"For example, if there is a contract to be negotiated, the working hours are reduced, but the pace remains the same with the same amount of work. And I know that this can also have an impact on health, morale, and many other things like that."*
>
> *(**Employer 1**)*

There was a perception by a WC participant that the working time (to complete a task) was reduced because clients were not willing to pay more: *"the client does not pay more than two hours" (WC participant)*. This results in unrealistic expectations of employers and clients for cleaners to complete tasks in inadequate timeframes. WC participants felt that their supervisors put them under pressure to finish tasks quickly and that they were not given adequate time to complete work, which also negatively affected harmonious work relations. A doctor interviewee (Doctor 3) suggested that this could also be a consequence of a wider culture of cleaners feeling that they needed to work hard and quickly to make a good impression on their supervisor or employer. The time pressure could also lead to detrimental effects on health, as participants felt that they did not have enough time to use the correct postures and movements and felt stressed (see also Health impact - Stress, p. 40).

Level of workload

Participants gave examples of increased workload, for example due to "on-the-job" training of new colleagues (see also Environment and equipment - Training, p. 27) or from a necessity to cover the work of a sick or absent colleague due to insufficient staff. One participant also gave an example of when she was given additional tasks without extra pay as she was told: *"it's to help a colleague" (WC participant)*.

Work schedule

Work arrangements (working practices)

While some cleaners remained on one site for the duration of their working day, others worked on multiple sites.

> *"Some people want the opportunity to work 40 hours at the same site, during office hours, doing cleaning, but there are cleaners who don't have that opportunity and have to work at several sites that are far apart, whether in terms of working hours, proximity or distance."*
>
> *(**Employer 1**)*

Single sites included shopping centres or office complexes. One employer noted that they tried to make sure that cleaners had a variety of different worksites, for example residences, offices, or crèches *"and not always just stairwells or offices, to add a little variety" (Employer 2)*.

WC participants discussed various aspects of these working arrangements including the trade-off between the opportunity to work more hours and moving between different worksites. One participant stopped working as part of a mobile team as she felt that it was too much – she preferred to earn less money and to stay in one place. She also lost time due to the travelling between sites as the journey time is not counted as part of the working time. Travel between sites contributed to long working days.

Some women did not have a car and needed to take public transport to travel between sites. Other participants used company transport (car or van) and travelled all over Luxembourg. WC participants noted that if they used their own car, they could claim reimbursement for mileage, if they had a written request from their employer, but in practice it rarely happened as public transport is free in Luxembourg. However, the travel time took longer in public transport.

Participants also highlighted the limited time available to travel between worksites:

> *"A colleague who has 30 minutes to travel between worksites and who takes public transport does not have a break and sometimes she arrives late but it is not really her fault. Sometimes, she has to eat while walking."*
>
> *(**WC participant**)*

Both employer interviewees mentioned that they tried to minimise the time spent travelling between sites by keeping different sites geographically close: *"to avoid long journeys and the possibility, or rather the risk, of accidents at work" (Employer 1)*. Similarly, Employer 2 mentioned that if a cleaner did not have a car or a driving license, the company tried to place them in areas that were connected by public transport, and *"if possible, not too far from where they live" (Employer 2)*.

Working hours

Working hours early mornings and late evenings is common in the cleaning sector. There are often breaks or gaps between jobs during the day, which leads to long days even for part-time contracts.

Employer 2 explained that working hours depended on the type of work site, for example offices are generally morning and evening, while residences may be during the day. Common areas in buildings (e.g. stairwells) can be cleaned at any time during the day.

Evening working hours can be convenient for women who have childcare responsibilities during the day, which can be undertaken by their partners in the evening when they finish work. However, the negative impacts of unsociable working hours were highlighted by interviewees and WC participants. Evening work can impede cleaners' social life and community participation as events often take place in the evening. There were specific concerns for women dependent on public transport, especially outside normal working hours when public transport is less frequent:

> *"And also in the industrial zones, there is no transport. There is a single bus that comes every hour. It happened to somebody I know, where the bus was full – it was already 9 o'clock at night. The bus driver is required to ask people who are standing to sit down. So the women stayed – there were two women who stayed all alone in an industrial zone.*
>
> *I think it has happened several times. That's something that I also find inhumane when it comes to a woman who is all alone. There were two women there. We abandon them in an industrial zone that does not have enough light or shelter from danger."*
>
> *(**WC participant**)*

Another participant recounted a similar story where she was alone in an industrial zone waiting for a bus after finishing work late at night. As the bus was full the driver could not let her enter but he stayed with her until his colleague arrived:

> *"He stayed, he said "me, I prefer to be a little late, I'm going to stay with you, as my colleague will arrive in five minutes.". He stayed. I said: "Thank you!", because I was afraid – there was no light".*
>
> *(**WC participant**)*

An interviewee (*Association 2*) also told of an experience of a cleaner who finished work early in the morning before the first bus arrived and had to wait at a stop with no seat or shelter as she could not wait in the building where she works.

There was also discussion about part-time contracts as 40-hour contracts are not the norm in the cleaning sector. While the number of hours can vary, it was acknowledged that some contracts have a low number of hours. Some WC participants spoke about working part-time by choice to accommodate work-life balance and family needs (see also Home-work interface, p. 36). However, contracts with a low number of hours can raise issues. To be eligible for social security benefits (including unemployment benefit), it is necessary to work a minimum of sixteen hours. One WC participant had problems with her work permit due to a low number of working hours (see also Social context – Workforce demography, p. 12). Most notably, a low number of hours leads people to work multiple jobs to earn enough money:

> *"Because they don't have enough hours, they take on a second and a third employer and all these different shifts, and they jump between them"*
>
> *(**Employee Organisation**)*

Multiple contracts and jobs with different companies may mean that it is difficult to avail of necessary breaks as the time is needed to travel between different jobs (with different companies), particularly if there is a short time interval between different jobs and worksites and if public transport is used. Moreover, travel time between worksites for different contracts is not paid.

The interviewee from the Employee organisation explained that there is a clause in the collective work agreement for the cleaning sector (18) that said that people working part-time can work up to 50% extra hours without these hours counting as overtime. This is intended to cover sick leave and occasionally replace a worker. The collective work agreement requires employers who exceed the maximum threshold to pay overtime from the first hour (that exceeded the threshold).

Environment and equipment

The main topics that arose regarding the working environment and equipment related to the health risks for women cleaners arising from: 1) specific worksites; 2) cleaning products; 3) movements and postures and the need to lift and carry equipment; and 4) lack of adequate equipment. The use of personal protective equipment (PPE) to reduce exposure to health risks was also discussed.

Health risks vary according to the different workplaces, with some workplaces, for example hospitals, posing a higher health risk than others, like offices:

> *"And then you can have some groups where they have special risks at work. So it's not the same if you are cleaning offices and if you clean in an industry or in a hospital. So there are other risks that they have to be aware of and I think they have sometimes a lack of training about it, a lack of raising awareness of the risks that are existing…..when you are working in hospitals so you have to be aware if there are needles, if there are biological risks, if it's an infectious diseases service or things like that. To be aware of the risks that they have for cleaning this department of the hospital and the same in the industry. So if you have chemical risks that can perhaps give problems to skin or problems for the respiratory system. So they have to be aware of it and I don't know if they are always very aware."*
>
> *(**Doctor 2**)*

Health risks also arose from lifting and carrying heavy equipment - especially in buildings without a lift, and the use of different postures to clean, for example bending over or crouching down. One employer interviewee spoke about the specialised equipment used for cleaning that can help to mitigate some of these risks including trolleys to carry the cleaning materials and products and specific equipment or machines to clean floors (for example, rotary brushes) depending on the type of surface.

In contrast, during the WC, the emphasis was placed on the lack of adequate equipment. Women spoke about purchasing materials themselves or using their own washing machines to clean cloths. In other cases, some equipment was available but not all, for example, while women were provided with mops, they did not have the equipment to wring out the mops and needed to do it with their hands. There was an impression that the lack of sufficient equipment was not a major concern for employers or managers:

> *“And in fact, it disturbs no one that we do not have equipment. And after - they reproach you that it should be clean. But it does not bother anyone to not have equipment.”*
>
> *(**WC participant**)*

Participants recognised that the lack of adequate materials posed risks for health:

> *"Often there is a lack of material or adequate material and you must do what you can with what you have and that harms your health also, because for the movements and the back – without adequate materials, it plays a lot with your health."*
>
> *(**WC participant**)*

The risk of workplace accidents was highlighted by an employer interviewee and WC participants, which arose from inadequate equipment or inadvertently from the cleaning process:

> *“One of our agents, a very, very nice person who does her job very well. In a moment of inattention, she left a broom to prevent people from climbing the stairs she was cleaning. She was going down the stairs backwards, cleaning, thinking more about sweeping behind her than where she was going. And that's it, she dislocated her arm.”*
>
> *(**Employer 2**)*

A WC participant recounted her experience of a workplace accident that occurred from inadequate equipment but felt that this did not result in any changes or improvements. The risk of a workplace injury may be compounded for cleaners who work alone, for example, in private residences, as they may not receive help for some time.

Interviewees discussed the health risks arising from cleaning products, which can cause allergies or dermatitis. Professional cleaning products are stronger (in acidity and abrasiveness) than those available in supermarkets for domestic use. However, there was consensus that products have improved over time with increased use of organic and pH-neutral products, which are often demanded by clients. Therefore, the risks for health from cleaning products has reduced over time. Nevertheless, the employee organisation interviewee believed that some companies used cheaper products of lower quality that posed health risks.

An employer interviewee stressed the importance of PPE to protect against exposure to harmful products:

> *"It has become standard practice, even mandatory, to have them wear PPE, as I mentioned, so that people can avoid getting even a drop of product on their hands, which could be very dangerous for them if they had a drop of product on their hands every day."*
>
> *(**Employer 1**)*

There was also discussion in the WC about PPE (including clothing and shoes). This was particularly an issue for workplaces where cleaners are exposed to higher risks, for example in hospitals or other workplaces where there may be exposure to chemicals. Specific risks in hospitals discussed by WC participants included exposure to radiation from X-rays and contact with syringes. For example, cleaners cannot work in hospitals without the necessary PPE, such as special (strong) gloves to handle syringes. Participants recounted how they needed to buy stronger gloves than the company provided them with. It was particularly pertinent for multipurpose cleaners (*agent polyvalent*) who worked in a variety of worksites with different levels of risk. Nevertheless, even in lower-risk workplaces, PPE including masks, gloves, or safety goggles is important to protect cleaners from the risks posed by products.

Participants felt that employers had a casual attitude towards PPE, even though it was important in preventing workplace injuries. Rather, it was clients who often insisted on adequate equipment and protective shoes and clothing and would not let cleaners enter a workplace without it. Sometimes the clients were more concerned about the cleaners' health than the employers and provided cleaners with the necessary equipment. This was viewed positively by participants who felt that it motivated employers to act.

The lack of adequate PPE became more apparent during the Covid pandemic. Participants spoke about how they were expected to respect protocols, but they lacked the necessary equipment to do this.

Some WC participants highlighted the challenges of wearing PPE: *"even if we worked with masks during Covid, ….we all felt suffocated" (WC participant)*. This issue was also raised by an employer interviewee, who explained that even though they provide information and recommendations, they are not always followed:

> *"People who are told to wear gloves. They put them on in front of us, and then we know full well that they won't keep them on to do their daily cleaning."*
>
> *(**Employer 1**)*

Employer 1 highlighted that older women who have been working in the sector for many years were used to working without PPE as it was not available earlier in their career.

Interviewees including a doctor and association representatives highlighted the need for clear information for cleaners to reduce health risks, including the use of PPE, learning the correct postures and movements as well as more preventative measures, which could include simple warm-up and stretching exercises:

> *"When you often have very few hours and have to work very quickly, you naturally have no time to warm up or properly prepare your body, which is quite clear."*
>
> *(**Association 2**)*

Training

The two occupational health doctor interviewees spoke of the importance of training to raise awareness of health risks and prevent health problems.

> *“The employer has to inform the worker - that is an obligation by law to give information about all the health risks. But it is often a training that is very short and so they learn by doing and by the other colleagues sometimes. But I think there are efforts to be done.”*
>
> *(**Doctor 2**)*

One occupational health doctor gave an example of squeezing water from a cloth:

> *“If you do like this, maybe you have more problems with the arm and if you give the information, no, it's like this. It's just a little movement. You don't need to do that. Perhaps it protects you. It's one element, but not all.”*
>
> *(**Doctor 3**)*

Both employer interviewees discussed the provision of training to employees at the beginning of their contract, which covered cleaning techniques and risks:

> *"So as soon as someone arrives, we try to fit them into this type of training to teach them the job and make them aware of the various risks associated with it."*
>
> *(**Employer 1**)*
>
> *"There's an explanation of what product you'll need to use to do that. For example, you don't clean a carpet the same way you clean a wooden floor, it's not the same product."*
>
> *(**Employer 2**)*

In addition, both employers had trainings on specific topics (for example disinfection) or equipment (driving a floor cleaner).

The provision of basic training can be more challenging for cleaners with language and/or literacy issues:

> *"Even just providing basic training on products, behaviour and so on is extremely complicated, because people are at completely different levels"*
>
> *(**Employer 2**)*
>
> *"Usually the training is in French and this can be a problem for some colleagues. For example there are a lot of colleagues from Guinea-Bissau who speak Créole, not Portuguese – it's a Portuguese Créole and when Portuguese colleagues try to translate it's not the same and they are really left…abandoned…they are really put aside and then they are never up to date in the meeting. Sometimes, they can understand a little…some Portuguese words but it's complicated for them."*
>
> *(**WC participant**)*

During the WC, participants discussed their dissatisfaction with training. While some participants received training at the beginning of their contract, others did not receive any training when they joined their company. WC participants requested trainings but there were delays in their organisation and implementation.

Even basic training on the use of products was necessary, for example to know that it's necessary to dilute a product or not to mix bleach with certain products. Participants voiced a need for more frequent and refresher trainings as products and equipment evolve over time.

Others felt that the training was insufficient and did not cover topics in-depth, with no opportunity for questions and answers. Their impression was that it consisted only of telling them that earphones are not allowed, and that they must wear closed shoes *"and then "thank you, goodbye"…."it's not training, it's information" (WC participants)*.

Provision of training varied according to the workplace and associated risks. For example, a participant who previously worked in a hospital noted that there were always regular trainings on products and techniques.

Receipt of training also depended on longevity as participants who worked in the sector for more than ten years noted that they received training at the beginning of their career, but newer staff had not received training. When employees requested it, they were told that it will come but it was always delayed.

Participants also discussed that they were asked to sign the training participant list, even though they did not receive the training so that the employer received the training subsidy from the state. Some employees did not understand so they signed anyway, while others refused to sign. Participants regarded this as an unsafe practice as it created the impression that workers were aware of the risks and if there was a workplace accident, employers had proof that the worker received the training.

WC participants also told how trainers, who were colleagues and not external trainers, were not sufficiently trained themselves to provide the training. Sometimes replacements for absent colleagues were not adequately trained.

In the absence of training, often new workers learnt "on-the-job" from existing colleagues. One participant explained that as she had worked with her current company for several years, new recruits were often sent to spend a couple of hours with her so that she explained the products etc., because they lacked the knowledge and training. Another participant recalled that also this happened to her colleagues – they were asked to "train" new recruits.

This "on-the-job" training and peer support and learning was possible if colleagues worked together on the same site, but was not possible for women who worked alone, for example in private residences.

Participants also discussed the risks of health problems or workplace accidents arising from no or inadequate training. WC participants raised the need for more training on posture and movements at regular intervals to prevent health risks.

The role of the supervisor was also highlighted, for example if they passed by the site and they saw that the cleaner was not doing things correctly because they did not know how to due to a lack of training. The supervisor should show the worker the correct techniques or ask for more or proper training to be provided. It was acknowledged that sometimes the supervisors themselves had not received sufficient training and did not know the correct techniques.

Interpersonal relationships at work

There were some examples of positive interpersonal relations, between employers and employees, and between women cleaners and clients. An employer interviewee explained how they always acknowledged and greeted colleagues, regardless of their position in the company, while social events also helped to bring colleagues together and created a positive culture:

> *"It's not managers on one side and agents on the other. Everyone is together. And if we have a sandwich or a drink, we're together. We're not divided into two groups, with some on one side and others on the other."*
>
> *(**Employer 2**)*

During the WC, a participant spoke about how much her clients appreciated her as demonstrated by giving her presents when she left her job. Another participant who worked with a colleague as a "pair" described how she adored her colleague and that they worked well together and with other colleagues.

Nevertheless, much of the discussion on interpersonal work relationships focused on more negative experiences, particularly with direct supervisors. This included the supervisor screaming, shouting or insulting the workers as well as moral harassment. The latter was deemed more insidious behaviour as it was more difficult to prove.

Women were often reluctant to speak to senior management arising from the belief that they would side with the supervisor, rather than the worker. Moreover, when women told their supervisor that they would complain to their superior, the supervisor threatened or intimidated them.

The disappointment in this type of behaviour was deepened by the fact that some of the supervisors themselves started as cleaners and there was a sense that when they advanced, they treated their subordinates in the same way as they were treated. Usually, it was women harassing other women. In part, this behaviour arose because supervisors did not receive training commensurate with their role, for example in communication and people management.

When women cleaners had problems with their direct supervisor, they often confided in other colleagues that they trusted, but this made the problem worse as it created resentment and mistrust on the part of the supervisor, who had the impression that the confidant employee was creating "cliques" or turning other staff against the supervisor. This impacted negatively on the mental health of the confidant employees. Another participant recalled that her good relationship with clients created resentment towards her from her supervisor.

Problems with the direct supervisor led to negative emotions and one participant said that she blamed herself for her supervisor's behaviour and their negative relationship, as she had some personal challenges during the time this occurred. At the same time, this participant acknowledged that the situation could not continue indefinitely *"either I ask to move to another site, or I quit" (WC participant)*. Eventually the participant had the courage to confront her supervisor and to tell her: *"I am here to work, not to be ill-treated" (WC participant)*.

Role in organisation

Professional identity

Interviewees spoke about the different profiles of women working cleaners. For some women, cleaning is a profession - they enjoy it and take pride in and excel at their work. For other women, cleaning work is a temporary "stopgap" while they are looking for something else.

The latter reflected a view that cleaning is a default occupation that anyone can fall back on when they need to, perhaps due to a lack of education, skills or training. It is as if *"you are born knowing how to clean" (WC participant)*. However, interviewees and WC participants refuted the belief that cleaning is an easy job that requires few or no skills:

> *"You don't clean in a factory the way you do in an office, and to think anyone could do it is absurd."*
>
> *(**Association 2**)*

WC participants highlighted that cleaning as an occupation is totally different to a person cleaning their own home, for example in terms of the duration and intensity of the work.

An employer interviewee believed that this wrong perception of the cleaning occupation lead to high turnover when people realised that the job was not as easy as they thought:

> *"I don't know if there are any figures or anything, but in the cleaning sector, agents think it's an easy job. I think most women think it's a fairly easy job: you just pick up a broom, a vacuum cleaner, a cloth and clean. But there are many more constraints than that. As a result, there is a huge turnover."*
>
> *(**Employer 1**)*

This perception may partly be due to the lack of formal training, qualification or apprenticeship for entry into the occupation: *"I study medicine, you study economics, but you don't study cleaning." (Doctor 3)*, and a lack of recognition or value placed on cleaning as an occupation:

> *"The fact is that there's a lot of talk about unskilled female workers even though many of the things they do couldn't be done by just anyone and require a great deal of know-how. So I think there are other manual workers whom I'd compare, for example, to a cook or something – it's perfectly clear to everyone that they have skills – whereas with cleaning it's a bit like anyone could do it, which I don't think is the case. But of course it's a job where little value is placed on it."*
>
> *(**Association 2**)*

In Luxembourg there is no formal apprenticeship for cleaning, unlike in neighbouring countries like France, although it is possible to gain a Validation of Acquired Experience (VAE) in Luxembourg, which is a formal recognition of professional and/or personal experience that can contribute to formal vocational or technical qualifications (19).

Information about rights and responsibilities

The provision of adequate information on workers' rights was raised by an interviewee (*Doctor 1*) and in the WC. The types of rights discussed included labour rights and entitlements (healthcare reimbursement, family leave). It was acknowledged that the unions and staff delegations play an important role in informing workers of their rights. However, trade unions do not have full knowledge of all workers in the sector or their location (they only know details of workers who are union members) and need to gain employers' permission to enter the workplace to meet and speak with employees. It was acknowledged that where staff delegations existed, they were very active and workers in workplaces without a delegation were at a disadvantage. Nevertheless, even in workplaces with delegations, workers were afraid of losing their jobs and therefore did not want the delegation to intervene in specific situations. Workers could also mistrust the delegation based on the false belief that the delegation acted in the interest of the employer and not the employee(s). Newly arrived immigrants were considered particularly vulnerable as they were not aware of how or where to find information on their rights and as a result may not understand the content of a contract that they are asked to sign.

Career development

Job security and career prospects

Both employer interviewees discussed fixed-term and permanent contracts. For Employer 1, it was more common for employees to start on a fixed-term, part-time contract, which led to high turnover when people searched for another job with better conditions:

> *"But, as a general rule, the people who come in start on fixed-term, part-time contracts, but it depends on the type of contract, but generally, it's not 40 hours. It's going to be 15 to 20 hours, maybe less, maybe more, it depends. And then, inevitably, at some point, they continue to look for something else, and they don't necessarily find it in cleaning - sales or anything else. And then they leave. Which is logical."*
>
> *(**Employer 1**)*

Employer 2 recognised the benefits of fixed-terms contracts for employers in terms of their flexibility, for example to increase short-term capacity during busy periods as well as being easier to terminate:

> *"We also have fixed-term contracts, because sometimes it's to replace an employee, sometimes it's because, for example, we're coming up to a busy holiday period, so we'll also hire on fixed-term contracts."*
>
> *"To terminate a permanent contract before the end of the term, you either need an agreement between the parties, which is not always easy to achieve, or serious misconduct, and so cases are extremely limited……a permanent contract is ultimately more restrictive than a fixed-term contract."*
>
> *(**Employer 2**)*

However, in general, Employer 2 tried to give employees a permanent contract (with a three-month trial period) as they recognised the benefits for employees:

> *"There is another important point, which is that with a permanent contract, I'm not going to say that the employee's life changes. But when you have a permanent employment contract, it's much easier to go and see bankers, insurers, anyone you want, than with a fixed-term contract, where they say, "Well, yes, but what are you going to do after that?""*
>
> *(**Employer 2**)*

WC participants believed that there were a lot of part-time temporary (fixed-term) contracts and it was difficult to have a full-time permanent contract. While some participants had permanent contracts, these were usually part-time. Often there was a trade-off between the contract type and number of hours. One participant explained that when she moved from a temporary to a permanent contract, her hours were reduced.

Fixed-term contracts brought a sense of precarity and meant that employees were afraid to complain about their working conditions as they could easily lose their job and be replaced due to the high demand for cleaning jobs (see also Organisational culture and function – Respect, p. 17). Participants also explained that the staff delegation tries to intervene when people ask for their support but afterwards the workers don't want to do anything because they are afraid of losing their job.

A negative consequence of temporary contracts and high turnover is a lack of investment in employees, for example in specialised trainings to improve their wellbeing:

> *"There is a huge turnover, and I don't think employers would be interested in providing this kind of training – on wellbeing – to employees who are not going to stay anyway."*
>
> *(**Employer 1**)*

While an employer interviewee and WC participants gave examples of supervisors and site managers who started as cleaners, in general there was a negative perception of career development and advancement among WC participants.

Rewards and recognition

Topics related to rewards and recognition included remuneration, the provision of full-time and permanent contracts, and feedback mechanisms.

There was consensus between several interviewees and WC participants that the cleaning sector is characterised by low pay. An interviewee (Association 2) along with WC participants highlighted that cleaning staff working in the public sector, for example in municipalities, had higher pay and better working conditions compared to cleaners in the cleaning sector as they had a different collective work agreement. These jobs were

viewed as more desirable and there was also a perception of unfairness that conditions varied for essentially the same work.

Contracts are often viewed as a "reward" for good work. Employer 1 noted that:

> *"Full-time jobs are in high demand, and as a general rule, they are given to agents who have acquired a certain level of seniority, who are rewarded for their good work and therefore to whom we can give more."*
>
> *(**Employer 1**)*

A WC participant also spoke about a permanent contract in terms of a "reward" after clients gave good feedback on her work and did not want a different cleaner (as cleaners on temporary contracts changed often).

The employer interviewees acknowledged the importance of maintaining contact with staff in terms of recognition, although one employer admitted that this varied according to needs and expectations:

> *"An agent I have never seen because I know that everything is fine, even though I know very well that I should go and see them, because it's also very important in terms of recognition, etc. On the other hand, there are other agents that I visit more regularly because the client requests it or because the client wants to formalise my visits through internal audits to ensure cleanliness, or simply because there have been complaints about poor cleaning or poor work carried out at the client's premises."*
>
> *(**Employer 1**)*

Among WC participants, there was a perception that it was unusual for supervisors to give them positive feedback – either of their own accord or from clients: *"we don't ask that people applaud us but at least the minimum of thanks" (WC participant)*. Instead, it was more common to receive negative feedback. Feedback was also formulated as a rating, rather than a more personalised approach:

> *"And finally, for satisfaction, but this is something all companies do, they give cleanliness ratings to know if it's clean or not. So the girl who gives a lot and ends up with a not-so-great rating, obviously that's going to affect her morale, etc."*
>
> *(**Employer 1**)*

Participants also felt that there was a lack of mechanisms for them to provide feedback to their managers and few were asked “How can I help you to make things better?”

Several WC participants noted a lack of social activities or even a Christmas present to show appreciation and motivate employees: *“there is no valourisation” (WC participant)*. Nevertheless, one employer interviewee described how the company held a social event for staff on a weekend: *“it's simply about creating social ties without any differences in status.” (Employer 2)*.

Home-work interface

Various topics arose related to the interface between the work and home life of women cleaners.

One employer reflected on the challenging personal circumstances of some employees so that work is a means of escape:

> *“I don't want to say that they are all living in misery, that's not it, not at all. There are some who have succeeded, but there are others who have had life journeys that are, wow, complicated for them. Very, very, very complicated. So if you like, I would say that their work is almost, I'm going to be a bit excessive here, but their work, for some of them, is the best part of their day. Because you don't think about the problems at home, you don't think about the problems with your family, you don't think about the rest of it.”*
>
> *(**Employer 2**)*

In contrast, some WC participants spoke about their difficulty of detaching from work and bringing their work problems home. The accumulation of all the stresses and strains of work seeped into home life as people went home and complained about work to their partner. One participant recounted how it was not easy for her to leave the stress of work behind when she went home, and her family had to remind her that she was at home and should forget about work. Another participant told how she could not leave work behind when she went home and when she told her husband “she did this to me today”, her husband had to tell her “Stop!” Stop talking about your boss, stop talking about your work!” Even though she told herself “it’s true, I need to stop”, she felt that she was not yet at that point. In turn, this created distress for causing more problems:

> *“It's about coming home and continuing to talk about it, and then creating... in fact, we create problems for ourselves with the problems we already have at work; and that's complicated.”*
>
> *(**WC Participant**)*

WC participants spoke about not having enough time to spend with friends and family due to the long and unsociable working hours or to pursue hobbies or leisure activities: *“We relax when we sleep” (WC participant)*.

One doctor interviewee stressed the importance of physical exercise and sport but recognised that finding sufficient time was challenging for women cleaners:

> *"Often, people who do manual labour think that they already get enough exercise at work, so they don't need to do any extra exercise. In fact, it's worse than that, because it's not exercise, it's physical exertion. Doing sport outside of work to build muscle mass will prevent tendinopathies and help them to heal. If you don't do this, they will remain and become chronic, and it will prevent lower back pain, etc. At the same time, it prevents depression and anxiety disorders. So doing sport regularly helps the brain to release feel-good hormones and prevents psychological problems. So, if there's one thing I could recommend, it's to take part in physical activity on a very regular basis. So, every day, half an hour or an hour, four times a week. But this is often logistically impossible with very busy schedules."*
>
> *(**Doctor 1**)*

Another topic discussed related to the decision or necessity to work as a cleaner due to family circumstances.

One WC participant recalled that she previously worked in childcare, then she did an adult education course to gain skills in a different sector, and with family life she had to change again to her current occupation. An employer interviewee spoke about a colleague with a similar career transition:

> *“I'm thinking of one in particular, who had a career pathway mainly as a bank assistant, so in fairly favourable conditions, and then following a family event, the person found themselves in cleaning.”*
>
> *(**Employer 2**)*

Some WC participants told how they need to work to support their family. One participant accepted a change of contract (temporary to permanent) with reduced hours as she had several children, and her partner had only temporary employment. Another participant said that she stayed in the job only because of her children – if she did not have children she would go home (to her country of origin).

Several WC participants worked part-time by choice for family (child caregiving) reasons. One participant added that part-time work was only possible for her because her husband also worked, and they did not live in Luxembourg (she was a cross-border worker).

Health impact

Physical health

Interviewees and WC participants discussed the main physical health conditions affecting women cleaners. These included carpal tunnel syndrome, tendinitis, musculoskeletal disorders, neck and lower back pain, arthritis, rheumatism, and fatigue. The main body parts affected included hands, arms, shoulders, back, and knees. The physical health problems arose from the postures and movements that cleaners use daily in their job, for example, kneeling, and repetitive movements of the hands and arms. The physical demands of the work and the strain on health was more evident for older women: *"I'm turning 50 this year and I don't think I'll make it to retirement" (WC participant)*.

Women cleaners were also affected by common chronic conditions including diabetes, high blood pressure, obesity, and cardiovascular problems.

Women cleaners often delayed seeking health care:

> *"Most of them wait quite a while. Since they're used to having pain often because they've been pushing themselves a bit, they don't immediately run to the doctor when they feel pain. But most of the time, it's pain that lasts longer than, I'd say, ten days or two weeks. They come in for a consultation."*
>
> *(**Doctor 1**)*

Two doctor interviewees also discussed pregnancy among women cleaners. In general, there were no complications associated with the pregnancy and so women continued working even though they experienced fatigue. Nevertheless, the health risks associated with the job caused anxiety and concern among these women:

> *"Often, that's also a problem because maternity leave starts in the third trimester. And often they are….they still have jobs, difficult, heavy work, and they are often very afraid of harming the baby when they are in contact with chemicals or lifting heavy weights, etc. So, they're often not taken off work, they're often taken off work in the fifth or sixth month, but they're not taken off work in the first few months, there's often no medical indication to take them off work either. But they often suffer because they think that their hard work might compromise the pregnancy a little bit."*
>
> *(**Doctor 1**)*

The occupational health service may recommend a reorganisation of work for pregnant women.

Mental health

Interviewees and WC participants also discussed women cleaners' mental health. There was consensus that various issues contributed to mental health problems.

> *"These are often people who are very fragile socially, professionally, family-wise, economically, and often live in precarious conditions. As a result, they develop anxiety disorders, depression, etc."*
>
> *(**Doctor 1**)*
>
> *"I can detect when people are not doing so well, or it may be personal, because sometimes it's not necessarily work-related."*
>
> *(**Employer 2**)*

Work-related contributors included conflicts (including moral harrassment) with colleagues and supervisors, long working days, unsociable hours, long commutes, and low social recognition. An additional factor was that women were often afraid to speak up or say anything about their working conditions as they were afraid that they would lose their job. This was particularly the case for women in vulnerable situations, for example, single mothers and/or immigrants. Other contributors to mental health problems included personal or family issues and their living conditions and social circumstances.

Among some WC participants, mental health was seen as a taboo subject, which was not spoken about or discussed. One participant admitted that she had post-natal depression, but she did not tell her employer and continued to work.

There was recognition of increased awareness among employers about employees' mental health and its effects:

> *"Twenty years ago, it was a kind of issue that was a little bit more negated by the employer. But nowadays they are aware of the situation, and they are also aware that mental health is an issue for absenteeism at work. So, I think they are more aware about the mental health situation than twenty years ago."*
>
> *(**Doctor 2**)*

One employer interviewee spoke about the importance of identifying and addressing mental health issues in the workplace, for example by introducing a training for supervisors and management to enable them to detect the signs and symptoms of mental health problems among employees.

Various barriers to identifying and treating mental health problems existed. These included a reluctance to discuss mental health problems or to seek or accept treatment, which could be compounded by cultural or language issues. However, one doctor interviewee noted that the impetus was not only on the person to recognise mental health issues:

> *"So, it is also part of the doctor's job to ask about the situation about mental health because sometimes they speak only when you ask specifically for. And that is a little bit the problem of the language because you can explain more easily when it's your mother language about complaints regarding mental health. Physical health is easier than mental health."*
>
> *(**Doctor 2**)*

The importance of finding a care provider who speaks the same language was also important because treatment may not be limited to taking medication:

> *"So, it's not necessarily about taking medication. That's not the goal either, but to talk about it and try to find a solution to get better."*
>
> *(**Doctor 1**)*

While psychological services are provided by the largest occupational health service – the Multisectorial Occupational Health Service [Service de Santé au Travail Multisectoriel (STM)] and psychotherapy (if prescribed by a doctor and delivered by a psychotherapist or psychiatrist) is reimbursed by the National Health Fund [Caisse nationale de santé (CNS)], barriers to accessing these services existed due to a lack of information on availability and reimbursement of services and long waiting times.

While occupational health psychologists proposed some applications for breathing exercises to ease anxiety, a doctor interviewee (Doctor 3) acknowledged that it may not create to good image or impression for workers to be seen undertaking these exercises at work.

Stress

Another issue raised by WC participants was stress arising from multiple sources including time pressure to complete the work, travel between jobs or worksites, particularly on public transport, and pressure from management:

> *"Stress, because we're constantly stressed by the bosses, by time. We never have enough time to do everything properly; we're always running. Pressure—it's the same thing, pressure from the bosses. You have to work fast, you have to hurry."*
>
> *(**WC participant**)*

Due to time constraints and pressures, work may not be completed to as high a standard as the cleaner would like and this was an additional source of stress.

Stress also arose from client expectations and scrutiny: *"and then, the clients are very observant too, so be careful. Clients watch everything you do." (Employer 2)*.

WC participants gave an example of a colleague who did extra work and then received a complaint the following day. She was very upset, and it also negatively affected her colleagues.

One WC participant remarked that the pay did not adequately compensate for all the stresses and strains of the job.

WC participants spoke about how the stresses of the job combined with a lack of respect and social recognition of their profession led to low morale and a lack of motivation. This demoralizing effect came in stages: *"you start with anger, afterwards you start to lack motivation" (WC participant)*. One participant recounted how at the beginning of her career, she found it more difficult to cope with these stressors as she was very young, and everything affected her: *"you cry in a corner" (WC participant)*. Participants discussed how they became more resilient over time and developed coping mechanisms.

> *"Working for years in the cleaning occupation you learn how to tell yourself "you cannot let this person treat you as if you are worthless". You have already come a long way down the road and you look behind and you say "I have a pathway…I have principles, I have values…she is not better than me" and that is what is going to help you. It takes time…."*
>
> *(**WC participant**)*

The lack of interest or motivation was reflected in the view of one participant that the occupation was more about earning a livelihood than a real passion.

Organisational impact

Absence due to illness

There were conflicting views on sick leave between employer interviewees and WC participants. There was a view among the employer interviewees that some sick leaves were not genuine, and were taken in lieu of annual leave, but employers had to accept this as it was a more general problem and not confined to the cleaning sector:

"In all professions, then, it will be the same. I don't want to generalise, because there are several different categories: there will be the person who is really ill with a serious illness, who is absent for several months: cancer, surgery, whatever, but a major operation.

Then there are those with minor illnesses, so the reason for their absence is genuine, and they take the opportunity to rest a little. Let's say she really has something wrong with her, but then of course there are the employees who have nothing wrong with them and who can take time off for any reason. And we know that.

When it becomes a regular occurrence, we suspect that the origin is more of an absence of the "I'm resting a bit" type rather than "I'm ill". There is a bit of abuse, but I think that's the case in all types of jobs anyway."

*(**Employer 1**)*

"Now, I want to point out that there are two types of absenteeism. There is sick leave because you are genuinely ill. And then there's sick leave because you partied on Saturday night and it's difficult to come back on Monday with a hangover. That's it, and we know that, I mean, it's obvious. With social media now, it's very easy to identify things."

*(**Employer 2**)*

This view also pertained to longer periods of sick leave:

> *"We do have very long periods of sick leave. I can't tell you otherwise. Now, if you like, from experience, from, let's say, cross-checking information, we know very well that in some cases it's legitimate. And once again, it's not necessarily related to their work. In other cases, we know very well that it's to have fun, to take very long periods of leave. Now, that's just the way it is. We have to deal with it. But we have no control over nature, if you like, because, basically, for a maximum of six months, there's nothing we can do about it. But the thing is, I'm not a doctor. It's not up to me to decide."*
>
> *(**Employer 2**)*

A doctor interviewee (*Doctor 3*) explained that long periods of sick leave may not necessarily be due to work-related health problems and that work-related reasons are due to both physical and mental health problems.

In contrast to the views of employers, WC participants explained that they were reluctant to take sick leave, even when it was necessary, because of the negative reaction from employers, for example the view that: *"it's always the same (workers), it's always the same (workers) who are sick" (WC participant)*.

A WC participant told how workers in her former workplace were afraid to call in sick due to the negative reaction:

> *"She was the director, and when we were sick, everyone sent a message because everyone was afraid to call her. Because already on the phone you already knew. So we sent messages, and at one point she said, "If you're sick, I'll consider calls, not messages, because I don't want you to send me messages anymore." Because she enjoys you calling her to say, "Listen, I'm not coming to work today because I'm sick," so she can already give you a hard time on the phone that same day. And then she makes you feel guilty."*
>
> *(**WC participant**)*

A potential consequence was "presenteeism" whereby women cleaners continued to work insofar as possible even though they were sick to avoid taking sick leave, due to a fear of negative consequences.

“Some people, when they're really not feeling well, if they're in a lot of pain or something, obviously they take sick leave. There are many who, for milder symptoms, won't take it because they're afraid of the consequences. They're afraid of staying at home or they don't want to, they want to continue working. They don't want to be looked down on if they're absent or if they miss work.”

*(**Doctor 1**)*

“And then you have the situation about women who need their work - they are alone with children. So they don't want to complain too much because they need their work. So then you have a kind of presenteeism, they go to work even if they are not in good shape. So they go to work because they don't want to be dismissed.”

*(**Doctor 3**)*

One participant discussed how she was sick but continued to work until she could not. When she called in sick, her supervisor wanted to know if it was a sick leave or a holiday leave. As she did not even have the energy to see the doctor, she had to take a holiday leave. When she saw the doctor, he advised her to take the week off, but she asked for only three days. As she was not better, she ended up taking the whole week off. Even though she was sick she felt stressed and apprehensive about returning to work after a week of sick leave.

A doctor interviewee (*Doctor 3*) explained that taking long sick leaves was more complicated for women with multiple contracts:

“And so for the person with a long sick leave, the problem is, could I stay in a sickness absence, or can I come back for one employer and not for the other? And so it's impossible if you have a sick leave and you need to not work for everybody.”

“If you just decide with the medical problem, perhaps you give a person more administrative problems…..Because perhaps if you stop everything, and she's unable to work, perhaps, okay, first for the big company, she has the right to have something, but with the others, she just has a little thing, and perhaps she could not do. So if you reduce part of the work, perhaps she loses the others, and it's finished.”

*(**Doctor 3**)*

Participants spoke of a negative, toxic environment when they returned from sick leave and poor treatment by their supervisor, including additional "controls" and criticism of their work.

An interviewee (Association 2) believed that more effort should be made to prevent sick leaves as they were costly, not only to the employers but also to the wider economy.

Other leave (family, maternity, parental)

Similar issues were discussed by interviewees and WC participants in relation to other types of leave including maternity, family, and parental leave.

WC participants spoke of a fear to avail of their rights to family leave to look after sick children or other family members:

> *"It's the same with sick children - you have to find somebody to look after your child because your employer is not OK that you use your rights – your rights to family leave so that you can stay with your child when they need you…..and that happens very, very often. And the person is afraid."*
>
> *(**WC participant**)*

This was a particular problem in the cleaning sector in general because the majority of workers were women, and usually the mother who stayed at home when a child was sick. This may have contributed to some absenteeism in the sector.

WC participants discussed negative attitudes towards pregnancy, and maternity and parental leave: *"like also asking during the job interview "are you planning to have children?"" (WC participant)*. There was a view that this stemmed from the preponderance of men in senior management in cleaning companies even though lower-level managers and supervisors were more likely to be women. However, women supervisors also expressed a lack of understanding and solidarity. One participant recounted an example of when her child had to go to hospital, her (female) supervisor told her: "you disturb the team".

There was also discussion about changes in working conditions (for example, being moved from a single, fixed worksite to having to move between different worksites during the day) for women upon their return from maternity leave, which were interpreted as a penalty for taking leave.

Potential solutions

Interviewees and WC participants discussed potential solutions that could improve women cleaners' health and wellbeing.

Solutions discussed by interviewees

Interviewees' suggestions included increasing social interactions among employees and management including social events outside working hours and providing women with essential information on their entitlements and rights (e.g. to different types of leave). A mobile phone application is one means of providing information in an easily accessible manner. One interviewee suggested that it could allow women cleaners to record their feelings or symptoms using their own language while another interviewee noted the use of applications to manage conditions like anxiety by providing breathing exercises.

While there was recognition among interviewees that most women have smartphones, some do not, and there are varying levels of digital literacy skills (older women may ask family members to help with apps) as well as language and literacy issues that could pose barriers to uptake. Other views were that an application created only for cleaners could be stigmatising, that it could be perceived as an additional burden, and that it would address symptoms rather than the issues that create the symptoms.

World Café "How Might We?" questions and solutions

During the WC, the HMW questions and solutions focused on training, respect and an understanding of employee rights. The issues discussed are summarised in Tables 2 to 4.

Table 2. How might we encourage employers to provide relevant training for safe and healthy working conditions?

What must we continue to do?	What must we stop?	What can we add/create (concrete solution)?
Understand the real needs (e.g. posture, movements).	Only providing information	Real trainers. That the training is provided by a qualified external person.
	Lack of consideration of employee requests (for example, for adequate equipment)	Annual appraisal with someone who can do something (someone senior, not n+1 or immediate supervisor)
	Being penalized for being close to clients	Allow those who would like to specialize to do so with training.
	Communication blocks due to hierarchy. Supervisor does not always pass down information to workers. Senior management are not aware of the needs of the employees and of the reality of things on the ground	Communication – with senior management
		Supervise on the job training

Table 3. **What can we do so that employers consider respect as a motivation?**

What must we continue to do?	What must we stop?	What can we add/create (concrete solution)?
Use videos	Discrimination (wages)	Don't just give orders – dialogue between managers/supervisors and staff
	Recognise that cleaning is not automatic!	Campaign – disrespectful phrases
	Aggressive contact from supervisors	Campaign – connection between immigration and occupation/profession
		Recognise the profession – be VISIBLE!
		Provide positive feedback, not only negative feedback
		Training for the supervisor/team lead in communication and people management
		Celebrate together – Christmas etc.
		Valourisation – correct working time, salary increases

Table 4. How can we ensure a good understanding of [employee] rights among colleagues and employers?

What must we continue to do?	What must we stop?	What can we add/create (concrete solution)?
CCT Sectorial	Non-respect of the CCT	Translation of contract into different languages
Social networks for information.	Employer not allowing employee to take work contract home before signing	Ability to take the work contract (and addendums) home before signing
Information session by the delegation		Employers should provide the CCT at the same time as the contract
		Transmit information, sometimes we do not know what the CCT is
		Stop being afraid!
		Provide information e.g. short videos in multiple languages
		The Chamber of Employees (*Chambre des Salariés)* must provide more information (workshops, information sessions etc.)
		Application to ask questions and receive direct responses
		One hour per week offered by the employer for the employee to learn the law, languages
		Possibility of meetings for all staff in company e.g. Plenary or “Town Hall”
		Create a WhatsApp group (including those who are not members of the syndicate).
		Staff party
		Support between colleagues - exchanges

Discussion

The WISH project collected a rich dataset on women cleaners in Luxembourg reflecting the macro context, psychosocial work environment, and health, and organisational impacts. The range of factors identified highlights the complex and multifactorial nature of the psychosocial environment, and its impacts on employee health and wellbeing, and on employers.

In terms of the project methodology, our two-step approach was successful in achieving the study aims. While we slightly exceeded the target number of interviews, the number of WC participants was fewer than anticipated but nevertheless sufficient to have very engaging and rich discussions. Most importantly, we managed to create a warm, safe and trusting atmosphere, which was easier to achieve with a smaller number of participants. This greatly contributed to a very open dialogue with the participants and played a vital role in the success of the WC.

Our experience underlines the need to start recruitment of WC participants as early as possible. The interpersonal contacts of the expert interviewees played an important role in recruiting participants as people were more likely to participate based on the suggestion of a trusted contact. The flyers and social media campaign were also successful recruitment strategies.

Our experience also highlights the benefits of sufficient time for registration at the beginning of the event. This allowed us to answer any questions and alleviate any concerns raised by participants before they signed the consent form.

The time limits of the WC did not allow for a “harvesting process” whereby the discussions at the different tables were shared in the group. While this would have been beneficial, we were cognisant of the time constraints of participants. The WC included coffee and lunch breaks, and this provided invaluable opportunities for the participants to meet and have informal exchanges and interactions with each other and with the facilitators. The lunch also provided an opportunity to reflect on the WC discussions. The provision of food and refreshments were also an expression of appreciation and gratitude to the women for their time on behalf of the organisers.

The WISH project also started to identify potential solutions to address factors related to the psychosocial environment including the organisational culture (respect), environment and equipment (training), role in the organisation (information about rights and responsibilities), and social activities and interaction.

The WISH project builds on recent initiatives to increase awareness and visibility of the cleaning sector in Luxembourg. In future work, we plan to update the quantitative analysis described in a previous LISER report (2) by analysing administrative and survey data from Luxembourg and other European countries. This will complement the WISH

analyses and results to present a rich and comprehensive picture of the psychosocial environment, health and wellbeing of women cleaners in Luxembourg.

The WISH project shed light on contrasting views from different stakeholders, particularly employers and employees. Nevertheless, due to time constraints and the limited scope of the WISH project, the results may reflect limited perspectives and may not have represented all needs and viewpoints in the sector. In future work, we would like to increase the number and representation of the different stakeholders and participants in the sector.

Future work will also explore the co-design and implementation of a multi-component organisational intervention to address the psychosocial work environment of women cleaners in Luxembourg. Compared to individual-level interventions, organisational-level interventions proactively target conditions of work, rather than reactively responding to symptoms (20) and are associated with beneficial effects at both individual- and organisational-levels (21). Organisational-level interventions can also be more impactful and sustainable (22). The literature describes workplace interventions in the cleaning and other low-skilled sectors that could be adapted and implemented in the Luxembourgish context. These interventions include work-related language lessons and support for cleaners with an immigrant background (23, 24), workshops on job satisfaction and teamwork (23), and a peer-mentoring support programme (25).

The WISH project has been presented to various stakeholders including the Luxembourg Federation of Cleaning Companies [La Fédération des Entreprises de Nettoyage (FEN)] in October 2025, the Equality Committee of the Chamber of Employees Luxembourg [Comité à l'égalité de la Chambre des Salariés Luxembourg] in December 2025, and to cleaning sector delegates of the OGBL trade union in Luxembourg [délégué(e)s OGBL du secteur du nettoyage] in March 2026. The project has received positive feedback and support for plans for future development and continuation.

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Appendices

Appendix 1. Expert interviews topic guide

TOPIC GUIDE		
Introductory Part *Purpose: to introduce oneself, present the project, thank the participant for agreeing to take part, and obtain consent for recording.*		
1.1.	**Presentation**	Interviewer introduces herself (name, job title/role, affiliation)
1.2.	**Presentation of the project**	Summarise purpose of study: The objective of this interview is to collect your knowledge and experience about the health and working conditions of female workers in the cleaning sector. Your participation will help us to identify topics for a group discussion with female cleaning workers and will help us to contact them to invite them to take part in this event. The study results will be used to design a future project that will aim to design supports to improve the health and wellbeing of women working in cleaning jobs in Luxembourg.
1.3.	**Explanation about the data collected**	With your permission, we will record the interview to help us remember what you said. Everything you share with us will be kept private and secure. We will not use your name in any reports. **Additional information (from Data Protection Notice) if interviewee asks for more details:** Following the interview, your personal data will be **pseudonymized**. This means that any information capable of directly identifying you will be removed or altered to protect your privacy and ensure confidentiality throughout the research process. The data and responses collected as part of this study will be stored by LISER in a pseudonymized form for a period of 5 years following the end of the project, which concludes on 31 December 2025.
1.4.	**Participant information**	Interviewer asks interviewee if they have read the Participant Information Sheet (already shared with interviewee by email when arranged interview) and if they have any questions.
1.4.	**Consent to record**	Interviewer informs interviewee that they would like to record the interview and asks interviewee to sign the Informed Consent form **if they have not already done so** (ideally they will sign and send it to us before interview).
1.5.	**Check if everything is clear**	Last check

Topics		Open Questions	Probing
About the interviewee Purpose:			
2.1.	**Who is the interviewee?**	Can you introduce yourself	Current role – what is your current role? Seniority – how long have you been in this role? Professional background – can you briefly describe your professional background – what was your previous role/job?
2.2.	**Relation interviewee - feamale cleaning workers**	Can you tell me about your contact with women working in the cleaning sector in Luxembourg?	Frequency of the contacts - How often do you meet women cleaners in your current role? What is the purpose/ context of these contacts
About the female cleaning workers *Purpose*			
3.1.	**Profile**	What is the demographic profile of the women working in the cleaning sector in Luxembourg that you are in contact with?	Age, nationality, spoken language(s), (non-)residents of Luxembourg
3.2.		Is there any other information that could describe the women cleaners that you have contact with?	
About the perception of the health issues of female cleaning workers *Purpose*			
4.1.	**Health issues**	What do you think are the main issues affecting the health and wellbeing of women working in the cleaning sector in Luxembourg?	Physical Mental Both
4.2.		From your experience of contact/working with women cleaners, what do you think are the main contributing factors to these issues?	Working conditions Living conditions Others?
About possible measures *Purpose*			
5.1.	**Measures**	What measures do you think could be taken to improve the health and wellbeing of women working in the cleaning sector in Luxembourg?	Who do you think could be (the main actors) involved in designing and/or implementing these measures? What do you think are the obstacles to implementing these measures? Are there any factors that could support the implementation of these measures?

5.2.	**Digital Health intervention**	Digital health intervention e.g. smartphone apps are growing in popularity as they can provide personal services that are anonymous, inexpensive, and easy to implement. Evidence suggests that they have the potential to improve physical activity and mental wellbeing and to manage stress in the workplace. Do you think that a digital health intervention could improve the health and wellbeing of women working in the cleaning sector in Luxembourg? What could be the potential barriers to implementation/uptake?	
Conclusion part of the Interview *Purpose: to allow the person to speak freely about one or more topics discussed / to check whether everything has been said, etc.*			
6.1.		Would you like to add anything else?	A topic/insight not yet mentioned
6.2.		If something comes to your mind later, do not hesitate to contact me.	Leave card (if in-person interview). Our contact details are in the Information Sheet and you also have our emails.

Appendix 2. Flyer advertising the World Café event

Appendix 3. World Café topics, sub-topics and questions

Health

Influence of work on your health

- Do you feel that your work affects your health and wellbeing? What are the main problems that you experience? (Can prompt about stress, mental wellbeing if they do not mention it.)
- Does the (short) time provided/time pressure to complete tasks cause you stress or problems with your hands or arms?

Activities to improve/support your health

- What do you think could help improve your health?
- Does your work mean that you do not have enough time or energy to undertake activities to support or improve your health e.g. shopping for and cooking healthy food, eating healthily, undertaking physical activity/exercise, having adequate sleep, rest and relaxation?

Sickness absence from work

- Are you reluctant to take time off work if you feel sick? (could probe for the reasons for this e.g. afraid of losing job or being replaced by somebody younger and faster, do not think that health issue is serious enough).
- Have you experience of needing to take time off from work due to sickness? Did you feel supported by your employer or did you feel under pressure to return to work?
- Have you needed to reduce the number of hours you work due to your health? Do you think that these health problems were caused by your work? Were you able to receive support from ADEM?

Work environment

Health and safety

- What do you think are the main risks to your health and wellbeing from the working environment? (Prompt: products, the need to lift or push heavy equipment, risk of injury e.g. from stretching, bending, uncomfortable positions.)
- Do you like to go to work? Do you feel safe in your workplace?

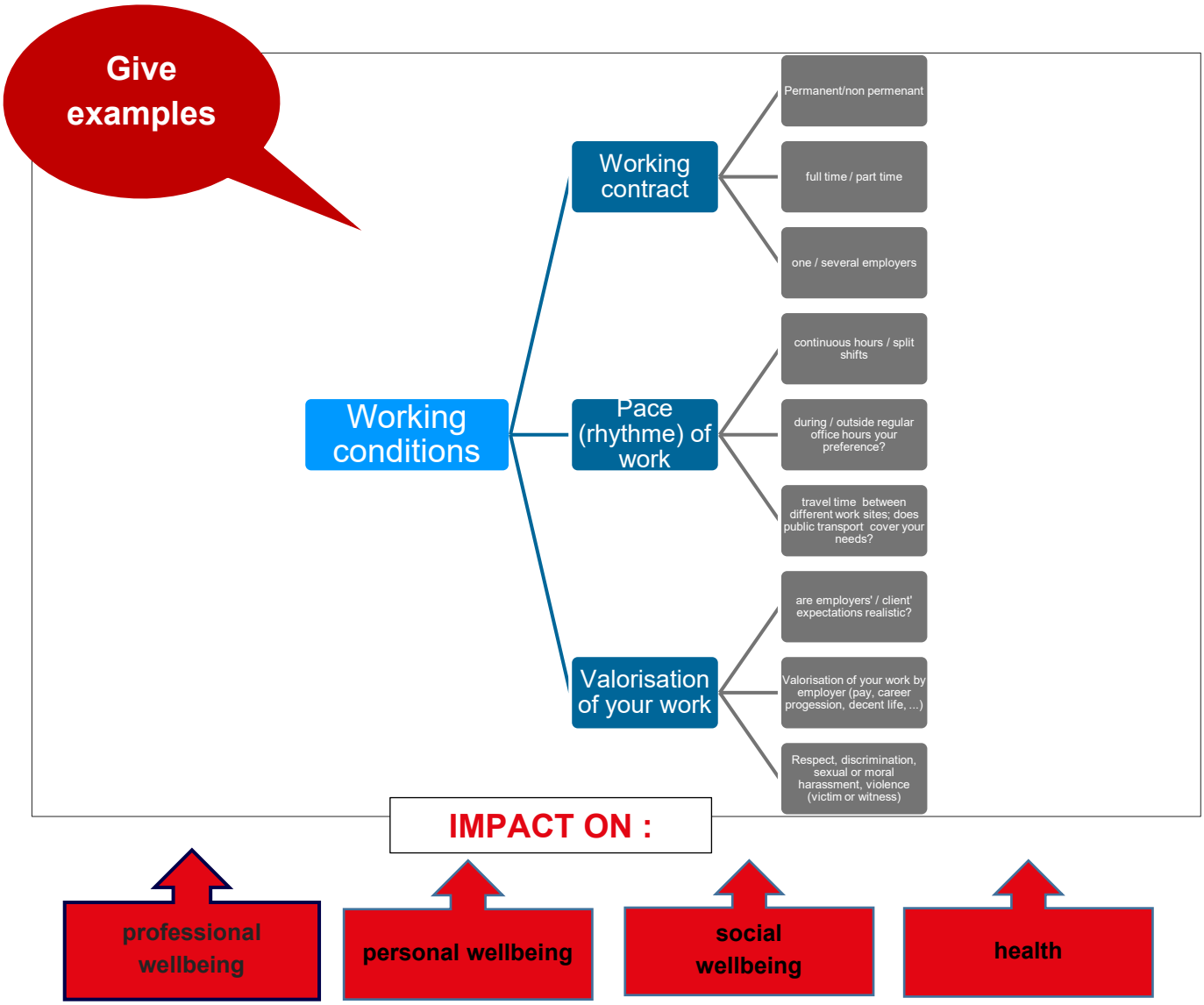
Training

- Does your employer provide adequate training so that you are aware of these risks?
- Do you find the training(s) helpful/useful? If not, for what reasons (the training materials are not easy to understand, there is a language barrier, training is not sufficient – does not cover everything needed).
- Is it easier to learn about the risks and how to avoid them from colleagues?

Respect and understanding

- Do you feel you receive respect from your employer and clients? Does your employer know your name?
- Is your language a problem in the workplace e.g. do you need a translator to speak with your supervisor/employer.

WORKING CONDITIONS



➔ **Please provide concrete examples that you have personally experienced or that close colleagues have experienced.**

Working contract

- Permanent / non permanent ?
- Full-time/part-time
- One/several employers ?

Pace of work / working rhythme

- Do you work continuous hours or split shifts?
- Do you work *outside regular office hours*? For those who work in offices: would you prefer to work during office hours (when other employees are present), or would you prefer to work outside of office hours (early morning or late evening) when the offices are empty?
- How is your travel time between multiple work sites accounted for? Do you have to travel long distances between jobs? Are the costs covered — for example, are you paid for travel time or reimbursed for travel expenses (e.g., car fuel)? Does your employer try to minimize the travel time or distance between different jobs? Are public transport services suited to your travel needs? (Considering very early morning or late evening travel — do public transport options meet your needs? Are they overcrowded, etc.?)

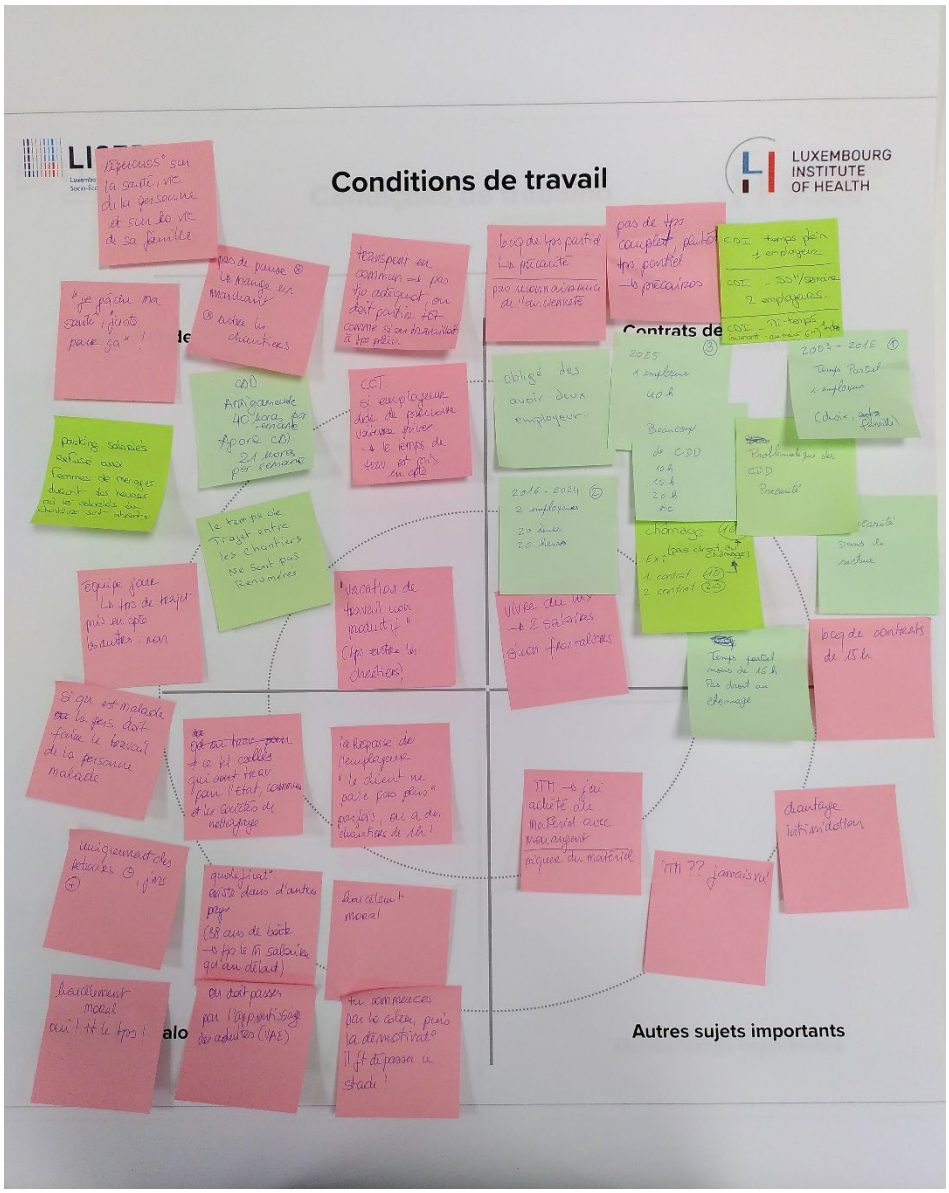
Expectations and valorization

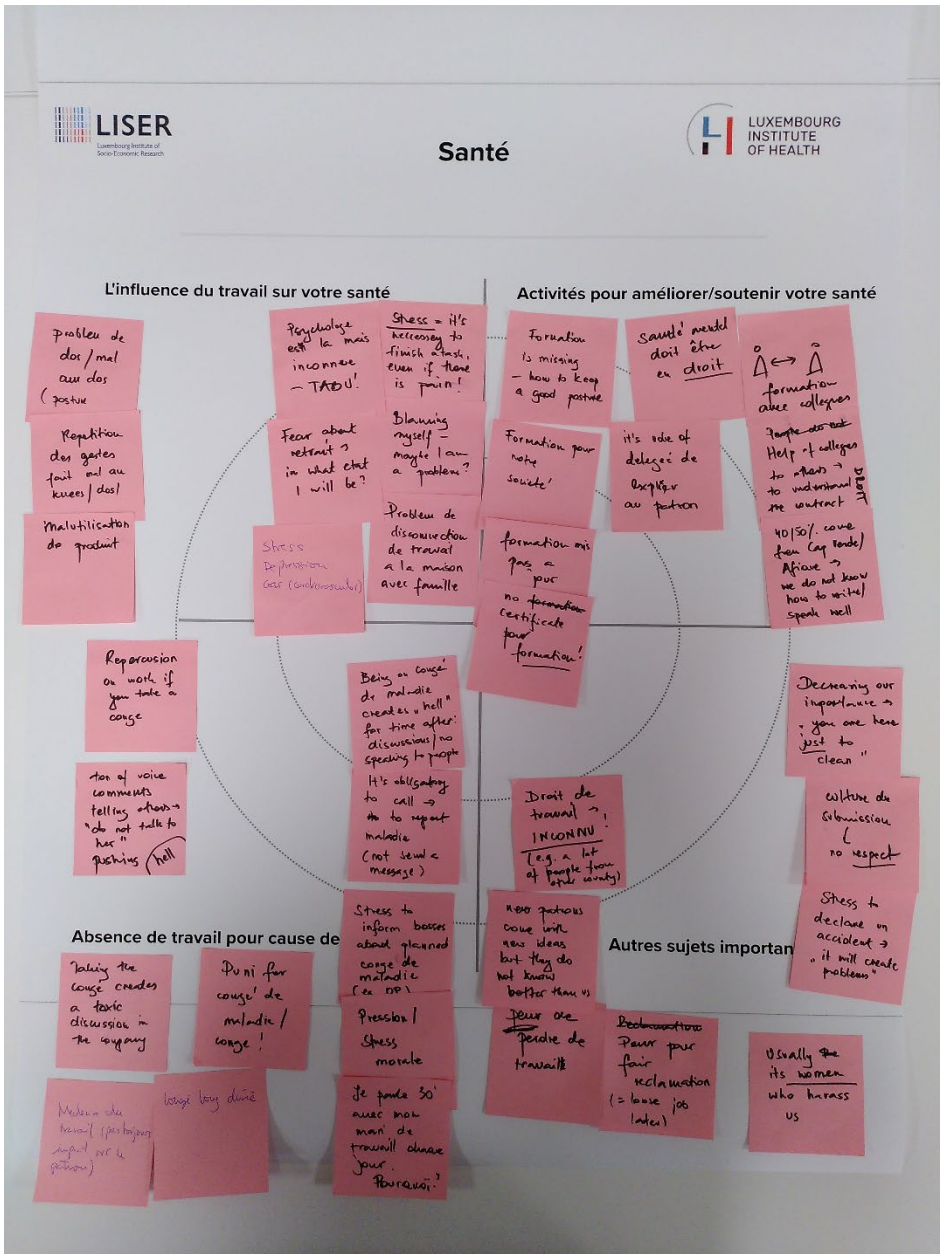
- Do your employers/clients have unrealistic expectations about your work e.g. the time it takes to complete tasks?
- Is your work valued by your employer? Is this reflected in your pay e.g. pay increases or opportunities for development or progression? Est-ce que votre salaire vous permet, à vous et votre famille, de mener une vie décente ? Quelle est l'évolution de votre carrière ?
- Do you feel respected at work (by your employer, clients, employees, colleagues, supervisors, union, occupational health service, general practitioner)? Have you personally experienced or witnessed harassment (moral or sexual), discrimination, or violence at work?

IMPACTS : (Here are typical transversal questions for the 3 sub topics

- What impact do these have on your professional life / well being ? (commutes, tax cards, job insecurity, length of your workdays, opportunities to interact with colleagues, etc.) Have you (or any of your colleagues) experienced company transfers? If yes, can you explain the repercussions on your professional life?
- What impact do these have on your personal life / wellbeing? (on your family, your free time, your participation in social life, etc.)
- What impact do these have on your social life? (recognition and appreciation of your work by society? Do you have time to participate in social activities— cinema, meetings, training sessions, etc.?)
- What impact do these have on your health? (on your lifestyle, fatigue, your body, etc.)

Appendix 4. Photos of World Café post-it notes with written feedback

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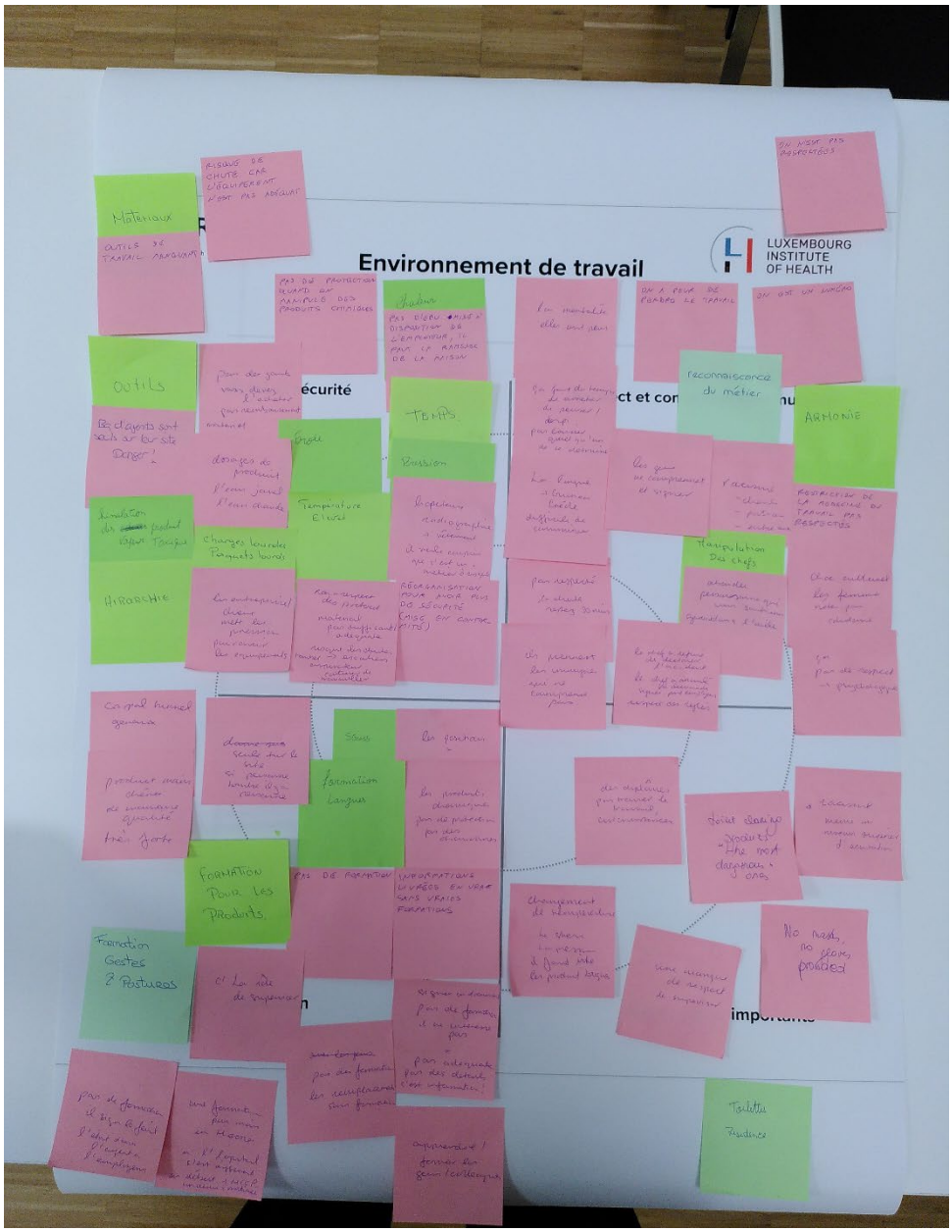
Activités pour améliorer/soutenir votre santé
Absence de travail pour cause de
Autres sujets importan


Environnement de travail
LUXEMBOURG INSTITUTE OF HEALTH
Matériaux
Outils
Température
Temps
Formation Langues
Formation Pour les Produits
Formation Gestes & Postures
Hiérarchie
Reconnaissance du métier
Harmonie
Manipulation des chefs
No mask, no gloves, problem

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