

# Provision and Perception of Occupational Health in Small and Medium Sized Enterprises in Sheffield

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## Background

Following on from a self-administered postal questionnaire study of 266 workplaces in Sheffield<sup>1</sup>, representatives of small and medium sized enterprises (SMEs) were randomly selected from a database of businesses in Sheffield and invited to take part in an interviewer led study.

## Aim

To investigate the provision and perception of occupational health in SMEs in Sheffield.

## Methods

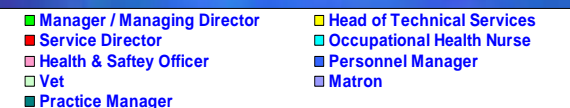
Three recruitment methods were used in the study. This first was a 'cold calling' telephone approach, the second was a letter of introduction followed up with a phone call. The final approach was a letter of introduction with a reply slip.

Data was collected using an interviewer led questionnaire. This collected both quantitative and qualitative data, each interview took approximately 40 minutes to complete.

## Results

28 SME representatives were interviewed

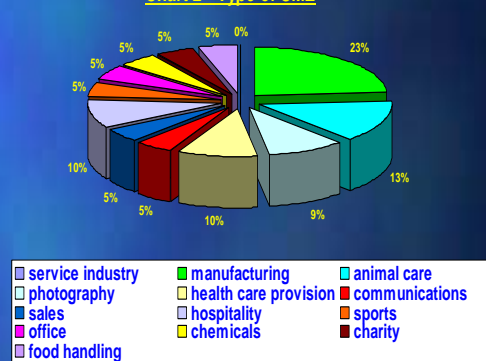
Chart 1 - Company Representative Interviewed



- 82% of the SMEs employed less than 50 people
- 42% did not have or had never reviewed a written health and safety policy
- Only 18% had an occupational health policy
- 14% employed a part-time occupational health doctor
- 7% employed a health and safety advisor
- 11% employed a part-time occupational health nurse
- Only 1 manager knew the qualifications of the occupational health professional employed within the company
- 25% had a nominated person responsible for occupational health
- 67% thought that a doctor or nurse would be the best person to provide an occupational health service. They were perceived as being "professional" and "would understand how to monitor health" that they would have "background knowledge" and would be able "to look after the individual".
- 28.4% carried out some form of pre-employment screening, usually in the form of a pre-employment health questionnaire
- 14.2% carried out health promotion
- 53.5% collected some form of health related absence data
- 32.1% had a staff canteen or kitchen but only 14.2% promoted healthy eating
- 28.6% organised an induction programme for new employees

## Results

Chart 2 - Type of SME



## Qualitative Results

When asked whether they thought that health was an important part of the running of the company; 71.4% said "yes", 25% said "no" and 3.6% were undecided. The enterprises who thought health was important usually saw ill health in terms of lost productivity. The following are examples of comments made concerning this point;

- "If someone is ill then that is 25% of our workforce down"
- "It's a small company. If one of us is off sick then we struggle"
- "If you don't have healthy workers then you don't have productivity"
- "If the workers are ill, then they can't work"
- "There are many financial issues due to staff sickness. It is a business. It is in our own interests to look after the health of the staff"

However, some of the interviewees had more insight into occupational health;

- "We try to minimise exposures. We need to think of the workers health in the next 10 years or more, not just currently"
- "It [occupational health] benefits the employees. Health is important to us. We are a good team. I treat them like family"

### Which statement best describes the company

Statement	No. of enterprises it applies to (%)
We are constantly on the lookout to improve the health of our employees	6 (21.4)
We recognise occupational health is important, but it is not a major priority	14 (50)
We provide measures required by law but not much beyond that	2 (7.1)
We pay a lot of attention to safety issues, but not much to health	5 (17.9)
Health issues are not really relevant to us	1 (3.5)

## Conclusion

The majority of industries turned down the offer to be included in the study because they were either too busy to participate or just "not interested". "Cold calling", without a previous letter of introduction from the researcher, was largely unsuccessful. The studied group eventually turned out to be a highly selected group by virtue of the fact that they wished to participate in the research. This fact must be constantly borne in mind when considering the results. This study has documented baseline awareness of occupational health in Sheffield. There appeared to be genuine confusion concerning who should be providing occupational health, and to what degree employers should be responsible for the health of their employees, particularly when "non work related" ill health was concerned and that as a group, SMEs appeared to be orientated towards safety issues in the workplace, rather than health issues.

