

Redefining health and safety metrics for tackling occupational diseases

14 February 2020 | Features | By Jyoti Pandey

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In most countries the majority of workers are not covered by social or health insurance in jobs which are not regulated for occupational health and safety. According to the World Health Organisation (WHO), work-related health problems cost of 4–6% of GDP for most countries.

Across the world, work-related diseases or occupational ill-health are costly for individual organisations as well as economies. The WHO points out that illness caused through work can have multiple causes, where factors in the work environment play a role, together with other risk factors.

Workplace ill-health is an important issue when economically active people spend on average about one third of their time at work. A recent report by the Manpower Group revealed that 73 percent of millennials across the world work more than 40 hours a week, and nearly a quarter work 50 hours. In India, millennials work the hardest, working on average 52-hour weeks.

Naturally then, health risks at the workplace owing to various factors such as heat, noise, dust, detrimental chemicals, hazardous machines and psychological stress are serious. It is not just direct health risks; occupational ill-health can also effect conditions of employment and a worker's position in the workplace hierarchy that can directly or indirectly affect health. People working under duress or with precarious employment conditions are likely to smoke more, exercise less and have an unhealthy diet. Many jobs are physically demanding and can lead to musculoskeletal disorder.

The statistics when it comes to work-related diseases are alarming. Statistics released by the Health and Safety Executive - a UK government agency responsible for the encouragement, regulation and enforcement of workplace health - revealed that 1.4million workers were suffering from work-related ill health during 2018, of which 541,000 were new cases. In India, surveys conducted by Optum and 1to1help.net - two leading providers of Employee Assistance Programmes - showed a

significant increase in the number of workers who are severely depressed or who are at risk of suicide due to rising stress levels. It is these issues that have led many companies consider how they address issues like presenteeism – a term used for workers who are physically present in the workplace, but who aren't working as productively or safely as they should be due to physical or mental ill-health or injury.

All in all, addressing this huge burden of disease, economic cost, and long-term loss of human resources from unhealthy workplaces is a formidable challenge for countries, economic sectors, health policymakers and practitioners. It is vital that we work now to create a healthy workplace that does not harm the mental or physical health, safety or well-being of workers.

It is essential to redefine health and safety measurement in workplaces so we can address occupational ill-health more efficiently. Employee health at workplaces is not limited to merely the absence of physical disease, but also has to incorporate physical, mental and social health. Employee health and corporate health are intertwined.

Organisations need to come forward and contribute their fair share in terms of preventing occupational ill-health. Some employers have a healthcare service or a medical division that seeks to eliminate, reduce or manage the occupational health risks faced by their workers. This includes providing periodic screening for employees to check for the early signs of work-related ill health and disease and taking the required intervention measures to prevent the health condition getting worse. However, more workers, especially those in less formal employment need to have access to these services too.

In countries like India, public awareness of the health risks due to occupational ill-health is very low. For instance, most workers from the "unorganised sector" do not understand the harmful effects of exposure to substances such as silica. In countries like the UK, there are strict laws about dust control at work. However, in India, most are unaware that inhaling a substance like silica dust during activities such as cutting up stones can cause serious and fatal respiratory diseases. So, there is need for public awareness campaigns to help encourage workers to protect themselves from inhaling such substances. There is also a need to encourage workers to seek medical advice and check-ups if they think they might be at risk of developing respiratory diseases from their work.

Countries and governments can do their bit in the whole ecosystem of workplace safety metrics as well. For instance, the Singapore government's Health Promotion Board has a comprehensive Workplace Health Promotion Programme that provides resources, tools, and incentives for businesses to promote health effectively in the workplace. In the UK, employers are required under laws such as the Control of Substances Hazardous to Health Regulations 2012 (COSHH) and the Control of Asbestos Regulations 2012 (CAW) to protect their employees and others from the risk of exposure to hazardous substances. More governments can forward with such aspects.

It is more important than ever to have a culture of safety in the workplace that must involve the management, trade unions, line managers and individual workers. Creating an enterprise that follows proper safety metrics and keeps workers away from occupational ill-health with maximum involvement from all the stakeholders is a must in today's work environment.

Mike Robinson, Chief Executive, British Safety Council