



## Short report

The impact of systematic occupational health and safety management for occupational disorders and long-term work attendance<sup>☆</sup>

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## ABSTRACT

Despite several years of conducting formalized systematic occupational health and safety management (SOHSM), as required by law in Sweden and most other industrialized countries, there is still little evidence on how SOHSM should be approached to have an impact on employees' health. The aim of this study was to investigate the importance of SOHSM, considering structured routines and participation processes, for the incidence of occupational disorders and the prevalence of long-term work attendance among home care workers (HCWs). Municipal human service organizations were compared concerning (a) their structured routines and participation processes for SOHSM and (b) employee health, i.e. the municipal five-year incidence of occupational disorders and prevalence of work attendance among HCWs. National register-based data from the whole population of HCWs ( $n = 154\,773$ ) were linked to register-data of occupational disorders and prevalence of long-term work attendance. The top managers and safety representatives in selected high- and low-incidence organizations ( $n = 60$ ) answered a questionnaire about structure and participation process of SOHSM. The results showed that prevalence of long-term work attendance was higher where structure and routines for SOHSM (policy, goals and plans for action) were well organized. Highly structured SOHSM and human resource management were also related to high organizational incidence of reported occupational disorders. Allocated budget and routines related to HCWs' influence in decisions concerning performance of care were also related to long-term work attendance. The participation processes had a weak effect on occupational disorders and work attendance among HCWs. Reporting occupational disorders may be a functional tool to stimulate the development of effective SOHSM, to improve the work environment and sustainable work ability.

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## Background

The negative trend in psychosocial work environments (Kristensen, Hannerz, Høgh, & Borg, 2005) and increased sick leave in human service organizations (HSO) created the need for improved knowledge about organizational

conditions that enhance sustainable work ability. Despite several years of conducting systematic occupational health and safety management (SOHSM), as required by law in Sweden, there is still little evidence on the effect on workers' health. This study investigates whether existing structures and participation processes in SOHSM were related to organizational incidence of occupational disorders and prevalence of long-term work attendance among HSO workers. The study focuses on health-related outcomes of SOHSM for the health of home care workers (HCWs), an occupational group that have shown high-incidence rates of work-related injuries and disorders (Ono, Lagerström, Hagberg, Lindén,

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& Malker, 1995) and low prevalence of sustainable work ability, measured as long-term work attendance (Dellve, Eriksen, & Vilhelmsson, 2007). Earlier studies have shown a great variation in these studied outcomes, but poor explanations to this. Employment status, i.e. not having a full-time employment, was the strongest explanatory factor to high prevalence of long-term work attendance (Dellve, Karlberg, Allebeck, Herloff, & Hagberg, 2006).

#### *Systematic occupational health and safety management*

SOHSM is the formalized, regulatory framework for organizations to manage workers' health and safety, adopted in most industrialized countries (Saksvik & Quinlan, 2003). However, there are inter-country differences in how SOHSM is regulated and implemented, due to differing social agendas and legal systems. Some countries have shifted from prescriptive standards towards more broadly framed process-based standards. Sweden has adopted the process-based approach which is based on workers' and employers' participation and involvement in the process to manage work environment improvements. This strategy follows the Scandinavian countries' tradition of collaboration between employers and employees/unions, using dialogue to address work environment issues. However, there are within-country differences in implementation due to varying company sizes. Further, there are probably arrays of within-country differences, within sectors, due to varying leadership strategies, routines, and systems for participation.

Saksvik and Quinlan (2003), from their years of experience in the field, identified important conditions of SOHSM in their comparison of Australian and Norwegian circumstances: (1) leadership, in meeting legal obligations and directing the organizations' daily work; (2) routines that provide regular feedback to employees, (3) employees' participation and influence in identifying and solving problems, and (4) effective systems for evaluation of goal achievements within SOHSM.

Managers and supervisors can influence worker exposure to health risks as well as the character and availability of secondary or tertiary prevention. In HSO, their decision latitude in these respects may be limited by decisions on the political level (Härenstam & MOA-research-group, 2005; Pousette, 2001).

Participatory strategies (Haines, Wilson, Vink, & Koningsveld, 2002) are commonly recommended in order to design and implement modifications for better health, or organizational performance. Still, quantitative research on the strength of associations between participation and outcomes in terms of working environment and health is relatively rare. A meta-analytic review of research on participation's effects on job performance and satisfaction (Wagner, 1994) concluded that participation had statistically significant associations with those effects, but that the effects were so small that their practical relevance could be questioned. Ingelgård and Norrgren (2001) found positive associations between what they called a "learning strategy for change" (a multidimensional construct that included participation) and improvements in working climate, cooperation, job involvement, and job content. Eklöf, Ingelgård and Hagberg (2004) found employee

participation to be positively associated with favourable psychosocial working conditions and less emotional stress. No associations with the quality of implemented modifications in the working environment, or prevalence of musculoskeletal symptoms, were identified. Similar results, with respect to psychosocial environment and health, were reported by Mikkelsen, Saksvik, and Landsbergis (2000), from a controlled participatory intervention study. In sum, further study of associations between participation and working environment and health is desirable.

#### *Employee health effects of SOHSM*

Zohar (1980) showed early that organizations with a well-organized control of occupational disorders (1) had management that took an active interest in safety issues, prioritized discussion of safety issues on the formal agenda, and were committed to forming safety routines, (2) prioritized safety education, (3) had close contact and open communication between leaders and employees, and (4) had controlled conditions related to economy and safety equipment.

Health effects related to organization of a regulated continuous SOHSM are poorly investigated. There has been little critical evaluation of the effectiveness of various SOHSM strategies on employees' health. However, such evaluation of SOHSM includes certain challenges. First, characteristics and processes of importance for employees' health should be taken into account. Leadership strategies have been shown to be important for the occurrence and reporting of occupational disorders (Arnetz & Arnetz, 2000). Leaders' goal clarity has been related to a higher work attendance among HSO workers (Dellve, Skagert, & Vilhelmsson, 2007) and white-collar workers (Väänänen et al., 2004). Ambiguity about what constitutes goal achievement can be an important factor explaining work-related stress and work ability among HSO workers (Jacobsson, Pousette, & Thylefors, 2001; Maslach, Schaufeli, & Leiter, 2001). Second, relevant and practical outcomes should be identified and evaluated. Occupational disorders and work attendance (i.e. no or few spells of sick leave) are crude but easily assessed register-based indicators of work-related injuries and health. Reported occupational disorders among employees are often routinely followed within the organization. However, the relevance as indicating effectiveness of SOHSM and the relation to workers' health has not been validated.

#### *Aim*

The aim of this study was to investigate the importance of systematic occupational health and safety management, considering structured routines and participation processes, for the incidence of occupational disorders and the prevalence of long-term work attendance among HCWs.

#### **Method**

##### *Design*

The study is a comparison between organizations with high and low rates of occupational disorders and work

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