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Public Health

journal homepage: www.elsevier.com/puhe

Original Research

Employer attitudes towards general health checks and HIV testing in the workplace

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ARTICLE INFO

Article history:

Received 29 August 2017

Received in revised form

4 October 2017

Accepted 4 December 2017

Keywords:

HIV

Health screening

Workplace

Health promotion

Health check

Employers

ABSTRACT

Objective: There is a need to increase HIV testing rates in the UK. One approach is to increase access to testing through general health checks (GHCs) in the workplace. However, it is unclear whether GHCs are routinely offered by organisations, and employer perceptions of HIV testing are largely unknown.

Study design: Online survey to assess attitudes towards and provision of general health checks and HIV testing in the workplace.

Methods: Ninety-eight employers from 25 job sectors completed an online survey. Employers were 61 small and medium-sized enterprises (SME), 37 large organisations; 86% employing mobile workers, 77.6% employing migrant workers and 51.7% of employees were male workers. Items included employer attitudes around workplace health, GHC provision, content and delivery and attitudes towards workplace HIV testing including perceived benefits and barriers to HIV testing.

Results: Only one company offered opt-in workplace HIV testing. Seventy-eight companies (80%) did not provide any form of workplace GHC for employees. Decisions about health check provisions were not commonly informed by staff consultation (n = 6) or national guidelines (n = 4). Overall, 100% of companies (n = 98) reported at least one benefit of HIV testing and 68 (69%) believed that HIV testing *should* be offered in the workplace. Perceived barriers to HIV testing in the workplace were: [a] not having enough knowledge about HIV and testing; [b] not having trained staff to undertake HIV testing; and, [c] not knowing how to access HIV testing kits. Fifty-six companies (57.14%) would consider HIV testing as a future provision at their organisation. Sixty-seven companies (68.37%) would like further guidance on workplace HIV testing.

Conclusions: Few employers offer general health testing for employees, and opt-in HIV testing is exceptionally rare, despite positive attitudes towards it. There is a need to provide evidence-based guidance and support for employers around HIV testing in the workplace.

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<https://doi.org/10.1016/j.puhe.2017.12.004>

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Introduction

Key groups affected by HIV/AIDS in the UK are migrant populations (especially from sub-Saharan Africa) and men who have sex with men.¹ Late diagnosis of HIV is found particularly amongst migrants from Africa and is associated with increased risk of mortality and morbidity, onward HIV transmission, and high health care costs.^{1–6} There is an urgent need to expand HIV testing beyond specialised services to increase uptake and reach.^{7–10}

The workplace is advocated as an ideal setting for promoting health.^{11–13} Workplace health programmes are aimed at improving the mental and physical health and well-being of people at work, although they are strategically important for businesses and the economy.^{14,15} These initiatives may involve health education and awareness raising, preventative lifestyle interventions (e.g. physical activity, weight management, smoking cessation) and health screening. Some organisations offer general health checks (GHCs) to their employees, either in isolation, or as part of a more coordinated workplace health programme. GHCs generally target common risk factors for chronic disease, including weight, body mass index, fitness testing or blood pressure. These health checks differ to occupational health surveillance where test results have health and safety connotations and may be required by law for employees exposed or potentially exposed to occupational hazards. By contrast, GHCs are promoted to employees as optional check-ups of their overall health, in order for employees to determine their risk of developing certain health problems.

Workplace GHCs may be considered as a useful mechanism for assessing individual health risks, increasing health awareness and advocating healthier lifestyle behaviours among employees. Although the evidence for longer-term behavioural changes resulting from GHCs is limited,¹⁶ employees value the investment of the organisation in their health and well-being, and they are accessed by individuals with diverse sociodemographic characteristics and occupational roles.¹⁷ Indeed, the workplace may be an useful platform for reaching individuals reporting risk factors for disease,¹⁷ and other 'high-risk' or vulnerable groups including those with limited access to primary health care or subcultural inertia with respect to anticipatory health care.¹⁸

Workplace HIV testing has been utilised in regions of the world where HIV prevalence is particularly high (especially sub-Saharan Africa) and within key sectors (such as mining, military, police, transport and healthcare organisations) that employ population groups that may be particularly vulnerable to HIV.^{19–21} Most programmes provide HIV testing as a distinct service that needs to be specifically sought out, rather than integrating it with other health tests.^{22–26} Evidence on the effectiveness of such programmes is extremely limited, but there is ongoing concern over lower than expected uptake of HIV testing.^{27–29} Workplace HIV testing programmes have uncovered a number of challenges from the perspective of workers (primarily fear of stigma and discrimination) and employers (primarily limited recognition of their potential role in HIV prevention and reluctance to bear the costs).^{28,30}

In the UK, workplace HIV testing (with a particular focus on migrant workers) has recently been found to be feasible, and acceptability among employees for 'normalising' testing within a wider GHC is overwhelmingly high (92%).³¹ Embedding HIV testing within workplace GHCs may therefore serve as a useful approach for increasing access to HIV testing and ultimately increase testing rates in the UK. However, little is known about the current provision of GHCs and whether this differs by job sector or organisational size. There is limited evidence around the nature of health checks being offered in UK workplaces; whether and how they are offered, what they include and whether HIV testing is already a part of this provision. Finally, a better understanding of employer's views towards workplace HIV testing including perceived benefits and caveats will inform future delivery strategies.

The overall aim of this study was to determine whether GHCs are routinely offered by organisations, and to assess employer perceptions of workplace HIV testing. The main objectives were to ascertain: [1] the proportion of organisations offering opt-in workplace HIV testing; [2] current provision of GHCs; [3] perceived benefits and caveats of workplace HIV testing; [4] interest in future delivery of workplace HIV testing; [5] organisational support needs for testing.

Methods

Ethical approval for the study was received from the University of Nottingham Faculty of Medicine and Health Sciences Ethics Committee of 20th March 2017 [Ref: LT12042016]. An online survey was created using Bristol Online Survey (BOS; <https://www.onlinesurveys.ac.uk>), a platform selected due to compliance with all UK data protection laws and the potential for access control, encryption and account security. The survey included nine items on organisation profiles, seven items on employer attitudes around workplace health and 16 items on company provision of GHCs, their content and the nature of their delivery. There were 13 items on employer attitudes towards workplace HIV testing (including benefits and barriers to HIV testing, and requirements for future guidance for employers around HIV testing). No pre-existing survey was available and so the survey content was developed by the research team and reviewed by a panel of 10 individuals with specific expertise in workplace health and/or in HIV testing. Since it is recommended for identifying question problems that result in lower survey data quality, expert review was undertaken to ensure the relevance of items to the study aims.³²

An invitation message containing a link to the survey was circulated by email (or twitter) to employers through a list of top 200 regional organisations (East Midlands), and three UK-online professional networks (1 East Midlands; 2 UK-wide) in May–June 2017. Since the intention was to scope provision and attitudes across sectors and types of organisation, no organisations were deemed ineligible for the study. We requested responses from individuals on behalf of their organisations (including company directors or senior management, human resource managers, or occupational health specialists). Study information was provided online, and

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