A brief history of occupational health
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“The basis of occupational health practice

Put very simply, occupational health is about measuring and managing the effects of work on a person’s health, and of a person’s health on their ability to work. It is focused on the interaction between work and health, and health and work: Work and health (the impact that a person’s work can have on their health):

• occupational disease - a disease arising out of, or during, the course of employment, and caused by the work a person does;

• work-related disease - conditions that aren’t actually caused by work but are aggravated by the work a person does.

Health and work (a person’s medical fitness for work).

Traditionally, occupational health has been focused on protecting employees from work-related ill health but there is now an increasing focus on wellbeing interventions preventing ill health in the workforce and dealing with all potential causes of ill health, not just work. So, whilst sickness absence levels can be a measure of the success of occupational health services, there are many other factors that should be taken into account, such as general levels of physical and mental health and wellbeing.

Occupational health practice often uses a biopsychosocial approach, which is a holistic approach. The biopsychosocial approach was developed by George L. Engel, an American psychiatrist, in the late 1970s, and argues that it is the interplay between people’s genetic makeup (biology),...
mental health and behaviour (psychology), and social and cultural context (cultural, socioeconomic, familial, etc.) that determine the course of their health-related outcomes.

Occupational health practitioners are in a unique place in terms of their practice. They are based in the workplace between the medical profession on the one hand (occupational health practitioners are qualified nurses or medical practitioners) and employers on the other (they are trained to have an understanding of the unique interaction between work and health).

RELATED DISCIPLINES NOT TO BE CONFUSED WITH OCCUPATIONAL HEALTH

There are a number of disciplines related broadly to occupational health but which are distinct from it in terms of the focus of their activities or the qualifications of the practitioners involved in them. Some of these are outlined in the next section.

“Occupational health services will help keep your employees [mentally and physically] healthy and safe whilst in work and manage any risks in the workplace that are likely to give rise to work-related ill health.”

(NHS Health at Work Network).
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<th>HEALTH AND SAFETY</th>
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<td>Occupational health is focused predominantly on work and potential health concerns, whereas health and safety is concerned with potential safety hazards.</td>
<td>Occupational hygiene is focused entirely on the hazards in the workplace whereas occupational health is more person-centered (protecting workers from hazards but many other interventions too – health surveillance, return-to-work, etc.)</td>
<td>An occupational health practitioner is a qualified nurse with specialist occupational health training who is concerned with health at work. An occupational therapist is qualified in occupational therapy but is not a qualified nurse and would support people who are having problems with everyday tasks.</td>
<td>Ergonomics forms a part of the work carried out by occupational health practitioners and is concerned with ensuring that a person’s work environment is suited to their needs.</td>
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<td>“Preventing people from being harmed by work or becoming ill by taking the right precautions and providing a satisfactory working environment.” (Health and Safety Executive)</td>
<td>“Occupational hygienists use science and engineering to control risks to health, by designing out hazards and applying engineering controls to reduce exposures to a minimum.” (The Chartered Society for Worker Health Protection – BOHS)</td>
<td>“Practical support to empower people to facilitate recovery and overcome barriers preventing them from doing the activities (or occupations) that matter to them.” (Royal College of Occupational Therapists).</td>
<td>“Rather than expecting people to adapt to a design that forces them to work in an uncomfortable, stressful or dangerous way, ergonomists and human factors specialists seek to understand how a product, workplace or system can be designed to suit the people who need to use it.” (Chartered Institute of Ergonomics &amp; Human Factors)</td>
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HOW OCCUPATIONAL HEALTH BECAME WHAT IT IS TODAY

Occupational health has its roots in our industrial past, when it became apparent that the health of factory workers was being compromised. Now in the 21st century we are experiencing a significant shift from a focus purely on occupational illness caused by working conditions to a different set of challenges posed by the transition to a service economy, such as musculoskeletal disorders (MSDs), problems with stress and issues with mental and physical wellbeing.

OUR INDUSTRIAL PAST

The beginnings of modern occupational health can be traced back to the Industrial Revolution when the first major shift occurred in the British economy from small-scale artisan and agrarian production to large-scale manufacturing and the rise of Britain into a leading industrial nation. Manufacturing brought with it a unique set of problems – potentially dangerous factory conditions, long working hours, the use of dangerous machinery and chemicals, child labour in order to keep up with demand, etc. Gradually, certain progressive thinkers began challenging the risk and danger to which workers were subjected in the pursuit of rapid manufacturing output. Eventually the first Factory Act came into force in 1833, which formed the basis of a number of subsequent updates and revisions and served to highlight the need for worker safety.

THE SHIFT FROM MANUFACTURING TO SERVICES

During the 1960s, Britain saw the beginning of a phase of gradual deindustrialisation and the closure of many businesses involved in heavy industry and manufacturing (manufacturing as a share of real GDP has fallen from 30% in 1970 to 12% in 2010).

THE MODERN DAY

By 2016, the service sector contributed 78% of the UK’s GDP and this post-industrial shift to services has brought with it a completely different set of occupational health challenges. Common occupational health issues in the service sector include mental health issues and musculoskeletal disorders (MSDs), and a sedentary lifestyle is blamed for a whole raft of issues such as poor posture and insufficient physical exercise, which can lead to obesity, heart disease and diabetes.

A surge in demand for flexible working spurred on by the digitisation of communications and the ability for people to work virtually, and from home, has brought many opportunities for employers to tap into skills and for more people to enter the workplace who may otherwise have been excluded. But our ‘always on’ culture has contributed to increased stress levels, and the increase in the number of people working alone from home may contribute to a feeling of social isolation.
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SOME KEY STEPS IN THE DEVELOPMENT OF OCCUPATIONAL HEALTH AS WE KNOW IT TODAY

THE ANCIENT WORLD

Occupational health can trace its roots back as far as Ancient Greece when Hippocrates, a Greek physician and the father of medicine (the Hippocratic oath) observed lead poisoning among miners. Pliny the Elder, a Roman Senator, was the first to recommend that miners should use respiratory protection (using an animal bladder).

THE EARLY MEDICAL PIONEERS

1556

Publication of Georgius Agricola’s ‘De Re Metallica’ (‘On the Nature of Metals’), which talks about metals and mining techniques and makes reference to the need to look after the miners (e.g. sufficient ventilation, respiratory protection).

1700

Bernardino Ramazzini, an Italian physician known as the father of occupational medicine, publishes ‘De Morbis Artificum Diatriba’ (‘Diseases of Workers’) about occupational diseases.

THE BRITISH INDUSTRIAL REVOLUTION (1760 TO 1840)

The rapid transformation of Britain from an artisan, agricultural economy into a manufacturing powerhouse brought with it an increase in the number of untrained workers (including children) handling new machinery and led to a rapid rise in work-related accidents and illness.

1775

Percivall Pott, a surgeon, finds an association between exposure to soot and a high incidence of scrotal cancer in chimney sweeps, the first occupational link to cancer.

1832

Publication of the definitive edition of Charles Turner Thackrah’s book about industrial diseases. Occupational medicine as a discipline was established a result of this work and Thackrah became known as the ‘Father of Occupational Medicine’.

1833

The Factory Act comes into force in an attempt to improve working conditions and sees the appointment of the first factory inspectors. It was used as the basis for many subsequent revisions (including 1884 and 1948).

1898

Sir Thomas Marison Legge becomes the first inspector of factories in England and writes about lead poisoning and lead absorption in 1912.
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THE 20TH CENTURY

1919  Foundation of the International Labour Organization (ILO), made up of representatives from Government, employers and workers.

1935  Association of Industrial Medical Officers (later the Society of Occupational Medicine) is formed.

1950  The International Labour Organization (ILO) and World Health Organization (WHO) develop a shared definition of occupational health.

1951  The Dale Report recommends the expansion of industrial services into a national occupational health service.

1952  Royal College of Nursing Occupational Health Section is established.

1953  British Occupational Hygiene Society is formed.

1955  Donald Hunter publishes ‘The Diseases of Occupations’.

1968  Tunbridge Report ‘The Care of the Health of Hospital Staff’ is published, recommending hospital occupational health services.

1972  The publication of the Robens Committee on Health and Safety report, which leads to the introduction of the Health and Safety at Work Act in 1974.

1973  Entry of the UK into the European Economic Community, initiating the requirement for the UK to implement European directives on health and safety, and discrimination.

1973  Health and Safety Executive Employment Medical Advisory Service becomes operational.

1978  Faculty of Occupational Medicine is created within the Royal College of Physicians.

1982  Royal College of Nursing publishes the ‘Education of the Occupational Health Nurse’.

1988  Control of Substances Hazardous to Health Regulations (COSHH) become operational.

1992  The Association of Occupational Health Nurse Practitioners (UK) (AOHNP) is founded with a goal to increase the representation and profile of OH nurses.
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THE 21ST CENTURY

2000  Health and Safety Commission’s ‘Securing Health Together’ 10-year occupational health strategy is launched.

2004  Commercial Occupational Health Providers Association (COHPA) is launched.

2008  Publication of Dame Carol Black’s report ‘Working for a Healthier Tomorrow’.

2009  Council for Health and Work is formed with an independent chair.

2009  ‘NHS Health and Well-being’, the Boorman review, is published.

2010  Fit Note replaces ‘sick note’, allowing GPs to suggest work that patients may be able to perform before fully recovering from illness.

2010  SEQOHS launched, standing for ‘Safe, Effective, Quality Occupational Health Service’ - a set of standards and a voluntary accreditation scheme for occupational health services in the UK and beyond.

2011  ‘Health at Work – An independent review of sickness absence’ by Dame Carol Black and David Frost recommends a national health and work service.

2011  Royal College of Nursing publishes “Roles and responsibilities of occupational health nurses”.

2014  Fit for Work service is launched.
As one of the U.K.’s leading occupational health providers, Health Management, a MAXIMUS Company, helps organisations promote and maintain the physical, mental and social wellbeing of their employees in all occupations. We help your organisation manage and advise on employees’ health at work and the impact of work on their health.

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