The impact of work on health
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“Studies show that work is generally good for health. As well as a financial reward, it gives many of us self-esteem, companionship and status. There is good evidence that being out of work or ‘workless’ is bad for your health.”

(Royal College of Psychiatrists)

It is generally accepted that work is good for a person’s health, however, in some cases it can negatively affect a person’s health in two main ways:

**Certain work activities can put workers’ health at risk** in the form of occupational disease and work-related disease if hazards and risks are not properly managed.

**Excessive work can cause a person’s physical and mental health to suffer.** Research by University College London in 2015 found that those who work more than 55 hours a week have a 33% increased risk of stroke compared with those who work a 35- to 40-hour week. They also have a 13% increased risk of coronary heart disease.

**OCCUPATIONAL AND WORK-RELATED DISEASE**

“An estimated 1.3 million people who worked in 2015/16 were suffering from an illness they believed was caused or made worse by work. Of these, ½ million were new cases which started in the year” (Labour Force Survey 2016).

According to the World Health Organization, an **occupational disease** is a disease arising out of or during the course of employment, and caused primarily by the work a person does. Certain occupational diseases are classed as reportable under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013):
Occupational asthma, often caused by workers inhaling respiratory sensitisers such as wood dust, flour and solder fumes.

Carpal tunnel syndrome, which is characterised by tingling, numbness and pain in the thumb, index finger and middle finger, and can be caused by repetitive, awkward or excessive movement of the hand, or exposure to vibration (e.g. hairdressers, seamstresses, people who use vibrating tools).

Occupational dermatitis, which is commonly caused by a person’s skin coming into contact with skin sensitisers in the workplace (e.g. hairdressers, cleaners, caterers and people working in the health service).

Hand arm vibration syndrome (HAVs), which can be caused by the regular use of hand-held vibrating tools such as sanders, drills or chainsaws.

Work-related diseases are conditions that aren’t necessarily caused by work but may be aggravated by the work a person does (WHO).

**Work-related stress, depression and anxiety 2015/16**

- **11.7 million** Total number of working days lost
- **23.9 days** Per case
- **45%** Of all working days lost due to ill health

**Work-related musculoskeletal disorders 2015/16**

- **8.8 million** Total number of working days lost
- **16 days** Per case
- **34%** Of all working days lost due to work-related ill health

(Labour Force Survey, 2016)

**Occupational asthma**

The most common causes are airborne materials from spray painting or the manufacture of foam products, dusts from flour, grain or cereal, animal feed or bedding, and airborne materials from welding, soldering or cutting/grinding metals.

**Work-related skin disease**

Contact with soaps and cleaning materials, and working with wet hands, are the most common causes, and the occupations with the highest rates are florists, hairdressers, cooks and beauticians.
THE ENVIRONMENT OF THE WORKPLACE AND ITS EFFECT ON THE HEALTH OF WORKERS

Workplace environmental factors can have a profound effect on workers’ health and wellbeing and can broadly be divided into three categories:

The nature of work
Certain jobs pose particular risks and hazards that need to be managed, for example:
- **Manual work** (e.g. working with vibrating tools, working in a noisy environment, inhaling fumes that can cause respiratory problems).
- **Healthcare** (e.g. stress due to workloads and long hours, shift work, unhealthy life choices due to pressures of work).
- **Sedentary office jobs** (e.g. MSDs and ‘sitting disease’ – metabolic syndrome and the negative effects of a sedentary lifestyle).

The culture of the workplace
Some workplaces promote a ‘work till you drop’ ethos in which it is considered normal to work through breaks or do overtime, whilst others encourage staff to take regular breaks in order to help them relax and to boost morale. In some jobs, however, such as in healthcare environments, it can be very difficult to schedule breaks because of the unpredictable nature of workloads and the time-sensitivity of the work being done.

Workers’ lifestyles and their susceptibility to psychosocial risks
Some workers will be more susceptible to ill health based on their lifestyle choices. For example, those who do not look after their own health (e.g. poor diet, infrequent exercise) may find it harder to prevent the onset of illness. The psychosocial environment of the workplace (i.e. the culture and climate of the workplace) is important in maintaining good worker health.

Certain working conditions can cause psychosocial risk:
- **Excessive workloads** (what is ‘excessive’ for one person may not be excessive for another but a person might be considered to be struggling if deadlines are being missed, the quality of work is suffering or if the person is feeling stressed or anxious about the work that needs to be completed).
- **Poor management** (lack of support and communication, poorly managed organisational change).
- **Poor working relationships with colleagues**.

RISKS AND HAZARDS IN THE WORKPLACE

A **hazard** is anything that may cause harm to a person as part of their work, and exposure to hazards at work must be evaluated in order to reduce the risk to acceptable levels. Potential hazards include:

- **physical hazards** (e.g. extremes of temperature, noise, vibration, working at height, repetitive movements, awkward postures, electricity, radiation);
- **chemical hazards** (e.g. coming into contact with irritants, inhaling or ingesting dusts or gases);
- **biological hazards** (e.g. exposure to bacteria, viruses or infectious diseases);
- **mechanical hazards** (e.g. dangers caused by equipment or machinery);
- **psychosocial hazards** (e.g. stress, difficult working relationships, bullying).
Assessing risk in the workplace is concerned with the probability of a person being harmed by a hazard, and how serious that harm might be (this risk can be quantified).

RISK ASSESSMENTS
Risk assessments allow organisations to identify hazards and risks to health as part of workplace processes with a view to mitigating or controlling these risks. The Health and Safety Executive’s guide to controlling risks in the workplace outlines the key stages of a risk assessment:
- Identifying the hazards.
- Deciding who might be harmed by the hazards.
- Evaluating the risk of harm.
- Recording any significant findings (only necessary in organisations with more than five employees).
- Regularly reviewing the risk assessment.

THE WORLD OF WORK
The world of work is in a state of flux with many seismic changes taking place that affect workers and the environments of the workplaces within which they work.

These changes include:
- Increased competition and globalisation.
- Advances in IT and communications technology, and digitisation.
- Significant demographic changes: over 30% of the UK workforce are over the age of 50 and there is unlikely to be a sufficient supply of younger people to replace them (CIPD).
- Increased flexibility with regards to contractual arrangements and working times.
- An acceleration in the pace of life.
- Increased pressure to remain productive and competitive during this period of economic uncertainty.

“Ma Te mahi Ka tino ora”
(“Work brings health”)
- Maori proverb
PUTTING WORKPLACE ILL HEALTH AND INJURY INTO CONTEXT

There is significant variation between the levels of self-reported work-related illness and injury between various industry groups, a summary of which can be seen below based on Labour Force Survey data (average figures from 2013/14–2015/16). These figures show overall trends in self-reported illness and injury but do not portray the statistically far more significant prevalence of certain illnesses or injuries in particular sectors.

**Estimated rate of self-reported work-related illness and non-fatal injury by industry for people working in the last 12 months**

<table>
<thead>
<tr>
<th>SECTOR</th>
<th>WORK-RELATED ILLNESS (rate per 100,000 workers)</th>
<th>WORKPLACE INJURY (rate per 100,000 workers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agriculture, forestry and fishing</td>
<td>4,440</td>
<td>4,390</td>
</tr>
<tr>
<td>Construction</td>
<td>3,510</td>
<td>3,500</td>
</tr>
<tr>
<td>Human health/social work</td>
<td>4,580</td>
<td>1,950</td>
</tr>
<tr>
<td>Public admin/defence</td>
<td>4,210</td>
<td>2,140</td>
</tr>
<tr>
<td>Transport/storage</td>
<td>3,380</td>
<td>2,500</td>
</tr>
<tr>
<td>Education</td>
<td>3,630</td>
<td>1,680</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>2,690</td>
<td>2,270</td>
</tr>
<tr>
<td>Arts/entertainment/recreation</td>
<td>2,830</td>
<td>1,960</td>
</tr>
<tr>
<td>Other service activities</td>
<td>3,350</td>
<td>1,420</td>
</tr>
<tr>
<td>Wholesale/retail trade</td>
<td>2,440</td>
<td>2,200</td>
</tr>
<tr>
<td>Accommodation/food services</td>
<td>2,030</td>
<td>2,560</td>
</tr>
<tr>
<td>Administrative and support services</td>
<td>2,800</td>
<td>1,670</td>
</tr>
<tr>
<td>Waste management</td>
<td>4,020</td>
<td></td>
</tr>
<tr>
<td>Professional, scientific and technical activities</td>
<td>2,450</td>
<td>860</td>
</tr>
<tr>
<td>Financial and insurance activities</td>
<td>2,790</td>
<td>480</td>
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<tr>
<td>Utility supply</td>
<td>2,860</td>
<td></td>
</tr>
<tr>
<td>Information and communication</td>
<td>2,240</td>
<td>580</td>
</tr>
<tr>
<td>Real estate activities</td>
<td>2,660</td>
<td></td>
</tr>
</tbody>
</table>

Labour Force Survey 2016 and HSE
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AGRICULTURE, FORESTRY AND FISHING

The UK’s agriculture, forestry and fishing sector contributes around 1% of UK GVA and accounts for about 1% of the UK workforce.

UK Commission for Employment and Skills, 2012

4% of workers in the agriculture, forestry and fishing sector suffered from a work-related illness.

The most common work-related ill-health condition in this sector are musculoskeletal disorders (MSDs). Other work-related diseases linked to the manufacturing sector include respiratory disease and occupational cancer.

WORK-RELATED INJURY

Around 4% of workers in agriculture, forestry and fishing sustain a work-related injury caused by:

- Slips, trips and falls
- Being injured by an animal
- Lifting and handling
- Falling from a height
- Being struck by an object
- Having an accident with machinery

UK Commission for Employment and Skills, 2012
CONSTRUCTION SECTOR

The UK construction sector contributed 6.7% of UK GDP and employed around 2.9 million people in 2014/15.

WORK-RELATED INJURY

Around 3% of workers sustained a work-related injury such as slips, trips and falls, or injuries caused by lifting and handling, or working at height. Work-related injury in construction accounted for 500,000 lost working days.

WORK-RELATED ILLNESS

3% of workers suffered from an illness they believed to be work-related, which accounted for 1.2 million lost working days.

Musculoskeletal disorders (MSDs): 64%

Stress, depression or anxiety: 20%

Other work-related diseases linked to the construction sector include respiratory illness (e.g. occupational asthma, silicosis and COPD) and occupational cancer.

The incidence of new cases of work-related illness in the construction sector seen by GPs was about 20% greater than the average rate across all industries.

The construction sector produces an incidence rate of new cases of MSDs that is 90% higher than the average across all industries.

(THOR GP annual statistics 2012-14)
HUMAN HEALTH AND SOCIAL WORK

The UK health and social care sector contributed **9.9%** of UK GDP in 2014/15 and employed around **2.9 million people**.

WORK-RELATED INJURY

Around **2%** of workers sustained a work-related injury caused by lifting and handling, slips, trips and falls, and physical assault.

Work-related injury in the health and social care sector accounted for **5.7 million lost working days**.

WORK-RELATED ILLNESS

- **5%** of workers suffered from an illness they believed to be work-related, which accounted for **4.8 million lost working days**
- **44%** due to stress, depression or anxiety
- **37%** due to musculoskeletal disorders (MSDs)

The incidence of new cases of work-related illness in the health and social care sector seen by GPs was **about 30% greater than the average rate** across all industries.

The health and social care sector produces an incidence rate of new cases of mental ill health that is **80% higher than the average** across all industries.

(THOR GP annual statistics 2012-14)
As one of the UK’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.

Our broad, cross-industry experience enables us to target the specific needs of your organisation, taking a flexible approach to managing the health and wellbeing of your people. In this way, we strive to help you improve the wellbeing of your organisation’s staff and your organisation’s performance, productivity and profitability.

Your tailored programme may be delivered at your offices through our nationwide network of physicians so your employees are seen close to where they live, which reduces unnecessary travel and costs. Alternatively, we can offer other flexible solutions including mobile health units and national telephone-based support. Whatever your need, we deliver the required occupational health services to your employees in a professional and friendly way.

We have over 50 of our own clinics throughout the UK and Ireland, and access to an additional managed network of 250, so our expert medical advice is always close by.

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