

# **ACHIEVING SUSTAINABLE CONSTRUCTION HEALTH AND SAFETY CIB W99 CONFERENCE**

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**THE IMPACT OF ANNUAL EMPLOYEE MEDICALS ON A GENERAL  
CONTRACTOR (GC) AND ITS EMPLOYEES' SUSTAINABILITY**

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# Introduction (1)

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- **Contractors are not required to provide organisation wide annual medicals as part of a formal medical surveillance programme in South Africa**
- **However, better practice and the optimisation of the health and wellbeing of employees allude to the importance of such annual medicals and formal occupational health (OH) programmes**
- **The overall practice of providing medical surveillance is common, and generally well managed in general industry, but is not pervasive in the construction sector**
- **Issues in construction lead to the perception that medicals and general surveillance are difficult to manage:**
  - **Peripatetic nature and varying duration of projects**
  - **High turnover of construction workers**

## Introduction (2)

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- Lack of OH services in the sector (Deacon, 2004)
- **Historically, less effort is directed towards health issues in construction (Deacon, 2004)**
- **The objectives of the study were to determine, inter alia, the:**
  - Importance of medicals to the various stakeholders
  - Extent to which medicals have impacted on various aspects
  - Purpose of the medicals
  - The reason the company conducted the medicals

# Health promotion (1)

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- **The World Health Organization (WHO) defines health promotion as: “The process of enabling people to increase control over, and to improve their health.” [South African National Health Promotion Forum (SANHPF), 1998]**
- **Health promotion programmes implemented in general industry have generally been successful in increasing health awareness and changing health behaviours (Bagwell and Bush, 1999)**
- **Lifestyle factors account for 50% or more of premature deaths in the USA (Lusk, 1997)**
- **Work place is an ideal venue to undertake health promotion as adults spend most of their waking hours at work (Lusk, 1997)**

## Health promotion (2)

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- **Improvement of lifestyle can lower the risk of certain job hazards such as:**
  - **Smoking and occupational respiratory disorders**
  - **Drinking and workplace accidents**
  - **Poor fitness and musculoskeletal stress in lifting**
- **Several of the most common work-related disorders, namely cancer, lung disease, traumatic injury, cardiovascular disease and psychological disorders, would probably be mitigated by reducing behavioural risk factors through health promotion programmes**

## General issues (1)

- **Employees who smoke had 18% higher medical claims than those who did not smoke - Control Data Corporation study (Breckon *et al.*, 1994)**
- **Obesity, a major risk factor for diabetes, hypertension and other chronic diseases, amplifies the need for the promotion of healthy eating and exercise patterns (Bradshaw *et al.*, 2000)**
- **Lifestyle related diseases such as cardiovascular disease and cancer have superseded infectious diseases in developed countries as the major cause of ill-health**
- **HIV & AIDS and TB have been termed ‘the deadly pair’ by the South African Department of Health (DoH):**
  - **4.2 m South Africans are infected with HIV – 1 in every 10 (Eastern Province Herald, 2000)**
  - **TB kills more than one million people per year throughout the world**

## General issues (2)

- Alcohol and drugs are used throughout the day, primarily before work (43.7% and 43.7%), followed by working hours (35.5% and 27.1%) respectively (Smallwood and Ehrlich, 1999)
- Occurrence of stress is common in construction (Van der Molen and Hoonakker, 2000)
- Lifetime risk of any cancer is 1 in 6 for men, with skin cancers, usually non-fatal, being the most common (Bradshaw *et al.*, 2000)
- Violence:
  - Studies have linked anxiety and anger at work, which can result in poor decisions, vandalism, job loss and violence, to depression, heart disease and hypertension
  - Workers' cognitive judgement and rational thinking may also be impaired, resulting in workplace mistakes (Helge, 2001)

# Frequency at which health related aspects are addressed at work

Aspect	Response (%)				MS	Rank
	Never	Annually	Monthly	Weekly		
HIV & AIDS	52.3	18.2	25.0	4.5	1.82	1
Sexually Transmitted Infections (STIs)	62.5	17.5	20.0	0.0	1.58	2
Alcohol abuse	66.7	14.3	14.3	4.7	1.57	3
Tuberculosis (TB)	69.0	16.7	14.3	0.0	1.45	4
Drug abuse	79.0	11.6	4.7	4.7	1.35	5
Smoking	86.4	2.3	4.5	6.8	1.32	6
High blood pressure (hypertension)	81.8	13.6	4.6	0.0	1.23	7
Epilepsy	84.1	11.4	4.5	0.0	1.20	8
Healthy eating (nutrition)	88.4	4.7	6.9	0.0	1.19	9
Sugar diabetes (diabetes)	84.1	15.9	0.0	0.0	1.16	10=
Controlling weight (obesity)	90.7	2.3	7.0	0.0	1.16	10=
Stress	93.0	2.3	4.7	0.0	1.12	12
Cancer	90.9	6.8	2.3	0.0	1.11	13=
Family planning	90.9	6.8	2.3	0.0	1.11	13=
Family violence	90.9	6.8	2.3	0.0	1.11	13=
Worms, family illnesses e.g. measles	93.2	4.5	2.3	0.0	1.09	16

Table 1: Frequency at which health related aspects are addressed at work (MS = 1.00 – 4.00) (Deacon and Smallwood, 2003).

# Extent to which employees would benefit from primary health promotion

Aspect	Response (%)			Rank
	Yes	No	Don't know	
HIV & AIDS	88.9	12.2	6.7	1
Sexually Transmitted Infections (STIs)	86.7	4.4	8.9	2
Tuberculosis (TB)	84.4	6.7	8.9	3=
Alcohol abuse	84.4	6.7	8.9	3=
Drug abuse	78.6	9.5	11.9	5
Smoking	75.0	9.1	15.9	6
Family planning	69.0	17.5	16.7	7
Epilepsy	63.4	14.6	22.0	8
Healthy eating (Nutrition)	61.0	14.3	26.8	9=
High blood pressure (Hypertension)	61.0	19.5	19.5	9=
Family violence	58.6	14.6	26.8	11=
Stress	58.6	14.6	26.8	11=
Sugar diabetes (Diabetes)	56.1	14.6	29.3	13
Cancer	51.3	14.6	34.1	14
Controlling weight (Obesity)	47.5	22.5	30.0	15
Worms, family illnesses e.g. Measles)	45.0	14.6	37.5	16

Table 2: Perceived extent to which employees would benefit from employers addressing various health related aspects (Deacon and Smallwood, 2003).

# Benefits of primary health promotion

Aspect	Response (%)			Rank
	Yes	No	Don't know	
Better general health	88.9	6.7	4.4	1
Prevention of disease	88.6	9.1	2.3	2
Lower absenteeism	75.6	12.2	12.2	3
Improved productivity	69.7	16.3	14.0	4
Enhanced quality	65.8	22.0	12.2	5
Prevention of injuries	61.6	33.3	5.1	6
Lower stress levels at work	57.5	30.0	12.5	7
Enhanced schedule (programme)	47.3	31.6	21.1	8

**Table 3: Perceived benefits arising from employers addressing various health related aspects with their employees (Deacon and Smallwood, 2003).**

## Research – Sample stratum

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- Design was adapted so that the perceptions of a South African GCs' employees that had been subjected to annual primary health medicals could be determined
- 61 Employees responded to the self-administered questionnaire

# Research – Findings (1)

Qualification	Response (%)
Grade 12	41.8
N Dip.	18.2
BTech	0.0
BSc	0.0
BSc (Hon)	1.8
Other	38.2

**Table 1: Respondents' qualifications.**

Occupation	Response (%)
Management	16.0
Supervision	15.0
Students	7.0
General labour	13.0
Skilled labour	26.0
Human resources	3.0
Miscellaneous	8.0

**Table 2: Respondents' occupations.**

## Research – Findings (2)

Period (years)	Response (%)
≤ 1	28.3
> 1 ≤ 5	30.0
> 5 ≤ 10	28.3
> 10 ≤ 20	10.0
> 20	3.3

**Table 3: Respondents' length of time worked for their current employer.**

Period (years)	Response (%)
≤ 1	13.8
> 1 ≤ 5	29.3
> 5 ≤ 10	32.8
> 10 ≤ 20	17.2
> 20	6.9

**Table 4: Respondents' length of time worked in construction.**

## Research – Findings (3)

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- **Number of medicals respondents had while working for their current employer:**
  - **Total: 174**
  - **Mean: 3**
- **A total of 43 respondents (to the question) indicated that they had been subjected to medicals while working in construction:**
  - **Total: 128**
  - **Mean: 2.98**

## Research – Findings (4)

Year	Response (%)
≤ 2000	1.9
2001-2003	0.0
2004-2006	19.2
2007-2009	40.4
≥ 2010	38.5

Table 5: Respondents' year of first medical while working for their current employer.

## Research – Findings (5)

Stakeholder	Response %					MS	Rank	
	Unsure	Not..... Very						
		1	2	3	4			5
You	1.8	1.8	1.8	3.5	5.3	86.0	4.75	1
GC management	1.8	1.8	1.8	5.4	7.1	82.1	4.69	2
GC H&S management	1.8	1.8	0.0	5.3	17.5	73.7	4.64	3
Medicals service provider	5.4	1.8	0.0	7.1	12.5	73.2	4.64	4
GC HR management	1.8	0.0	0.0	9.1	18.2	70.9	4.63	5
Your family	1.8	1.8	0.0	7.0	26.3	63.2	4.52	6

**Table 6: Degree of importance of medicals to the stakeholders related to the medicals.**

## Research – Findings (6)

Parameter	Response (%)							MS	Rank
	Unsure	Did not	Minor.....Major						
			1	2	3	4	5		
Your awareness of specific health issues	0.0	1.7	3.4	0.0	3.4	24.1	67.2	4.47	1
Your awareness of general health issues	0.0	1.8	1.8	0.0	7.0	26.3	63.2	4.44	2
Perception of GC as an employer	0.0	1.8	1.8	3.5	14.0	15.8	63.2	4.30	3
Personal health and well being	0.0	3.5	0.0	1.8	12.3	26.3	56.1	4.26	4
Self esteem	0.0	7.0	0.0	5.3	12.3	17.5	57.9	4.07	5
Productivity of work	1.8	10.9	1.8	1.8	12.7	16.4	54.5	3.89	6
Work attendance	1.8	17.5	1.8	3.5	8.8	10.5	56.1	3.64	7
Frequency of ill health	1.8	14.0	14.0	3.5	15.8	10.5	40.4	3.18	8

**Table 7: Extent to which ‘motivators’ contributed to respondents’ organisations addressing H&S**

## Research – Findings (7)

Purpose	Response (%)
Regulations compliance	7.0
Employer's wellness programme	10.0
Productivity management	15.0
H&S management	69.0
Creation of awareness	13.0

**Table 8: Purpose of medicals according to respondents.**

Reason	Response (%)
Regulations compliance	10.0
Employer's wellness programme / caring for employees	25.0
Knowledge of employees' H&S status	49.0
Improvement of working conditions	11.0

**Table 9: Reason for medicals according to respondents.**

## Research – Findings (8)

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### Comments regarding medicals in construction:

- **“There’s a lack of service providers in rural areas. Different service providers tend to offer different feedback”**
- **“Regular check-ups have improved the health and wellbeing of employees”**
- **“Medicals in construction are important”**
- **“Medicals should extend to the workers’ families”**
- **“Besides the need of medicals being more private and extensive, the results are usually returned after a long period of time”**
- **“Attention is not given to health issues workers generally face such as ergonomics”**

## Conclusions (1)

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- **The medicals are perceived to be important to all the stakeholders related to the recipients of the medicals:**
  - **Can be concluded that the medicals have a wide ranging impact in terms of stakeholders**
- **The medicals have had a major as opposed to a minor impact on a range of aspects:**
  - **Can be concluded that the medicals have a major role to play in terms of the maintenance of human resources, internal public relations, employee's health and well-being, overall performance within the organisation, and the image of the organization**
- **Organisations reap further benefits when workers are treated equally - all levels of employees attend medical surveillance, irrespective of their level within the organisation**

## Conclusions (2)

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- **Labour turnover can be kept to a minimum and therefore routine medical surveillance programmes can be implemented and maintained (often cited as a reason for not conducting medicals)**

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