



Occupational Health and Safety regulation for a changing world of work: the central role of health

by Silvia Fernández Martínez

The 2016 Annual Conference “Health and work in a changing world of work” of the British Safety Council took place in London on 5th October. This year the Annual Conference focused on health under the premise that **a good management of the workforce’s health is crucial to address the challenges posed by the transformations in the world of work**. Nevertheless, this is not something new. In early 2000, the European Agency for Safety and Health already noted this fact (CFR. Bullinger, H. J., “The changing world of work: prospects and challenges for health and safety”, *The changing world of work*, Magazine of the European Agency for Safety and Health at Work, 2000, p. 10). In view of **demographic trends** and of major incidence of **work-health related problems**, as psychological and psychosocial stress and chronic diseases, the **health of the employee may assume a central role** in future forms of employment.

The major incidence of mental health conditions in the changing world of work (77% of employees have experienced symptoms of poor mental health at one time in their lives, Cfr. [Mental Health at Work Report 2016](#). [National Employee Mental Wellbeing Survey Findings 2016](#), [Business in the community](#), October 2016) derive from the transformation of the way of work. Nowadays, many jobs do not involve direct exposition to physical risks but to psychosocial ones, such as stress, anxiety or depression. [Karen Steadman \(The Work Foundation\)](#) released data about the increased incidence of long-term conditions among the UK working age population by 2030 and focused the attention on the necessity to consider new policies and interventions to address health and work challenges.

Occupational Health and Safety have to face also the challenge of an **aging population**. Workers suffer from changes in their functional capacities that affect their workability through the course of their working life. This fact impacts in their exposure to hazards and risks and according to [Katalin Sas \(European Agency for Safety and Health at Work \(EU-OSHA\) life-course approach in risk prevention and health protection](#) is essential to tackle this situation.

Traditionally, most discussions focused on safety, concentrating the efforts on reducing the number of accidents at work and **not on the health and wellbeing of the workforce**. According to [Clare Forshaw \(Health and Safety Laboratory\)](#) losing the “H” in OSH has been the key pitfall for health. Nowadays, although the statistics show a lower accidents rate, the presentation of [Nasser Siabi BOE \(Microlink\)](#) highlights that the number of working days lost due to a disability or a long term condition remains high and for this reason Occupational Health and Safety cannot be only about safety. **Equal attention should be paid to health issues and for this reason, it is necessary to increase awareness and change policies in this field**. However, health has not the same characteristics than the safety and for this reason, its management is more difficult.

Against this background, [Professor Dame Carol Black \(Newham College, Cambridge\)](#) argues that **although traditionally workplace Health and Safety has been separated from Health**

Promotion, it is crucial to put both concepts together. By doing so, the challenge of UK productivity could be addressed because Health and Safety and wellbeing are factors that have a crucial impact on productivity. Professor Dame Carol Black presented the concept of “total worker health-integration” that is defined as “a **strategic** and operational **co-ordination** of policies, programs and practices designed to **simultaneously prevent** work-related injuries and illnesses and **enhance** overall workforce health and wellbeing”. According to Professor Dame Carol Black, the **integration of both OHS and Workplace Health Promotion (WHP) can be a way to achieve a good management of workforce’s health** because it will consent to foster a healthy work environment, reduce potentially hazardous job exposure and promote health and safety behavior among workers.

The 2016 Annual Conference “Health and work in a changing world of work” of the [British Safety Council](#) put back to the center of the debate the necessity to reconsider the crucial role of health for the OHS regulation. It is necessary to recognize that health is a business issue because as [Mike Robinson \(British Safety Council\)](#) highlights “**a healthy worker is a safer and more productive worker**”. Once the prevention against workplace risks has achieved an acceptable level, now it is the moment to go ahead and develop the promotion of health and wellbeing of the workforce. The panel discussion integrated by [Dennis Curran \(Chairman Barhale\)](#), [Hugh Robertson \(TUC\)](#), [Lawrence Waterman \(Battersea Power Station Development\)](#), [Professor Stephen Bevan \(Institute of Employment Studies\)](#) and [Peter KellyHealth and Safety Executive](#)) identified challenges and strategies that should be implemented in this way.

OHS cannot continue to be limited only to risk’s prevention because in a changing world of work, and as result of the demographic changes, **workforce will develop working conditions that do not derivate from the work environment or from workplace accidents.** However, these health conditions have a negative impact on the workability of the workforce. In order to face this phenomenon, there is a need of positive approaches on OHS. **Total prevention needs to be replaced by approaches that aim to support workers in the process of retention or returning to work though adaptation measures of the work environment that allow them to continue to perform their job despite the reduced workability.**

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