

SAFETY AND HEALTH CULTURE, AND OCCUPATIONAL HEALTH SERVICES IN MANUFACTURING PRODUCTION COMPANIES

Project implementation period: 2014.

Aim of the study – to determine the safety and health culture, and occupational health services provided for and requested by employees in Lithuanian manufacturing production companies.

Tasks: 1. To describe the safety and health culture in companies. 2. To assess the volume of the provision of occupational health services to employees in companies and their usefulness. 3. To describe employees' requests regarding occupational health services to be provided. 4. To determine the influence of a specialist with medical education, working in the company, on the volumes and usefulness of provided occupational health services.

Material and methods. Having acquired the Lithuanian Bioethics Committee permission in 2014 to conduct a study, an invitation to participate in the study was sent to randomly selected Lithuanian manufacturing production companies. The target population are employees working in production departments. Study instruments – company survey protocol and a questionnaire for employees. A total of 500 questionnaires were handed out, 475 (95%) of them were returned, 98 questionnaires (20.6% of the returned questionnaires) were rejected, 377 questionnaires were analysed. 20 companies participating in the study filled out the company survey protocol.

Main results. Final research report was prepared which was approved in the Institute of Hygiene Methodical Commission meeting on 5 March 2015. Safety and health culture in companies was positive in five out of seven examined aspects. The study revealed the following company safety and health culture deficiencies: (1) only the minority of employees participate in work-related risk assessment; (2) employees are seldom credited for safe behaviour at work. Only a very small part of employees participated in health improvement activities (3.7% - 13.0%). If employees participated in these activities, they were useful in the majority of cases. Other occupational health services in companies (first aid training, shot offer, presentation of preventive health examination results) were provided more frequently. 67.3% of the respondents requested health improvement activities (training, workout, preventive programmes, etc.) to be held in the workplace in the next 12 months, 58.8% of the respondents requested other occupational health services as well. Employees in companies with specialists with medical education participated in first aid training more frequently, they were offered opportunities to get shots at work more frequently, and they received shots from an infectious illness at work twice as frequently.

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