

# Occupational Safety and Health (OSH) Practices, Policies and Programs of Selected BPOs, Hotels and Construction Companies in Three Major Cities of the Philippines

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## **Abstract**

### **INTRODUCTION**

The lifestyle issues among Filipinos stem from a significant proportion of the adult population being exposed to the health risks of tobacco and alcohol use, unhealthy diets and physical inactivity. Stress, drugs and alcohol, violence, HIV/ AIDS are emerging threats as well to enterprises. These problems in the workplace go beyond the health and well being of workers.

Concerned workplace parties and stakeholders have already recognized this situation and have begun to take steps to raise awareness and educate the workforce on the advantages of adopting healthy lifestyle practices not just for the national well-being but more importantly, for their own. The workplace is again viewed as a suitable venue for strategies to promote healthy lifestyles at work.

This profile study provides insight on the state of OSH and related concerns, a necessary stage in determining appropriate OSH interventions for the selected industries namely: business process outsourcing (BPOs), hotel, and construction industries. The information gathered include profile of workers and employers, health and safety data, OSH practices, existence of organizational structures and coordination mechanisms, and other information relevant to the objectives of the project.

The OSHC conducted this study to support the safety and health promotion component of the National OSH Plan (OSHC, 2010). The study is also a follow up to the Project CHANGE (Cigarette smoking; HIV/AIDS; Alcohol and Drug Abuse; Nasal, Lung Ailments and Tuberculosis; Good Nutrition and Breastfeeding; and Exercise) implemented by multi-organization collaboration. The ILO spearheaded the implementation of Project CHANGE (2011-2012) in partnership with UNAIDS, WHO, UNDP, DOLE, DOH and employer and employee organizations.

## **METHODOLOGY**

The study population was composed of key informants in selected establishments belonging to the business process outsourcing (BPOs), hotel and construction industries located in NCR, Regions 7 and 11. The key informants were the human resource personnel (HR) and safety/health personnel (OSH personnel) or OSH committee member knowledgeable on development and/or implementation of company's OSH services, activities, programs and/or policies. The workers' representative was also interviewed to determine the knowledge and participation in the health-related programs of the establishments.

An interview guide was used in the conduct of key informant interviews. To ensure uniformity of questions, the guide was discussed and pre-tested by

the research team members. With the consent of the respondents, if allowed the interview was recorded for documentation purposes.

## **RESULTS**

Eighteen establishments provided their consent to allow key personnel to be interviewed regarding the enterprise-based occupational safety and health policies, programs, systems and mechanisms. Fourteen (14) of the 18 respondents are large establishments. The medium and small-sized establishments belong to the hotel sector. The rank and file workers in the respondent establishments are mostly young. The older personnel belong to the managerial positions. In terms of sex distribution, the construction establishments and half of the respondent hotels have male-dominated workforce. The call centers in the study are mostly female-dominated.

Based on the responses of the key informants, it was noted that 17 of 18 the establishments have existing Health and Safety Committees – one of which was newly established. Of the 17 Health and Safety Committees, 11 have no worker representative as prescribed in the Occupational Safety and Health Standards.

The OSH personnel and HR mentioned that many of the programs implemented in their establishments aim at prevention of lifestyle-related diseases (proper nutrition, tobacco-free workplace, prevention of HIV, TB and drugs). Annual medical examinations and services like vaccination are also

provided by most of the establishments. However, it can be noted that the workers are not aware of some health programs being implemented by the establishments as identified by the HR or OSH key informants. Only 10 out of the 16 workers belonging to establishments with drug-free workplace programs know that such program exists. The same trend was seen with regards awareness of programs on HIV, TB, Hepatitis B, Tobacco, nutrition and health counselling.

Strategies most commonly implemented by the establishments for dissemination of information according to the HR and OSH informants included seminars, lectures, and fora. Information was also being disseminated through IEC materials such as posters, brochures and manuals. The social media was rarely utilized by the establishments as mode for promoting health information.

The HR and OSH key informants were asked to identify factors perceived to influence the implementation of OSH programs in the establishment. Most of them considered a well-designed program with clear goals and management support as important factors in ensuring the effective program implementation. The key informants also regarded communication, monitoring and feedback mechanisms and worker consultation as essentials for a successful program. The most common identified barriers to program implementation were the lack of management support, technical expertise and communication.

The participation of workers based on the interview were described as following company OSH policies and rules and attendance in OSH-related activities such lectures, seminars, etc. The worker respondents viewed that by taking part in the activities, their knowledge about the health domain will be increased. It is also important that the conduct of the activities did not conflict with work or social schedules.

Providing appropriate budget for OSH programs was the most commonly mentioned support needed to improve program implementation by the HR and OSH personnel key informants. Increasing workers' involvement was viewed by all key informants as necessary to ensure the success of the programs. Institutional partnership with government or private institutions for training and technical advice and sharing of best practices have been mentioned as well to be potent strategy to successful programs.

## **DISCUSSION AND RECOMMENDATIONS**

Integration of occupational safety and health and workplace health promotion programs is the conceptual framework advanced in recent years (Punnet et. al., 2009). Work organization is seen as a compelling influence to lifestyle behaviours. The key principle of integrated workplace health promotion program, therefore, merges initiatives that control workplace factors that increase health risk and initiatives that improve health and well-being.

The findings of the present study provided an insight to factors that key players in safety and health consider as essential to policy and program development and implementation. Repeatedly being mentioned enabling factors to initiation and sustainability of program include management support, budget allocation, capable program implementers, and worker participation. Communication channels and strategies will ensure the cascading of information on company policies and programs to workers and also escalating feedback on status of implementation and outcomes of programs. Social media and emails are potent tools in information dissemination. Nonetheless, traditional communication strategies are still considered relevant and useful. These include lectures, seminars, use of print media, toolbox meetings.

Barriers to worker involvement must be addressed to achieve worker empower through active participation in program design and implementation. Allowing workers ample time off from work to attend in health promotion activities is seen as an enabling factor to increase worker engagement. Management support to sufficient training, development of information materials and provision of incentives motivates worker participation. Management support also creates a culture of higher involvement that transforms passive participation to active participation. The role then of the workers is expanded from policy follower to a partner in decision making and program planning.

The development of effective OSH and health promotion programs is hinged on multiple factors and networks. Regulatory compliance may be an

impetus to initiate program development. However, improved program uptake by establishments and sustainability of programs are influenced by organizational commitment, worker involvement, technical capability and resources available and accessible to program planners and implementers.