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International Journal of Occupational Safety and Ergonomics
Publication details, including instructions for authors and subscription information:
http://www.tandfonline.com/loi/tose20

Occupational Health Care in Small and Medium-Sized Enterprises—Introduction of Services to Craftsmen by Using Their Professional Networks

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Published online: 08 Jan 2015.

To cite this article: Brigitte Froneberg & Ute Boldt (1999) Occupational Health Care in Small and Medium-Sized Enterprises—Introduction of Services to Craftsmen by Using Their Professional Networks, International Journal of Occupational Safety and Ergonomics, 5:4, 581-584

To link to this article: http://dx.doi.org/10.1080/10803548.1999.11076439

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INTERNATIONAL JOURNAL OF
OCCUPATIONAL SAFETY AND ERGONOMICS 1999, VOL. 5, NO. 4, 581–584

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NOTES

Occupational Health Care in Small and Medium-Sized Enterprises—Introduction of Services to Craftsmen by Using Their Professional Networks

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In order to ensure equality of occupational health care among employees of small and medium-sized enterprises (SMEs) and of larger companies, amendments in the regulations of the numerous German accident insurance funds had to be made to provide for full availability of services, as requested by German and European law. According to these amendments, sectors formerly exempted due to small size and due to lack of an adequate number of qualified personnel, had to be covered by occupational health care. In order to reach this target group new strategies of care delivery had to be developed, making use of pre-existing infrastructure and networks.

In Germany, district trade association (Kreishandwerkerschaften) have proved to be very effective for introducing occupational safety and health care into SMEs by either hiring external multidisciplinary services or by establishing a common service to be used by all associated crafts establishments. In a study conducted by the Federal Office for Health and Safety at Work in 1996 (Boldt, Gille, & Grahl, 1997), 7 district trade association were looked at in detail for their strategies. The results were discussed and supplemented in a 2-day workshop.

occupational health care SMEs handicraft district trade associations

Presentation made at the International Symposium "From Protection to Promotion," May 4–6, 1998, Helsinki, Finland.

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Once upon a time there was a country that thought it had quite an effective system to ensure health and safety at work. It thought it could protect the workforce against accidents and occupational disease by monitoring industrial processes and by monitoring workers' health and by interacting carefully wherever and whenever needed. Legislation in the field of occupational health had become better and better from the times of Bismarck up to the "Act on company doctors, safety engineers, and other occupational advisers" of 1973 (Arbeitssicherheitsgesetz, 1973).

Of course, the system in its structure was quite complex, as to be expected from a system of long standing, involving some 75 accident insurance funds and 15 states (Bundesländer). There were also some peculiarities like the so-called dual system. However, over all and also in comparison with other countries' results, the system seemed to ensure quite acceptable rates of occupational accidents and diseases.

Already in the German Health and Safety Act of 1974 (Arbeitssicherheitsgesetz, 1973), it was laid down that all workers should have equal access to occupational health care. However, due to the lack of specialized staff at that time, exemptions had to be made for small-scale enterprises leaving thus roughly half of the workforce without occupational health care. However, even this aspect of incomplete protection of the workforce with bias against small and medium-sized enterprises (SMEs) was not really uncommon in European countries.

Thus, we became used to it and somehow started to rub our eyes, when the European Commission adopted its third action program, which finally resulted in the framework directive (Council Directive 89/391/EEC) and its daughter directives, and the European harmonization process began to become real.

What does a country do, if it suddenly has to face the challenge to offer occupational health care to all sectors of activity (public and private) and to any person employed except for domestic servants? Obviously, first of all, the country has to adapt legislation and to make all the necessary amendments further down the line corresponding to the complex and highly decentralized structure of the occupational health care system.

Major problems like logistics in health care, capacity of occupational health care professionals in terms of the numbers and qualifications, quality assurance, and so forth, have to be considered and taken care of. I will discuss practice only, however.

In Germany, more than 6 million people are employed in nearly

600,000 trade enterprises. Half of these enterprises employ fewer than 5 people. These 600,000 enterprises will have to be covered by occupational health care by the year 2004.

Trades have traditionally a very good infrastructure used for matters of common interest. Once the management of these traditional networks is won over for modern occupational health care, they can do an excellent job in informing and motivating their members about new regulations, and an even better one in organizing and coordinating necessary activities. By these channels small shops owners with little experience in matters of occupational safety and health and with many economic worries and concerns can be readily accessed—even in times of deregulation and absent control—provided their actual need is addressed.

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In 1996 we looked in detail at seven different district trade associations, in order to learn from their strategies and to transfer their experience to the public for general use. To this purpose we conducted semi-structured interviews with district trade association managers, care deliverers (occupational physicians, safety specialists), and involved regional sick-fund personnel.

The main results of the study (Boldt, Gille, & Grahl, 1997) are as follows:

- All district trade associations we looked at had proved to be very effective in introducing occupational safety and health care into the SMEs of their region.
- Occupational health care, however, was established only for those trades, where there was already a legal obligation, that is, the accident insurance fund in charge had enacted new regulation to provide full availability of services.
- District trade associations in rural areas tended to establish a common service of their own to be used by all associated crafts establishments for logistic reasons; in urban areas usually neighboring external multidisciplinary services were hired.
- Establishment of preventive medical services seemed to be more important to the crafts associations than the introduction of safety specialists.
- All district trade associations voiced interest in information and consultation, but saw little need for "unnecessary" screening routines of a healthy work population to be paid for by the employer.

- They also rightly wanted their own actual needs to be addressed and to be taken care of for their good money.
- Trade associations in urban areas generally made use of health promotion strategies by contracting additional services from their appropriate sick-fund.

The results of the study were presented in detail in a 2-day workshop in September 1997 under active participation of district trade associations managers, occupational physicians, representatives of accident insurance funds, and of sick-funds. The discussions were very lively, very much to the point, and straightforward.

In general, the managers of the district trade associations reported good acceptance of the new occupational health service by their clients and also that their services were cost-effective.

As it is too early to measure the true effect of full occupational health care among craftsmen in terms of sickness absence, accident rates, or motivation, or any other indicator, a follow-up is planned for 2000.

REFERENCES

Arbeitssicherheitsgesetz. (1973). Gesetz über Betriebsärzte, Sicherheitsingenieure und andere Fachkräfte für Arbeitssicherheit vom 12.12.1973 [Act on company doctors, safety engineers, and other occupational advisers from 12.12.1973]. *Bundesgesetzblatt I*, 1885.

Boldt, U., Gille, H.G., & Grahl, R. (1997). *Arbeitsmedizinische Information, Motivation und Beratung von Handwerkern* [Occupational medicine information, motivation and advice for craftsmen] (Publication No. 766). Dortmund, Germany: Schriftenreihe der Bundesanstalt für Arbeitsschutz und Arbeitsmedizin.

Council Directive 89/391/EEC of June 12, 1989 on the introduction of measures encouraging improvements in the safety and health of workers at work. *Official Journal of the European Communities*, No. L 183, June 12, 1989, pp. 1–8.

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