



Confederation of Irish Industry

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21st ANNIVERSARY CONFERENCE OF THE IRISH HEART FOUNDATION

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HEALTH PROBLEMS IN INDUSTRY

Health problems in industry cannot be divorced from those in the wider community. They reflect the living standards, life styles, eating habits, education and social attitudes of the total population. In this paper I shall comment briefly on these different aspects and shall suggest possible areas for improvement.

Living standards in Ireland are relatively high. Our income per capita is the 28th highest of more than 150 countries tabulated in the World Bank Economic Atlas. Income per employee is the same as in Britain and is much higher than in other EEC member states such as Greece and Portugal.

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This relatively high living standard is reflected in a life expectancy at birth of over 70 years similar to France, well ahead of Belgium, slightly higher than Britain, but somewhat short of the 75 year life expectancy in Japan.

Life expectancy reflects our life styles, attitudes to exercise, eating and drinking habits, stress, and the quality of health care.

For many years Ireland was thought to be one of the best fed nations in the world. We eat about the same amount of meat and vegetables as the rest of Europe. On average we drink less alcohol.

EEC surveys suggest that Irish people are not subject to exceptional stress. In the last quarter of 1986 Irish people expressed about the same level of satisfaction with life generally as the average European. In the same survey the Irish had a relatively happy state of mind - somewhat happier than the average European.

However, a report published by the Department of Health last December showed that Irish men particularly have a one and a half times greater risk of death from heart disease than the EEC average. Ireland also ranks high among EEC countries for premature deaths from hypertension and stroke. The high mortality rate from these diseases is

occurring notwithstanding the availability of high technology, diagnostic and curative services. This suggests a need for the further development of health education influencing individual life style, and the more widespread involvement of all sections of the community in health promotion.

It is essential that people take more responsibility for their own health by adopting a personal life style which is conducive to good health. This can be done by extending the role of physical education in the schools, not only in the narrow area of sport but also to the development of a healthy life style. Health promotion represents an investment which will increase the capacity of the community to generate wealth.

This has a direct relevance to industry. The promotion of a healthy life style can have a favourable impact on the reduction of absenteeism. Many firms recognise that such programmes can give a significant return in economic and social terms.

The Irish age structure would suggest that Ireland should have a lower demand for institutional health care than most other European countries. It would also suggest that we should have a lower tendency to be absent from work through sickness.

Absenteeism is also influenced by the extent to which abuses are monitored and a financial penalty is incurred through being absent from work. It is essential that income arising from short-term disability benefits should be subject to tax in the same way as all other income.

Industry has a vital interest in provision of working conditions which are conducive to the maintenance of good health. During recent years firms have become very concerned about the escalating cost of Employers' Liability Insurance which has been due in large measure to an archaic legal system for the hearing of personal injury claims. Industry would strongly favour a reform of the legal system, and also the rapid development of a system of safety audits by insurance companies so that those firms which have taken extensive accident prevention measure would have this reflected in lower insurance premiums.

Occupational diseases occur less frequently than non-occupational diseases, but offer better immediate opportunities for successful prevention. The types of preventive measures to be adopted depend on the nature of the harmful substance or agent, and its routes of absorption into the body. Built-in protection inherent in the design of a process, is preferable to a method which depends on continual human intervention.

Absenteeism in Industry

It is becoming increasingly recognised that medical and behavioural problems are a significant cause of poor job performance. They are also a significant cause of absenteeism, which results in lower efficiency, higher costs and a deterioration in competitiveness.

In 1975 a comprehensive study on absenteeism in Irish industry was undertaken by the Irish Productivity Centre and this established that absence rates in Irish manufacturing industry did not compare unfavourably with other European countries. The study did, however, acknowledge that there were no grounds for complacency.

Rates of absenteeism vary significantly between enterprises. There was evidence of a deteriorating position towards the end of the 1970s. In April 1981 major member firms of the Confederation reported variations in absenteeism rates from 3% to 25% in different industrial sectors. Illness headed the list of reasons for absence from work but there were a whole host of other reasons. Some industrial firms perceive that alcohol-related problems appear to account for 10% to 20% of absences but these figures are based solely on judgement.

A Working Party on Alcoholism established by the Employer

Labour Conference reported in May 1983. It made eight major recommendations :

- a. The Department of Education in conjunction with the Health Education Bureau should undertake a sustained vigorous programme of education in all educational establishments and in the workplace.
- b. The Department of Health should formulate a long-term policy aimed at changing the social attitude towards the use of alcohol.
- c. In places of employment generally, there should be jointly agreed programmes on alcohol-related problems.
- d. Employers should embark on compiling records of absenteeism on a systematic basis, and the Federated Union of Employers has devised a form of absenteeism reporting which it has recommended to its member firms.
- e. Consideration should be given by the Department of Health to a proposal for research in industry aimed at assessing the proportion of workers who might have drink problems.

- f. Consideration should be given to having research undertaken by the Department of Health on the relationship between advertising of alcohol and its consumption. In this context the Irish Brewers' Association claimed that the effective advertising of alcohol generally is not to increase the overall size of the market, but rather to capture a bigger share of the existing market for the individual advertiser.
- g. The relevant authorities should correct the imbalance between Dublin and the rest of the country with regard to the availability to specialised facilities for counselling and treatment of drink related problems.
- h. The law relating to the sale of alcoholic drinks to under-age persons should be strictly enforced by the vendors and by the Gardai.

It should be noted that on average Irish people drink less alcohol than in other European countries. The question of alcohol abuse is clearly related to a small minority.

Since 1984 the Irish Management Institute has been conducting an absenteeism control programme. This is an ambitious and broadly-based programme aimed at helping participating enterprises to control absenteeism, with particular emphasis on the compilation and analysis of

relevant statistics.

Each year the EMF produces a World Competitiveness Report. One aspect of this Competitiveness Report is an examination of the extent of labour absenteeism in each of the developed industrial countries of the OECD, including Ireland. This particular survey is based on the judgement of management in each of the countries and gives some idea of the extent of the problem in relative qualitative terms. In 1984 Japan came out on top of the list with the lowest level of absenteeism, followed by Switzerland, Denmark and the United States. Ireland was seventeenth and was followed by only five of the developed industrialised countries. In 1985 Ireland occupied 23rd place out of 28 countries - the 22 OECD countries which were assessed together with six developing countries. The last three places were held by India, Spain and Portugal. Italy, which had been below Ireland in the 1984 Report had improved its position. There was no improvement in Ireland's position in 1986.

In 1984, the Government raised the question of the attitude to absenteeism in the White Paper on Industrial Policy. This stated that absenteeism had been identified by a number of firms as a serious problem and it also made it clear that "it is primarily a function of management to tackle absenteeism at the level of the individual firm".

The Government established a task force of Ministers of State at the Departments of Industry, Trade, Commerce and Tourism; Social Welfare; and Labour, to consider the problem of absenteeism in industry and to report to the Cabinet.

In September 1985 the Minister for Industry, Commerce and Tourism announced details of a Government Action Programme to combat absenteeism in industry. The Irish Productivity Centre were asked by the Government to take a special role in promoting measures to reduce absenteeism and were asked to design a comprehensive absenteeism programme. The Minister stated that absenteeism is a hindrance to productivity and to cost efficiency in industry and noted that there had been close to unanimity in the submissions made to the Ministerial Task Force by CII, FUE, ICTU, the Irish Management Institute and the Irish Productivity Centre. All were in agreement that absenteeism control is primarily a management responsibility best tackled at the level of the individual firm.

The CII does not see its role as one of offering a service to individual firms in this area. That is obviously a matter for the Federated Union of Employers which is active in the cause of endeavouring to reduce absenteeism and has issued detailed advice to members on the matter. The Confederation, however, does play a role in promoting a

climate of awareness within the community in general which will support the efforts of management to combat absenteeism and in supporting the provision of appropriate programmes and facilities in order to promote the conditions for faster economic growth.

We wish to support strongly a community-based approach to health programmes in the workplace as proposed by the VHI. This would have a major spin-off benefit in helping to combat absenteeism. We believe that a comprehensive community care approach makes very great economic sense in addressing the many life style illnesses at a primary care level, that is, at the prevention stage. Expenditure on illness prevention makes far more sense economically than having to spend a much greater amount on cure. The major life style diseases such as cardio-vascular disease, cancer, and accidents, are suitable subjects for health promotion: the primary prevention and the secondary prevention or intervention stages of a comprehensive care programme. The final or tertiary stage of treatment can also be provided through community-based programmes, in problems arising from alcohol abuse, drug dependency, or stress.

Everyone in the community has a responsibility to promote healthy living and to spread an awareness of measures which can be taken by each of us at individual level to avoid

illness. I welcome the increased awareness of the value of education and advice as a means of improving living and working performance.

Conclusion

Many aspects of Irish living standards have shown very great improvement in recent decades. We live longer, have higher incomes, we eat better, and are more highly educated. We are not subject to exceptional stress and are reasonably satisfied with life. However, absenteeism from work remains much too high. I recognise that absenteeism control is primarily a management responsibility. There is also much that can be done by concentrating on the prevention of illnesses through education and advice. We must recognise that Irish men, in particular, have a greater risk of death from heart disease than other Europeans. This suggests a need for the further development of health education influencing individual life style and the more widespread involvement of all sections of the community in health promotion. Good health will be reflected not only in our physical wellbeing but also in greater efficiency, productivity and higher living standards.

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