OCCUPATIONAL HEALTH:
FROM THE VIEWPOINT OF THE
SELF-EMPLOYED AND
MICRO-BUSINESS OWNER

While we have all done our various occupational health courses via our medical schools, I am sure that most of us regard the subject from the point of view of an employee and whether our patient is fit to return to the type of work that they were accustomed to doing. Have we stopped to consider the situation when our patient is self-employed or runs a micro-business (defined by the European Union as having between one and nine employees)?

With contributions from the 200 000-strong Federation of Small Businesses (FSB) and the Public Health Resource Unit, with input from the Health and Safety Executive, the Manufacturer’s Organisation, and technical support from the South East Public Health Observatory, the FSB has just published its 2006 Survey Report, Health Matters: the Small Business Perspective.1 It makes interesting reading. Business owners feel under pressure to continue to work through sickness, since impacts on the continuity or quality of service coupled with a loss of income are key drivers. Some feel that medical advice does not take into account the pressures of the business, so much so that business owners do not consult health professionals or they do not act on the advice given.

Other matters influencing business owners’ decisions included the impact on customer relationships and credibility, sometimes resulting in a loss of custom and/or reputation and the various forms of anxiety during their absence about matters such as the business in general, the quality of the product or service, the loss of new business or sales, the general management of the business, cashflow problems and even closure of the business. There is even a potential backlog of work to have to face and the possibility of not being able to carry out certain tasks on return. There is therefore a potential, self-perpetuating cycle of stress due to sickness absence, resulting in the impact on the business, which adds further stress with further sickness, thus prolonging the absence or leading to a further bout of sickness should they return too early.

While some business owners who continued to work through illness could modify their business arrangements by, for example, opting to work from home, change their hours or even the tasks that they performed, some simply could not afford to take time off nor could they afford to take out insurance cover. Some could rest or sleep during quiet periods or increase their pain medication.

Finally, the small business owners’ view of advice from GPs and health professionals was that it concentrated solely on the basis of the illness and did not consider the demands of the business in the same light as, for example, the effects on family circumstances.

One chilling statement was that, ‘If I was employed, I would have been signed off for 8 weeks. As it was I only took the day off for the operation.’

Perhaps we should discuss the possibility of occupational health services being more available to us in our surgeries so that patients can be referred where appropriate in order that their needs and abilities can be assessed rather than being just “signed off” for further periods. Surely food for thought?

Bernard Juby

REFERENCES