

# **WORKPLACE HEALTH AND SAFETY SURVEY PROGRAMME**

## **2005 WORKER SURVEY FIRST FINDINGS REPORT**

**J T Hodgson, J R Jones, S D Clarke, A J Blackburn,  
S Webster, C S Huxtable and S Wilkinson.**

## **WORKPLACE HEALTH AND SAFETY SURVEY PROGRAMME:**

### **2005 WORKER SURVEY FIRST FINDINGS REPORT**

**J T Hodgson, J R Jones, S D Clarke, A J Blackburn, S Webster, C S Huxtable  
and S Wilkinson**

#### **ABSTRACT**

This report details the first findings of a survey of just over 10 000 workers conducted between August 2005 and December 2005. It focuses on numbers exposed to different workplace hazards and workers' concerns, training levels and view of trends in risk.

This first report lays most emphasis on measures that are less likely to be vulnerable to response bias. This is because the relatively low survey response rate (26%) brings with it the potential for non-response bias. The impact of this cannot yet be accurately quantified, but could mean that the prevalence of hazards is over-estimated by the survey (since people exposed to them will be more motivated to respond than the unexposed). However comparison with the Third European Working Condition Survey (run in 2000) and a recent ONS Omnibus module on stress suggest that the WHASS hazard responses can be regarded as reasonably representative. In any case the ranking between hazards, and the views among those exposed as to whether the risks are increasing or decreasing, will be less subject to any such bias.

The most widespread hazard is stress, with around a fifth of the workforce expressing concern that stress could cause them harm. The next most prevalent hazards causing concern were lifting or carrying heavy loads, slipping or tripping and dust or fume exposure, each representing around an estimated 9% of the working population. Over half the workforce has no, or slight, health and safety concerns.

Respondents were asked whether various categories of health and safety risk had increased, reduced or stayed the same over the past year, and in most cases they believed the risks had stayed the same. Perceived reductions in risk were generally more common than increases and this was particularly marked for the risk of falling from height, where reduced risk responses outnumbered increased risk responses by around 20 percentage points. A clear balance in favour of reduced risk was also seen for dust and fume exposure, skin contact with chemicals and slipping or tripping. The only risk category showing a clear balance in favour of increased risk was stress (by around four percentage points).

This report also summarises top-level findings on health and safety representation, occupational health provision and self-reported work-related injury and illness rates. More detailed results by demographic and employment-related variables (where sample numbers are sufficiently large) are given in supplementary tables<sup>1</sup>.

Further analyses will be undertaken on an ad hoc basis, and released when available, providing more detailed patterns by industry and assessments of preventive measures within the different hazard groups. The results of this survey will also be compared with UK results from the Fourth European Survey on Working Conditions in order to help assess the possible extent of response bias.

For information about health and safety ring  
HSE's Infoline Tel: 0845 345 0055  
Fax: 0845 408 9566  
Textphone: 0845 408 9577  
e-mail: [hseinformationservices@natbrit.com](mailto:hseinformationservices@natbrit.com) or write to  
HSE Information Services, Caerphilly Business Park,  
Caerphilly CF83 3GG.  
© *Crown copyright* This publication may be freely  
reproduced, except for advertising, endorsement or  
commercial purposes. First published 05/06. Please  
acknowledge the source as HSE.

## **National Statistics**

"Precursor" measures of the control of risks, to support the statistical judgment on progress towards overall health and safety targets, are being developed in accordance with National Statistics standards. As discussed in this report, the potential impact of non-response on the present results means that these findings do not themselves constitute established National Statistics. They are experimental statistics that will contribute to a programme whose aim is the development of National Statistics in this area.

## ACKNOWLEDGEMENTS

**We would like to thank the British Market Research Bureau for undertaking this survey.**

**We would also like to thank all members of the HSE who contributed to the development of the questions for the WHASS survey programme. These included:**

Ahsan Saleem, Alan Morley, Alan Osborne, Alan Spence, Alan Topping, Alberto Pompermaier, Allan Davies, Allan Sefton, Alun Williams, Amy Holmes, Andie Michael, Andrew Cottam, Andrew Smith, Andrew Strawson, Andy Phillips, Andy Weyman, Ann Brazier, Ann Harrington, Anne Morley, Anne Sharp, Anne Wilson, Arwel Barrett, Bal Chaggar, Baljit Sahota, Bill Gillan, Bill MacDonald, Bob Rajan, Bob Tunnicliffe, Bob Warner, Brian Coles, Brian Fullam, Carol Grainger, Carole Sullivan, Catherine Jones, Cathy Kerby, Chris Collinson, Chris Findlow, Chris Molde, Chris Quarrie, Chris Rowe, Chris Taylor, Chris Willby, Clare McNicholas, Colin Mackay, Colin Potter, Colleen Bowen, Damien McElvenny, Dan Mitchell, Dave Rickwood, David Ashton, David Goodchild, David Legge, David Lewis, David Pascoe, David Pennie, David Sowerby, Delyth Dyne, Donald Goodhew, Edward Marshall, Elizabeth Gyngell, Evan Bale, Fiammetta Gordon, Francis McGuigan, Frank Perkins, Geoff Cox, Gordon Macdonald, Graeme Walker, Graham Collins, Graham Stevens, Graham Watson, Gwyneth Deakins, Harvey Wild, Ian Crawford, Ian Greenwood, Ian Travers, Ingrid Summersgill, Isla Fraser, Jacqui Bailey, Jane Willis, Jane Young, Jayn Johnson, Jeremy Bevan, Jim Skilling, Jim Stancliffe, Jo Walker, John Cullen, John Furlong, John Hampton, John Ives, John McGuinness, John Price, John Thompson, John Worth, Jonathan Russell, Josephine Gravel, Judith Reilly, Julia O'Hara, Julia Soave, Julian Delic, Kate Timms, Kath Martin, Katie Cappello, Keith Broughton, Keith Wiley, Keith Wilson, Kevin Myers, Laura Whitford, Len Morris, Linda Varney, Linda Williams, Liz Gibby, Louisa McNamara, Louise Brearey, Luke Le Rendu, Malcolm Darvill, Marcia Davies, Mark Dempsey, Martin Davies, Martin Holden, Matthew Holder, Matthew McCabe, Maureen Disson, Maureen Meldrum, Max Walker, Mel Draper, Melanie Phillips, Michael Topping, Michele McDermott, Mike Cosman, Mike Cross, Mike Sebastian, Mike Shepherd, Mike Tonge, Monica Smith, Morris Johns, Murray Devine, Neal Stone, Nicholas Booker, Nick Ratty, Nick Sangha, Nick Summers, Norman Byrom, Paul Beaumont, Paul Brereton, Paul Buckley, Paul Evans, Paul Oldershaw, Paul Wilkinson, Paul Wusteman, Penny Barker, Peter Evans, Peter Mullins, Richard Elliott, Robert Hampton, Robert Parkes, Robert Paterson, Roger Nourish, Roger Rawbone, Ron Bell, Ron Gardner, Ron McCaig, Rosanna Cousins, Sally Williams, Shelagh Molloy, Shirley Parry, Simon Pilling, Simon Thornhill, Simon Warne, Stefan Sanchez, Stephen Taylor, Stephen Wright, Steve Coldrick, Steve Fairhurst, Steve Pointer, Steve Walker, Steve Whetton, Steve Wood, Stewart Campbell, Stuart Bristow, Susan Mawer, Taf Powell, Teresa Quinn, Terry Rose, Tim Harris, Tom Taylor, Toni Drury, Tony Bandle, Tony Hetherington, Tony Mulhall, Trevor Allan, Trevor Shaw, Will Pascoe. Plus all not listed who contributed through their programmes or teams.

**Thanks to those outside HSE consulted on questionnaire development:**

Professor David Coggon, Professor Richard Ennals, Dr Mark J Nieuwenhuijsen, Dr Lesley Rushton, Dr Keith Palmer, Professor Raymond Aguis and the THOR team.

**Thanks to those involved in the project management and administration:**

Dave Dillon, Helen Goddard, John Osman, Katharine Abba, Tony Webster, Tracy Hamilton, Vicky Warbrick.

**Thanks to members of the Board that steered the WHASS programme:**

Brian Etheridge, David Riley, John Ewins, Paul Davies, Peter Brown, Phil Scott, Richard Clifton, Vic Coleman, John Ewins, Nick Dyson (DWP).

**Thanks to members of HSL and HSE involved in production of this report and the document containing supplementary tables**

Kevin McNally, Craig Sams, Simon Rice, Gaynor Foster and Heather Wake

**Most of all we would like to thank members of the public who gave their time to take part in this survey.**

## CONTENTS

LIST OF FIGURES AND TABLES .....	v
1. INTRODUCTION .....	1
2. HAZARDS OR WORKING CONDITIONS .....	2
2.1 PC or laptop usage .....	6
2.2 Lifting or carrying .....	6
2.3 Hand-arm vibration .....	7
2.4 Whole body vibration .....	7
2.5 Noise.....	7
2.6 Chemicals that could cause skin problems.....	8
2.7 Dusts or fumes that could cause respiratory conditions .....	8
2.8 Physical attacks or threats at work .....	8
2.9 Work at height.....	9
2.10 Slip or trip .....	9
2.11 Driving or working around vehicles .....	9
2.12 Stress .....	10
3. HEALTH AND SAFETY MANAGEMENT .....	10
4. SICKNESS ABSENCE.....	11
5. GENERAL ATTITUDES TO WORK-RELATED ILL HEALTH.....	11
6. HEALTH AND SAFETY CLIMATE FACTORS .....	14
7. WORKPLACE INJURIES AND WORK-RELATED ILL HEALTH.....	15
REFERENCES.....	18
ANNEX A: TABLES.....	19

# LIST OF FIGURES AND TABLES

		Page
<b>Figures in text</b>		
1	Estimated percentage of workers quite or very concerned that the risks they are exposed to could cause them harm, by risk category (percentages of total working population)	3
2	Estimated percentage of workers quite or very concerned that the risks they are exposed to could cause them harm, by risk category (percentages within risk categories)	4
3	Estimated percentage of workers indicating that the risk of harm could be realistically reduced/reduced further, by risk category	4
4	The estimated net difference between the percentage of workers perceiving increases and decreases in risk in the last 12 months, by risk category	5
5	Estimated percentage of workers given training and/or guidance, by risk category	6
6	Estimated percentage of workers taking sickness absence by outcome	11
7	Estimated percentage of workers indicating that a condition can be caused their work	12
8	Estimated percentage of workers who knew someone in their workplace who had experienced a condition because of the work they do	13
9	Estimated percentage of workers who agree or strongly agree that those who say work gave them their condition are often just looking for an excuse	13
10	Estimated mean climate scores by workplace size	14
11	Estimated mean climate scores by work-related outcome status	15
<b>Tables in text</b>		
A	Estimated rates of key work-related outcome events	16
<b>Tables in Annex A</b>		
A1	Summary of results by risk category	20
A2	Summary of results for workers physically attacked or threatened by a member of the public	22
A3	Whether given training, and confidence that training will reduce risk of harm, by risk category	23
A4	Whether employer/company had undertaken any initiative in last 12 months to reduce stress in main job	24

		Page
A5	Whether line manager/employer discussed with them stresses in their main job	25
A6	Whether have Health and Safety Officer at main job appointed by employer	26
A7	Whether have Health and Safety representative appointed by trade union/someone other than employer at main job	27
A8	Whether employer at main job has any policy/arrangements to help people return to work after sickness or injury	28
A9	How effective arrangements to help people return to work after sickness or injury are	29
A10	Whether have access to occupational health advice or treatment through main job	30
A11	Estimated percentage of workers taking sick leave in last 12 months, by length of time taken off	31
A12	General attitudes to work-related ill health	32
A13	Estimated mean climate scores by workplace size	33
A14	Estimated mean climate scores by outcome status	34
A15	Estimated percentage of workers with a workplace injury occurring in the last 12 months, by time off work in the same period because of the injury	35
A16	Estimated percentage of workers with a work-related illness in the last 12 months, by time off work in the same period because of the illness	36

## 1. INTRODUCTION

The Workplace Health and Safety Survey (WHASS) programme has been designed by the Health and Safety Executive (HSE) to provide a direct source of information on workplace hazards and the control of risks from these hazards. As originally conceived, the centrepiece of the programme would be a linked inquiry of a sample of workplaces with questions directed to management and (separately) to workers at those workplaces. Developing and testing the design of such an inquiry took longer than expected, and it was decided to proceed with separate employer and worker surveys in 2005 (in parallel with large-scale testing of a linked design), in order to generate information relating to the base year for HSE's 2005 to 2008 PSA targets.

First findings from the employer survey were published in November 2005<sup>2</sup>. This report presents headline results from the worker survey, focusing particularly on numbers exposed to different groups of hazard and workers' concerns, training levels and view of trends in risk. This report also summarises top-level findings on health and safety representation, occupational health provision and self-reported work-related injury and illness rates. More detailed results by demographic and employment-related variables (where sample numbers are sufficiently large) are available in supplementary tables<sup>1</sup>.

Future analyses will be undertaken on an ad hoc basis providing more detailed patterns by industry and assessments of preventive measures within the different hazard groups.

Survey respondents were aged 16 or over and had worked in the previous 12 months. The survey was administered by telephone, with households selected by random digit dialling. Within households with more than one eligible respondent, just one member was selected for interview, using a computerised method of random selection. A total of 10 016 interviews were achieved, a response rate of 26%. Full details of the survey, which was undertaken by the British Market Research Bureau (BMRB), can be found in the associated survey technical report<sup>3</sup>, and details of the questions are provided in the questionnaire<sup>4</sup>.

There are some limitations to the data presented. Firstly, a response rate of 26% raises a clear possibility of response bias. In other words, that the individuals who gave responses to the survey may be systematically different from those who did not. In particular, people who have suffered work injury or work-related illness can be expected to be more motivated to respond than others. There is evidence that this was indeed the case. The implied rate of injury (resulting in 4 or more days absence from work) within the sample is about 40% higher than that estimated from the Labour Force Survey (LFS), and the implied rate of self-reported work-related illness is more than double the LFS rate.

Furthermore, comparison of responses from those who replied most readily (early responders) with those who were harder to reach (late responders) shows consistent differences, with early responders reporting higher levels of injury and illness, higher levels of concern about health and safety and higher prevalence of exposure to potentially hazardous conditions. These differences were generally quite small – one or two percentage points, but they support the view that non-response bias may be a factor. It is likely that the difference between the 26% who responded and the 74% who did not will be more marked than the difference between early and late responders. However comparison with UK data from the Third European Working Condition Survey (run in 2000) which had some similar hazard questions, does not suggest that the WHASS hazard responses are substantially biased. An ONS



Omnibus module run in April and May 2005 had some overlap with the WHASS questions on stress. Here again the findings were similar, encouraging the view that -- apart from reports of injury and illness -- the WHASS responses can be regarded as reasonably representative.

Secondly, all estimates based on sample surveys are subject to error. The main factor that determines the width of the margin of error around a given estimate is the number of sample cases it is based on. Hence, estimates become less reliable as the number of respondents answering a particular question becomes smaller. This may happen in the case of a sub-analysis or a follow-up to a question that only related to a small part of the entire population surveyed. The tables and charts presented in this report include 95% confidence intervals to reflect the sampling error associated with the weighted estimates derived from this survey (see technical report for more details about the weighting process<sup>3</sup>). Each of these represents a range of values which has a 95% chance of containing the true value in absence of bias. The confidence intervals were calculated using the survey analysis module of the Stata statistical analysis package<sup>5</sup>.

Tabulated estimates based on between 20 and 29 sample cases are considered less reliable and are presented in italics. Where the actual number responding to any question was lower than 20, estimates have not been produced.

It is also important to remember that estimates relate to the respondents' awareness (e.g. whether exposed to specific hazards), their views (e.g. attitudes to work-related ill health, health and safety climate in workplace) and their recall of events (e.g. sickness absence).

## **2. HAZARDS OR WORKING CONDITIONS**

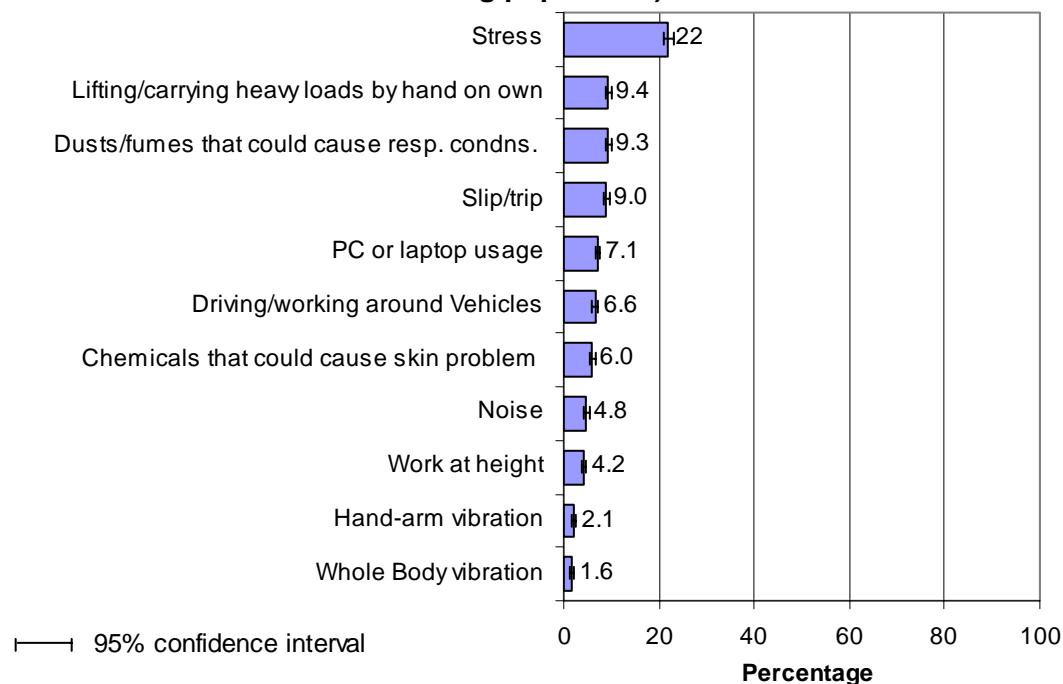
For each of the individual risk categories examined in the survey, [Figure 1](#) shows (in rank order) the estimated proportion of those members of the working population exposed to that risk who say they were quite or very concerned that this might cause them harm.

On this basis, the risk most commonly causing concern was stress, with an estimated 22% of the working population reporting that they were quite or very concerned that this might cause them harm (see [Table A1](#)). The next most prevalent hazards causing concern were lifting or carrying heavy loads, slipping or tripping and dust or fume exposure, each representing around an estimated 9% of the working population. Computer usage was of concern to 7.1% of the working population. Skin contact with chemicals was of concern to 6.0%, work at height to 4.2%, noise to 4.8%, hand-arm vibration to 2.1% and whole body vibration to 1.6%. There is some overlap, since respondents were able to report more than one concern. In all, an estimated 23% of the working population reported no health or safety concerns, and a further 30% had only slight concerns.

An estimated one worker in 14 (7.1%) were quite or very concerned about being physically attacked or threatened by a member of the public while at work. However, this question was only asked of respondents who had experienced threats or an attack during the last year ([Table A2](#)). The third European survey on working conditions<sup>6</sup> shows that around three quarters of the UK workforce deals directly in the workplace with people who are not employees. Assuming that a proportion of these people without direct experience of threat or attack would also report concern, the ranking of this hazard should be higher. A similar question in the 2002/03 British

Crime Survey<sup>7</sup> recorded around an estimated 15% of the working population as being fairly or very worried about violence at work. This would put the hazard of threats or attack in second place behind stress.

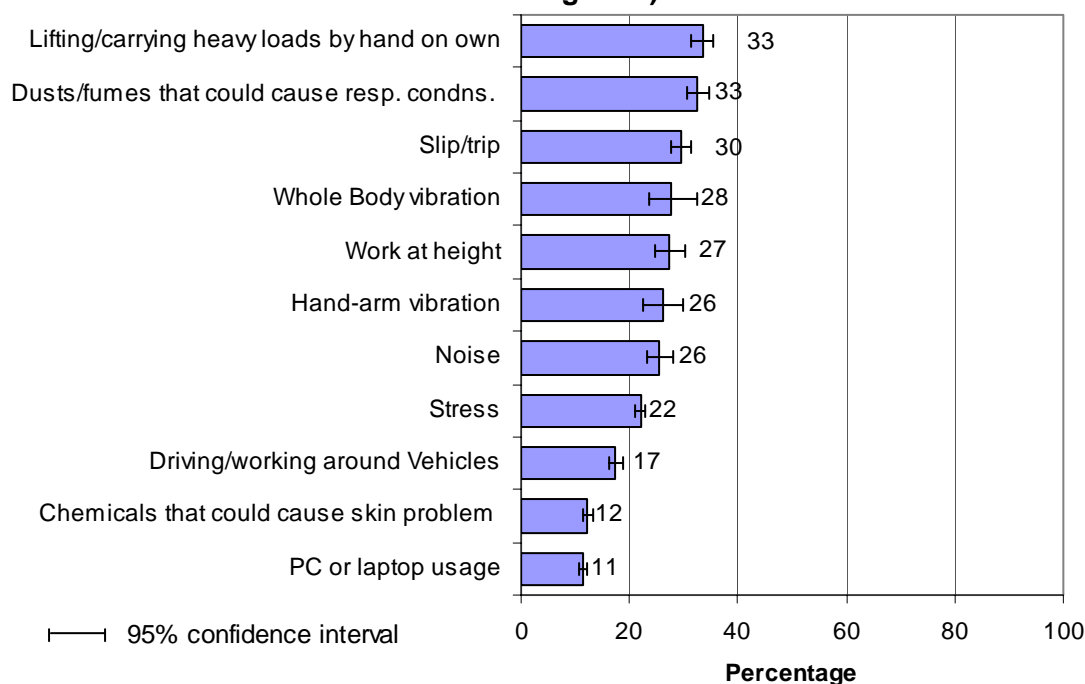
**Figure 1**  
**Estimated percentage of workers quite or very concerned that the risks they are exposed to could cause them harm, by risk category (percentages of total working population)**



The picture presented in Figure 1 is mainly determined by the numbers of individuals potentially exposed to these hazards. If the numbers of workers concerned about a particular hazard are expressed as a percentage of all workers exposed to the hazard (rather than as a percentage of the whole working population), the ranking shown in [Figure 2](#) emerges.

An estimated one third of workers involved in heavy manual lifting were quite or very concerned that it might cause them harm. The same proportion of concern was seen in the group of workers exposed to dust or fumes. At the other end of the scale only an estimated 11% of computer users and 12% of workers with skin contact with chemicals indicated concern.

**Figure 2**  
**Estimated percentage of workers quite or very concerned that the risks they are exposed to could cause them harm, by risk category (percentages within risk categories)**



**Note:**  
 All workers were asked questions about stress at work.

**Figure 3**  
**Estimated percentage of workers indicating that the risk of harm could be realistically reduced/reduced further, by risk category**

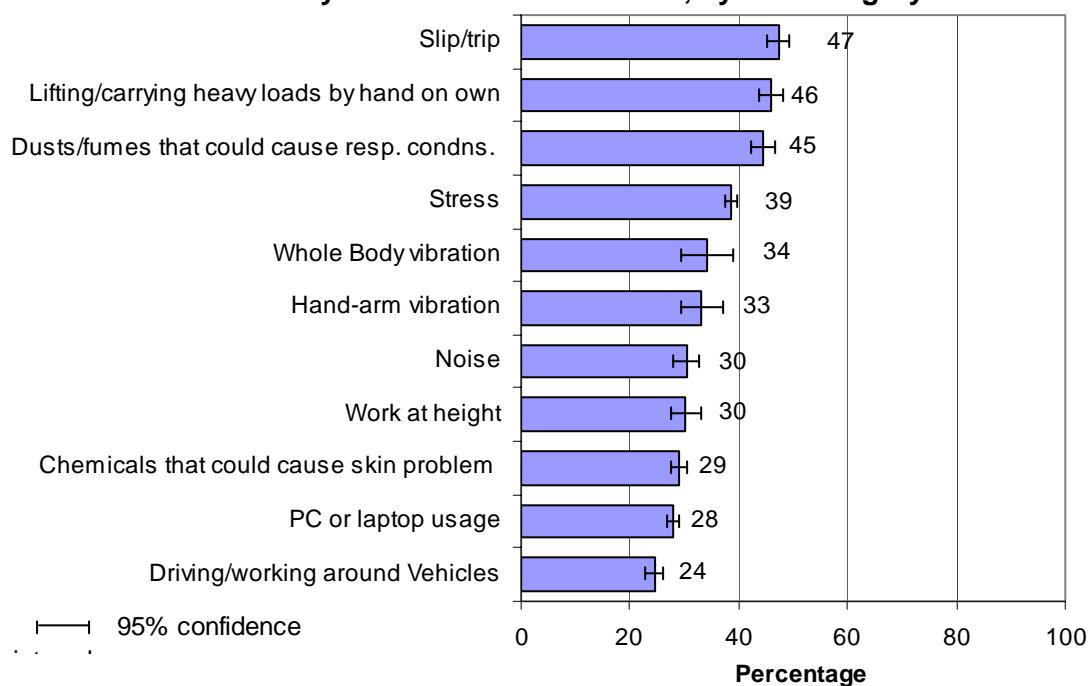
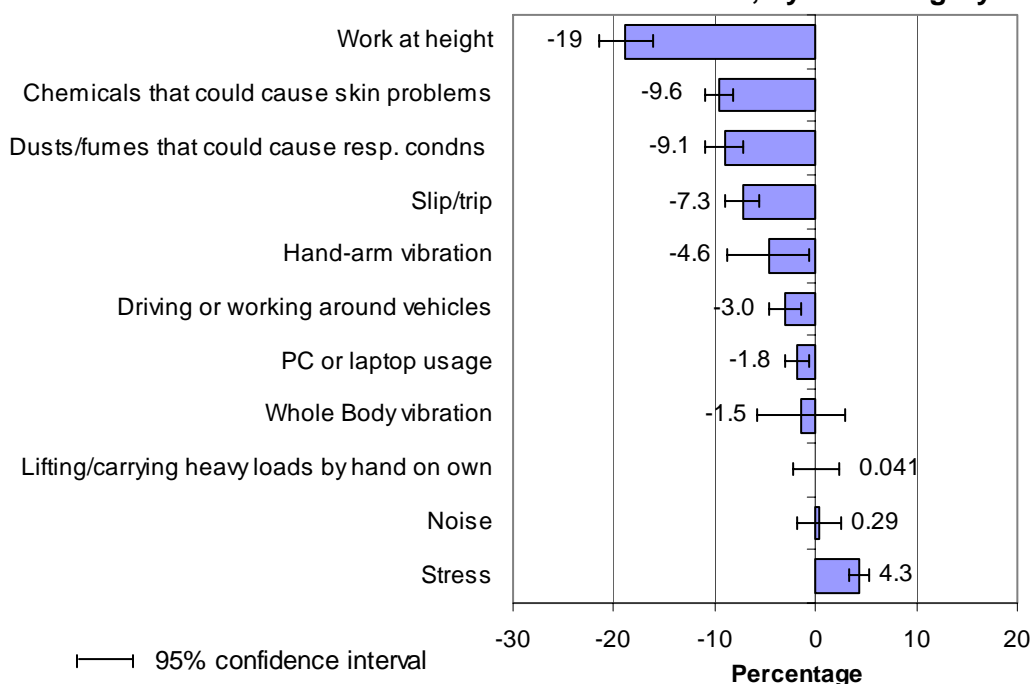


Figure 3 summarises responses to the question of whether each risk could realistically be reduced in the respondent's workplace. Slipping or tripping, manual handling and exposure to dust or fumes had the highest positive responses with an estimated 45% or more of workers who experienced these hazards thinking they could be realistically reduced. The three hazards seen as least preventable, each with less than 30% of those exposed thinking they could be realistically reduced, were skin contact with chemicals, computer use and driving or working around vehicles.

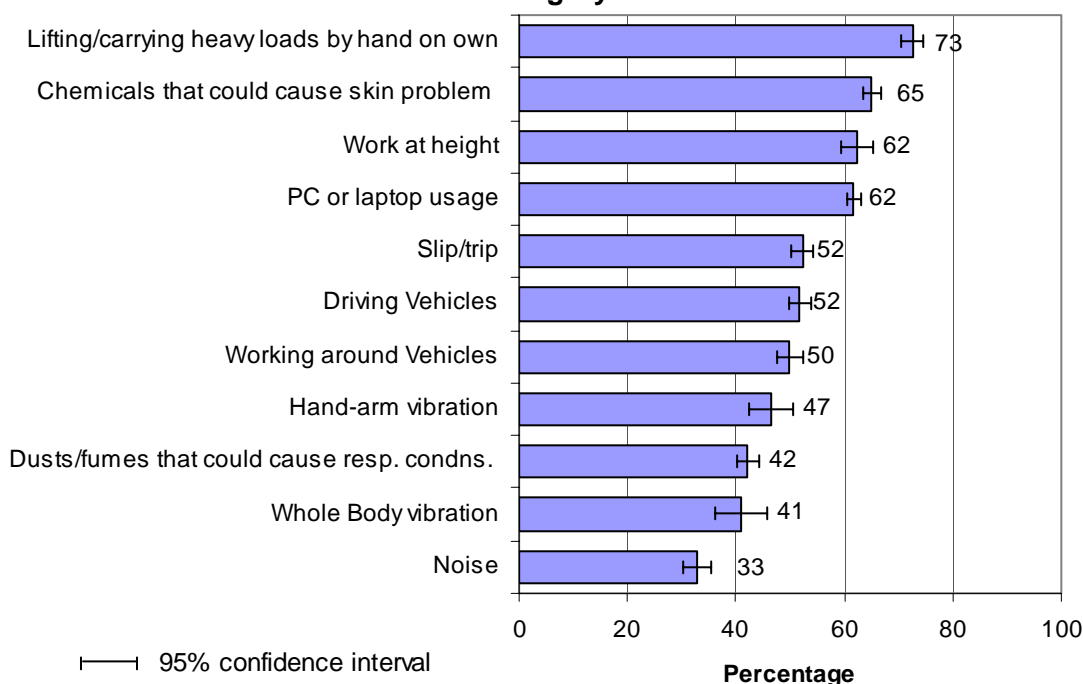
**Figure 4**  
**The estimated net difference between the percentage of workers perceiving increases and decreases in risk in the last 12 months, by risk category**



In each hazard group, respondents were asked whether they felt the risk from that hazard had increased, reduced or stayed the same over the last 12 months. Figure 4 shows the net difference between the percentage saying risk had increased and the percentage saying it had decreased. These differences are predominantly negative, representing reductions in risk level. The balance in favour of reduced risk is particularly clear for work at height, skin contact with chemicals, dust or fume exposure and slipping or tripping. Only for stress is there a clear -- and statistically significant -- balance of responses in favour of increased risk.

The estimated proportion of workers given training/or guidance in respect of each hazard is quite variable (see Figure 5 and Table A3). It is most common for manual handling, for which 73% of those exposed had been trained. Three other hazards had training rates of 60% or above: skin contact with chemicals, work at height and computer usage. The lowest percentages were for dust or fume exposure (42%), whole body vibration (41%) and noise (33%).

**Figure 5**  
**Estimated percentage of workers given training and/or guidance, by risk category**



## 2.1 PC or laptop usage

An estimated 62% of workers used a desktop PC or a laptop/electronic notebook in their job during an average working day. Amongst these users, an estimated 62% had received health and safety training, guidance or information on the use of their PC/laptop and the layout of their workstation. Most workers (90%) who had received training, guidance or information were very or fairly confident that this would help prevent them from developing a health problem.

Some 10% of workers using a PC or laptop at work indicated that the risk of developing a health problem had reduced during the last 12 months, but 78% indicated no change and 8.6% an increase. Amongst users, just over one-quarter felt the risk of developing a health problem could be reduced and 11% were quite or very concerned that the use of a PC or laptop in their job could cause them harm (representing an estimated 7.1% of the working population).

## 2.2 Lifting or carrying

An estimated 28% of workers had a job in which an average day involved lifting or carrying heavy loads by hand on their own. Of those undertaking manual lifting, an estimated 73% received health and safety training or guidance and 86% of these were very or fairly confident that this would help prevent them from developing a health problem.

One third of those exposed to manual handling were quite or very concerned that this might cause them harm (representing 9.4% of the working population). A high percentage (46%) of those exposed believed the risk could realistically be

reduced/reduced further. The number thinking the risk had increased over the last year was the same as those thinking it had reduced (15% each).

### **2.3 Hand-arm vibration**

An estimated 8.1% of workers used power tools or machines in their job, for at least 1 hour in an average working week, that made their hands vibrate. Of these, 47% had been given training, advice or guidance on preventing possible damage to their hand or arm from vibration. Most (85%) were very or fairly confident that the training, advice or guidance would reduce the risk of an injury.

Around a quarter of those exposed to hand-arm vibration were quite or very concerned that this might cause them harm (representing 2% of the working population). One third believed that the risk could realistically be reduced. The balance of views on whether this risk had increased or reduced was slightly in favour of a reduction (14% versus 9.7%).

### **2.4 Whole body vibration**

In the last 12 months, an estimated 5.8% of workers had a job which involved riding or standing on vehicles or machines that caused vibration or frequent jolting. Of these, 41% had received training, advice or guidance on how to prevent possible damage to their back or other parts of their body, and the majority (94%) were very or fairly confident it would reduce the risk of back pain or problems with other parts of the body.

Some 28% of those exposed to whole body vibration were quite or very concerned that this might cause them harm (representing 1.6% of the working population). One third believed that the risk could realistically be reduced. The number thinking this risk had increased over the last year (9.9%) was similar to the number thinking it had reduced (11%).

### **2.5 Noise**

An estimated 19% of workers worked in an environment where the noise level on an average working day was so loud that they had to raise their voice to talk to people or they had work tasks that left them with ringing in their ears or a temporary feeling of deafness. Training, advice or guidance on how to prevent possible hearing damage from noise had been given to one third of these workers, and where it was given it was found to be helpful: an estimated 92% of workers indicated that they were very or fairly confident that it would help prevent them from damaging their hearing.

A quarter of those exposed to noise were quite or very concerned that this might cause them harm (representing 4.8% of the working population). An estimated 30% believed that the risk could realistically be reduced. The number thinking this risk had increased over the last year (9.6%) was very close to the number thinking it had reduced (9.3%).

## **2.6 Chemicals that could cause skin problems**

Respondents were asked whether in the last 12 months they had come into regular contact with specific chemicals in their job which could cause skin problems e.g. cutting oils or coolants, soaps or cleaners, solvents, or any other substances known to cause skin problems (see questionnaire for more details<sup>4</sup>). Responses indicated that in the last 12 months, around half of all workers came into regular contact with substances that are known to cause skin problems. Two thirds had received some training or information on whether handling such substances could cause skin problems and/or how to protect themselves from any harmful effects of the substances. An estimated 87% were very or fairly confident that this would help prevent them from developing a skin problem<sup>#</sup>.

The level of concern among those exposed to this risk was relatively low at 12% (representing 6% of the working population). Some 29% thought the risk could realistically be reduced, and a clear majority (13% versus 3.7%) of those reporting that there had been some change in the level of risk over the last 12 months, thought that the risk had reduced in this time rather than increased.

## **2.7 Dusts or fumes that could cause respiratory conditions**

Respondents were asked whether in the past 12 months they had to regularly breathe in dusts, fumes, smoke, gases or vapours in their job, or specific chemicals e.g. cooking fumes, other people's tobacco smoke (see questionnaire for more details<sup>4</sup>). Responses indicated that in the last 12 months, an estimated 29% of workers were in a job where they were regularly exposed to dusts, fumes, gases or vapours. Training or information on whether breathing in substances could cause harm and how to protect themselves from any harmful effects was given to an estimated 42% of exposed workers. An estimated 86% were very or fairly confident that this training or information would help prevent them from developing a health problem.

One third of those exposed were quite or very concerned that this could cause them harm, which puts this risk among the highest percentages for concern. A large proportion (45%) thought that the risk could realistically be reduced, while amongst those respondents reporting some change in risk level over the last 12 months, a clear majority thought that the risk had reduced rather than increased over the last year (15% versus 5.9%).

## **2.8 Physical attacks or threats at work**

The potential hazard of physical attack or threatening behaviour from a member of the public at work was treated in a different way from other hazards in the survey. Respondents were asked whether they had actually experienced threats or attack in the previous year. This approach to assessing the hazard means that the numbers potentially exposed will be greater than the 21% who had experienced threat or attack ([Table A2](#)). It also means that levels of concern and respondents' views on whether the risk is increasing or reducing will be coloured by the fact that they have all actually experienced a threat or attack in the last year.

---

<sup>#</sup> A routing error introduced in this question meant that only 2357 rather than 3092 respondents were asked about confidence in training relating to chemical exposure.

An estimated 20% of workers felt intimidated or had been threatened or verbally abused while at work by a member of the public such as a customer or passenger, and 3.8% had been physically attacked at their workplace in the last 12 months. Most respondents reporting attack also reported being threatened, but a small number (1% of the workforce) reported being attacked but not being threatened.

Taking these two groups together, an estimated 34% of those experiencing threat or attack were quite or very concerned that this could cause them harm. Some 37% thought that this risk could realistically be reduced, and a substantial majority of those reporting some change in the level of risk over the last year (25% versus 12%) thought that the risk had increased rather than reduced over this period. As mentioned above, these percentages will be influenced by the fact that this response group had all actually experienced attack or threat in the last year.

## **2.9 Work at height**

In the last 12 months, an estimated 15% of workers had a job which involved working at height, i.e. working where they could fall a distance liable to cause injury. About a quarter (27%) of these workers (4.2% of the workforce) were quite or very concerned that this might cause them harm. An estimated 62% of workers required to work at height have received health and safety training, for example on the use of equipment. Nearly all, an estimated 97%, were very or fairly confident that the training they had received would reduce the risk of falling from height at work.

Thirty per cent of those exposed felt the risk could realistically be reduced further, though substantially more thought the risk had reduced in the last 12 months (22%) than thought it had increased (3.3%).

## **2.10 Slip or trip**

During an average working week, an estimated 30% of workers walk across floors which present a risk of slipping or tripping (e.g. slippery, obstructed, badly lit). Over half (52%) have received some health and safety training or guidance on preventing slips or trips in the workplace. This was found to be helpful: an estimated 90% were fairly or very confident that it would reduce the risk of slipping or tripping at work.

A high proportion of those exposed (47%) thought that the risk could realistically be reduced, and a clear majority of those who reported a change in the level of risk over the last year thought that the risk had reduced rather than increased over this time (13% compared to 6%). Some 30% of those exposed (9% of the working population) were quite or very concerned that it might cause them harm.

## **2.11 Driving or working around vehicles**

An estimated 28% of workers drive a vehicle in the course of their job (including those who mainly drive on public highways) and just over half (52%) of these drivers have received training on driving or operating a vehicle safely. The majority (97%) were fairly or very confident that the training they received would enable them to drive safely.



An estimated one in five workers worked in a workplace where vehicles operated around them. Half of them had received health and safety training on working safely in the same area as vehicles.

For the combined group of workers either driving or working around vehicles in the workplace only 17% were quite or very concerned that this might cause them harm. The balance of views on whether risk from vehicles had increased or decreased over the last year was slightly in favour of reduced risk (11% compared to 7.5%). About a quarter of those exposed felt that the risk could realistically be reduced.

## **2.12 Stress**

Stress can arise in any occupation, and all workers were asked about level of concern and risk reduction. Concern levels overall were at the lower end of the scale, with an estimated 22% of workers quite or very concerned that stress might cause them harm. A large proportion of those respondents reporting a change in level of risk over the past year thought that this risk had increased: 14% compared to 9.6% who thought it had reduced. Some 39% thought that the risk of stress could realistically be reduced.

An estimated 12% of employees (including self-employed individuals working as employees) found their job very or extremely stressful ([Table A1](#)) and a further one third moderately stressful. The same question was included in the Office for National Statistics 2005 Omnibus Survey and results<sup>8</sup> were of a similar order (15% and 33%). Within the very or extremely stressful group -- as might be expected -- concern was considerably higher (71% being quite or very concerned), and the view of trends more negative (48% indicating risk had increased compared to 5.7% saying it had reduced).

Preventive action by employers was indicated by less than a third of workers (an estimated 28% said their employer had undertaken some initiative to reduce stress; 30% said their employer had discussed work stress with them - see [Tables A4](#) and [A5](#)). These percentages did not vary greatly between respondents with high stress levels ("very or extremely stressful") and those with lower reported stress.

## **3. HEALTH AND SAFETY MANAGEMENT**

An estimated 61% of workers had a Health and Safety Officer appointed by their employer in their workplace, 11% did not have an officer and some 19% were not sure or did not know ([Table A6](#)). Some 27% of workers had a Health and Safety Representative appointed by a trade union or someone other than their employer, 30% had no such representative, but a further one-third of workers were not sure or did not know ([Table A7](#)). In total, 7.8% of workers had no Health and Safety Officer or Representative, and 13% were not sure or did not know whether they had either.

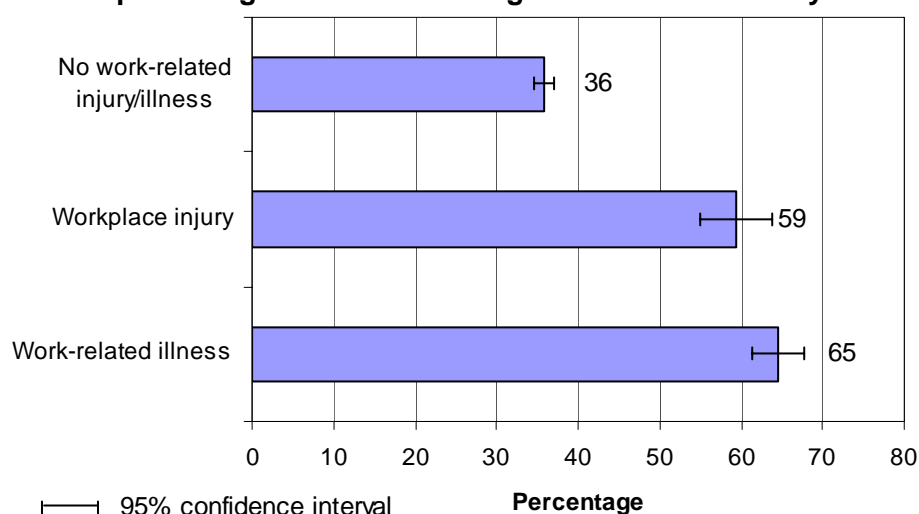
An estimated 56% of employees (including the self-employed working as employees) were aware that their employer had some kind of policy or arrangements in place to help people return to work following sickness or injury, 17% indicated nothing was in place and the remainder did not know or did not state ([Table A8](#)). Where arrangements were in place, over three-quarters of workers viewed them as very or fairly effective ([Table A9](#)).

Just over half of employees (including the self-employed working as employees) have access to occupational health advice or treatment through their job, an estimated 30% have no access and about 10% did not know (Table A10).

#### 4. SICKNESS ABSENCE

Table A11 gives the estimated proportion of workers taking sick leave by the length of time taken off. An estimated 40% of workers took sick leave in the last 12 months; around 27% took less than 2 weeks off work and around an estimated 2.5% took 3 months or more off work.

**Figure 6**  
**Estimated percentage of workers taking sickness absence by outcome**



The proportions taking sick leave are higher among those reporting work-related injury or illness (see Figure 6). An estimated 65% of workers with a work-related illness and 59% with a workplace injury in the last 12 months took some sick leave in the same period. This compares with only 36% of workers without a work-related injury or illness.

#### 5. GENERAL ATTITUDES TO WORK-RELATED ILL HEALTH

The use of self-reports to track levels of work-related illness is potentially vulnerable to shifts in general views about the possible work-related status of illness in general, and of particular categories of illness. Based on a consultation of experts, we developed three questions to help assess attitudes to work-related ill health that might influence reporting. Each question was asked in respect of five different ill-health conditions. The questions were:

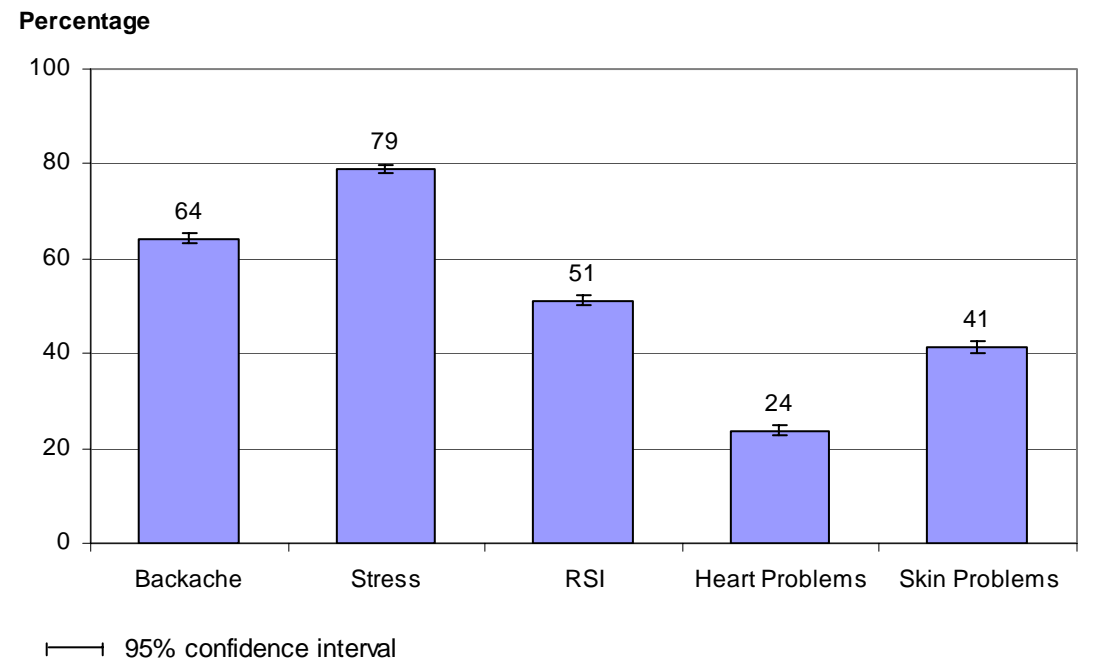
- Do you think <condition> can be caused by your work at <your workplace>?
- Do you know of anyone in your workplace that has experienced <condition> because of the work they do?
- Do you agree with the statement "people who say their work gave them <condition> are often just looking for an excuse"? (Question scored on a five-point scale from strongly agree to strongly disagree)

The five conditions asked about were backache, stress, RSI, heart problems and skin problems.

The questions were asked only of those who had not reported a work-related illness.

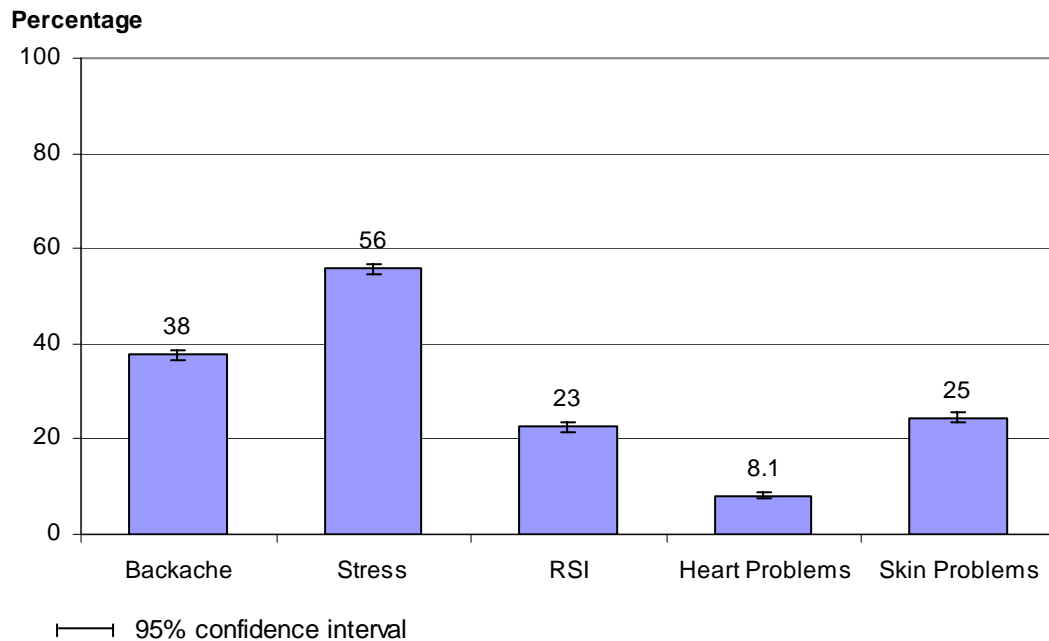
The main interest in these questions lies in whether they change over time. [Table A12](#) and Figure 7 show the percentage of workers who believed these conditions could be caused by their work. Of the five conditions, the highest percentage (an estimated 79%) believed stress could be caused by their work whereas the lowest, an estimated 24%, thought heart problems could be caused by their work.

**Figure 7**  
**Estimated percentage of workers indicating that a condition can be caused their work**



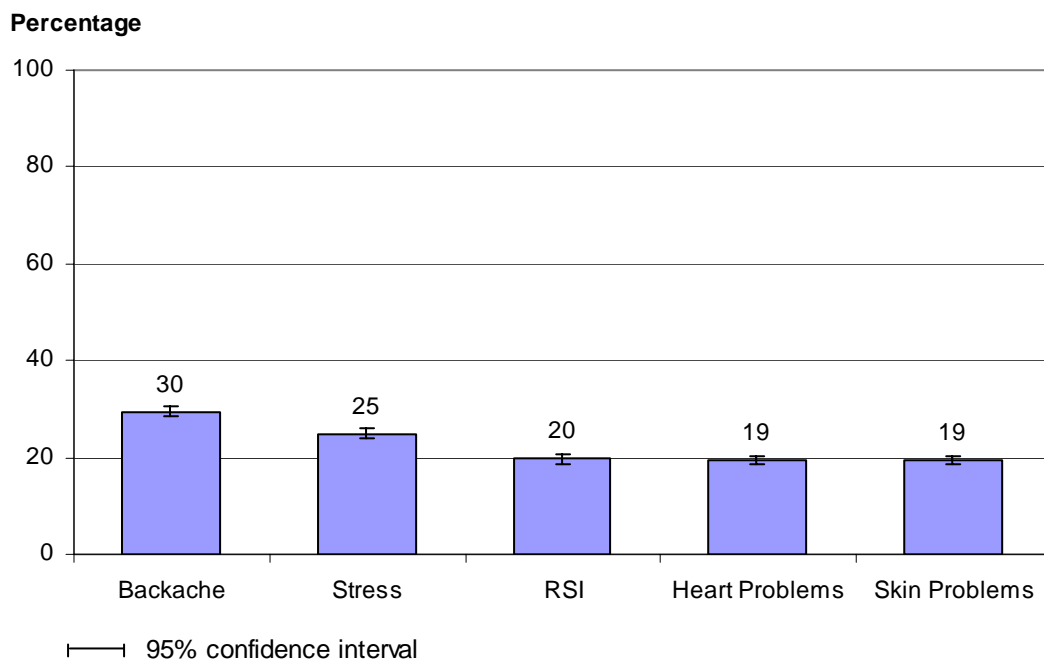
A similar pattern was seen in response to whether employees knew anyone in the workplace affected by these conditions (see [Figure 8](#) and [Table A12](#)). Over half (an estimated 56%) knew someone who had experienced stress because of the work they do, an estimated 38% backache and around a quarter skin disease or RSI, but only an estimated 8.1% heart problems.

**Figure 8**  
**Estimated percentage of workers who knew someone in their workplace who had experienced a condition because of the work they do.**



When asked their opinion on whether people who say work gave them these conditions were often just looking for an excuse, an estimated 30% of workers agreed or strongly agreed that this was the case for backache (See Figure 9 and [Table A12](#)) and a quarter for stress.

**Figure 9**  
**Estimated percentage of workers who agree or strongly agree that those who say work gave them their condition are often just looking for an excuse**



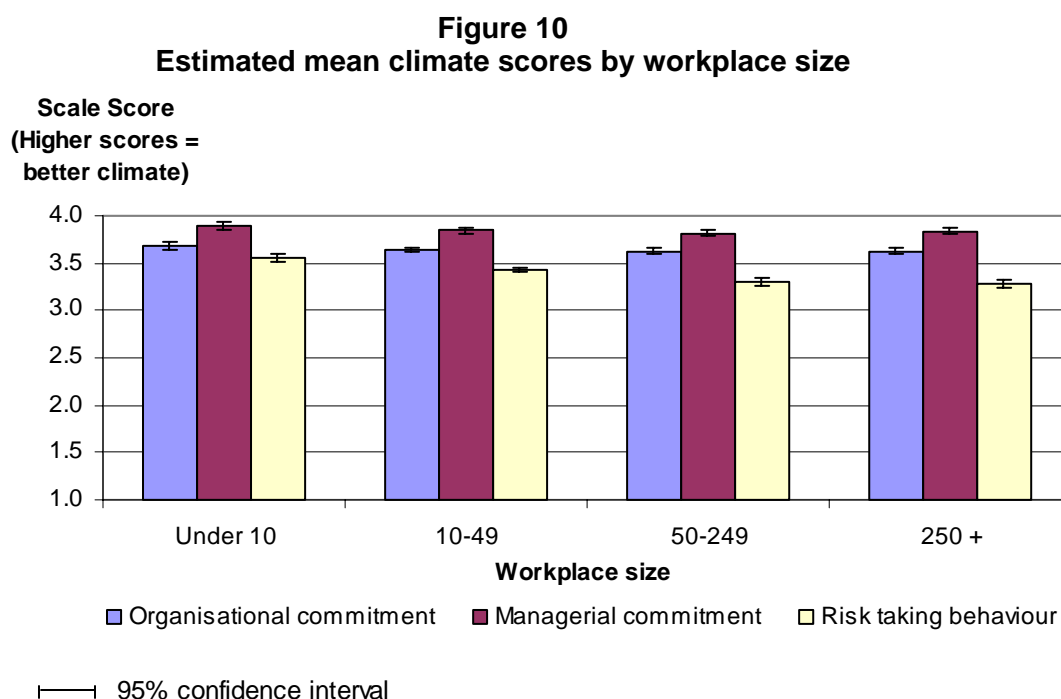
## 6. HEALTH AND SAFETY CLIMATE FACTORS

Three scales relating to organisational commitment, managerial commitment, and risk taking behaviour (derived from HSE's Health and Safety Climate Tool) were measured in this survey.

A score of 3 corresponds to a neutral response (or “neither agree nor disagree”) to the climate statements, and a score of 4 corresponds to agreement (short of strong agreement) with a positive climate statement (or to disagreement with a negative climate statement). Scores above 3 therefore reflect a generally positive view of health and safety climate.

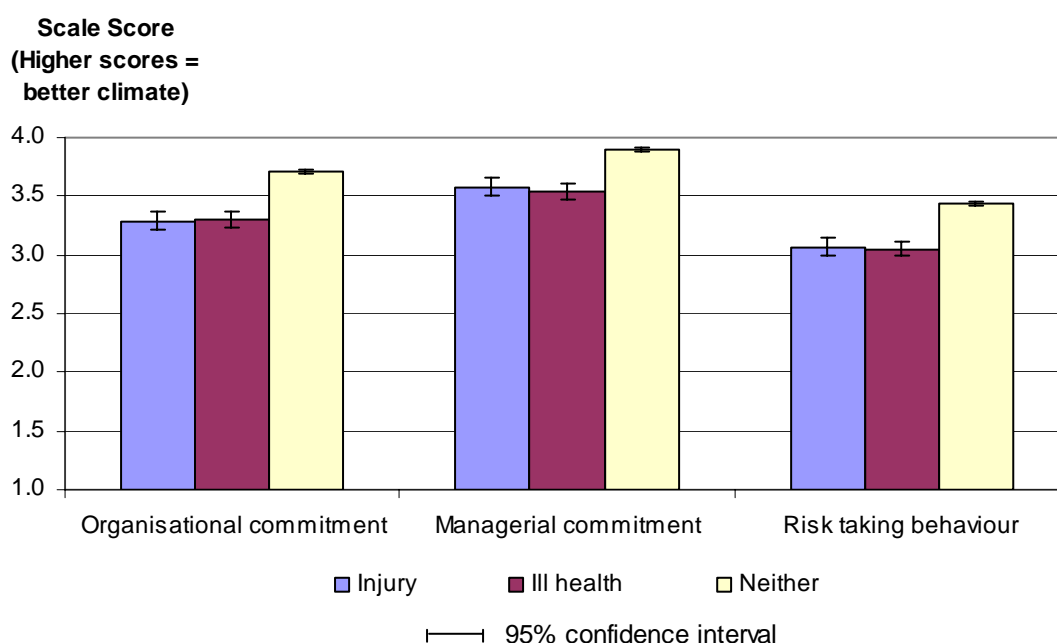
The main use of climate measurement is in making comparisons over time or between subsets of the population. Here we show comparisons between scores by workplace size and whether have a work-related illness or injury.

Figure 10 and [Table A13](#) indicate mean scores on the three Climate scales by workplace size. Notably there was no differences in managerial commitment or organisational commitment by workplace size. However, lower climate mean scores - implying poorer climate for risk taking behaviour - were seen as workplace size increases. On the face of it, this implies risk taking behaviour among workers is more common in larger workplaces. However, this difference may partly reflect a tendency for people to report more favourably on the behaviour of people they know well, which will be everyone in the smallest workplaces and a much smaller proportion when there are 250 or more in the workforce.



There was a strong association between low climate scores, implying poorer Health and Safety Climate, and presence of a work-related injury or ill health outcome (See [Figure 11](#) and [Table A14](#)). However, this relationship may be largely because perceptions of these climate factors are influenced by the presence of an outcome and not that poor climate is related to higher likelihood of an injury or ill health outcome. Further data analysis may shed further light on this.

**Figure 11**  
**Estimated mean climate scores by work-related outcome status**



## 7. WORKPLACE INJURIES AND WORK-RELATED ILL HEALTH

It is for rates of workplace injury and work-related ill health that we have the clearest indications of response bias.

The estimated rate of all injury resulting in 4 or more days absence from this survey was 1700 per 100 000 workers (95% CI: 1400 to 2000 per 100 000 workers), significantly higher than the comparable rate of 1200 (95% CI: 1100 to 1300) from the 2004/05 LFS. This implies that individuals with a work injury in the last year were about 40% more likely to respond to a survey focused on health and safety than individuals without an injury. This difference in response seems to have applied most strongly to major injury.

The estimated rate of reportable major<sup>§</sup> injury from this survey was 750 per 100 000 workers, seven times larger than the 2004/05 RIDDOR rate of 107 per 100 000 workers (Table A). The estimated rate of over-three-day<sup>§</sup> injury was also higher at 1300 per 100 000 workers, about three times larger than the 2004/05 RIDDOR rate of 412 per 100 000 workers.

<sup>§</sup> RIDDOR reportable major injuries include amputations, most fractures, certain dislocations, loss of sight and certain eye injuries, and any other injuries leading to unconsciousness or hypothermia, or requiring resuscitation or admittance to hospital for more than 24 hours. Over-3-day injuries are other injuries that result in the injured person being away from work for more than three days (including any non-working days)

**Table A**  
**Estimated rates of key outcomes from this survey**

<b>Work-related outcome event</b>	<b>Rate per 100 000 workers</b> (95% Confidence interval)	<b>Count</b>
Major injury <sup>§</sup>	<b>750</b> (600, 1 000)	67
Over 3-day injury <sup>§</sup>	<b>1 300</b> (1 100, 1 600)	125
Ill health prevalence	<b>9 800</b> (9 200, 10 000)	1054
Ill health incidence	<b>3 800</b> (3 400, 4 200)	422

**Notes:**

Rates and their 95% confidence intervals are based on weighted data. 'Count' represents the corresponding unweighted sample cases.

§ RIDDOR reportable major injuries include amputations, most fractures, certain dislocations, loss of sight and certain eye injuries, and any other injuries leading to unconsciousness or hypothermia, or requiring resuscitation or admittance to hospital for more than 24 hours. Over-3-day injuries are other injuries that result in the injured person being away from work for more than three days (including any non-working days)

Other research has shown that major injuries tend to be better reported than over-3-day injuries. The comparison above suggests that differential reporting of major injuries in this survey outweighs the difference due to better employer reporting. One specific difference can be identified by looking at types of injury. The present survey records a much higher proportion of major injuries resulting from loss of consciousness and temporary loss of sight than are reported under RIDDOR. Similar results were also found in an Omnibus survey carried out in 2005. One explanation is that employers may not consider relatively short periods of unconsciousness or very temporary loss of sight as being a major injury, while questioning the affected individuals against the full set of major injury criteria produces a larger estimate.

The estimated prevalence rate (long standing as well as new cases) of work-related ill health in the last 12 months in this survey was 9800 per 100 000 workers. This is more than double the estimated 2004/05 prevalence rate of self-reported work-related illness among those working in the last 12 months from the LFS of 4200 per 100 000 workers (95% confidence interval: 4100 to 4400 per 100 000 workers). The incidence rate of 3800 per 100 000 workers from this survey is also higher than the corresponding 2004/05 rate of 1800 per 100 000 workers (95% CI: 1700 to 2000 per 100 000 workers) from the LFS (which incorporates the Self-reported Work-related Illness survey).

Part of the difference between the outcome estimates from the WHASS worker survey and the LFS can perhaps be explained by the design and type of information collected in each survey. The WHASS worker survey focuses on health and safety, and respondents with an outcome may be more likely to participate or even consider including outcomes which lie outside the 12 month reference period. The LFS, however, is a well established survey with first interviews being face-to-face resulting in high response rates in follow-up telephone interviews. The questions on outcomes are embedded in a detailed survey covering employment, self-employment, hours of work, unemployment, redundancies, education and training and many other topics.

No emphasis is given to Health and Safety prior to the interview, and biased response in respect of health and safety experience is unlikely to have arisen.

The different levels estimated from the present survey and from the LFS are also likely to be due to differential response. Potential WHASS respondents who had suffered injury or work-related illness, knowing the subject matter of the survey, will have been more likely to respond than those without injury or illness. For future analyses we will examine the extent of bias that this differential response might introduce. Beyond the direct biasing of injury and illness rates, the bias will be limited by the fact that respondents with injury or illness form only 16% of our sample.

Tables A13 and A14 give the estimated proportion of workers taking time off work due to a work-related illness or a workplace injury by the length of time taken off.

Nearly half of all workers with a workplace injury in the last 12 months took no time off work following their injury. Around one quarter took 4 or more days off work; and an estimated 5% took one month or more. The proportion of workers taking no time off work following an injury is much higher in this survey (49%) than in the LFS (35%), while the proportion of workers with longer absences (one month or more) is much lower in this survey. It may be that the higher overall rates are due to more relatively minor injuries being reported in this survey, which focuses on health and safety, thus changing the overall profile.

Around one third of workers with a work-related illness in the last 12 months took no time off work, around 1 in 5 were unable to recall how much time they took off, but an estimated 14% took 1 month or more off work. The proportion taking no time off was lower in this survey (32%) than the LFS (an estimated 40%) and the proportion with absences of 1 month or more was also lower (14% versus 25%), but only a small proportion of respondents in the LFS (1%) were unable to recall the time taken off.



## REFERENCES

1. Workplace Health and Safety Survey programme: 2005 Worker survey tables can be found: <http://www.hse.gov.uk/statistics/books.htm>
2. Workplace Health and Safety Survey programme: 2005 Employer first findings report can be found: <http://www.hse.gov.uk/statistics/books.htm>
3. Workplace Health and Safety Survey programme: 2005 Worker survey technical report can be found: <http://www.hse.gov.uk/statistics/books.htm>
4. Workplace Health and Safety Survey programme: 2005 Worker survey questionnaire can be found: <http://www.hse.gov.uk/statistics/books.htm>
5. Stata: Stata Statistical Software Release 8.0. Stata Corporation, College Station, Texas. USA 1997.
6. Third European Survey of Working conditions can be found: <http://www.eurofound.eu.int/working/surveys/index.htm>
7. Violence at work: Findings from the 2002/2003 British Crime Survey can be found: <http://www.homeoffice.gov.uk/rds/pdfs2/rdsolr0404.pdf>
8. Psychosocial Working Conditions in Great Britain in 2005 can be found: <http://www.hse.gov.uk/statistics/causdis/pwc2005.pdf>

## **ANNEX A: TABLES**

Table A1

**Summary of results by risk category**

Risk category		Presence*	Perceived change in level of risk in last 12 months			Risk could be realistically reduced	Quite/very concerned (workers exposed to risk category)	Quite/very concerned (all workers)
			Increased	Same	Reduced			
PC or laptop usage	Percentage	<b>62</b>	<b>8.6</b>	<b>78</b>	<b>10</b>	<b>28</b>	<b>11</b>	<b>7.1</b>
	(95% C.I.)	(61,63)	(7.8,9.4)	(77,79)	(9.6,11)	(27,29)	(11,12)	(6.6,7.6)
	Count	6348	552	4943	657	1779	722	722
Lifting or carrying heavy loads by hand on own	Percentage	<b>28</b>	<b>15</b>	<b>69</b>	<b>15</b>	<b>46</b>	<b>33</b>	<b>9.4</b>
	(95% C.I.)	(27,29)	(13,16)	(67,71)	(13,16)	(44,48)	(31,35)	(8.8,10)
	Count	2701	390	1891	378	1230	936	936
Hand-arm vibration	Percentage	<b>8.1</b>	<b>9.7</b>	<b>71</b>	<b>14</b>	<b>33</b>	<b>26</b>	<b>2.1</b>
	(95% C.I.)	(7.5,8.8)	(7.3,13)	(67,75)	(12,17)	(29,37)	(23,30)	(1.8,2.5)
	Count	749	68	543	108	248	203	203
Whole Body vibration	Percentage	<b>5.8</b>	<b>9.9</b>	<b>76</b>	<b>11</b>	<b>34</b>	<b>28</b>	<b>1.6</b>
	(95% C.I.)	(5.3,6.4)	(7.2,13)	(72,80)	(8.7,15)	(30,39)	(24,32)	(1.3,1.9)
	Count	536	50	406	65	180	148	148
Noise	Percentage	<b>19</b>	<b>9.6</b>	<b>79</b>	<b>9.3</b>	<b>30</b>	<b>26</b>	<b>4.8</b>
	(95% C.I.)	(18,20)	(8.2,11)	(77,81)	(7.9,11)	(28,33)	(23,28)	(4.3,5.3)
	Count	1806	179	1421	167	548	469	469
Chemicals that could cause skin problem	Percentage	<b>49</b>	<b>3.7</b>	<b>79</b>	<b>13</b>	<b>29</b>	<b>12</b>	<b>6.0</b>
	(95% C.I.)	(48,50)	(3.2,4.4)	(78,81)	(12,15)	(27,30)	(11,13)	(5.5,6.6)
	Count	4731	177	3770	613	1361	575	575
Dusts or fumes that could cause respiratory conditions	Percentage	<b>29</b>	<b>5.9</b>	<b>77</b>	<b>15</b>	<b>45</b>	<b>33</b>	<b>9.3</b>
	(95% C.I.)	(28,30)	(5.0,7.0)	(75,78)	(13,17)	(42,47)	(31,35)	(8.7,10)
	Count	2762	168	2115	410	1225	900	900
Work at height	Percentage	<b>15</b>	<b>3.3</b>	<b>73</b>	<b>22</b>	<b>30</b>	<b>27</b>	<b>4.2</b>
	(95% C.I.)	(14,16)	(2.4,4.6)	(71,76)	(20,25)	(27,33)	(25,30)	(3.7,4.7)
	Count	1407	44	1038	308	420	387	387

Table A1

**Summary of results by risk category (continued)**

Risk category		Presence*	Perceived change in level of risk in last 12 months			Risk could be realistically reduced	Quite/very concerned	Quite/very concerned (all workers)
			Increased	Same	Reduced			
Slip/trip	Percentage	<b>30</b>	<b>6.0</b>	<b>80</b>	<b>13</b>	<b>47</b>	<b>30</b>	<b>9.0</b>
	(95% C.I.)	(29,31)	(5.2,7.0)	(78,82)	(12,15)	(45,49)	(28,32)	(8.4,9.7)
	Count	3007	195	2402	387	1425	900	900
Driving Vehicles	Percentage	<b>28</b>	<b>7.5</b>	<b>79</b>	<b>11</b>	<b>24</b>	<b>17</b>	<b>6.6</b>
	(95% C.I.)	(27,29)	(6.6,8.5)	(77,80)	(9.4,12)	(23,26)	(16,19)	(6.1,7.2)
	Count	2874	283	3031	384	923	657	657
Working around Vehicles	Percentage	<b>21</b>	Combined estimates for driving and working around vehicles					
	(95% C.I.)	(20,22)						
	Count	1985						
Stress~	Percentage	<b>100</b>	<b>14</b>	<b>66</b>	<b>9.6</b>	<b>39</b>	<b>22</b>	<b>22</b>
	(95% C.I.)		(13,15)	(65,67)	(8.9,10)	(38,40)	(21,23)	(21,23)
	Count	10016	1475	6585	972	3967	2291	2291
Very/ extremely stressful <sup>#</sup>	Percentage	<b>12</b>	<b>48</b>	<b>45</b>	<b>5.7</b>	<b>72</b>	<b>71</b>	<b>71</b>
	(95% C.I.)	(12,13)	(45,52)	(42,49)	(4.3,7.5)	(69,75)	(68,74)	(68,74)
	Count	1190	586	532	64	861	854	854
Not/mildly/moderately stressful <sup>#</sup>	Percentage	<b>79</b>	<b>11</b>	<b>76</b>	<b>12</b>	<b>39</b>	<b>18</b>	<b>18</b>
	(95% C.I.)	(78,80)	(9.9,11)	(75,77)	(11,12)	(38,41)	(17,19)	(17,19)
	Count	7232	811	5432	853	2913	1312	1312

**Notes:**

\* **Exposed in average working day:** PC or laptop usage, lifting and carrying heavy loads by hand on own, noise; **exposed for at least one hour per working week:** hand-arm vibration; **in an average working week:** walk across slippery uneven floors at work; **exposed to/happened at work in last 12 months:** chemicals, dust or fumes, work at height; **in main job:** driving vehicles or working where vehicles operate in the same work area.

<sup>#</sup> Based on employees (including those on a government schemes, and the self-employed working as employees) who found their job very/extremely stressful or not/mildly/moderately stressful.

~ All workers asked questions associated with stress at work

Percentages and their 95% confidence intervals are based on weighted data, 'Count' represents the corresponding unweighted sample cases.

More detailed tables can be found at <http://www.hse.gov.uk/statistics/books.htm>, including information on non-response levels to each question.

Table A2

**Summary of results for workers physically attacked or threatened by a member of the public**

Outcome category		Presence*	Perceived change in level of risk in last 12 months			Risk could be realistically reduced	Quite/very concerned (workers attacked or threatened)	Quite/very concerned (all workers)
			Increased	Same	Reduced			
Physically attacked or threatened by a member of the public~#	Percentage (95% C.I.)	<b>21</b> (20,22)	<b>25</b> (23,28)	<b>62</b> (60,64)	<b>12</b> (10,13)	<b>37</b> (35,39)	<b>34</b> (32,37)	<b>7.1</b> (6.6,7.7)
	Count	2094	560	1283	226	784	744	744
Physically attacked	Percentage (95% C.I.)	<b>3.8</b> (3.4,4.3)	<b>29</b> (24,34)	<b>58</b> (52,63)	<b>12</b> (8.3,16)	<b>41</b> (35,47)	<b>45</b> (40,51)	<b>1.7</b> (1.5,2.0)
	Count	376	108	221	40	145	166	166
Threatened by a member of the public	Percentage (95% C.I.)	<b>20</b> (19,21)	<b>25</b> (23,27)	<b>63</b> (61,66)	<b>11</b> (9.3,13)	<b>36</b> (33,38)	<b>33</b> (30,35)	<b>6.5</b> (6.0,7.0)
	Count	2009	528	1259	203	733	687	687

**Notes:**

\* Occurred in their job in the last 12 months.

~ Includes sample cases who had been physically attacked and threatened who reported 'risk could be realistically reduced' or 'quite/very concerned' for at least one of the outcomes.

# Perceived change in level of risk excludes 5 sample cases who reported being physically attacked and threatened but gave opposite assessments. Other cases reporting being physically attacked and threatened who reported a change in the level of risk for one outcome and no change for the other were recorded under the former.

Percentages and their 95% confidence intervals are based on weighted data, 'Count' represents the corresponding unweighted sample cases.

More detailed tables can be found at <http://www.hse.gov.uk/statistics/books.htm>, including information on non-response levels to each question.

Table A3

**Whether given training, and confidence that training will reduce risk of harm, by risk category**

Risk category		Given training and/or guidance	Very/fairly confident in training
PC or laptop usage	Percentage	<b>62</b>	<b>90</b>
	(95% C.I.)	(60,63)	(89,91)
	Count	3920	3520
Lifting or carrying heavy loads by hand on own	Percentage	<b>73</b>	<b>86</b>
	(95% C.I.)	(71,74)	(85,88)
	Count	1946	1669
Hand-arm vibration	Percentage	<b>47</b>	<b>85</b>
	(95% C.I.)	(42,51)	(80,89)
	Count	337	283
Whole Body vibration	Percentage	<b>41</b>	<b>94</b>
	(95% C.I.)	(36,46)	(90,96)
	Count	213	196
Noise	Percentage	<b>33</b>	<b>92</b>
	(95% C.I.)	(30,35)	(88,94)
	Count	557	507
Chemicals that could cause skin problem	Percentage	<b>65</b>	<b>87<sup>^</sup></b>
	(95% C.I.)	(63,67)	(85,89)
	Count	3092	2049
Dusts or fumes that could cause respiratory conditions	Percentage	<b>42</b>	<b>86</b>
	(95% C.I.)	(40,44)	(84,88)
	Count	1162	999
Work at height	Percentage	<b>62</b>	<b>97</b>
	(95% C.I.)	(59,65)	(96,98)
	Count	867	845
Slip/trip	Percentage	<b>52</b>	<b>90</b>
	(95% C.I.)	(50,54)	(88,91)
	Count	1550	1388
Driving Vehicles	Percentage	<b>52</b>	<b>97</b>
	(95% C.I.)	(50,54)	(96,98)
	Count	1457	1418
Working around Vehicles	Percentage	<b>50</b>	<b>N/A</b>
	(95% C.I.)	(47,52)	
	Count	985	

**Notes:**

Percentages and their 95% confidence intervals are based on weighted data, 'Count' represents the corresponding unweighted sample cases.

N/A Not available.

<sup>^</sup> A routing error introduced in this question meant that only 2357 rather than 3092 respondents were asked about confidence in training relating to chemical exposure.

See [Table A1](#) for the percentages of workers exposed to each risk category.

More detailed tables can be found at <http://www.hse.gov.uk/statistics/books.htm>, including information on non-response levels to each question.

Table A4

**Whether employer/company had undertaken any initiative in last 12 months to reduce stress in main job**

Base: All respondents who are employees or on government scheme, or self-employed but working as employed, in their main job

Whether employer/company had undertaken any initiative in last 12 months to reduce stress in main job	Percentage (95% C.I.)	Count+
Yes	<b>28</b> (27,29)	2641
No	<b>57</b> (56,58)	5187
Refused	<b>*</b> <b>*</b>	12
Don't know	<b>6.9</b> (6.3,7.5)	627
Not Stated	<b>8.5</b> (7.9,9.2)	754
Total	<b>100</b>	9221

**Notes:**

+ Count represents the unweighted sample cases.

\* Sample numbers too small to provide reliable estimates.

Percentages and their confidence intervals are based on weighted data

Percentages may not sum to 100% due to rounding

Table A5

**Whether line manager/employer discussed with them stresses in their main job**

Base: All respondents who are employees or on government scheme, or self-employed but working as employed, in their main job

Whether line manager/employer discussed with them stresses in their main job	Percentage (95% C.I.)	Count+
Yes	<b>30</b> (29,31)	2906
No	<b>60</b> (59,61)	5424
Refused	* *	16
Don't know	<b>1.3</b> (1.1,1.6)	120
Not Stated	<b>8.6</b> (7.9,9.3)	755
Total	<b>100</b>	9221

**Notes:**

+ Count represents the unweighted sample cases.

\* Sample numbers too small to provide reliable estimates.

Percentages and their confidence intervals are based on weighted data

Percentages may not sum to 100% due to rounding



Table A6

**Whether have Health and Safety Officer at main job appointed by employer**

Base: All respondents where working for their main job as employee, on scheme, or self-employed but working as if employed

Whether have Health and Safety Officer at main job	Percentage (95% C.I.)	Count+
Yes	<b>61</b> (60,62)	5760
No	<b>11</b> (10,12)	1015
Not sure	<b>18</b> (18,19)	1610
Don't know	<b>0.62</b> (0.47,0.83)	60
Not stated	<b>8.8</b> (8.1,9.5)	776
Total	<b>100</b>	9221

**Notes:**

+ Count represents the unweighted sample cases.

Percentages and their confidence intervals are based on weighted data

Percentages may not sum to 100% due to rounding

Table A7

**Whether have Health and Safety representative appointed by trade union/someone other than employer at main job**

Base: All respondents where working in their main job as employee, on scheme, or self-employed but working as if employed, where more than 5 workers at workplace

Whether have Health and Safety representative appointed by trade union/someone other than employer at main job	Percentage (95% C.I.)	Count+
Yes	<b>27</b> (26,28)	2561
No	<b>30</b> (29,31)	2855
Not sure	<b>33</b> (32,34)	2904
Don't know	<b>1.2</b> (1.0,1.5)	124
Not stated	<b>8.8</b> (8.1,9.5)	777
Total	<b>100</b>	9221

**Notes:**

+ Count represents the unweighted sample cases.

Percentages and their confidence intervals are based on weighted data

Percentages may not sum to 100% due to rounding

Table A8

**Whether employer at main job has any policy/arrangements to help people return to work after sickness or injury**

Base: All respondents where working for their main job as employee, on scheme, or self-employed but working as if employed

Whether employer at main job has any policy/arrangements to help people return to work after sickness or injury		Total
Yes	Percentage	<b>56</b>
	(95% C.I.)	(54,57)
	Count+	5231
No	Percentage	<b>17</b>
	(95% C.I.)	(16,17)
	Count+	1481
Don't know	Percentage	<b>19</b>
	(95% C.I.)	(18,20)
	Count+	1731
Not stated	Percentage	<b>8.8</b>
	(95% C.I.)	(8.1,9.5)
	Count+	778
Total	Percentage	<b>100</b>
	Count+	9221

**Notes:**

+ Count represents the unweighted sample cases.

Percentages and their confidence intervals are based on weighted data

Percentages may not sum to 100% due to rounding

Table A9

**How effective arrangements to help people return to work after sickness or injury are**

Base: All respondents where working in their main job as employee, on scheme, or self-employed but working as if employed, and where employer has arrangements to help people return to work following sickness or injury

How effective arrangements to help people return to work after sickness or injury are and where employer has arrangements to help people return to work following sickness or injury	Percentage (95% C.I.)	Count+
Very effective	<b>33</b> (31,34)	1713
Fairly/Quite effective	<b>46</b> (45,48)	2379
Not very effective	<b>7.4</b> (6.6,8.2)	385
Not at all effective	<b>2.1</b> (1.7,2.6)	106
Don't know	<b>12</b> (11,13)	645
Not stated	<b>*</b> <b>*</b>	3
<b>Total</b>	<b>100</b>	<b>5231</b>

**Notes:**

+ Count represents the unweighted sample cases.

\* Sample numbers too small to provide reliable estimates.

Percentages and their confidence intervals are based on weighted data

Percentages may not sum to 100% due to rounding

Table A10

**Whether have access to occupational health advice or treatment through main job**

Base: All respondents working as employees or on a scheme or self-employed but working as if employed

Whether have access to occupational health advice or treatment through main job		Percentage (95% C.I.)	Count+
Yes	Percentage (95% C.I.)	<b>51</b> (50,52)	4842
No	Percentage (95% C.I.)	<b>30</b> (28,31)	2673
Don't know	Percentage (95% C.I.)	<b>10</b> (9.6,11)	921
Not stated	Percentage (95% C.I.)	<b>8.9</b> (8.2,9.6)	785
Total	Percentage	<b>100</b>	9221

**Notes:**

+ Count represents the unweighted sample cases.

Percentages and their confidence intervals are based on weighted data

Table A11

**Estimated percentage of workers taking sick leave in last 12 months, by length of time taken off**

Base: All respondents

Sick leave in the last 12 months	Percentage (95% C.I.)	Count <sup>+</sup>
No sickness absence	<b>60</b> (59,61)	5951
Sickness absence	<b>40</b> (39,41)	4023
1-3 days	<b>17</b> (16,17)	1640
4-9 days	<b>9.9</b> (9.3,11)	987
At least 2 weeks and less than 1 month	<b>6.6</b> (6.0,7.1)	685
At least 1 month and less than 3 months	<b>3.6</b> (3.2,4.0)	373
At least 3 months and less than 6 months	<b>1.5</b> (1.2,1.8)	157
At least 6 months and less than 9 months	<b>0.65</b> (0.48,0.86)	63
At least 9 months and less than 1 year	<b>0.28</b> (0.18,0.41)	30
Don't know <sup>#</sup>	<b>0.79</b> (0.63,1.0)	88
Don't know <sup>~</sup>	<b>0.40</b> (0.29,0.55)	42
Total	<b>100</b>	10016

**Notes:**<sup>+</sup> Count represents the unweighted sample cases.

Percentages and their confidence intervals are based on weighted data

<sup>#</sup> 88 respondents said they took time off due to sickness, but they did not know how long.<sup>~</sup> 42 respondents did not know if they had taken any time off due to sickness.

Table A12

**General attitudes to work-related ill health**

Base: All respondents with no work-related ill health problem in the last 12 months

Ill health condition		Think condition can be caused by work	Know someone in workplace (in the same job) who has been affected by condition	People who say their work gave them the condition are often just looking for an excuse:	
				Strongly agree/agree	Strongly disagree/disagree
Backache	Percentage	<b>64</b>	<b>38</b>	<b>30</b>	<b>61</b>
	(95% C.I.)	(63,65)	(37,39)	(28,31)	(59,62)
	Count	5763	3413	2634	5391
Stress	Percentage	<b>79</b>	<b>56</b>	<b>25</b>	<b>69</b>
	(95% C.I.)	(78,80)	(55,57)	(24,26)	(68,70)
	Count	7174	5112	2188	6178
Repetitive Strain Injury (RSI)	Percentage	<b>51</b>	<b>23</b>	<b>20</b>	<b>68</b>
	(95% C.I.)	(50,52)	(22,24)	(19,21)	(67,70)
	Count	4697	2142	1714	6128
Heart disease	Percentage	<b>24</b>	<b>8.1</b>	<b>19</b>	<b>68</b>
	(95% C.I.)	(23,25)	(7.5,8.8)	(19,20)	(67,69)
	Count	2198	773	1734	6069
Skin problems	Percentage	<b>41</b>	<b>25</b>	<b>19</b>	<b>71</b>
	(95% C.I.)	(40,43)	(24,26)	(18,20)	(70,72)
	Count	3759	2223	1681	6360

**Notes:**

Percentages and their 95% confidence intervals are based on weighted data and workers with no work-related illness. 'Count' represents the corresponding unweighted sample cases

More detailed tables can be found at <http://www.hse.gov.uk/statistics/books.htm>, including information on non-response levels to each question.

Table A13

**Estimated mean climate scores by workplace size**

Base: All except self-employed

Climate score for:		Workplace size					Total
		Under 10	10-49	50-249	250 or more	Missing	
Organisational commitment	Mean	<b>3.69</b>	<b>3.64</b>	<b>3.63</b>	<b>3.63</b>	<b>3.64</b>	<b>3.64</b>
	(95% C.I.)	(3.65, 3.73)	(3.61, 3.67)	(3.59, 3.67)	(3.60, 3.67)	(3.50, 3.78)	(3.63, 3.66)
	Count <sup>+</sup>	1498	2552	2148	2457	191	8846
Managerial commitment	Mean	<b>3.89</b>	<b>3.85</b>	<b>3.82</b>	<b>3.84</b>	<b>3.79</b>	<b>3.85</b>
	(95% C.I.)	(3.85, 3.93)	(3.82, 3.88)	(3.79, 3.86)	(3.81, 3.88)	(3.64, 3.93)	(3.83, 3.87)
	Count <sup>+</sup>	1476	2543	2139	2453	186	8797
Risk taking behaviour	Mean	<b>3.55</b>	<b>3.43</b>	<b>3.30</b>	<b>3.28</b>	<b>3.50</b>	<b>3.38</b>
	(95% C.I.)	(3.51, 3.59)	(3.40, 3.46)	(3.27, 3.34)	(3.25, 3.32)	(3.38, 3.63)	(3.36, 3.40)
	Count <sup>+</sup>	1495	2552	2148	2457	189	8841

**Notes:**<sup>+</sup> Count represents the unweighted sample cases.

Means and their confidence intervals are based on weighted data



Table A14

**Estimated mean climate scores by outcome status**

Base: All except self-employed

Climate score for:		Work-related outcome			
		Injury	Ill health	Both	Neither
Organisational commitment	Mean	<b>3.29</b>	<b>3.30</b>	<b>3.08</b>	<b>3.71</b>
	(95% C.I.)	(3.21, 3.37)	(3.24, 3.37)	(2.82, 3.34)	(3.69, 3.72)
	Count <sup>+</sup>	582	950	102	7416
Managerial commitment	Mean	<b>3.58</b>	<b>3.54</b>	<b>3.38</b>	<b>3.90</b>
	(95% C.I.)	(3.50, 3.66)	(3.47, 3.61)	(3.15, 3.60)	(3.88, 3.92)
	Count <sup>+</sup>	578	946	100	7373
Risk taking behaviour	Mean	<b>3.07</b>	<b>3.05</b>	<b>2.88</b>	<b>3.44</b>
	(95% C.I.)	(3.00, 3.14)	(2.99, 3.11)	(2.69, 3.07)	(3.42, 3.46)
	Count <sup>+</sup>	582	950	102	7411

**Notes:**<sup>+</sup> Count represents the unweighted sample cases.

Means and their confidence intervals are based on weighted data

Table A15

**Estimated percentage of workers with a workplace injury occurring in the last 12 months, by time off work in the same period because of the injury**

Base: All respondents having work-related injury occurring in last 12 months

Time off work in last 12 months <sup>#</sup>	Percentage (95% C.I.)	Count <sup>+</sup>
No time off	<b>49</b> (45,54)	330
Time off	<b>49</b> (44,53)	305
3 or fewer days	<b>26</b> (22,30)	165
4-9 days	<b>8.5</b> (6.0,12)	44
At least 2 weeks and less than 1 month	<b>5.2</b> (3.6,7.6)	33
At least 1 month and less than 1 year	<b>5.4</b> (3.8,7.5)	40
Still off work	<b>3.7</b> (2.3,5.8)	23
Don't know	<b>*</b> <b>*</b>	13
Total	<b>100</b>	648

**Notes:**

<sup>+</sup> Count represents the unweighted sample cases.

<sup>\*</sup> Sample numbers too small to provide reliable estimates.

<sup>#</sup> Time off due to most recent injury, if more than one occurred in last 12 months

*Figures in italics are estimates based on fewer than 30 sample cases*

*Percentages and their confidence intervals are based on weighted data*

Table A16

**Estimated percentage of workers with a work-related illness in the last 12 months, by time off work in the same period because of the illness**

Base: All respondents with a work-related illness in last 12 months

Time off work in the last 12 months <sup>#</sup>	Percentage (95% C.I.)	Count <sup>+</sup>
No time off	<b>32</b> (29,35)	339
Time off	<b>47</b> (44,51)	491
1-3 days	<b>11</b> (8.7,13)	112
4-9 days	<b>11</b> (8.6,13)	102
At least 2 weeks and less than 1 month	<b>12</b> (9.9,15)	123
At least 1 month and less than 3 months	<b>6.9</b> (5.4,8.7)	78
At least 3 months and less than 6 months	<b>4.0</b> (2.9,5.6)	44
At least 6 months and less than 1 year	<b>3.0</b> (2.1,4.4)	32
Don't know	<b>21</b> (18,24)	221
Not stated	<b>*</b> <b>*</b>	3
Total	<b>100</b>	1054

**Notes:**<sup>+</sup> Count represents the unweighted sample cases.<sup>\*</sup> Sample numbers too small to provide reliable estimates.<sup>#</sup> Time off due to most serious illness, if suffered from more than one in last 12 months

Percentages and their confidence intervals are based on weighted data