Evaluating the awareness and understanding of health surveillance in coke oven workers

Dr Mohammed Arif Moothadeth, 2014

ABSTRACT

Background: Coke oven workers are exposed to multiple significant health hazards in the workplace, including known carcinogens. There was anecdotal information from the occupational health and safety department of a steel plant as to the coke oven workers’ perceptions about health surveillance.

Aims: To evaluate the awareness and understanding of the purpose, process and outcome of health surveillance amongst coke oven workers in a steel manufacturing plant.

Methods: A cross-sectional study covering all the coke oven workers in the steel plant. Through an anonymised self-administered questionnaire, the workers were asked to rate their awareness and understanding of health surveillance on a 5-point Likert scale across five domains (why, what happens during, what happens after, when/how often and whom).

Results: The response rate was 54.9%. The average score on the Likert scale ranged from 1.98 for the domain regarding knowledge of the timing and frequency of health surveillance to 2.35 for the domain regarding the reasons for health surveillance. However, 15 to 24.9% of the respondents perceived themselves as having limited knowledge of health surveillance across all domains. Workers who had health surveillance in the last 12 months were likely to have improved understanding of health surveillance, while those higher up the job hierarchy (based on pay scale) may have improved understanding of health surveillance across all the five domains. Educational status, number of years’ experience, awareness of general health and workplace hazards were not associated with improved knowledge of health surveillance.

Conclusion: One in four to six coke oven workers perceived themselves to have limited knowledge of health surveillance; socio-demographic factors did not have a significant impact on awareness and understanding of health surveillance. More effort may be required to improve workers’ knowledge of health surveillance; this requires further study linking health literacy and occupational health practice in the UK.