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**Stream 3:Disability and Equality, Diversity & Inclusion: Contemporary and Inter-disciplinary Perspectives**

***Managing health and wellbeing in SMEs: new hopes and old realities.***

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**Managing health and wellbeing in SMEs: new hopes and old realities.**

Employment and working conditions in advanced societies have changed deeply over recent decades with several implications for workers health and well-being (Qinlan, 1999; McGann, 2016; Robinson and Smallman, 2006). The growing number of small and medium-sized enterprises (SME) embodies one of these changes. SMEs represents an under researched context where Occupational Health and Safety (OHS) is underutilised (Harrison, 2013; Black, 2008; Hasle et al. 2012; Black 2008).

As previous research has highlighted, it is often wrong to presume that ‘post-industrial’ society has eradicated unsafe and unhealthy work conditions (Taylor and Connelly, 2009). Research on employment studies seems to overlook OHS problems experienced in growing numbers of white-collar occupations, such as mental health problems, commonly labelled as ‘stress’, and musculoskeletal conditions (Carter et al., 2013).

Research studies on this specific area are also limited because OHS is under-utilised in the UK. Only around 14% of British workers benefit from comprehensive occupational health support (Pilkinton et al., 2002) and 12% have access to occupational physicians (McDonald, 2002). The use of OHS becomes more problematic among SMEs. Notwithstanding the prominence of SMEs in the UK labour market, the literature points out that OH services are more common in larger organisations than in small businesses (Black, 2008; Phillips, 2011; Harrison et al. 2013). It is acknowledged that OHS services play an important role in maintaining a healthy and productive workplace; however, many SMEs do not benefit from OHS due to its costs and do not see the business case for making expenditure on it (Black, 2008; Harrison et al. 2013). It is indeed one of the key issues of the Health and Safety Executive (HSE) strategic document *Helping Great Britain Work Well 2016* (HSE, 2016) to support SMEs by providing simple an accessible advice so that they can take ownership of health and safety.

Previous studies have suggested that mangers do not fully recognise the problem of health and wellbeing in the workplace and are not prepared to manage health and wellbeing among their employees. As Cunningham et al. (2004) pointed out, the gap between organisational policy prescriptions and management practices remains. Policies and legal interventions associated with neo-liberalist philosophy, such as the Statutory Sick Pay (SSP) Act (1994), only worsen the management of health and wellbeing in workplaces (Taylor et al., 2010) and ease the flourishing of so-called ‘bad jobs’.

In this paper, we explore the role of a new OHS advice line on managers’ decisions in dealing with bad health at work. One reason for implementing this free service was the belief that small business owners hold only limited knowledge of OHS and, for this reason, do not invest in it (Harrison et al., 2013). This advice line has been introduced to educate managers on OHS issues and help them understand that good health leads to ‘good jobs’ and thus productive workers.

The overall research draws on mix-methodology: semi-structure interviews (with managers and employees- a total of 38 interviews), non-participant observation and two on-line surveys sent to managers and employees who have used this service.

In this paper, we aim to answer the following research questions: how do managers of SMEs deal with health and wellbeing in the workplace? Did the new OH advice line prompt new managerial behaviours, policies and practices? Did these new policies and practices follow the initial aspiration of the advice line?

The contributions of this study are multiple. First, through the development of a theoretically grounded typology of managerial attitudes towards OHS, we contribute to the literature on OHS in the sociology of work and employment studies. Up to now, only limited research has been conducted on OHS related to SMEs, and most of these studies have addressed the issue of health and safety; therefore, this research covers this gap in the literature. Finally, the evaluation of the OHA represents a unique opportunity to evaluate whether policy-making intervention has succeeded in educating managers of SMEs in managing health at work and produced ‘good jobs’. Therefore, this case study can be a source of reflection and learning not only for managers, but also for policy makers and other third parties to support OHS.

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