



# DIET, HEALTH AND THE OFFSHORE WORKER

## *- A Pilot Study*

*Prepared by the Robert Gordon University  
for the Health and Safety Executive*



*Offshore Technology Report*

***Health and Safety Executive***

**DIET, HEALTH AND THE  
OFFSHORE WORKER**  
*- A Pilot Study*

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## SUMMARY

This report (OTH 93 399) presents the results from project P2943 which investigated health promotion programmes operating on offshore installations on the Norwegian and UK Continental Shelf. The main objectives were: 1) To review the literature on workplace health promotion and 2) To collect data on health promotion programmes currently in operation on offshore oil and gas installations.

The Medical Directors of 41 oil and gas exploration and production companies operating in the UK sector and 21 companies operating in the Norwegian sector of the North Sea plus the Offshore Medics on 145 offshore installations in the UK sector and 76 installations in the Norwegian sector were surveyed.

The overall response rate was 36% with a higher response from British Rig Medics (53%) compared to Norwegian Platform Nurses (25%), British Medical Directors (14%) and Norwegian Medical Directors (29%). Most respondents gave offshore health promotion high priority because of the ageing offshore population and their relatively poor lifestyle (smoking, lack of exercise and overeating). A range of programmes are currently in operation but are limited to 47% of the Norwegian platforms and 39% of the British platforms which replied to the questionnaire.

The data reflect a growing interest in preventative medicine and health promotion offshore, with opportunities for developing programmes specifically for the offshore environment and for research into the characteristics of successful programmes.

# 1. INTRODUCTION

## 1.1 PROJECT OBJECTIVES

The main objectives of this study were:-

1. To review the literature on health promotion in the workplace especially relating to offshore oil and gas installations,
2. To survey the Occupational Health Departments (or equivalent) of companies operating on the UK and Norwegian Continental Shelf to find out what health promotion activities are in operation.

The study involved the design of a questionnaire for a postal survey to be completed by the Medical Directors of major offshore operator and contracting companies. A similar questionnaire was designed for Rig Medics and Platform Nurses working on offshore installations.

The objective of the questionnaires was to collect data on,

- the number and types of health promotion programmes currently in place on offshore installations
- the individuals and/or organisations who are responsible for these programmes
- the opinions of medical staff about the need and priority for health promotion offshore.

## 1.2 LITERATURE REVIEW

### 1.2.1 Workplace health promotion in the USA and Europe

The literature on workplace health promotion or employee 'wellness' programmes is extensive, with the USA leading the field in initiating, implementing and assessing the effects of such programmes. Essentially health promotion programmes began under the banner of Employee Assistance programmes (EAPs) which have been running since the early 1900's. Macy's Department Store established a programme to help with employee personal problems in 1917 and by 1920 a third of the 431 largest companies in the USA had a full-time welfare secretary (Matteson & Ivancevich, 1988). In the past two decades there has been a veritable explosion in the number of health promotion programmes in North American companies. A survey of Californian employers found that 78.3% offered one or more health promotion activities (Fielding & Breslow, 1983) and Hollander and Lengermann (1988) found that 164 out of 247 of the US Fortune 500 companies had worksite programmes, with two thirds of them planning to expand their health promotion activity. The types of programme on offer included weight reduction, hypertension control, fitness training, medical screening, stress management, stop smoking and advice on diet and nutrition.

One of the main incentives for workplace health promotion in America is the increasing cost of health insurance. Medical costs in the States are greater



than either Europe or Canada which have National Health Services and have increased from 4.4% of the GNP in 1950 to 9.4% in 1980. Expenditures in 1987 reached 400 billion dollars (Renner, 1987) with businesses paying approximately half of these costs (Cohen, 1988). In the USA the main stated goals of worksite 'wellness' programmes are to promote employee health and reduce corporate health care costs, goals which, to a greater or lesser extent, have been achieved (Donoghue, 1977; Fielding, 1982; Gibbs et al., 1985; Minter, 1990). Other documented spin-off effects include:-

- a) reductions in employee absenteeism and lateness,
  - b) fewer accidents,
  - c) less workers' compensation costs and employee turnover,
  - d) greater employee loyalty and commitment,
  - e) more creativity and effectiveness in decision-making amongst employees,
  - f) better labour relations and employee recruitment and
  - g) improved company image,
- (Cox et al., 1981; Fielding, 1987; Leviton, 1989; Miltz, 1986; Weinstein, 1986).

Unlike the USA and some European countries, e.g. Norway and Sweden, where legislation has mandated health promotion (Matteson & Ivancevich, 1988), Britain has lagged behind in promoting health at the workplace. Although Edward Cadbury appeared to have a keen sense of the concept of health promotion in 1912 (Anderson, 1987), an HSE report in 1985 concluded that half the workforces in Great Britain have little or no regular access to occupational health advice (Webb et al., 1988). As a further example, while there are several thousand in-house fitness facilities in US companies, Britain probably has fewer than 100 (Sigman, 1992). In the past, health promotion has been a loose extension of occupational safety initiatives and, in fact, health and safety legislation has been the main reason for initiating any type of health promotion at work. The Government Green Paper 'The Health of the Nation' states that 'Employers have considerable scope for investment in their workforce by offering employees the chance to participate in workplace health initiatives' and various companies in the UK appear to have taken up the challenge, e.g. Sainsburys, British Gas, British Telecom, Raleigh, Shell, Polaroid, Ford, Glaxo, IBM, Kellogg and Marks & Spencer. Some assessment of these programmes has been carried out (Kerr et al., 1987; Matheson, 1987; Webb et al., 1988; Wynne, 1989) and the indications are that these workplace health initiatives have been positively received by employers and employees alike. Although many health promotion strategies have been launched with the aim of improving the health of the onshore working population, no formal assessment of health promotion in the offshore operations of those companies involved in extracting oil & gas on the UK Continental Shelf appears to have been carried out.

### **1.2.2 Health and fitness of the offshore workforce**

At the present time approximately 33,200 people work in the offshore oil and gas industry on the UK Continental Shelf (DTI, 1992). The offshore environment provides an extremely inhospitable workplace where the health and fitness of the workforce could mean the difference between life and death in an emergency situation. Although all offshore personnel are subject to regular medical check-ups which screen for conditions such as asthma, diabetes, high blood pressure and epilepsy, studies by Light and Gibson (1986), Fenn and Ballantine (1991), and Harderwijk (1991) suggest that the offshore workforce may not be as 'fit' and 'healthy' as they should be and

that their condition stems mainly from their lifestyle. The offshore worker has traditionally been characterised as the hard-working, hard-living type, however, the hard-living young oil men of the 1970's are rapidly becoming the experienced and middle-aged offshore workforce of the 1990's, an age group which is most at risk from coronary heart disease (CHD) and related illnesses in Britain. Factors contributing to this risk amongst offshore workers include the quantity and quality of food available offshore and the fact that tobacco is easily accessible and duty free. Other life-style risk factors include physical inactivity, psycho-social stress and shift-work, including night-work which lead to irregular eating and sleeping habits (Hellesoy, 1985; Lauridson et al., 1991; Moore-ede & Richardson, 1985; Parkes, 1992a; Parkes, 1992b; Sutherland & Cooper, 1986; Sutherland & Flin, 1991).

The few studies which have been conducted on the health and fitness of the offshore workforce tend to corroborate these beliefs. Light and Gibson (1986) took body weight, body height and skinfold measurements in 419 adult males working in the UK offshore industry and found that offshore workers were both heavier and fatter than their onshore contemporaries. They concluded that several factors contributed to this state of affairs including the major social function of meals and the constant and considerable quantities of good food available with minimal control over issue and intake. Furthermore, few subjects were in a job that required high energy expenditure and few engaged in any form of active leisure pursuit when onshore. Exercise facilities and mini-gymnasias were not universally available offshore and most men reported feeling disinclined to engage in physical activity after a 12 hour work-shift. Similarly, in a dietary survey carried out on two offshore platforms, Fenn and Ballantine (1991) found that 56% of a sample population of offshore workers could be classified as overweight or obese, based on anthropometric measurements and blood samples. They also found that the offshore diet tends to contain too much energy in the form of simple carbohydrates and also has a low dietary fibre content in relation to energy consumed. It was concluded that the study group could be considered as being at risk from coronary heart disease and that health promotion strategies should be implemented offshore.

Studies carried out on Norwegian offshore workers (Oshaug & Ostgard, 1985; Ostgard, 1990) give similar results. In an investigation of diet amongst 203 workers on four oil platforms on the Norwegian Continental Shelf, meat, vegetables, fresh fruit, shellfish, french fries and eggs were found to have a major place in the diet compared to onshore, while fish, bread and grain products had a small place. Likewise, comparatively large quantities of coffee, juice and mineral water were drunk on the platforms (Oshaug & Ostgard, 1985). Ostgard (1990) found that only a quarter of the employees reported exercising on a regular basis while offshore and, of these, the majority were administrative and technical staff. Drilling, maintenance and catering staff seldom exercised. In addition, two-thirds of those interviewed were smokers. Different strategies for coping with the enticing and overwhelming amount of food available offshore were found. For example, some oilworkers had quite casual and irregular eating habits offshore whereas others had established their own individual eating style and food schedule. Some had a nonexplorative, predictable and safe attitude in their approach to eating, whereas others had become gastronomic experts for whom mealtimes were the highlight of the day. Manipulation of body weight was common, either by dieting, exercising or working hard to compensate for overeating. Most workers, however, had problems keeping their weight down and were caught in a vicious circle of slimming and overeating. Extremes like putting on 7kg

during the time offshore and losing it during the onshore period were not uncommon.

Given the above factors and the fact that the offshore population may, at any given time, be required to cope with extremely demanding physical conditions and a high stress load (for example, in an emergency evacuation), their health and physical fitness should be of high priority. The offshore workforce is also essentially a captive audience, living and working in a restricted environment which should be relatively easy to control when implementing health promotion campaigns. Although health promotion strategies have been launched with the aim of improving the health of the onshore working population, few seem to have been targeted specifically at the offshore population. The aim of the present study was to survey companies involved in extracting oil and gas resources from the UK and Norwegian Continental Shelf, in order to find out what health promotion programmes are being implemented offshore.

### **1.3 RESEARCH METHOD**

A draft questionnaire, comprising open and closed questions, was prepared for Medical Directors working for companies operating on the Norwegian and UK Continental Shelf. Questions were designed to ask whether there was thought to be a general need, and a high or low priority for health promotion offshore. Questions asking if any health promotion schemes are in operation, who is responsible for implementing them, what form they take, which sectors of the workforce they are aimed at and whether they are to be evaluated or not were also included. The questionnaire was pilot tested with the co-operation of three Medical Directors working in the UK sector. They completed the questionnaire and gave written comments and suggestions for improvement. As a result some minor changes were made to the wording of the questionnaire and it was condensed to a shorter format. The final version of the questionnaire had 15 questions, 2 of which were pre-coded and the remainder were in an open format.

This questionnaire was sent to the Occupational Health Department of 18 major offshore operators, 12 contractors and 11 drilling companies in the UK sector and 9 operators and 12 drilling companies in the Norwegian sector. Diving support vessels and semi-submersibles were not included in the survey. The companies were selected by referring to the North Sea Oil and Gas Directory 1991/92 and contacting all companies coming under the aforementioned categories and asking whether they would be willing to participate. The sample participating in the survey was therefore largely self-selected. Questionnaires were also sent to 4 UK companies who provided medical advisers on contract to companies who did not have their own Medical Department. A covering letter accompanied each questionnaire explaining the purpose of the survey and a pre-addressed envelope to the research team at RGU was also enclosed (a copy of the letter and questionnaire is given in Appendix A). A total of 73 questionnaires (including 30 sent via offshore medical contracting companies) were sent to Medical Directors in the UK sector and 21 were sent to Medical Directors in the Norwegian sector during November 1992.

A draft questionnaire to be sent to Offshore Medics was also prepared. This followed the same format as the questionnaire to Medical Advisers but included additional questions asking individuals about their own health and

work practices in health promotion. The draft questionnaire was pilot tested with the co-operation of 6 rig medics working in the UK sector, who were attending a course at RGIT Survival Centre Ltd. The questions were completed but they gave no suggestions for alteration to the design and content. Nevertheless, the questionnaire was condensed into a shorter format in line with the questionnaire for Medical Directors. A covering letter accompanied each questionnaire explaining the purpose of the survey and a pre-addressed envelope to the research team was also enclosed (a copy of the letter and questionnaire is given in Appendix B). From a current list of offshore installations, a total of 145 questionnaires were addressed to 'The Rig Medic' and sent directly to offshore installations in the British sector. The research team were advised that medics working on offshore installations in the Norwegian sector were known as Platform Nurses. To comply with this and to enable a distinction to be made between the two groups working offshore throughout the report, the title of Platform Nurse is used to refer to a medic working offshore in the Norwegian sector and the title Rig Medic to the UK equivalent. These titles are nevertheless used to describe essentially the same job. A total of 76 questionnaires were addressed to 'The Platform Nurse' and distributed to offshore installations in the Norwegian sector via the company Medical Department.

## 2. RESULTS

### 2.1. GENERAL

The overall response rate for the survey was 36%. This is similar to the response rate (30% - 40%) normally expected for a general postal survey, although the response from a specific interest group is usually higher than this (Crimp, 1985). Given the very small numbers of the groups, no subdivision into size or type of installations or drilling rig versus production platform has been made. There was a much higher response rate from the British Rig Medics (53%) compared with the Norwegian Platform Nurses (25%), British Medical Directors (14%) and Norwegian Medical Directors (29%). The results are presented firstly for Medical Directors, then for Offshore Medics followed by a comparison of the British and Norwegian experiences regarding offshore health promotion.

### 2.2 MEDICAL DIRECTORS

#### 2.2.1 Norwegian Medical Directors

The response rate for this group was 29% (6 replies). Two questionnaires were completed by the Senior Medical Adviser, the remainder gave their job title as Company Doctor, Medical Superintendent, Ergonomist/Physiotherapist and Medical Department Manager. Five of the respondents worked for operators and one for a contracting company working in the Norwegian sector. Two were responsible for providing medical services for only one offshore installation, while three were responsible for 2-5 installations and one was responsible for 6-10 installations.

Two of the Norwegian Medical Directors who responded to the survey said that they did not have any health promotion programmes currently in operation, although one of them declared that a healthy environment (exercise facilities, no smoking areas, healthy eating catering), would be incorporated into the development of installations in a new field. The health promotion programmes currently in operation on offshore installations on the Norwegian Continental Shelf as mentioned by the four remaining Norwegian Medical Directors are given in Table 1.

**Table 1**  
**Health promotion programmes currently operating on the Norwegian Continental Shelf**  
**as reported by Norwegian Medical Directors**

| Type of programme    | Timescale    | No. installations with programme | Implemented by                       |
|----------------------|--------------|----------------------------------|--------------------------------------|
| No smoking           | continuous   | 1                                | Occup. Health Nurse                  |
| Ergonomics           | end Nov '92  | 1                                | Physiotherapist                      |
| Low cholesterol      | continuous   | 4                                | Doctors, nurses, chefs               |
| No smoking           | undecided    | 9                                | Doctors, nurses                      |
| Fitness              | ends Feb '94 | 9                                | Physiotherapist, company sports club |
| Look after your skin | ends '92     | 5                                | Dermatology dept., local hospital    |
| Hearing conservation | ends' 92     | 5                                | Specialist                           |

All the programmes listed in Table 1 are aimed at the whole workforce and combine the provision of information via a leaflet or booklet with a change in environment. For example, individual counselling together with a nicotine patch is provided with a leaflet for the no smoking programmes. A combination of lectures and individual training comprises the Ergonomics programme. A booklet and healthy eating facilities are provided for the low cholesterol programme, and exercise facilities are provided in addition to information about fitness.

Evaluation and expansion of some of the health promotion programmes is planned. Both the no smoking programmes will be evaluated, but only one of them will be continued and expanded. The fitness programme is to be continued and expanded but there are no plans for the evaluation of this programme, the 'Look After Your Skin' or the 'Hearing Protection' scheme. Health promotion programmes which have been in operation offshore but are no longer running are listed in Table 2. All Medical Directors working for Norwegian offshore companies, saw a need for offshore health promotion and gave it high priority. No further comments were given by the respondents.

**Table 2**  
**Health promotion programmes which have been in operation but are no longer running**  
**on the Norwegian Continental Shelf**

| Type of programme  | Timescale (years) | No. installations with programme | Implemented by                      |
|--------------------|-------------------|----------------------------------|-------------------------------------|
| CHD risk factors   | 3                 | 2                                | Dept. of Cardiology, local hospital |
| Alcohol/Drug abuse | 1                 | 4                                | Police                              |
| Ergonomics         | 1                 | 3                                | Not known                           |
| No smoking         | 1                 | 4                                | Psychologist                        |
| HIV/AIDS           | 1                 | 4                                | Not known                           |
| Healthy eating     | Not known         | -                                | Not known                           |

## 2.2.2 British Medical Directors

The response rate for this group was 14% (10 replies). Half the questionnaires were completed by the Senior Medical Adviser and the job titles of the remainder were Health and Safety Inspector, Safety Co-ordinator, Operations Manager and Personnel Manager. One reply was received from a Health and Safety Adviser who declared that he was responsible for safety, rather than health matters. Many of the questions were not applicable to his role in the company and only general comments and opinions were received. Although half of the replies were received from individuals responsible for safety rather than medical policy, this group will nevertheless be referred to as British Medical Directors throughout the report. Replies were received from an equal number of operator and contracting companies. Two individuals were responsible for at least 10 offshore installations, two were responsible for one installation and the remainder were responsible for 2-10 installations.

With the exception of one individual who gave no response to the questions about the need and the priority for health promotion, all of the respondents noted that there was a definite need for health promotion offshore. Three of the respondents said that their company did not have any health promotion programmes currently in operation and two of them have no plans to provide any in the future. One Medical Director indicated that there was the possibility of implementing a programme in the future to reduce risks offshore by improving the health of employees.

The health promotion programmes currently in operation on offshore installations as reported by the Medical Directors responsible for platforms on the UK Continental Shelf are listed in Table 3.

**Table 3**  
**Health promotion programmes currently operating on the UK Continental Shelf as reported by British Medical Directors**

| Type of programme          | Timescale  | No. installations with programme | Implemented by                                       |
|----------------------------|------------|----------------------------------|--|
| Health/fitness             | continuous | 5                                | Catering company, nutritionist                       |
| Health/fitness (Lifestyle) | continuous | 5                                | Doctors, rig medics                                  |
| Health/fitness (Lifestyle) | 5 years    | 30                               | Medical Director, Health professionals contracted in |
| Exercise                   | continuous | 7                                | British Safety Council                               |
| Hearing conservation       | 5 months   | 7                                | RoSPA and Company Medical Directors                  |
| Look after your heart      | continuous | 4                                | Medical Dept. and rig medics                         |
| Stop smoking               | continuous | 4                                | "  |
| Healthy eating             | continuous | 4                                | "  |

All the programmes listed in Table 3 are aimed at the whole workforce and use a combination of providing information (leaflets and posters) with

changing the environment (exercise facilities and catering for healthy eating). The health and fitness and exercise programmes are to be continued and expanded but there are no plans for their evaluation. Continuous monitoring rather than evaluation applies to the 'Look After Your Heart' programme. The hearing conservation programme is to be evaluated but not continued or expanded. The British Medical Directors provided no data on offshore health promotion programmes that had been in operation but were no longer running.

## **2.3 OFFSHORE MEDICS**

### **2.3.1 Norwegian Platform Nurses**

The response rate for this group was 25% (19 replies). The majority (89%) of the questionnaires were completed by individuals with the job title Offshore Occupational Nurse or Offshore Nurse. One respondent gave their job title as Intensive Care Nurse and another as Medical Supervisor. Most (75%), of the respondents worked for a main operating company and 15% worked for contracting companies. None of the Norwegian Platform Nurses who completed a questionnaire had worked for less than a year offshore; 28% had worked for 1-5 years, 39% had worked for 5-10 years, 22% had worked for 10-15 years and 11% had worked for 15-20 years.

A very positive response was given to the question of whether health promotion is an important aspect of health and safety offshore; 72% categorised it as 'very important' and 28% as 'of some importance'. When asked if the offshore population is receptive to health promotion, 95% thought that they were and only 5% thought that they were not receptive. It was clear that Platform Nurses were approached and asked for advice and information about health issues; 74% said that they were regularly asked, 21% only rarely asked and 5% replied that they were not asked about health issues. The survey revealed that Platform Nurses were asked to give advice and information on a range of health issues. The three most common subjects asked about were smoking, cholesterol and diet. Overall they did not find that one specific group was particularly interested in health issues, but their opinion was that young, well educated men and middle aged men over the age of 40 tended to visit the Platform Nurse for advice and information. A summary of this information is found in Table 4.

### **2.3.2 British Rig Medics**

The response rate for this group was 53% (77 replies) which is very good for a postal survey of this type. The majority (81%) of questionnaires were completed by individuals with a job title which included the word medic (field medic, offshore medic, rig medic, medic/clerk/admin). Some (10%) of the questionnaires were completed by the OIM since there was no medic or nurse on board. A further 9% of questionnaires were completed by a field foreman or helicopter landing officers who had received training in first aid but were not qualified medics.

A similar proportion of Rig Medics worked for contracting companies and main operating companies, 51% and 49% respectively. A summary of their responses to the questionnaire, including their offshore employment history, is given in Table 4. Only 1% of the individuals who completed the



questionnaire had worked for less than one year offshore, 29% had worked for 1-5 years, 24% for 5-10 years, 28% had worked for 10-15 years and 17% for 15-20 years; 1% had worked offshore for over 20 years.

A positive response was given to the question asking whether health promotion is an important aspect of health and safety offshore. Health promotion was categorised by 66% as 'very important' and 32% as 'of some importance.' A further 1% declared that it was 'not important' and 1% had no opinion. The respondents were asked to give reasons for the importance of health promotion offshore and many of the following comments are typical of those given by Rig Medics;

*'Meal times are a social event offshore and personnel have a tendency to overeat. It is important to educate personnel in healthy eating habits in order that they can choose their diet properly.'*

*'We are a platform with an ageing technical workforce. The fitter the workforce the more efficient it becomes, less time lost through illness for the company. A healthy offshore workforce would dramatically bring down the number of cardiac incidents - we had 3 in 1992.'*

*'Health promotion offshore facilitates ongoing fitness in a population which is gradually ageing and contributes to a better offshore lifestyle - which may spill over into onshore habits!'*

*'It is desirable to obtain the co-operation of individuals and make them aware of the advantages of a healthy lifestyle, however it must be remembered that individuals have their own unique problems and a 'blanket' health policy is not going to cater for everyone.'*

*'In my own opinion the majority of offshore workers do not seem to be interested in health promotion programmes.'*

When asked if the offshore population is receptive to health promotion, 74% thought that they were, 25% thought that they were not receptive and 1% had no opinion. The following comments were given by Rig Medics in relation to their opinion about how receptive the offshore population is;

*'I feel that they would be receptive but as to whether attitudes would be changed is another matter.'*

*'Anything that can improve what we have will be welcomed with open arms'*

*'I think the population at large are more aware of taking care of their own body - offshore workers are no exception.'*

*'I say no because offshore workers in general work hard and play even harder. They tend to abuse the good life which for most is two weeks out of every four. These guys may listen but few would change.'*

*'Healthy eating menus have been tried on board but the chefs got abuse from the contractors.'*

The Rig Medics seemed to be a source of information about diet and health issues since 56% replied that they were asked for information, 31% replied that they were rarely asked, whilst 13% replied that they were not asked.

The survey revealed that the five topics which were most commonly asked about were weight loss, diet, smoking, cholesterol and exercise. As was evident from the responses from the Norwegian Platform Nurses, the British Rig Medics did not find any specific group which was particularly interested in health issues. Single men, married men, divorced men, men approaching routine medicals, young men interested in their appearance, older men with a high income working for operators and looking forward to a good pension, would all seek advice from the Rig Medic about diet and health issues.

**Table 4**  
**Comparison of responses between British and Norwegian Offshore Medics**

| Question  | British (n = 77) | Norwegian, (n = 19) |
|---|------------------|---------------------|
| <b>No. years worked offshore?</b>   |                  |                     |
| < 1   | 1%               | -                   |
| 1-5   | 29%              | 28%                 |
| 6-10  | 24%              | 39%                 |
| 11-15   | 28%              | 22%                 |
| 16-20   | 18%              | 11%                 |
| <b>Is health promotion an important aspect of health and safety offshore?</b> |                  |                     |
| Very important  | 66%              | 72%                 |
| Of some importance  | 32%              | 28%                 |
| Not important   | 1%               | -                   |
| No opinion  | 1%               | -                   |
| <b>Is the offshore workforce receptive to health promotion?</b>               |                  |                     |
| Yes   | 74%              | 95%                 |
| No  | 25%              | 5%                  |
| No opinion  | 1%               | -                   |
| <b>Are you asked for advice/information about health improvement?</b>         |                  |                     |
| Yes   | 56%              | 74%                 |
| No  | 13%              | 5%                  |
| Rarely  | 31%              | 21%                 |
| <b>Subjects asked about</b>   |                  |                     |
| Diet  | 20%              | 17%                 |
| Fitness   | 12%              | 5%                  |
| Weight loss   | 26%              | 15%                 |
| Exercise  | 11%              | 10%                 |
| Smoking   | 14%              | 22%                 |
| Cholesterol   | 13%              | 22%                 |
| Alcohol   | 1%               | 2%                  |
| Blood pressure  | 3%               | 2%                  |
| Heart disease   | 1%               | 5%                  |

### 2.3.3 Training of Offshore Medics and attitudes to their own health

The questionnaire included a series of questions relating to any formal training in nutrition and/or health promotion that the Offshore Medics may have had, and also their attitudes to their own health. Comparisons between the responses given to these questions by Platform Nurses working on the Norwegian Continental Shelf and by Rig Medics working on the UK Continental Shelf are presented in Table 5.

Most (88%) of the Platform Nurses who took part in the survey had received formal training in nutrition and/or health promotion. Only two individuals (12%) had received no training. When asked for details of this training it was revealed that nutrition is a major subject in the basic training course for nurses. In addition, several oil companies provided their own training in health promotion. One company employed specialists to give extra training prior to the launch of each new offshore health promotion programme. Another company employed the Red Cross to give extra training. One training course was provided by the catering company. When asked to rate their own knowledge about diet and health especially in relation to coronary heart disease, 74% categorised their knowledge as 'good' and 26% categorised it as 'adequate'. None of the respondents categorised their knowledge as 'poor'.

All respondents agreed that Platform Nurses should be involved (with appropriate training) in giving information and advice about diet and health to the offshore workforce. Many of the comments revealed that interviewing individuals and giving health advice was already part of the job description of Platform Nurses. A positive attitude to the Platform Nurses' own health was evident since 67% classified themselves as 'not overweight', 78% stated that they took regular exercise, 84% ate a healthy diet and 29% did not intend to make any improvements to their lifestyle. Of the remainder who wished to make changes, 38% wanted to take more exercise, 19% wanted to give up smoking, 10% wanted to eat less and 5% wanted to reduce stress.

The survey revealed that only one third (36%) of Rig Medics working offshore in the UK sector had received formal training in health promotion. This was less than the proportion of Platform Nurses who had received formal training (see Table 5). The questionnaire asked for details of any formal training received and responses to this revealed that there was no consistent source of training in diet and health for those working in the UK sector. In comparison with Platform Nurses working in the Norwegian sector where nutrition is a major subject in the basic training course, any information on diet and health was received by UK Rig Medics on an ad hoc basis. Some individuals were given information about diet and heart disease as part of a course on cholesterol screening and the use of the Reflotron (desk top equipment to measure total blood cholesterol from a finger prick blood sample). Similar information was also received from courses in occupational health nursing, health and hygiene courses, rig medic refresher courses, previous training in remote health care and Royal Navy medical assistants course. When asked to rate their knowledge about diet and health especially in relation to coronary heart disease, 26% categorised their knowledge as 'good' and 72% categorised it as 'adequate'; 2% categorised their knowledge as 'poor'. With the exception of one individual who had no opinion, the respondents all agreed that offshore Rig Medics should be involved (with appropriate training) in giving information and advice about diet and health to offshore workers. Many of the comments accompanying this opinion revealed

that giving information should be 'part and parcel' of the job and that adequate training was necessary as '*cholesterol is a complex subject and without formal training can create a lot of problems.*' It was felt that medics needed training as their '*advice at the moment lacks credibility.*'

Similar comments by Rig Medics about the need for training included;

*'Onshore management require to be educated to see that the Rig Medic job is not non-productive and training should be given - not limited to statutory courses.'*

*'I would be delighted to be given the opportunity to attend such a course. The industry is now 25 years old in the North Sea, so we are obviously increasing risks with the longer serving personnel'*

*'I am in strong favour of health promotion for all, not just to offshore workers. However, the ball is not in my court. Perhaps statistics such as this will kick-start the powers that be.'*

In contrast, some comments emphasised the negative aspects of being trained to give advice and mentioned that additional clerical/administrative duties, assigned to the medic, left little time for health promotion work. The financial cost involved with health promotion and time away from work in order to attend training courses was seen as a barrier. For example, a comment from a Rig Medic illustrates this;

*'Who will cover the cost? It's bad enough now trying to get courses just to maintain medical skills.'*

A positive response to the Rig Medics' own health was evident as over half (59%) of those who took part in the survey classified themselves as 'not overweight' and 72% declared that they took 'regular exercise.' The majority (85%) of respondents stated that they ate a healthy diet and 64% declared that they did not smoke cigarettes. Despite this positive attitude to their own health there still seemed to be room for improvement since 94% declared that they would like to make changes to their lifestyle. In terms of these changes, 29% of respondents would like to give up smoking, 25% to lose weight, and 15% to take more exercise. Other suggestions for changes included reducing alcohol intake; having regular medical check-ups; having the Hepatitis B vaccine; avoiding passive smoking and improving the attitude towards fitness by all managers.

**Table 5**  
**Comparison of responses given by Platform Nurses and Rig Medics to questions about formal training and attitudes to their own health**

| Question   | British (n = 77) |     | Norwegian (n = 19) |      |
|--|------------------|-----|--------------------|------|
| <b>Formal training received?</b>                       |                  |     |                    |      |
| Yes  |                  | 36% |                    | 88%  |
| No   |                  | 64% |                    | 22%  |
| <b>Medics should give advice?</b>                      |                  |     |                    |      |
| Yes  |                  | 99% |                    | 100% |
| No   |                  | -   |                    | -    |
| No opinion   |                  | 1%  |                    | -    |
| <b>Attitude to own health</b>                          | Yes              | No  | Yes                | No   |
| Overweight   | 41%              | 59% | 33%                | 67%  |
| Exercise regularly                                     | 72%              | 28% | 78%                | 22%  |
| Eat a healthy diet                                     | 85%              | 15% | 84%                | 16%  |
| Smoke  | 36%              | 64% | 28%                | 72%  |
| <b>Changes to own health</b>                           |                  |     |                    |      |
| No improvements  |                  | 6%  |                    | 29%  |
| Take more exercise                                     |                  | 15% |                    | 38%  |
| Give up smoking  |                  | 29% |                    | 19%  |
| Eat less   |                  | 22% |                    | 10%  |
| Reduce stress  |                  | 5%  |                    | 5%   |
| <b>Rating of own knowledge about diet &amp; health</b> |                  |     |                    |      |
| Good   |                  | 26% |                    | 74%  |
| Adequate   |                  | 72% |                    | 26%  |
| Poor   |                  | 2%  |                    | -    |

## **2.4 A COMPARISON OF HEALTH PROMOTION ON THE NORWEGIAN AND UK CONTINENTAL SHELF**

### **2.4.1 The Norwegian experience**

Responses to the questionnaire revealed that there are currently a range of health promotion programmes in operation on offshore installations in the Norwegian sector. Two offshore installations (9%), do not have any health promotion programmes but the reasons for this were not given. The most common type of health promotion campaign currently in operation is 'Stop Smoking'. The types and frequency of these programmes are summarised in Table 6.

**Table 6**  
**Summary of the type and frequency of health promotion programmes currently in operation on the Norwegian Continental Shelf as reported by respondents**

| Type                   | Frequency | Implemented by   |
|------------------------|-----------|--|
| No smoking             | 9         | Company Medical Dept & Platform Nurse  |
| Fitness/exercise       | 4         | Company medical Dept, Platform Nurse, Sports Club, Norwegian Olympic Ski Team, Norwegian Sports Federation |
| Low cholesterol        | 3         | Company Medical Dept, Platform Nurse   |
| General Lifestyle      | 2         | Medical & Safety Dept  |
| Awareness of Chemicals | 2         | Medical & Safety Dept  |
| Ergonomics/backache    | 1         | Medical & Safety Dept  |
| Cancer of colon        | 1         | Specialist doctors   |
| HIV/AIDS information   | 1         | Medical Department & Platform Nurse  |

All the programmes have been implemented for at least one year and with the exception of three separate programmes (colon cancer, awareness of chemicals, exercise programme) they are all on-going. The target group for the colon cancer programme is men over the age of 45, and that for the chemical awareness campaign are those individuals who work with chemicals. The target group for all of the remaining programmes is the whole workforce. All the programmes currently in operation involve individual counselling or providing appropriate facilities (eg. healthy eating or exercise facilities), in addition to simply providing information. None of the programmes give information alone. When asked if the programmes were to be evaluated, 62% gave a positive response and 38% replied that they did not know.

Several health promotion programmes are currently being planned. The topics for these comprise; healthy eating, alcoholism, prevention of back problems and hearing protection. One individual commented that health promotion programmes were on-going on a seasonal basis and new programmes were continually being planned as appropriate.

When asked to comment on their involvement in the health promotion programmes, Norwegian Platform Nurses indicated that they had a specific teaching/education/advisory role. Many Platform Nurses replied that they were also responsible for setting up the programme in conjunction with the company Medical Department and then motivating individuals to take part. A comment by one respondent about his role in the health promotion programmes is; *'To arrange for and run the health promotion programme offshore'*.

A minority (38%) of the respondents gave no further comments at the end of the questionnaire. Additional comments given by 62% of the respondents were positive about the role and importance of health promotion offshore. The tone and content of these comments are represented overleaf.

*'Overweight and heavy smoking is a problem for Norwegian offshore workers and the Medics as well as the doctors signing the health certificate and we have to take this problem seriously.'*

*'It's an important issue in the society as a whole but more so offshore because of the irregular way of life. Offshore workforce is more exposed to health problems offshore - smoking and eating too much.'*

*'Quite a few members of the staff have passed the age of 40 and the combination of working shifts, stress and smoking makes a health programme very important.'*

*'Good health will lead to better safety offshore. People will feel they're being taken care of, and the nurses get to know the crew better.'*

#### **2.4.2 The British experience**

The survey revealed that a range of health promotion programmes are currently in operation in the UK sector. Some of these programmes were specific to one topic whilst others were more general programmes such as the Wellman Clinics which may include many aspects of health and lifestyle. There is therefore some obvious overlap in the classification of these programmes since several healthy eating programmes are listed but they may also include details of how to lose weight. Specific weight loss/slimming programmes are listed separately. The types and frequency of health promotion programmes as classified by respondents are detailed in Table 7. The frequency of the health promotion programme refers to the number of offshore installations on which the programme is currently in operation. Two of the respondents did not have any health promotion programmes currently in operation on their installation, but the reasons for this are not given.

**Table 7**  
**Summary of type and frequency of health promotion programmes currently in operation**  
**on the UK Continental Shelf as reported by respondents**

| Type                  | Frequency | Implemented by   |
|-----------------------|-----------|--|
| No smoking            | 24        | Rig Medics<br>Health Education<br>Authority<br>Company Medical Dept<br>British Health Council                      |
| Healthy eating        | 22        | Nutritionist/Catering<br>company   |
| Weight loss           | 14        | Medical Dept & Rig Medic<br>Nutritionist/Catering<br>company   |
| General lifestyle     | 14        | Medical Dept & Rig Medic<br>Nutritionist, Specialists<br>contracted in to run<br>programme                         |
| Cholesterol/BP        | 11        | Medical Dept & Rig Medic<br>Health Education<br>Authority<br>British Heart Foundation                              |
| Fitness/exercise      | 9         | Fitness expert on<br>contract. Occupational<br>Health Department   |
| Wellman clinic        | 8         | Initiated by Rig Medic.<br>Specialists contracted in<br>to run programme.<br>National Cardiac<br>Monitoring Centre |
| Look After Your Heart | 6         | The Flora project for heart<br>disease prevention, Rig<br>Medics, British Heart<br>Foundation                      |
| Alcohol/Drinkwise     | 6         | Medical Dept & Rig<br>Medics. Health Education<br>Authority  |
| Drugs                 | 6         | Medical Dept & Rig<br>Medics   |
| Dental health         | 2         | Specialists contracted in<br>to run programme +<br>Medical Dept  |
| Skin checks/hygiene   | 2         | Medical & Rig Medics   |

The most common type of health promotion programme is 'Stop Smoking' with the majority (93%) of programmes on-going. With the exception of one no smoking programme and one healthy eating programme which are aimed at manual workers, all remaining health promotion programmes are targeted at the whole offshore workforce. As with health promotion programmes operating in the Norwegian sector, a common feature of the programmes in the UK sector is that they combine changing the environment in addition to providing information; none of the programmes give information alone. For example, all of the no smoking programmes provide leaflets/nicotine patches together with designated no smoking areas on board.



The majority (84%) of current programmes are to be continued. Many of the lifestyle and general healthy eating programmes will continue with the introduction of new themes and topics e.g. stress awareness, dental health, update on AIDS, slimming advice and low fat diets. The aim of the Wellman Clinics is that they should offer continuous screening and referral. A small number (8%) of the programmes are not to be continued, the reasons being that they are too expensive to run in terms of time and money. It was not known whether a further 8% of the programmes would be continued or not.

The involvement of the Rig Medics in the health promotion programmes varied. A small number (9%) have no involvement, while 24% are involved in an advisory capacity only. The remaining 67% have full involvement which can include data collection through health screening (cholesterol, weight, height, blood pressure, etc), giving lectures, teaching, demonstrating and counselling. Their involvement is usually in conjunction with the company Medical Department which also initiates the programme. However, four respondents were responsible for initiating and designing the programmes, obtaining videos and literature and running them. When asked about evaluation, 41% of the programmes will be evaluated, 33% will not and for 26% it was not known.

A variety of programmes have been in operation on the respondents' platforms but are no longer running, the main reason being that they related to a specific need which was no longer required. These programmes are outlined in Table 8.

**Table 8**  
Health promotion programmes which have been implemented but are no longer running on installations on the UK Continental Shelf

| Type              | Length of time in operation | Reasons why no longer running  |
|-------------------|-----------------------------|--|
| Healthy Eating    | 6 months                    | Interest eventually dwindled. Foods on offer were not being consumed |
| General Lifestyle | Not given                   | Programme suspended due to change of management                      |
| Fitness           | Not given                   | Lack of interest   |
| Testicular cancer | 6 weeks                     | Designed to be a 6 week course                                       |
| Drug and alcohol  | 1 month                     | Programmes were run to explain company policy at the time            |
| Skin care         | Not given                   | Specific programme no longer required                                |

#### 2.4.3 Future plans for UK offshore health promotion

Half (52%) the respondents indicated that there were no plans for any new programmes, while 48% indicated that there were. The topics will include fitness, stop smoking, AIDS and sexually transmitted diseases, general healthy eating and lifestyle, preventing back pain, and a Wellman Clinic. Many of the major healthy eating and lifestyle programmes are on-going and thus represent future plans for health promotion on some offshore installations.

### 3. DISCUSSION

#### 3.1 GENERAL

This report presents data from a small pilot study designed to survey and compare the extent and types of health promotion programmes operating offshore on the Norwegian and UK Continental Shelf. The survey group included major operating and drilling companies who were willing to take part, although not all those who said they were willing to participate actually completed the questionnaire. Companies providing standby support vessels, semi submersible and diving vessels were not included in the survey. The overall response rate for the survey was 36% but the majority of the data were provided by UK Rig Medics who, as a sub-group, gave the largest response rate to the survey of 53%. The response rate from Medical Directors working for companies in both the UK and Norwegian sectors (14% and 29%) was relatively low. The low response rate from the Norwegian sector was surprising in view of the positive and enthusiastic responses received from the Medical Advisers when contacted by telephone and invited to take part in the study. Half of the replies received from the UK Medical Directors' group were completed by Safety rather than Medical Directors. This suggests that some companies do not have their own Medical Department. Companies who are contracted to provide medical expertise were included in the study, but the service provided by many of these companies is limited to medical examinations and top-side emergency medical cover rather than health promotion. Despite 50% of the individuals who replied from the UK sector having a safety rather than a medical background, the majority (90%) stated that there was a need for health promotion offshore. A similar number (83%) of respondents from the Norwegian sector also gave a positive response to the need for health promotion offshore. The types and numbers of health promotion programmes given by the Medical Directors/Safety Advisers are included in the discussion with those given by Rig Medics working offshore.

Many questionnaires completed by British Rig Medics contained a significant amount of information regarding their opinions about health promotion offshore as well as the details of the programmes currently in operation. Some of the respondents also supplied copies of leaflets/literature that accompanied the health promotion programmes. The responses by Platform Nurses working in the Norwegian sector were not as detailed and extensive as those given by UK Rig Medics. This may have been due to a language difficulties which could have been overcome if there had been time to translate the questionnaires into Norwegian. This may be possible in future work.

In view of the uneven distribution of responses from the UK and Norwegian sectors, it is difficult to make a realistic comparison between the two groups, as was originally intended. Nevertheless, a dominant feature in the replies from both groups is that health promotion is seen as an important aspect of health and safety offshore. The following comments from Rig Medics illustrate this;

*'On the premise that 'Prevention is better than cure' anything that enhances fitness, health and safety must be good for the individual as well as the company'*

*'Most offshore personnel have an abnormal interest in their health, constantly aware that to be ill or fail a medical could mean the loss of earnings or even their job. Consequently as the offshore age increases the more conscious they become of their health'*

*'The average offshore employee will spend half his year on board the rig or platform. The effects of this part of his/her life and lifestyle will have a major effect on general health and the medic has a unique opportunity to provide advice and monitoring services both on and off duty.'*

Similar comments were received from Norwegian Platform Nurses.

*'Health promotion is important in all occupational health work and we can reach large groups with the programmes - a benefit for the individuals, the safety and the company.'*

*'It would help people last longer offshore.'*

In addition to the need for health promotion offshore, 95% of the Platform Nurses agreed that the workforce would be receptive to health promotion whilst fewer (74%) British Rig Medics agreed with this. These reservations are evident from the following comments from Rig Medics ;

*'Not as yet on rigs, still old ideas 'That will not happen to me!'*

*'General apathy of the offshore population stemming from an attitude of offshore management, 'if it 'aint broke, don't fix it'.'*

Nevertheless there were many positive comments which showed that the offshore workforce was keen to learn about health;

*'The workforce is on the whole a pretty intelligent group and willing to accept any programme - providing it is put over in a sensible and correct manner.'*

Although attitudes amongst the workforce on board may shape individual behaviour in relation to health matters, the survey revealed that the environment beyond that offshore can influence the offshore worker in both the Norwegian and UK sectors;

A comment from a British Rig Medic, *'Again, it's the men's lifestyle usually beginning from childhood, most employees are from remote areas of Scotland dedicated to the fishing industry where hard drinking, smoking and living are perfectly normal.'*

A comment from a Norwegian Platform Nurse, *'Eating and smoking plus TV is one of the few nice things to do offshore. They have their habits from home and the bad habits flourish easier onboard when they don't have their wife to correct them.'*

## **3.2 TRAINING OF RIG MEDICS/PLATFORM NURSES**

### **3.2.1 General**

The survey revealed that there is a difference in the training of Rig Medics as compared with Platform Nurses. The former have an interest in health promotion and believe that they should be able to give advice on health related issues, but have had limited training for this. In comparison, 88% of Norwegian Platform Nurses have received formal training in nutrition and health. This appears to be because nutrition is a major subject in the basic training course for Norwegian nurses, whereas this is not the case with the basic training most UK Rig Medics receive. They saw the need for this type of training as many UK Rig Medics felt that they were *'Perfectly placed to give information and advice.'* Others highlighted the need for specialist training *'Cholesterol can be a complex subject and without formal training can create a lot of problems. I believe that this type of work is an essential part of being a Rig Medic.'*

The difference in training history may reflect the response to the question asking about the respondents own knowledge about health and diet. The majority (74%) of the Platform Nurses rated this knowledge as 'good' as compared with 20% of Rig Medics.

Individuals working in the UK sector approached the Rig Medic for advice about diet and health issues less regularly compared with approaches to the Platform Nurse; 56% of Rig Medics were asked 'regularly' compared with 74% of Platform Nurses. In order of priority, the three most common topics that were asked about in the Norwegian sector were smoking, cholesterol and diet. In the UK sector weight loss, diet and smoking were the three most important topics.

### **3.2.2 Catering companies and health promotion**

The survey revealed that many of the catering companies used on the installations did have some form of policy for healthy eating. Respondents on different platforms who were supplied by the same catering company differed in their replies as to whether healthy eating is provided and if the chefs have received any training in healthy eating catering. This either implies a lack of knowledge about the catering company or that the same company may operate a different policy on different platforms (or for different companies) depending on the demand.

### **3.2.3 Offshore health promotion programmes**

Within the UK and Norwegian sectors, there are a range of health promotion programmes, but these are limited to less than half of the installations whose Rig Medics replied in the survey. A greater number (47%) of platforms within Norway currently have one or more health promotion programmes in operation compared with 39% of offshore installations in the UK sector.

It is generally believed that there is a positive attitude towards healthy eating in the Norwegian sector but levels of smoking and drinking are high. The survey results support this to some extent as stop smoking programmes represented the majority (39%) of the types of programme in the Norwegian sector. 'Stop smoking' programmes represent 19% of the types of the

programmes in the British sector with a similar number (18%) of healthy eating programmes. However, a number of general lifestyle programmes are currently in operation in both sectors and it is likely that smoking and healthy eating topics are included in these. A new 'Offshore Drug Awareness Campaign' has just been launched in the UK sector by Grampian police supported by a number of offshore industry groups.

A characteristic of health promotion programmes in both sectors is that they tend to be on-going programmes. A small number of programmes are run for a limited time but the topics for these relate to specific health issues such as skin care and hazardous substances. The majority of general lifestyle, healthy eating, stop smoking programmes, when they are implemented, tend to be run on an on-going basis and updated when necessary. The involvement of the Rig Medic/Platform Nurse in the programmes is variable. Some individuals are totally involved and help to initiate the programme while others are not involved at all. The survey did not show that Platform Nurses were any more or any less involved in the health promotion programmes compared with the Rig Medics.

The survey revealed that a number of health promotion programmes are currently in operation offshore in both the UK and Norwegian sectors. There is also a great deal of enthusiasm for them as shown by the individuals who replied to the questionnaire. The following quote from a Rig Medic sums up the general attitude towards health promotion offshore;

*'Formal training for offshore medics on how to formulate, present and evaluate health promotion programmes should be given priority in the offshore medic's career.'*

## 4. CONCLUSION

This report presents the results from a pilot study to survey the number and types of health promotion programmes currently in operation on offshore installations in the Norwegian and UK Continental Shelf. The overall response rate was 36% with a higher response from British Rig Medics (53%) compared with Norwegian Platform Nurses (25%), British Medical Directors (14%) and Norwegian Medical Directors (29%). Although the survey produced an enthusiastic response from British Rig Medics working offshore, the data show that health promotion programmes were limited to one third (39%) of the installations manned by Rig Medics who replied to the questionnaire.

It was clear from the comments received from Rig Medics, via the questionnaire, that they put a high priority on health promotion because of the relatively poor lifestyle offshore (smoking, lack of exercise and overeating) and the ageing population offshore. Many of the Rig Medics commented on the lack of training for long term health promotion and felt that their advice or role in exercise or fitness programmes lacked credibility without this. By comparison the majority of the Norwegian Platform Nurses, who replied to the survey, indicated that their training included basic nutrition.

In conclusion, there is no doubt that there is a growing interest in preventive medicine and many more onshore companies are offering health promotion programmes in the workplace. This trend is reflected to some extent offshore, but there are clearly opportunities for further development of programmes specifically for the offshore environment and research into the characteristics of successful programmes.

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## **APPENDIX A**

**The Robert Gordon University  
Business Research Unit  
Aberdeen**

### **SURVEY OF HEALTH PROMOTION OFFSHORE**

#### **QUESTIONNAIRE TO MEDICAL DIRECTORS OR EQUIVALENT**

##### **Part 1:- GENERAL INFORMATION**

**Q1.** What is your job title?

**Q2.** Which company do you work for?

**Q3.** Are you contracted to this company or employed directly?

**Q4.** How many offshore installations are you responsible for providing medical services for?

**Q5.** What are their names/numbers?

**Q6.** Do you believe that there is a general need for health promotion programmes (e.g. healthy eating, fitness & exercise) amongst the offshore workforce (please circle one alternative)

- a) Yes
- b) No
- c) No opinion

**Q7.** Do you place a high or a low priority on providing health promotion programmes offshore (please circle one alternative)?

- a) High
- b) Low
- c) No opinion

Please give reasons for your answer?

**PART 2:- HEALTH PROMOTION PROGRAMMES OFFSHORE**

**Q8. List any health promotion programmes which are currently being implemented offshore on installations for which you are responsible.**

| Type/ Name of H.P. Prog. | Start date (mth & yr) | End date (mth & yr) | Numbers/Names of installs. involved |
|--------------------------|-----------------------|---------------------|-------------------------------------|
|--------------------------|-----------------------|---------------------|-------------------------------------|

**Q9. List the health professionals (e.g. occupational health nurses, exercise and fitness consultants) and/ or the organisations (e.g. ASH - Action for Smoking and Health) who were involved with the design and implementation of these health promotion programmes?**

| Type/ Name of H.P. Prog. | Health professionals and/or organisations involved with the programme |
|--------------------------|---|
|--------------------------|---|

**Q10.** Who are the health promotion programmes being targeted at?

| Type/ Name of H.P. Prog. | Managerial workers only | Manual workers only | Whole workforce |
|--------------------------|-------------------------|---------------------|-----------------|
|--------------------------|-------------------------|---------------------|-----------------|

**Q11.** What form do the programmes take?

| Type/ Name of H.P. prog. | Information only (leaflets, videos, posters,etc.) | Changing environment (providing healthy eating, exercise facilities,etc.) | Other (please specify) |
|--------------------------|---|---|------------------------|
|--------------------------|---|---|------------------------|

**Q12.** Will the programme(s) be evaluated for their impact on the attitudes and behaviour of the target group(s)?

| Type/ Name<br>of H.P. Prog. | Will be<br>evaluated | Will not be<br>evaluated | No plans for<br>evaluation<br>at present |
|-----------------------------|----------------------|--------------------------|--|
|-----------------------------|----------------------|--------------------------|--|

**Q13.** Will any of the health promotion programmes that are currently in operation offshore be continued or expanded in the future? If so, which ones?

**Q14.** List any offshore health promotion programmes that have been in operation in the past. Indicate the length of time that they were in operation and the reasons why they are no longer running.

**Q15.** If your company (or the company you represent) is not involved in any offshore health promotion at present, does it have any plans to start health promotion strategies in the future? If so, please give details?

Thank you for your help. Please return the questionnaire as soon as possible in the envelope provided.

*Reply to:*

November 1992



THE  
ROBERT GORDON  
UNIVERSITY  
ABERDEEN

Dear Sir,

We are carrying out a survey into health promotion programmes in the offshore industry and would be grateful if you would complete the enclosed questionnaire for this research.

The purpose of the study is to obtain information about offshore health promotion programmes relating to smoking, alcohol, stress, exercise and healthy eating. In particular we want to find out,

- whether you think that there is a need for health promotion offshore
- if any health promotion programmes are in operation
- who carries them out and what form they take
- whether they have been successful or not.

Using the enclosed questionnaire, the study will involve the collection of data from the British and Norwegian sectors in order to compare any differences in approaches to health between these sectors. A similar questionnaire is being sent to offshore Platform Nurses/Rig Medics working in the British and Norwegian sectors. The survey is being funded by the Offshore Safety Division of the Health and Safety Executive.

We would be extremely grateful if you would take the time to complete our questionnaire. We can assure you that any information you give will be treated in the strictest confidence. Your name and the name of the company you serve will not be revealed or associated with your response. If you would like any further information about the study or a copy of the final results and report, please do not hesitate to contact us.

Thanking you in anticipation of your help. We look forward to receiving your reply.

Yours sincerely,

Dr. Kathryn J. Mearns  
Senior Research Fellow

Dr. Chris Fenn  
Senior Research Fellow



## **APPENDIX B**

**The Robert Gordon University  
Business Research Unit  
Aberdeen**

### **SURVEY OF HEALTH PROMOTION OFFSHORE**

#### **QUESTIONNAIRE TO RIG MEDICS/PLATFROM NURSES**

##### **Part 1:- GENERAL INFORMATION**

**Q1.** What is your job title?

**Q2.** Which installation(s) do you work on? Please give the names/numbers of each installation.

**Q3.** Which company do you work for?

Is this company a contractor or do you work directly for the main offshore company?

**Q4.** How long have you worked offshore?

**Q5.** Which catering company provides the food and catering services on your installation(s)?

**Q6.** Does the catering company provide any advice or information on healthy eating?

**Q7.** Have the chefs ever had any training in healthy eating catering?

**Q8.** Do you think that Health Promotion programmes (e.g. healthy eating, stop smoking etc.) are an important aspect of health and safety offshore?

- a) Yes, very important
- b) Yes, of some importance
- c) No, not important
- d) No opinion

Please give reasons for your answer?

**Q9.** Do you think that the offshore workforce would be (or are already) generally receptive to any health promotion programmes that are provided offshore?

- a) Yes
- b) No
- c) No opinion

Please give reasons for your answer

**Q10.** Have you ever had any formal training in nutrition, health education or health promotion?

a) Yes

b) No

If yes, please give details of the training courses that you have attended and which organisations provided these.

**Q11.** Do individuals come to you for advice and information about improving their own health?

a) Yes

b) No

c) Rarely

**Q12.** If yes, what are the questions that you are most commonly asked about diet, health and fitness?

**Q13.** Based on your experience, are there any specific groups of workers (e.g. manual workers, single men, young men) who are particularly interested in improving their own health?

**Q14.** How would you rate your own knowledge about diet and health especially in relation to heart disease?

a) Good - have received training in nutrition and understand the most recent theories about the link between diet and heart disease.

b) Adequate - no formal training, but am interested in nutrition and dietary issues and have read articles/books on nutrition and health.

c) Poor - not interested in nutrition and health.

Any other comments?

**Q15.** With appropriate training, do you think that Rig Medics should be involved in giving information and advice to individuals about diet and health?

a) Yes

b) No

c) No opinion

Any comments?

**Q16.** What is your attitude to your own health? (please comment on the following)

- a) Are you overweight?
- b) Do you take regular exercise?
- c) Do you eat a healthy diet?
- d) Do you smoke cigarettes?

What changes, if any, would you like to make to improve your own health?

**Part 2:- HEALTH PROMOTION PROGRAMMES OFFSHORE**

**Q17.** List any health promotion programmes which are in operation on the rig/ platform where you are currently on duty? (Note, only describe the programmes for one rig/ platform, i.e. the one that you are on now).

| Type/ Name of H.P. Prog. | Start date (mth & yr) | End date (mth & yr) | Number/ name of installation. |
|--------------------------|-----------------------|---------------------|-------------------------------|
|--------------------------|-----------------------|---------------------|-------------------------------|

**Q18.** Which health professionals and/or organizations are involved with designing and implementing the programme?

| Type/ Name of H.P. Prog. | Name of health professional or organization |
|--------------------------|---|
|--------------------------|---|

**Q19.** Who are the health promotion programmes being targeted at?

| Type/ Name of H.P. Prog. | Managerial workers | Manual workers | Whole workforce |
|--------------------------|--------------------|----------------|-----------------|
|--------------------------|--------------------|----------------|-----------------|

**Q20.** What form does the programme take?

|                             |   |   |                              |
|-----------------------------|---|---|------------------------------|
| Type/ Name<br>of H.P. prog. | Information only<br>(leaflets, videos,<br>posters,etc.) | Changing environment<br>(healthy eating choices,<br>exercise facilities,etc.) | Other<br>(please<br>specify) |
|-----------------------------|---|---|------------------------------|

**Q21.** Will the programme(s) be evaluated for their impact on the attitudes and behaviour of the target group(s) (please circle one alternative)?

- a) Yes
- b) No
- c) Don't know

**Q22.** What is your involvement in the programme(s)?

**Q23.** Do you think any of the health promotion programmes will be continued or expanded offshore and if so, which ones?

**Q24.** Do you know of any offshore health promotion programmes which have been run on the rig/ platform on which you are now working? If so, give the name of the programme, length of time in operation and reasons why it is no longer running.

**Q25.** Do you know of any offshore health promotion programmes which are planned to start in the future? If so, please give details.

Any other comments about health promotion offshore?

Thank you for your help. Please return the questionnaire as soon as possible in the envelope provided.



*Reply to:*

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- who carries them out and what form they take
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Using the enclosed questionnaire, the study will involve the collection of data from the British and Norwegian sectors in order to compare any differences in approaches to health between these sectors. A similar questionnaire is being sent to Medical Directors or Occupational Health Departments of companies working in the British and Norwegian sectors. The survey is being funded by the Offshore Safety Division of the Health and Safety Executive.

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Thanking you in anticipation of your help. We look forward to receiving your reply.

Yours sincerely,

Dr. Kathryn J. Mearns  
Senior Research Fellow

Dr. Chris Fenn  
Senior Research Fellow



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