

The Influence of Periodic Occupational Health Examinations on Healthcare Practices and Policy in an Industrial Company in the United Arab Emirates: A Qualitative Narrative Inquiry

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ABSTRACT

This study examined the influence of Periodic Occupational Health Examinations (POHEs) on healthcare practices and policy implementation at Industrial Company, UAE. A qualitative narrative inquiry with a case study design was employed, using semi-structured interviews with twelve occupational health nurses directly involved in POHEs. Thematic analysis revealed five themes: (1) early detection and workforce engagement, (2) workplace adjustments and wellness integration, (3) workload and resource challenges, (4) communication and coordination barriers, and (5) the role of digital health transformation and data governance. Findings highlight POHEs as both compliance obligations and potential strategic health tools. However, their utilization is constrained by organizational hierarchies, structural power dynamics, and insufficient digital infrastructure. This study contributes to the limited literature in the Gulf Cooperation Council (GCC) by underscoring how organizational culture and policy frameworks shape POHE utilization and by emphasizing the importance of integrating digital health strategies in occupational health systems.

Keywords: Periodic Occupational Health Examinations, Occupational Health Policy, Workplace Safety, Employee Well-being, Preventive Health Screening

INTRODUCTION AND BACKGROUND OF THE STUDY

Occupational health remains a global priority, with nearly three million deaths annually linked to workplace hazards (ILO, 2023). Periodic occupational health examinations (POHEs) aim to prevent disease progression and enhance workforce resilience (Kim et al., 2022). In South Korea and Europe, screenings have improved chronic disease management, reduced absenteeism, and enhanced productivity (Kang, 2022; Steel et al., 2022).

In the UAE, Federal Law No. 13 of 2020, Ministerial Resolution No. 657 of 2022, and ADNOC guidelines mandate occupational health assessments (MOHAP, 2020; MOHRE, 2022; ADNOC, 2023). Despite these policies, POHEs are frequently perceived as compliance tasks rather than preventive health strategies (Peters et al., 2020). This study addresses how POHEs influence healthcare practices and health-related policy in an industrial company, with attention to organizational culture, hierarchies, and the broader GCC policy environment.

Research Questions:

1. How do POHEs influence healthcare practices?
2. How do POHEs affect organizational health-related policy?

METHODOLOGY

Design: A qualitative narrative inquiry with case study approach.

Participants: Twelve occupational health nurses with direct POHE experience, recruited via purposive sampling.

Instrument: A validated semi-structured interview guide focusing on POHE impact on healthcare practice and policy.

Data Collection: 40–50 minute face-to-face interviews, recorded and transcribed with informed consent.

Analysis: Inductive thematic analysis conducted using NVivo, ensuring coding consistency.

Ethics: Institutional Review Board approval was obtained. Participation was voluntary, with confidentiality guaranteed.

RESULTS

Theme 1: Early Detection and Prevention

POHEs facilitated early identification of hypertension, diabetes, and cardiovascular risks, enabling timely referrals.

Theme 2: Integration into Practices

Findings showed how POHE data informed ergonomic adjustments, wellness initiatives, and targeted health education.

Theme 3: Policy Reinforcement

Results were used to refine company policies on safety protocols, shift scheduling, and fitness-to-work standards.

Theme 4: Corporate Responsibility

POHEs reinforced perceptions of organizational responsibility and commitment to sustainability frameworks.

Theme 5: Structural Challenges

Workload pressures, limited resources, and poor communication between departments reduced program effectiveness.

DISCUSSION

This study confirms the dual role of POHEs: providing clinical prevention while shaping organizational engagement. Consistent with international evidence, POHEs improved worker trust and organizational health strategies. However, challenges such as resource shortages and weak communication echoed barriers found in global literature (Paterson et al., 2024; Biswas et al., 2021).

Beyond the thematic findings, contradictions emerged between compliance-driven approaches and preventive health priorities. Nurses consistently described tensions where management emphasized productivity and cost-efficiency, while clinical staff advocated for comprehensive preventive strategies. This reflects a deeper institutional barrier where organizational hierarchies and resource allocation decisions limited participatory approaches to occupational health. Such tensions highlight the importance of recognizing power dynamics in policy implementation.

Theoretical framing: The Health Belief Model (HBM) explains how perceived benefits of POHEs (early detection, trust) compete with barriers (limited staffing, poor coordination). Integration with Total Worker Health frameworks and organizational policy models highlights how leadership, culture, and institutional power dynamics shape health policy uptake.

Organizational culture and hierarchy: Nurses' narratives revealed that hierarchical decision-making often limited how POHE findings were acted upon, reinforcing the imbalance between frontline staff and management. This dynamic reduced preventive practices to compliance exercises rather than strategic health tools.

Digital health transformation: Calls for electronic health records aligned with broader GCC digitization agendas (Kowalski-McGraw et al., 2023; Brommeyer & Liang, 2022). While digital records improved monitoring efficiency, they raised governance and privacy concerns (Fazen et al., 2024). This emphasizes the need for structured policies to ensure secure and ethical use of occupational health data.

Regional contribution: The scarcity of GCC/MENA-focused research (Masood et al., 2024) makes this study significant in highlighting occupational health gaps and providing recommendations for culturally relevant policy reforms.

This study is limited by its focus on occupational health nurses. Perspectives of management, frontline employees, and policymakers were not included, which constrains conclusions about organizational and policy-level impacts. Future research should adopt a multi-stakeholder design to provide a more comprehensive understanding of how periodic occupational health examinations are shaped by leadership, workforce dynamics, and regulatory frameworks.

CONCLUSION

POHEs play a vital role in preventive occupational health and organizational compliance. However, their strategic potential is undermined by structural barriers, hierarchical limitations, and weak digital systems. To enhance their effectiveness, POHEs must be integrated into organizational culture, supported by strong policy frameworks, and embedded in digital transformation strategies.

RECOMMENDATION

Based on the insights drawn from this study, the following recommendations are proposed:

1. Strengthen interdisciplinary collaboration between health units, HR, and leadership
2. Invest in secure, centralized digital health systems to improve monitoring and transparency.
3. Allocate adequate staffing, time, and financial resources to sustain POHE initiatives.
4. Provide training on data privacy, governance, and ethical handling of occupational health data.
5. Establish transparent feedback mechanisms to ensure that employees and management understand POHE outcomes and subsequent actions.

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