Promoting a Healthy Workplace

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Published by:

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Promoting a Healthy Workplace

HRM and health promotion

Workplace health promotion is a subject with which HR professionals are finding themselves involved more frequently these days. It has often been seen as the exclusive preserve of Occupational Health professionals, but with increasing concern over sickness absence and stress problems among employees, it is an area in which HR staff now need to have more than a passing knowledge.

In the broader context of HR Management (HRM), it is recognised that policies and practices that result in improved employee performance and engagement lead to improved organisational performance. However, active promotion by employers of healthy lifestyles among employees has not been a central concern of HRM. Yet there are several reasons for the greater prominence of health promotion on the HR agenda:

- **A legal duty of care**: Both UK and EU legislation in the field of health and safety has had increasing impact in recent years.
- **Resourcing and performance pressures**: Evidence is growing which demonstrates that healthier employees have better retention, attendance and performance records.
- **The 'Psychological Contract' and 'Employer Branding'**: Expectations among an increasing number of recruits and employees are that employers should provide healthy workplaces and demonstrate measures aimed at employee well-being. As employers compete for labour, ensuring they can promote a positive image or 'brand' to potential recruits is an increasingly important part of the 'deal' they can offer new and existing employees.

UK employees spend up to 60 per cent of their time in the workplace. As the workforce ages, and as social class differences in health grow wider, some argue that the workplace has a greater role to play in both general health education, and in the more proactive promotion of healthy lifestyles.

Models of workplace health promotion

There have been few systematic reviews of health promotion in the workplace to inform an assessment of activity in this area. A report by the Industrial Relations Services (IRS, 1998) examined the practices of 114 UK employers. This found, among other things, that:

- Most employers saw workplace stress as the most important health-related issue they faced, though few had policies or practices in place to manage stress. CBI estimates for 2003 show that this is still broadly the case with only 16 per cent of organisations having formal stress policies.
- Most practices involved the provision of written guidance and advice, rather than proactive interventions.
- A quarter of employers in the review had been involved in an industrial tribunal where employee health issues had been central to the case. Employers also reported that concern to comply with legal requirements, or fear of litigation, were factors influencing decisions to introduce health promotion initiatives in the workplace.

The study also identified that HR professionals were now more likely than occupational health professionals to initiate action under the workplace health promotion banner. This finding highlights a growing relationship between health promotion and HRM.

The vital role that HR could have in this area is shown by a review of health promotion initiatives and their effectiveness, which was conducted for the HEA in 1998. This found that programmes effective in influencing individual behaviour had 'visible and enthusiastic' support from top management and involved employees at all organisational levels in the planning, implementation, and activities of the intervention. HR professionals are ideally placed to promote these approaches.

Overall, UK employers appear reluctant to become involved in large-scale health promotion programmes, compared to their counterparts in North America. Much of this can be accounted for by the health insurance costs incurred by employers across the Atlantic. Another factor may be the preference which UK employers have for voluntarism rather than paternalism in their approach to employee health and well-being. This approach is emphasised when the range of practices used by UK employers is examined.

UK employers are adopting workplace health promotion initiatives that fall into one of three main categories. These are:

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1. **Awareness-oriented programmes**: These initiatives are intended to raise individual and collective awareness among employees and line managers of specific health areas or risks. They can include general promotion of factual information, or can involve diagnostic approaches such as forms of health screening. They are based on the expectation that increased awareness will lead to behavioural or lifestyle changes.
2. **Lifestyle change interventions**: These initiatives are more specifically targeted at making changes to individual health behaviour or lifestyle. They may be based on previous diagnosis, or on the decision of an individual to seek support in making a lifestyle change. Their focus is often remedial.
3. **Ongoing support measures**: Here, organisations engage in activities or initiatives which are intended to promote, encourage and sustain a healthy working environment and lifestyle. These approaches may focus on the general health 'climate' of the organisation, or may be aimed at prevention of specific health risks or hazards.

The range of activities that fall within each type of initiative can be seen in Appendix 1.

Problems and issues

In examining the pattern of workplace health promotion activity among UK employers, it is clear that a number of problems and issues frequently arise in either the design or implementation of initiatives. These are discussed below.

Voluntarism vs. paternalism

An important cultural issue in many organisations surrounds the question of voluntarism. While, at one level, most people would agree that healthy workplaces and healthy lifestyles are undoubtedly 'good things', few would agree with approaches to workplace health promotion which imply compulsion. At one level, the more paternalistic approaches taken by some North American employers may be more acceptable given the health insurance costs that they have to bear. However, in the UK, employers have been understandably reluctant to force the issue of health promotion too hard, and have (aside from issues such as smoking and issues covered by legislation) left choice about participation resolutely to the individual. Inevitably, this libertarian approach has knock-on effects in terms of take-up and individual behaviour change. UK employers are becoming ever more sensitive to the need to manage the boundaries between work and life with care. Health promotion remains firmly in the domain covered by individual freedom of choice.

The 'inverse care' law

Of course, one consequence of voluntarism is that those individuals who choose to engage and participate in health promotion activity, may not necessarily be those with the greatest need to participate. This is known as the 'inverse care' law, and it is supported by evidence from several academic studies, which have shown that:

- Smokers, those employees with hypertension, those with high cholesterol and those who take little or no exercise are the least likely to participate in workplace health promotion activities.
- Employees most likely to participate are young, well-educated, female, non-smokers in white-collar jobs.
- Those who are often missed completely by such initiatives include low earners and those on temporary contracts or who are self-employed.
- In addition, studies have shown that women will join weight loss programmes whether they need to lose weight or not.

The practical implications of the 'inverse care' law are firstly, that using crude measures of take-up of health promotion initiatives can be misleading and secondly, that evaluation of health outcomes from such initiatives need careful planning and interpretation. The key problem is that, in many cases, those employees who stand to benefit most participate least.

Integrating workplace health promotion with HRM

As we have seen, there is a growing tendency for HR professionals to be the prime movers behind workplace health promotion initiatives in large organisations. This is because health promotion offers to strengthen and enhance aspects of HRM, which are often key priorities for employers. These include:

- '**Branding', attraction and retention**: 'Employer branding' or seeking to be 'the employer of choice' emphasises the need for organisations to present themselves favourably to both potential and current employees. For some, this favourable image can be enhanced if the company can be seen to be offering access to sports and exercise facilities, health screening, and a pleasant and healthy working environment.
- **Benefits, recognition and reward**: On a related topic, as employers strive to emphasise the 'non-pay' aspects of their reward package, they will also draw attention to the range of health-related benefits they offer, particularly if they feel they are of specific value to key employee groups.
- **Reducing sickness absence**: As the costs of sickness absence rise for employers, the more important it becomes to keep absence levels to a minimum. Health promotion measures,

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which are either preventative or curative are important weapons in the battle against absence — accountability for which often resides with the HR function and with line managers.

- **Stress and psychological well-being**: A growing body of case law, together with the EU Directive on 'Working Time' has begun to concentrate minds in most UK organisations. Together with the requirements of health and safety legislation, HR professionals are increasingly taking responsibility for initiatives that embrace employee welfare and well-being — including their physical and psychological well-being. In these areas especially, HR and Occupational Health professionals are learning to work more closely together than has previously been the case.
- **Morale, motivation and performance**: an important principle of HRM is that motivated, engaged, and committed employees are the most likely to perform well. The maximisation of employee performance is seen by many businesses as being an important element of competitive advantage, and measures which can be taken to improve productivity, innovation and service quality are being grasped eagerly. Thus, if health promotion initiatives in the workplace are capable of having a positive impact on morale, motivation and performance — even among only small groups of employees — HR professionals are keen to ensure maximum benefit is extracted from them. IES' research into employee engagement showed that employees who believed that their employer cared about their health and well-being had higher levels of engagement.

In many ways, therefore, it is difficult to argue that the historical divide between workplace health promotion and human resource management is justified. However, while HRM may provide a framework within which health promotion can legitimately be presented as part of the psychological contract that organisations have with their employees, it also imposes a set of expectations about the likely outcomes and benefits of health promotion activity. This means increased pressure to demonstrate that health promotion yields a return on investment. At the same time, this raises questions about the overall effectiveness of health promotion initiatives in the workplace and, indeed the ease with which they can be evaluated.

Does workplace health promotion work?

As we have seen, a number of claims are made for workplace health promotion. These are expressed in terms of both the health and lifestyle benefits for employees, and the economic benefits for employers. In this section we will examine the evidence of any benefits of workplace health promotion, and discuss the role that

evaluation plays in the way such initiatives are designed and implemented.

Evaluating impact

There are two primary outcomes that are typically sought by those promoting workplace health. The first is behavioural change on the part of employees, which reduces the incidence of:

- smoking
- obesity
- unhealthy eating
- alcohol consumption
- stress/burnout
- back injury
- RSI *etc.*
- sedentary lifestyle.

The other focuses on the needs of employers, and emphasises:

- reducing sickness absence
- improving attraction and recruitment
- improving commitment
- reducing litigation costs.

The evidence from published evaluation studies on these dimensions has focused on behavioural change among employees. In summary, this work shows moderate success in affecting lifestyle (smoking, drinking, diet, weight loss and exercise) and ergonomic conditions (RSI, lifting *etc.*). The evidence on stress is more ambiguous.

The evidence on organisational benefits is also not clear-cut. Research on absence, attraction and retention is not extensive (and is dominated by work on absence/rehabilitation). Attempts at establishing a robust 'cost-benefit' case for investing in workplace health promotion have not been conclusive.

Methodological issues

In reviewing the available evaluation research in this field, a number of important methodological issues arise which, taken together, call into question the credibility of the majority of studies that have been conducted.

Poor design: Many of the published evaluation studies fail to include control groups, have imprecise success criteria, and test the outcomes of interventions over too short a time frame.

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Using 'take-up' as a measure: In several of the studies, the 'take-up' or participation rates of employees in workplace initiatives are too frequently the dominant measure of success. However, participation (for example, in a smoking cessation initiative) does not necessarily equate with either behavioural change or lead to a reduction in sickness absence. Indeed, the 'inverse care law' suggests that a significant proportion of participants in such initiatives may be those least in need of support.

Workplace only initiatives: One of the limitations of workplace health promotion initiatives aimed at changing lifestyle behaviour is that they are restricted to the workplace. In reality, of course, tobacco consumption, obesity, diet, exercise *etc.* are all aspects of lifestyle which are more likely to be facets of behaviour away from the workplace. Thus, it might be possible to reduce or eliminate tobacco consumption at work, but there are no guarantees that consumption outside work will not continue or even increase. Few studies account for this dimension which, in some contexts, might explain the often weak link between improved workplace behaviour and outcomes such as sickness absence levels.

Attribution: In any study that uses an experimental design, an important issue is that of attribution. Thus, an initiative to reduce back injury may appear to lead to reductions in long-term absences. However, it is important to take full account of other factors that might also contribute to this effect before drawing firm conclusions. For example, changes in absence policy, earlier referral to Occupational Health specialists, use of attendance bonuses *etc.* may all contribute to a reduction in absence levels. Many studies restrict their evaluations to only a limited range of explanatory variables, making definitive conclusions about 'cause and effect' difficult to make.

Dead-weight effect: Even if changes in behaviour are observed, there is still the problem of determining whether some of these changes would have happened anyway, regardless of the health promotion intervention. For example, a post-Christmas weight-loss programme may precede a measurable reduction in obesity. However, determining the extent to which this loss would have been registered in any case (in the absence of a programme) would be difficult to estimate.

Lagged effects: One area where the literature suggests a problem, but is less good at providing solutions, is the time-lag between interventions and any measurable behaviour change.

Sustainability: Even if a workplace initiative is successful in changing employee behaviour, evaluation studies only rarely conduct systematic analysis of how long these changes are sustained. It might reasonably be expected that only sustained behavioural change will lead directly to tangible bottom-line outcomes, such as a reduction in absence levels. If, however, a

significant proportion of employees who take up regular exercise subsequently lapse back into a more sedentary lifestyle, the real impact of the initiative will be diminished.

So where does this leave us?

On the basis of this review, it seems fair to make the overall conclusion that there is no compelling evidence of success for workplace health promotion activities. This is not due to the fact that they necessarily have no impact, but to the fact that it is very difficult to identify and isolate this from the other influences on employee health.

Health promotion remains largely an act of faith, but should not be dismissed for this reason. Employee physical and mental well-being at work is legally considered to be the responsibility of their employer and measures should be taken to promote and support this. Health promotion activities can also complement attendance and rehabilitation policies. Appropriate advice and support may well retain employees in the workplace who might otherwise be absent or resign because of ill health or failure to cope with the pressures of their jobs.

In addition, health promotion activities contribute positively to the 'employer brand' as perceived by both current and potential employees. Organisations that demonstrate a concern for their employees' well being are viewed more favourably –- as demonstrated by higher engagement levels.

It is impossible to clearly show the impact of health promotion on the bottom line, but this is not sufficient reason to dismiss all such activity out of hand. The benefits accruing from such efforts may be difficult to quantify, but intuitively it makes sense that providing employees with the support and knowledge to make informed choices about healthier lifestyles must be of benefit not only to themselves, but also to their employers.

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Appendix 1: Approaches to Workplace Health Promotion

The range health promotion activities that fall into each of the three types of initiatives are given below:

1. Awareness programmes

- Written advice

  The approaches can involve the circulation of guidance notes promoting awareness of specific health advice, or targeted poster campaigns (*eg* smoking awareness, HIV/AIDS awareness, nutrition/healthy eating)

- Participation in national initiatives

  Some employers choose to participate in or promote wider health-related initiatives. These might include 'National No Smoking Day, or the broader intention to support the 'Look After Your Heart' campaign.

- Health screening

  Employers may choose to provide either temporary or permanent access to health screening facilities for all or some of their employees. Examples include screening for coronary heart disease, cholesterol screening, breast screening and tests for diabetes, osteoporosis, prostate cancer and other cancers.

- Health education

  Specific health promotion initiatives, or screening programmes, possibly supported by health education provision. These may take the form of class-based instruction, awareness raising, or the use of 'well women' or 'well men' clinics or facilities.

- Risk analysis and audit

  Either as part of their statutory obligation under Health and Safety legislation, or as good practice, employers can raise awareness of workplace health issues through regular risk analyses or audits. This includes audits of the physical working environment (covering aspects such as temperature, lighting, workstations/VDUs, noise, hand/arm vibration *etc.*) and of psychological well-being, including actual or potential sources of workplace stress.

- Policy development and dissemination

  An increasing number of employers have formulated policies on a range of health-related topics. These include stress management, smoking, alcohol, drug and substance abuse, HIV/AIDS, violence at work and bullying/harassment in the workplace. While some employers have written these mainly for defensive reasons, others use them as the basis for the design of proactive initiatives and workplace health interventions.

2. Lifestyle change interventions

- Smoking cessation

  Here, employers may run specific sessions aimed at supporting employees who wish to stop smoking. These sessions may take the form of formal presentations, group support or monitoring — often a combination of all these.

- Stress management

  Either individual or collective support, by trained counsellors, for those employees in stressful occupations or who have had significant role or workload changes likely to increase their susceptibility to work-related stress. The focus is both to support the individual and to provide them with coping and self-management strategies. In some organisations, specialised support for employees with Post-traumatic Stress Disorder (PTSD) is provided.

- Addiction support

  Some organisations support, sponsor, or fund employee access to specialist support for alcohol or drug dependency. Support may also be provided, through training, for the line managers of these staff.

- Work-related upper limb disorders

  For employees susceptible to, or suffering from, disorders such as repetitive strain injury (RSI) employers provide medical support, workstation and job redesign, as well as wider risk analysis as part of their health and safety obligations.

- Advice, support and counselling

  Aside from measures specifically designed to address aspects of workplace stress, some employers provide supplementary support to employees through (often sub-contracted) advice and counselling services. 'Employee Assistance Programmes' are more generic in nature and are able to provide guidance on a range of issues, including personal, financial difficulties, family, childcare or legal problems.

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- Manual handling

  As a significant cause of sickness absence is back injury, many employers whose employees are at risk of such injury (or who have previously had back problems) provide specific training aimed at improving manual handling and lifting skills. In some cases, work or job redesign interventions, or the use of specialised lifting equipment may supplement this.

- Weight loss programmes

  Some employers sponsor or directly provide support to those employees wishing to lose weight. This may be through allowing attendance at external programmes, or through internal support by occupational health staff.

3. Ongoing support measures

- Healthy eating options

  With much greater awareness of the links between diet and health, more employers with on-site eating facilities are seeking to provide healthy eating options for their employees. These are often accompanied with improved information about diet to enable employees to make informed choices.

- Smoking ban

  Organisations are increasingly holding clear positions on smoking in the workplace. The majority of workplaces have either a total or partial smoking ban (with designated smoking areas). The aims of this are to improve the working environment and the health of both smokers and non-smokers.

- Sport and exercise facilities

  Many employers offer access to sport or exercise facilities as explicit benefits. These can either be on-site or, more commonly, through subsidised or free access to external facilities.

- Complementary therapy

  Some employers offer access to complementary therapies to employees, these include massage, aromatherapy and reflexology.

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