European Module
EMUTOM
for Undergraduate Teaching of Occupational Medicine

# Chapter 4 : Workplace health promotion

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## Objectives

*Knowledge objectives:*

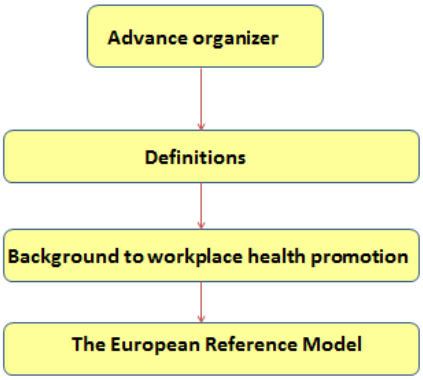
- The student gives international accepted definitions of the following concepts: health, occupational health, health promotion, workplace health promotion (WHP)
- The student explains the modern concept of workplace health promotion in Europe
- The student exemplifies the main actors within the field of workplace health promotion
- The student gives examples of main themes for WHP
- The student explains the specific role, tasks and responsibilities of the occupational health services and occupational physician in WHP
- The student can discuss about a WHP programme

*Skills/attitudes related objectives:*

- The student is attentive to the WHP aspects when the context implies the health of the workforce
- Students recognize WHP necessity
- Students find reliable sources with information and evidence about WHP
- Students will be receptive at worker / enterprise problems
- Student will be able to react asking, according help, proposing priority themes in WHP problems
- The student identifies the (inter)national key organization/s that play a role in WHP

## Concept Map

**Framework**




# Advance organizer

**CASE STUDY – The FAG Hospital**

**Introduction in the case-study**

This case is a component of the WHP chapter. Presented data are similar with some real situation that can be found by young physicians at their workplaces. They can recognize individual and common problems, in the medical system, caused by a sum of factors. Hospital example can be considered a model of enterprise.

We kindly ask the student to read attentively the case study, trying to imagine them as part of this medical structure, or as staff personnel who must try to recognize the problems, and especially to solve them. Please, try to solve the exercises after reading all this material.

**Situation description**

The FAG hospital in the FAG city is a 65 years old medical structure, with sections and compartments: internal medicine, paediatrics, infectious diseases, obstetrics gynaecology, surgery, emergency room, laboratory, radiology unit, cuisine, administrative and technical staff, and maintenance workshop. It is the unique hospital for the healthcare in the western part of the T rural region. The next Hospital is situated at 50 kilometres distance.

The number of employees in the beginning of the last year was 158 medical staff and 34 auxiliary and technical staff. Today there are 107 and 26.

The hospital has 3 buildings (A, B, C) that are communicating between, and one (D) at 700 metres distance. The last building is an old one that needs substantial investments, to repair the damaged walls, windows, etc. It is functioning at the limit of the legal demands, because of the old apparatus

and medical technique, too. Here are located the Surgery section and the Infectious diseases unit.

A reason (?) that the building was not renovated yet is the few year situations that the hospital did not find a stable intensive care specialist. In these circumstances the surgeons made just small interventions. Now the medical team is complete, but the working conditions are not proper.

Hospital staff asked a few years ago for founds, but they obtained just promises from the local administration. The budget was maintained at the same level in the last five years, in despite of currency and inflation course.

Especially in the last year, the good atmosphere in this hospital was affected by frequent problems.

One year ago the hospital was on the list of medical units that must be closed by the Health Ministry, for economic reasons. After 7 weeks of "terror" the decision was annulated, but, in these circumstances, the level of stress, for the entire personnel was high. Some workers started to look after safe workplaces and leaved the hospital. The number of employees started to decrease, because of the migration of the medical staff in other countries, for better working conditions and salaries.

In these new conditions, the volume of work and norms increased, especially for the medical team. Salaries are stationary for few years, and so the hospital founds, too. People must work in plus for the same amount of money.

Workers report problems of protective equipment, mainly not enough "one use" gloves. They are afraid for their health.

There are discussions between different sections' nurses, about similar payment, but different working conditions and real volume of work.

The non-medical staff was demanded to increase and enlarge the volume of activity, in the same time and same salary conditions.

The unemployment in the region increased in the last 14 months, and the working offer is not attractive. So, people are in the situation to accept compromises at their workplaces.

Education and professional status is high, adequate with job demands.

The hospital personnel are stable. Excepting three physicians and two nurses who were employed in the last two years, no other engagements were possible, because the ministry blocked the employment.

Population perception is negative, in general, regarding the hospital medial services: crises situations, not enough and adequate medication (they are obliged to pay, but they already paid insurances), hygiene deficiencies, staff attitude, high demands that are not achieved. Here an objective element is the gasp of legislation and a deficiency in communication with the patient. As individuals, the patients are contended with the medical assistance, the diagnoses and treatment.

**Staff data**

Medium age for medical staff is 43 years and for non-medical personnel is 39 years. The limit ages are 21 years (2 persons) and 61 (one man, physician). 79% are women.

Marital status: married 68.2% married, 12% divorced, 9% single, 10.8% not married or widow.

81.6% have 1 or two children. Just 4 of them have 3 or more than three children. They have minors in proportion of 54.7%. One person has a handicapped child.

26% of people have one or two old parents / relatives to take care of.

Medium age is relative high. More than half of them must take care of a family member.

65% of employees have their own apartment or home. 42% of them (81.3% medium studies) have part time activity in agriculture, their own small “farms”.

7.4% of hospital personnel are continuing their studies.

The number of smokers is 37.2%. The proportion is similar, in both sexes.

Alcohol use is common, but in low quantities (1 unit of alcohol) for 62.7% of them. Abuse of drinking was registered for two cases, both men, workers, with family problems.

More frequent chronic diseases find at all categories are: arterial hypertension (29%), obesity (17%), diabetes mellitus (4.2%).

**Workplace characteristics**

Hospital personnel consist of: 49% nurses, 14% physicians, 11% administrative, non-medical personnel 16%, technical/workers 7%, management 3%.

98% of them have entire norm. 2% have 0.5 norms.

Work program implies normal (morning) shift for 43% of them, shift activity including night shift 38%, week-end work 9%. Just 9 persons have flexible program.

Contract time was unlimited for 94%, and for 6% limited at 6 month – 2 years. The norm is 7 hours/day for physicians and 8 hours/day for all the other categories.

Supplementary and weekend hours are not pay but they have free days. For the section and compartments with enough personnel in holidays is very difficult to organize shift activity and to give the compensatory free days. This is a reason of staff complains. No money are paid for supplementary hours.

72% work with patients and public. Often they report violence at their workplaces, and problems of communication with patients or their families.

Absenteeism rate is very low. People prefer to come with health problems at work.

There is an occupational physician and a safety responsible in hospital, and they perform specific activities.

The union is involved in social problems (especially in salaries), and is not very implied in workplace risks management or health aspects. Workers representatives' use to present current specific problems at the management team, and their relation is appreciate like a permanent competition.

The human resources department conducts the risk management sector activity.

Stress and biological risk seems to be the most important hazards identified. Chronic fatigue signs are described by 37% of hospital staff.

One source of occupational stress is considered the unsure status of the employment, the materials deficit, the management style, especially the lack of dialog between the management and workers, patient and their relatives' behaviour.

Healthcare workers who are working in the building D (45 persons) report often than the other colleagues fatigue, high stress, small accidents. Depression was diagnosed at 2 persons.

In the last year was reported one case of hepatitis B (a nurse from gynaecology) and one case of pulmonary tuberculosis (a young physician from internal medicine section).

But another real problem is the musculoskeletal disorders. No training for MSD prevention, no enough personnel and no enough devices to carry and handle the patients who need assistance.

In these circumstances, low back pain is in the top of complaints; cervical zone is affected in the secondary place, other locations of MSD have a lower frequency.

## Exercise 1: Improving the health of the workforce

In each sector of activity, managers want to have "healthy workers".

Here (Figure 1) is the diagram of the ecological model of health (Dahlgren, G and Whitehead, M (1991) Rainbow model of health in Dahlgren, G (1995) European Health Policy Conference: Opportunities for the future. Vol 11 – Intersectoral Action for Health. Copenhagen: WHO Regional Office for Europe - http://www.publichealth.ie/blog/2011-10-04/public-health-across-life-course-time-time-renew-debate).

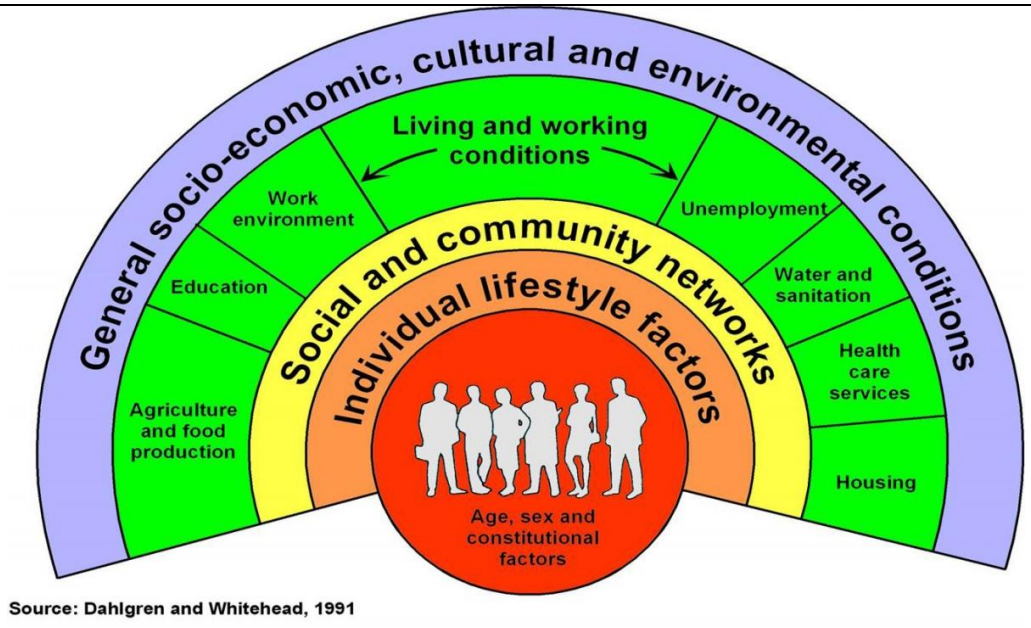



**Figure 1. An Ecological Model of Health**

Please, the exercises you have to complete based on Fag Hospital example must be done individual. The exercise has three parts. For each of them you have 10 minutes:

A. Health can be influenced in different ways. Please, try to identify the actors that can influence health at each of the 4 levels of the diagram (general socio-economic, cultural and environmental conditions; community; workplace; individual

B. Identify what can be done at the workplace to improve the health of the workforce

C. Which are the actors who should be involved in making interventions at the workplace

Please, after WHP module study, revise your answers, trying to improve their quality. Did you change your opinion?

## Exercise 2 (homework - facultative): Preventing a negative impact of tobacco smoke in the workplace

Exposure to tobacco smoke is bad for both, smokers' and non-smokers' health. It can cause serious problems such as respiratory and cardiovascular diseases, and have adverse reproductive effects. Furthermore it can cause death due to cancers (particularly lung cancer), coronary heart disease or stroke.

Yet thousands of workers are still exposed to tobacco smoke at their workplace. According to EU-OSHA (Occupational and Safety Health Agency) estimates based on ILO data, over 9.000 workers died in EU-27 in 2008 because of lung cancer caused by ETS (environmental tobacco smoke) at

work.

In addition to individual sufferings, exposure to tobacco smoke imposes significant costs on the economy, including direct costs stemming from increased healthcare expenditure and indirect costs linked to productivity losses.

An example of a case study in a very common problem of WHP can be found at this link:

http://osha.europa.eu/data/case-studies/sports-and-nature-against-alcohol-abuse-and-tobacco-smoking-campaign/Battle-Against-Alcohol-Abuse-and-Tobacco-Smoking.pdf

# 1. Definitions

The World Health Organization (WHO) defined **health** in its broader sense in 1946 as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity".

The WHO's 1986 Ottawa Charter for Health Promotion furthered that health is not just a state, but also "a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities."
Since 1950, the International Labour Office (ILO) and the World Health Organization (WHO) have shared a common definition of **occupational health** that can be find in Chapter 1. The first point in this definition is the promotion and maintenance of health of workers in all occupations.

**Health promotion** is the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions (the World Health Organization's 2005 Bangkok Charter for Health Promotion in a Globalized World).

Health promotion is therefore seen as a collaborative activity between the major agencies in society rather than being the responsibility of an isolated health sector.

The Charter for Health Promotion which was adopted in Ottawa in 1986 identified five health promotion action areas:

1. build Healthy Public Policy,
2. create supportive environments,
3. develop personal skills,
4. strengthen community action,
5. reorient health services

The European Network for Workplace Health Promotion (ENWHP) launched itself in 1996 with the Luxembourg Declaration – a statement of what the European approach to WHP should be. ENWHP is being supported by the European Commission within the Programme for Action on Health Promotion, Information, Education and Training within the Framework for Action in the Field of Public Health (No 645/96/EC).
As part of the Luxemburg Declaration document, a definition of WHP was developed which all EU countries now subscribe to. This definition is:

**Workplace health promotion (WHP)** is the combined efforts of employers, employees and society to improve the health and wellbeing of people at work.

*http://www.enwhp.org/download/Luxembourg_Declaration_June2005_final.pdf*

This is achieved through a combination of:

1. improving the work organization and working environment;
2. promoting the participation of workers in the whole process of WHP;
3. enabling healthy choices,
4. encouraging personal development

The workplace directly influences the physical, mental, economic and social well-being of workers and in turn the health of their families, communities and society. It offers an ideal setting and infrastructure to support the promotion of health of a large audience.

Proper attention to workers' health and safety has extensive benefits:
(http://www.who.int/occupational_health/topics/workplace/en/index1.html)

- healthy workers are productive and raise healthy families; thus healthy workers are a key strategy, i.e. goal, for overcoming poverty;
- workplace health risks are higher in the informal sector and small industry which are key arenas of action on poverty alleviation, where people can work their way out of poverty;
- safe workplaces contribute to sustainable development, which is the key to poverty reduction;
- the processes of protecting workers, surrounding communities and the environment for future generations have important common elements, such as pollution control and exposure reduction;
- much pollution and many environmental exposures that are hazardous to health arise from industrial processes, that may be influenced by occupational health and safety programmes;
- occupational safety and health can contribute to improving the employability of workers, through workplace (re)design, maintenance of a healthy and safe work environment, training and retraining, assessment of work demands, medical diagnosis, health screening and assessment of functional capacities;
- occupational health is fundamental to public health, for it is increasingly clear that major diseases (e.g. AIDS, heart disease) need workplace programmes as part of the disease control strategy.

Health promoting organizations have major advantages including the following (Korzeniowska, Puchalski K. and Keller A., 2000):

1. Development and better quality of human resources:
    a. Improved employee health (resilience, fitness, wellbeing)
    b. Reductions in levels of stress
    c. Higher self-esteem, responsibility for performance
    d. Higher quality performance
    e. A reduced fear of change and openness to innovation

   f. Development of new competencies (knowledge and skills)
   g. Greater participation and involvement
2. Financial savings
   a. Reductions in costs caused by absenteeism
   b. Reductions in costs related to injuries, accidents, and occupational risks
   c. Lower costs of human resources turnover
   d. Working time savings
   e. Improved productivity
   f. Lower insurance premiums
   g. Improved management of tax cuts
   h. Realistic spending of funds for health protection, safety and work hygiene, training or social benefits
3. Improved internal social relations
   a. Improved information channels and internal communication
   b. Integration of employees within the organization, i.e. connecting personal goals with those of the company
   c. Improved human relations
   d. Identification of new leaders and creation of task groups
4. Creation of a positive social image – a health promoting company sends a message that:
   a. They care about their employees
   b. They are in good economic shape
   c. They are managed in a modern and innovative way
   d. They could be a partner in regional or supra regional social initiatives
5. Support for marketing activities – WHP is a tool that:
   a. Helps to promote the name of the company
   b. Testifies to the quality of goods and services produced by the company.

Implementing Workplace Health Promotion Programs can be accomplished with simple, low-cost strategies (http://www.health-and-safety-in-the-workplace.com/advantages-of-workplace-health-promotion-programs/)

- Provide incentives for participation.
- Establish a wellness informational campaign.
- Schedule wellness seminars on diabetes, nutrition, physical fitness and cholesterol, etc.
- Establish initiatives such as fitness, sleep diary, tobacco use cessation and injury prevention.
- Provide onsite chair massages or simple stretching exercises to do at the desk.
- Change vending machine options to offer healthier, low-fat snacks and drinks.
- Actively promote employee participation in all Workplace Health Promotion Programs.

It is widely recognized that small and medium enterprises (SMEs) differ from larger enterprises in a number of significant ways, as number of employees, structure, social aspects, program, homogeneity, location, health and safety services, discipline, salaries, etc.

In July 2011, the European Commission said that it would open a consultation on the definition of SMEs in 2012. In Europe, currently there are three broad parameters which define SMEs — micro-entities are companies with up to 10 employees; small companies employ up to 50 workers, whilst medium-sized enterprises contain up to 250 employees. Furthermore, SMEs are defined as firms with either a turnover of €10-50 million or a balance sheet total of €10-43 million.

You can find examples of good practice in different types of organizations and countries at this link:

http://www.enwhp.org/good-whp-practice/methods-tools-mogp/model-of-good-practice/models-of-good-practice-by-type-of-organisation.html
http://www.enwhp.org/good-whp-practice/methods-tools-mogp/model-of-good-practice/models-of-good-practice-by-country.html

# 2. Background to workplace health promotion

Workplace health promotion began in the 1970's in the US as a response to a number of trends in public health. Specifically, the rise in lifestyle related diseases, the lack of spending on preventive measures and rising health care and health insurance costs led to its development.
WHP in the US developed a specific model which is widely applied in the public and private sectors and is delivered largely by companies themselves or by specialist companies (WHP suppliers).
WHP in Europe has been slower to develop and has been prompted by different concerns and is delivered in a different way. Beginning in the 1980's, WHP in Europe saw the workplace as a setting for undertaking public health initiatives at the same time as addressing traditional occupational and safety health (OSH) concerns.

WHP in recent years has become much stronger in Europe, with more countries, more companies and more stakeholders becoming involved. This is in part due to the activities of the European Network of Workplace Health Promotion (ENWHP).
WHP has been defined in many ways, but the most widely accepted definition in Europe comes from the Luxembourg Declaration of the ENWHP (see above). This definition emphasises the issue of joint development of WHP programmes, positive health and wellbeing, development of the work environment and the development of the person's health resources and behaviours.

WHP has different characteristics then those of health and safety or OSH. WHP comes from the public health tradition. Based on the principles of the WHO's Ottawa Charter, it seeks to implement public health concerns in a workplace setting. OSH has developed from a labour protection tradition and as a discipline within medicine, and seeks to control workplace based hazards to health. The statutory basis for OSH and the narrower range of concerns of OSH has led to some difficulties in integrating the two approaches to workplace health.

There are a number of features about WHP that are distinct from OHS and these include:

- It is a non-statutory workplace health activity
- It is a voluntary activity for employers and employees
- It is a workplace health activity which is based on risks, needs and preferences
- It is consistent with but has a bigger scope than health and safety or occupational health

Workplace Health Promotion takes place in the EU within the context of the legislative framework of the Framework Council Directive 89/391/EEC of 12 June 1989. Though the Framework Directive and associated national legislation does not specify that WHP should take place, it acts as an enabling background to the implementation of WHP. WHP is concerned with both the general and occupational health of the employee and can therefore be seen as a tool for supporting the

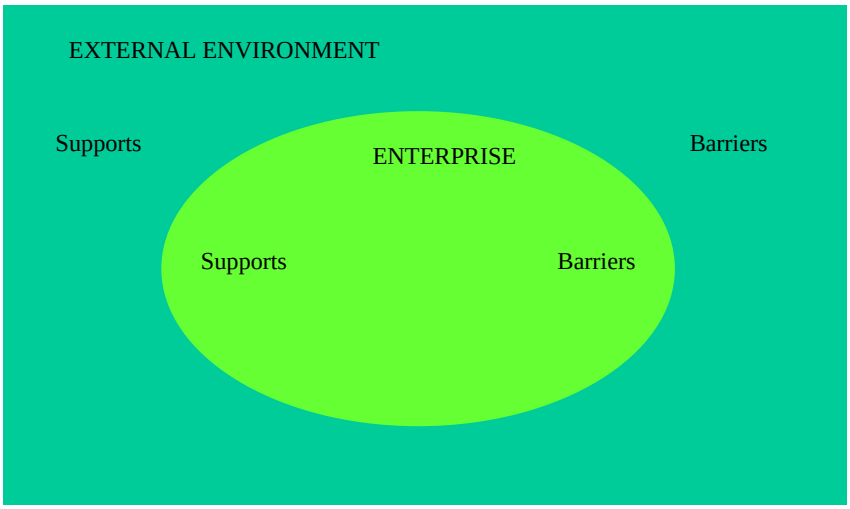
implementation of the Framework Directive. Moreover, the focus of WHP on both individual and work environment related interventions is entirely consistent with the Framework Directive.

# 3. The European Reference Model for Workplace Health Promotion

The European Reference Model for Workplace Health Promotion deals with the processes of undertaking WHP within enterprises that exist within environments which can support or impede that process. Figure 2 below outlines this generic environment in which WHP takes place.

Within the external environment of the enterprise, there are a range of elements which can act to support or impede the process of undertaking WHP. Factors such as national policies on WHP, the interests and activities of the major stakeholders such as health insurers, health and safety agencies, WHP agencies and the level of infrastructure and personnel available all impact upon the prospects for WHP becoming widespread.

**Figure 2. The generic environment for WHP**




Within the enterprise, there are also a range of elements which impact upon the prospects for successful WHP. These include the health policies and practices of the enterprise, the leadership provided the resources available and the methods and processes used.

The European Reference Model for Workplace Health Promotion contains four main elements. These are:

- The process
- Actors and actions
- Enabling and constraining factors
- Outcomes

*The Process* - provides an account of the major stages of implementing WHP within a workplace. This is largely relevant to larger enterprises, but many of the activities to be undertaken can also be applied within smaller enterprises.

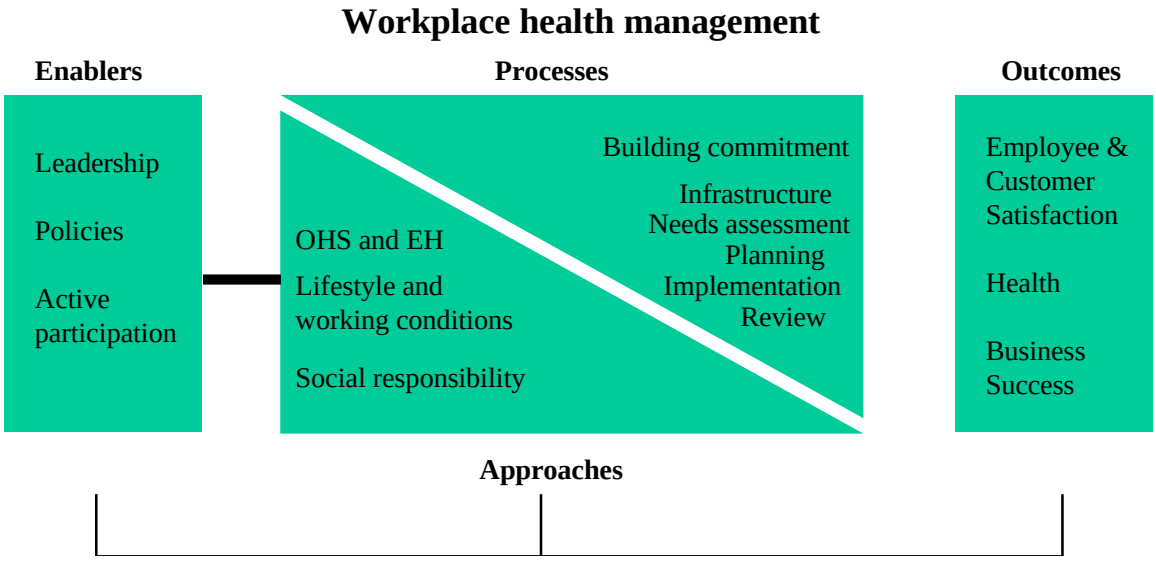
*Actors and Actions* - refers to the issue of who should be involved in the process of implementing WHP and to what actions they should take.

*Enabling and Constraining Factors* - refers to a set of background factors both within and outside of the enterprise, which support the process of implementing WHP. Also dealt with here are a set of constraining factors which may militate against the success of implementation.

*Outcomes*, refers to the kinds of health and organisational outcomes which might be expected as a result of implementing WHP.

Underpinning the **actions** which take place in WHP and the **actors** who are involved in it is an understanding of the nature of health and the factors which influence it.
The WHO's definition of health is a starting point for understanding the nature of interventions and the range of actors involved in implementing WHP. It is also important to be aware of the ecological model of health.

Figure 3. General model of workplace health promotion




This model will be used as the basis for practical exercises for this module in identifying the range of actors who can be involved in WHP and the nature of the actions which they might implement (Table1). In the advanced organizer, students were asked in exercise one to answer some questions:

1. How can you make health in the workplace?
2. Who can be involved in making health in the workplace?

**Table 1. The principal actors and actions in the WHP implementation process**

| Internal to the enterprise | External to the enterprise |
|---|---|
| **Actors** | **Actors** |
| Workers<br>Occupational health staff<br>Human resource management<br>Health and safety representatives<br>Line management<br>Trade Union representatives<br>Works Councils<br>Training departments | Insurers<br>WHP suppliers<br>Multiplier organisations<br>Public health agencies<br>Health promotion agencies<br>Occupational health services |
| **Actions** | **Actions** |
| Marketing health promotion<br>Setting up structures<br>Assessing needs<br>Developing a plan<br>Implementing the plan<br>Evaluating the initiative<br>Consolidating the initiative | Marketing WHP<br>Providing WHP services<br>Making policy on WHP<br>Supporting WHP<br>Funding WHP |

WHP means more than simply meeting the legal requirements on health and safety; it also means employers actively helping their staff improve their own general health and wellbeing. Within this process it's essential to involve employees and to take into account their needs and views on how to organize work and the workplace (Table 2).

WHP generally targets different topics and in practice is often closely related to risk assessment. http://osha.europa.eu/en/topics/whp exercises

Some workplace health promotion aspects are:

- Participation of employees in the process of improving work organization
- Active involvement and consultation of employees in improving their work environment
- Consultation of employees in improving their break time activities.
- All measures aimed at enhancing wellbeing at work, for example enabling flexible working hours or working from home
- Raising the topic of healthy eating at work, giving information on healthy nutrition as well as offering healthy canteen food or facilities to prepare own food
- Tobacco awareness, including the offer of free participation in smoking cessation programs as well as declaring a comprehensive smoking ban at the whole company site
- Mental health promotion, offering courses for managers on how to deal with stress and tension within their team, providing the opportunity for anonymous psychological consultancy for all employees
- Exercises and physical activity, offering sport courses, encouraging physical activity, promoting an active and healthy culture at work
- Health monitoring, offering checks such as blood pressure or cholesterol level.

**Table 2. Enabling and constraining factors for workplace health promotion**

| Enabling factors | Constraining factors |
|---|---|
| **Internal factors** | **Internal factors** |
| Health policy<br>Health budget<br>Occupational health service<br>Broad absenteeism policy<br>Quality management practices<br>Trained personnel<br>Participatory practices<br>Good industrial relations atmosphere<br>Progressive training policies<br>Older workers | Negative industrial relations atmosphere<br>Small size of enterprise<br>Narrowly defined Occupational Health Services<br>WHP Policy vacuum<br>Ill defined responsibilities for WHP<br>Low motivation for WHP<br>Lack of comprehensive illness absenteeism records<br>Younger workers<br>Newer enterprises |
| **External factors** | **External factors** |
| Integrated services<br>Multiplier/intermediary organisations<br>National/regional WHP policy<br>Active involvement of Insurers | Narrowly defined Occupational Health Services<br>WHP Policy vacuum<br>Ill defined responsibilities for WHP<br>Lack of proven methodologies for WHP<br>Lack of trained personnel |

By making workers feel better and healthier, workplace health promotion leads to many positive **consequences** (Table3) like reduced turnover and absenteeism, enhanced motivation and improved productivity, as well as improving the employer's image as a positive and caring organization.

**Table 3. Outcomes of WHP implementation**

| Direct effects | Indirect effects |
|---|---|
| **Health benefits** | **Health benefits** |
| Improved health awareness<br>Improved health status<br>Improved health related behaviours<br>Improved mental wellbeing<br>Reduced psychosocial stress at work<br>Improved fitness<br>Improved social support at work | Reduced accident rates<br>Improved occupational health<br>Improved general health |
| **Organisational benefits** | **Organisational benefits** |
| Reduced health related absenteeism<br>Return on investment | Improved industrial relations atmosphere<br>Improved corporate image<br>Improved productivity<br>Improved product/service quality<br>Improved workforce skill levels<br>Improved morale |

This European Reference model is intended both to provide an overview of the work which has been carried out by the European Network for Workplace Health Promotion since its inception, and to provide a snapshot of the state-of-the-art of WHP in Europe. It may be used for a number of purposes: to refer the reader to the wider work of ENWHP, to develop national, local or enterprise models of WHP. For further information, the reader is referred to the following web-sites:

- http://www.baua.de/english/iwhpnete.htm
- http://www.bkk.de/whp

## Summary

WHP in Europe has been a relatively recent phenomenon, but in its short history it has developed a strong record of practice and achievement.
It faces difficulties of acceptance because it does not have a statutory basis, but in many countries it is seen as a significant part of workplace health management.

## Key words

Actions
Actors
Constraining factors
Enabling factors
Health promotion
Healthy lifestyle
Occupational health
Occupational medicine
Outcomes
Prevention
Process
Protection
Well being
Worker
Workforce
Workplace health promotion

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