

HEALTH PROMOTION AND DISEASE PREVENTION A Handbook for Teachers, Researchers, Health Professionals and Decision Makers	
Title	Health Promoting Workplaces
Module: 2.5	ECTS: 0.5
Author(s), degrees, institution(s)	<p>Jovanka Karadzinska-Bislimovska, MD, PhD, Professor Institute for Occupational Health, WHO Collaborating Center, Skopje, Macedonia</p> <p>Snezana Risteska-Kuc, MD, MSc, Teaching assistant Institute for Occupational Health, WHO Collaborating Center, Skopje, Macedonia</p> <p>Saso Stoleski, MD, Teaching assistant Institute for Occupational Health, WHO Collaborating Center, Skopje, Macedonia</p> <p>Dragan Mijakoski, MD, Teaching assistant Institute for Occupational Health, WHO Collaborating Center, Skopje, Macedonia</p>
Address for correspondence	<p>Jovanka Karadzinska-Bislimovska, MD, PhD, Professor Institute of Occupational Health, WHO Collaborating Center II Makedonska brigada No 43 1000 Skopje, Macedonia Tel: + 3892 2621428 Fax: + 3892 2621428 E-mail: bislimovska_j@yahoo.com</p>
Key words	Health promotion, workplace, programs, health circles, strategy
Learning objectives	At the end of this course students should be able to identify the basic concepts of workplace health promotion, and compare different approaches.
Abstract	<p>Workplace health promotion is a process of actively achieving health at workplace by changing working and living conditions. As a key concept it includes measures aimed both at individual and at environmental level from different areas. Good practice in workplace health promotion demands statutory requirements and strong motivation. Increasing consciousness and responsibility for health, identification and dissemination of models of good practice, development and incorporating adequate policies are priorities in workplace health promotion. The basic principles on which workplace health promotion has to be developed are: awareness raising, setting up infrastructure and service management. Beneficial effects can be achieved on individual, enterprise and society levels. The Institute of Occupational Health, WHO Collaborating Center, plays a major role in launching the first workplace health promotion activities in the Republic of Macedonia (education programs for stress managing at workplace, tobacco free workplaces), but the strongest impulse for workplace health promotion in the country is created by the implementation of the WHO's Health, Environment and Safety Management in Enterprises (HESME) program.</p>

Teaching methods	Teaching methods will include introduction lecture, interactive small group discussions on recommended subjects followed by group reports and overall discussion and teacher's evaluation.
Specific recommendations for the teachers	This Module will be organised within 0.50 ECTS credits out of which 2 hours will be done under supervision (lecture and exercise) and the rest is individual student's work. Examples of workplace health promotion programs performed in student's own countries should be used.
Assessment of students	The final mark should be derived from assessment of the theoretical knowledge (oral exam), contribution to the group work, reports and final discussion.

HEALTH PROMOTING WORKPLACES

Jovanka Karadzinska-Bislimovska, Snezana Risteska-Kuc, Saso Stoleski, Dragan Mijakoski

Health at workplace

Workplaces are communities with interactive relations of people that share common environment, interests and aims in which interactive process between the individuals and work conditions is established. The concept of work is becoming increasingly flexible and changing in recent years. Situational analysis have indicated that work and work environment in the 21st century are constantly changing and are characterized by globalization, unemployment, increased development of information technology, telecommunications, aging, service and consumer orientation, increased number of employed in small and medium sized enterprises and self-employed people. The most noticeable change in the world of work is the fall of contribution of manufacturing industries to national economies compared to service industries. Global competition demands changes at workplaces. More commitment, creativity, greater flexibility, higher level of social skills are expected, thus leading to development of workplaces based on cooperation and participation of the staff. Economic conditions and trends in working life such as cutbacks, part-time working, and unemployment affect social development and health of people.

Health at workplace refers to effects of work conditions on somatic and mental health and work capacity. There is an evident shift in concept of health at work. It has been extended from the traditional concern with back, muscles, joints, hands, skin, lungs and hearing to a comprehensive definition of health (physical, emotional and social well-being). It has also been additionally extended to inter-human relations (discrimination, bullying, mobbing) and personal problems of dealing and managing diseases (coping, burn out, stress).

The responsibility for health is shared by the employers, workers themselves and society as a mutual responsibility and interest. Healthy work force is essential for sustainable development and prosperity of a country. Health and well-being at work places are basic prerequisites for increased innovative potential of enterprises, contributing to growth and employment. There is a convincing evidence that improvements in workplace health care can be key ingredients of business efficiency and competitiveness. The success of the enterprise is dependent on qualifications, motivation, moral, interpersonal relationship as well as health of workers that requires developing systematic health policy and applying strategies for workplace health promotion. Direct inclusion and motivation of workers in maintaining and improving their own health at workplaces is essential for the process.

Definition

Workplace health promotion is a process of actively achieving health at workplace, by changing working and living conditions. It enables control and improvement of health, gives opportunities for good health as well as enables development of good health and good health related behaviors. It is a strategy aimed both at prevention of diseases at workplace, as well as encouraging the potentials for health promotion and welfare of work force.

According to Luxembourg Declaration from 1997, workplace health promotion consists of combined activities of employers, employees and community to improve the health and well-being of people at work which can be achieved through a combination of: improving

work organization and work environment, promoting active participation and encouraging personal development (1).

Workplace health promotion is a process which enables (far beyond primary prevention on workplace) strengthening resources and capabilities in living and working conditions in individuals and groups. It also clearly goes above and beyond traditionally regulated occupational health and safety including issues such as job satisfaction, personal autonomy, social relationships, technical, organizational as well as communicative dimensions.

The motto “healthy people in healthy enterprises” refers to health and well-being of employees and their families and contributes to achievement of economic success by increasing productivity and economic growth, thus enabling human approach to the enterprise and a basis for solid business practice.

Statutory framework

The major developments of workplace health promotion are linked to the initiatives of the WHO. Alma Ata Declaration (1978) and Ottawa Charter (1986) have set the scene for new theoretical and practical aspects of this activity (2,3). WHO with strategic documents like ILO conventions, Health for All in 21st century, plays an important role in preparing the directions of workplace health promotion. This agenda refers to improvement of economical position due to importance of social welfare, decrease of unemployment, maintenance of work capacity.

From European point of view, Council directive 89/381/EC, (1989) introducing the measures to encourage improvements in health and safety of employees has got a crucial role. This document gave the basis for reorientation of traditional occupational health and created a public health importance of the workplace. In 1996, the European Network for Workplace Health Promotion (ENWHP) was established being supported by the European Commission within the Program for Action on Health Promotion, Information, Education and Training within the framework for action in the field of public health. ENWHP comprises organizations such as national occupational health and safety institutes, public health institutions and ministries of health and labor from all member states of the European Community, countries in the European economic area and a number of candidate countries. ENWHP had defined the workplace health promotion and incorporated it in Luxembourg Declaration on Workplace Health Promotion in 1997 which was a milestone to the network. It views the workplace health promotion as a comprehensive approach, which necessitates a common strategy for all players inside and outside the enterprise. The Lisbon Statement on Workplace Health in Small and Medium Sized Enterprises was launched by the ENWHP and adopted at the network meeting 2001 in Lisbon concerning the growing importance of small and medium sized enterprises in modern economy and specific needs and approach in workplace health promotion.

Motives and interest

Good practice in workplace health promotion demands not only statutory requirements. Statutory pressure does not necessarily guarantee success in workplace health promotion activities and in many countries there is a gap between statutory obligations and reality. Modern understanding of state action in occupational health and safety goes towards fewer statutory regulations, but to more quality assurance and mediation. This is because legislation

is a relatively weak instrument for encouraging workplace health promotion if employers themselves are not interested.

Economical aspect is one of the most important motives for workplace health promotion. Motivation of management team, workers and their representatives is essential. Insurance companies, health insurance funds, pensioners funds, public health services, governmental agencies can also be motivated in workplace health promotion activities.

Economical aims of the management are compatible with the workplace health promotion aims: high productivity, positive image, reduction of sick-leave costs, decreased interruption of production. The reasons for de-motivation of management team can be: decreased freedom of managing decision making, fear of costs and fear of decrease the competitiveness of the enterprise.

The workers and representative bodies might be motivated by enabling an adequate life standard, human work relations, freedom and possibility of action, co-decision making, practical application of knowledge and skills. Skepticism about the measures oriented towards change in behavior and contradiction between contracts that enable higher salaries and efforts to improve health, might be an obstacle in this process.

Services of occupational health and safety at work are usually the initiators of workplace health promotion programs and have an expert role in the process (medical and technical expertise) though initiative can come from every potential partner in the program.

Insurance companies, health insurance fund, pensioners fund, public health services, governmental agencies find their interest in optimal health protection of active population, decreasing costs of social insurance, support of employment policy, partnership with workers, employers or their representatives.

Concept and targets for action

Workplace health promotion as a key concept includes measures aimed both at the individual and at environmental level from different areas. A diverse range of causes trigger workplace health problems including poor working and ergonomic conditions, unsatisfactory working environment, bad diet or lack of exercise. When looking at the physical and psychological demands of the ordinary working day, situations which pose a threat to health can be identified and elimination or reduction process proposed. Two strategies are combined: strategy of risk reduction and strategy for development of factors for protection of health potentials. The aims of these measures and strategies are promotion and coordination of efforts for better physical, mental and psychic health of workers and employers, more efficient and more creative work, improvement of interpersonal relations, decreasing of sick-leave costs, increasing of productivity. The emphasis in dealing with health problems at work has shifted from preventive screening, prevention of accidents, management of chronic problems and access to health care to concern with health related and health directed behavior (lifestyle), family health and individual obligations as well as problem of absenteeism. Workplace health promotion programs are largely centered on exercise, nutrition, relaxation and stress reduction as well as projects related to addiction (tobacco, alcohol, drugs). Change in demographic structure of workforce, rapidly changing working conditions brought about by modern technology need to be addressed by modern workplace health promotion. In Canada, 2002, 948 female were included in a research in order to assess the influence of educational interventions, pamphlets and lectures at workplace to positive prevention behavior for breast cancer (4). It

is evident that work hours combined with educational material produce important changes in the behavior and the results of this study can be used for development of effective workplace health promotion programs. The aim of The Happy Heart at work Program in Ireland (5) was to promote a healthy lifestyle through specially designed materials at 785 sites for preventive activities (tobacco free work environment, health and welfare of employees, good nutrition habits). The assessment has shown improvement of lifestyle behavior of employees and their moral as well as company image. It is found that risk behavior is frequent in employees and that even 79% of the examined individuals have a positive attitude towards workplace health promotion interventions (6). The important aspect of workplace health promotion is development and implementation of coherent and well planned strategy against violence at workplace that is based on needs assessment, formulating policies, management, registration of incidents and support strategy (7). Important directions in workplace health promotion are the interpersonal relations at workplace (8). Evaluation of the effectiveness of Patient-centered Assessment and Counseling for Exercise and Nutrition Program conducted with individual counseling at workplace has indicated positive influence of the program to physical activities and fitness (9). Research of 1029 workers in Japanese factories showed that the trends of absenteeism decreased after the application of psychosocial workplace health promotion program (10). The aims of ENWHP program till 2010 are: reduction of injuries at work and work related diseases (cardiovascular, spine and musculoskeletal disorders, respiratory disorders), reduction of chronic diseases of general population caused by work activities and technologies, reduction of sickness absence by work related diseases (11).

In some countries (Austria and Germany) the pilot projects “employer models” are based on the philosophy that the biggest obstacle to effective prevention is the employer’s lack of knowledge and motivation when occupational health and safety issues are concerned. Therefore, this model focuses on training courses and seminars designed to inform and inspire the employers (learning about risk assessment, cost efficiency, responsibility, organization, hazardous substances and development of action programs). In France and the southern European countries medical professionals exert a great deal of influence on workplace health promotion while in northern Europe an interdisciplinary orientation predominates. These two approaches result in different philosophies: the first one with emphasis placed on employee health and the second one with multidisciplinary cooperation where the enterprise appears to be the “patient”.

Increasing consciousness and responsibility for health, identification and dissemination of models of good practice, development and incorporating adequate policies are priorities in workplace health promotion.

Principles

The basic principles on which workplace health promotion has to be developed are:

1. Awareness raising (motivation, cooperation, consultancy, interest and acceptance);
2. Setting up infrastructure - developing new policies and integrating existing ones (setting up workplace health promotion institutes, establishing dialogue between interested parties, making political commitments to workplace health promotion targets, developing policy documents, providing subsidies, employing workplace health promotion professionals, networking and partnership building). Creating interest and partnership between all participants is essential with respect of multidisciplinary and intersectoral approach;

3. Workplace health promotion service management with respect to: integration (in which services and measures must be closely related in terms of content to practical problems), participation (involvement of employees), balanced approach (seeking to improve the quality of working life and conditions as well as focusing on the behavior of the individual employee), based needs (ensuring that any action is based on an analysis of the health requirements) and accessibility (as local as possible) (12).

Approach

The most advanced approaches in workplace health promotion have mainly been developed in northern European countries, such as Finland, Sweden, Denmark, the Netherlands, Germany and Austria (13). They are characterized by the following elements, in spite of various differences in detail:

1. Analysis

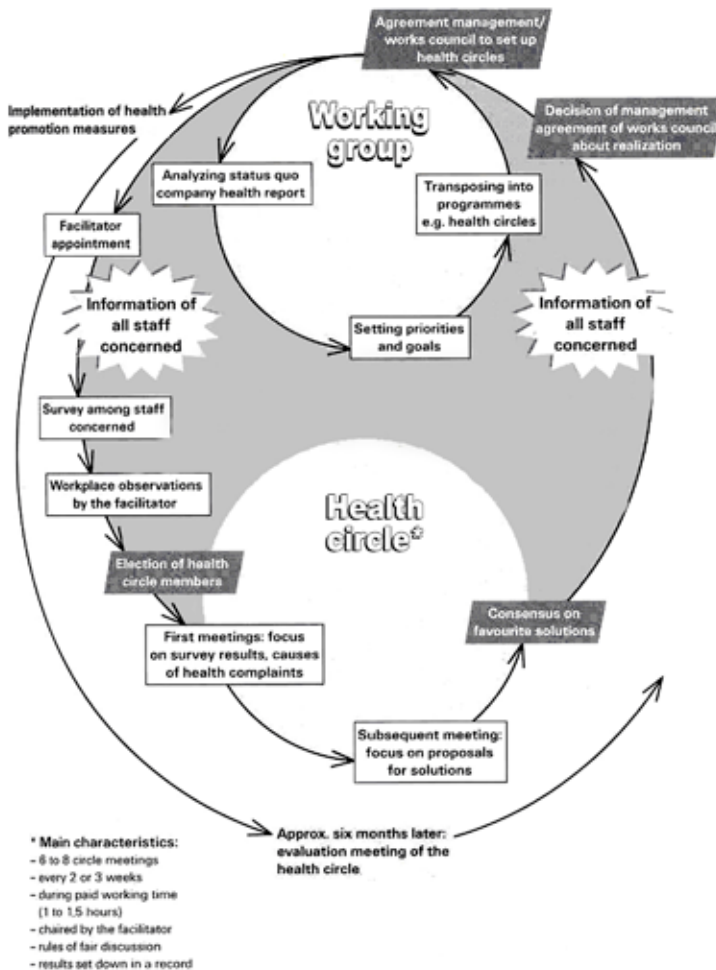
Health promotion measures are developed on the basis of information and data about the health situation in the enterprise (for example: absenteeism, employees fluctuation, quality production, human resources and budgets, accidents and injuries at work, monitoring of risk factors, medical check-ups, health insurance, questionnaire).

2. Planning and project control

The interpretation of health problems, decisions on key measures and planning and control of health promotion activities take place in a co-operative manner with the participation of all relevant experts and decision-makers in the company (plant or company management, human resources and departmental management, employee representatives and professional occupational health and safety officers). Central steering committees are set up for this purpose. Targets and priorities are established with plan and control of individual actions for WHP. Taking a positive approach and integrating workplace health promotion with other management goals such as quality and productivity are vital to success.

3. Developing measures and implementation

Specific indications of health problems at workplace as well as areas where change and improvement are needed are worked out. Health circles (Fig. 1) are used successfully as part of the workplace health promotion concepts. The proposed measures are implemented.

Figure 1. The process of establishing a health circle and how it works (14)

4. Evaluation

Finally effects are assessed, e.g. through repeated data evaluation.

5. Project management and organizational development.

Improving of the skills of key players within the company should enable them to identify and solve problems by themselves and to encourage collective change (integration and organizational development).

Benefits and weaknesses

Implementation of workplace health promotion program can be a key factor of business efficiency, competitiveness and success of the enterprise. Beneficial effects can be achieved on individual, enterprise and society levels. Some of the key benefits of WHP include:

- improvement of health status of individuals;
- increased productivity;
- decreased absenteeism and early retirement;
- decreased injuries at work, accidental poisoning and complications due to constant surveillance over risks;
- increased motivation for work;
- decreased incapacity for work;
- improvement of interpersonal relationship;
- low level of stress at work;
- healthy working and living environment;
- lower insurance costs;
- increased social responsibility.

On the other side, practical implementation of workplace health promotion tasks can face serious weaknesses. In many countries appropriate regulatory instruments and comparable quality standards are missing or are at best voluntary. Lack of occupational health and safety infrastructure, lack of fundamental skills and qualifications, negative perception of occupational health requirements, inadequate co-operation as well as bureaucratic requirements can be obstacles in work health promotion programs development and implementation. Additionally, practical models and solutions have to be integrated into the workflow without any major cost as well as attempts have to be made these projects not to remain isolated from other projects in the company.

Workplace health promotion in the Republic of Macedonia

The Republic of Macedonia became an independent state in 1991 after disintegration of former Yugoslavia. System transition problems, as well as long term recession, decreased living standard, high rate of unemployment and older technologies create the background in which workplace health promotion activities have been started. The Institute of Occupational Health, WHO Collaborating Center, plays a major role in launching the first workplace health promotion activities. (Educative programs for stress at workplace and development of program for tobacco-free workplaces). The strongest impulse for workplace health promotion in the Republic of Macedonia was created by the implementation of HESME (Health, Environment and Safety Management in Enterprises) program of WHO which was promoted in 2001 and is still ongoing. It presents a multidisciplinary approach for creating a policy and improvement of health at workplace on national, local and enterprise levels. The good practice of HESME is focused on improving health through prevention of professional diseases, work related diseases, injuries at work, preserving of environment, control and management of production and adequate use of the eco-resources. HESME strategy is directed to improvement of organization of work, conditions and safety at work, health and safety of workers, development, control and supervision of occupational risks, encouragement of workers in promotional activities and establishment of adequate management in enterprises.

The organizational strategy is reflected on 3 levels: strategic, tactical and operational. The HESME model of health promotion is based on the principles of Total Quality Management of the European Foundation with indicators for quality and quantity of good practice of HESME on the enterprise level. The indicators define the profile of the enterprise by assessment of the condition and health trend of workers, lifestyle, living and working environment and social

management of the enterprise. The goals of the workplace health promotion are fulfilled through the basic segments of HESME program: HESME policy, human resources and organization of work, social responsibility, implementation and results of HESME which include assessment of health conditions, workplace ergonomics, lifestyle (smoking, drinking alcohol, physical activities), education and training, special groups problems (young-old workers) etc. For further development of the program, the bondage should be encouraged and supported between workers and experts from the fields of occupational medicine and safety at work seen as a process of continuous meetings and availability of information for all interested parties.

Exercise

After the introductory lecture, students will be given small group discussion task on recommended subjects:

- The situation of workplace health promotion activities in your country;
- Identify possible workplace health promotion problems in student's country and comment on challenges of workplace health promotion programs development;
- Propose solutions to promote wider access and increase motivation.

Each group will nominate a person who will present the results in a plenary session, followed by an overall discussion. The results will be evaluated by the teacher.

The assumed time span for the exercises is about 2 hours.

References:

1. Luxemburg declaration on workplace health promotion in the European Union. Available from: <http://www.enwhp.org> (Accessed: August 15, 2005).
2. Declaration of Alma-Ata. International Conference on Primary Health Care, Alma-Ata, USSR, 6–12 September 1978. Available from: <http://www.who.int/hpr/archive/>
3. Ottawa Charter for Health Promotion. First International Conference on Health Promotion Ottawa, 21 November 1986 - WHO/HPR/HEP/95.1, WHO, Geneva, 1986.
4. Thomas B, Stamler LL, Lafreniere KD, Delahunt TD. Breast health educational interventions. Changes in beliefs and practices of working women. *AAOHN J.* 2002; 50(10):460-7.
5. McMahon A, Kelleher CC, Helly G, Duffy E. Evaluation of a workplace cardiovascular health promotion programme in the Republic of Ireland. *Health Promot Int.* 2002;17(4):297-308.
6. Sala M, Janer G, Font C, Garau I, Sole MD, Corbella T, Partanen T, Kogevinas M. Employees attitudes to workplace health promotion programs for cancer prevention *Gac Sanit.* 2002 Nov-Dec;16(6):521-5.
7. Fleming P, Harvey HD. Strategy development in dealing with violence against employees in the workplace. *J R Soc Health.* 2002;122 (4):226-32.
8. Gunnarsdottir S, Bjornsdottir K. Health promotion in the workplace: the perspective of unskilled workers in a hospital setting. *Scand J Caring Sci.* 2003 Mar; 17 (1):66-73.
9. Proper KI, Hildebrandt VH, Van der Beek AJ, Twisk JW, Van Mechelen W. Effect of individual counseling on physical activity fitness and health: a randomized controlled trial in a workplace setting. *Am J Prev Med.* 2003 Apr;24(3):218-26.
10. Shimizu T, Nagashima S, Mizoue T, Higashi T, Nagata S. A psychosocial-approached health promotion program at a Japanese worksite. *JUOEH.* 2003 Mar 1;25 (1):23-34.
11. European Network for Workplace Health Promotion, ENWHP, 1996. Available from: <http://www.enwhp.org/> (Accessed: August 12, 2007).
12. Recommendations for promoting Workplace health action. Healthy Employees in Healthy Organisations. ENWHP, 2001.
13. Report on Current Status of Workplace Health Promotion in Small and Medium-Sized Enterprises (SMEs). Small Healthy and Competitive. New strategies for improved Health in Small and Medium Sized Enterprises, Essen: ENWHP, 2001.
14. Demmer H. Worksite Health Promotion: How to go about it. European Health Promotion Series Nr. 4, WHO/Europe, Copenhagen, Essen, 1995:29.

Recommended readings

1. Schroer A, Sochert R. Health Promotion Circles at the Workplace. Essen: Federal Association of Company Health Insurance Funds, 2000.
10. Demmer H. Worksite health promotion: How to go about it. European Health Promotion Series Nr. 4, WHO/Europe, Copenhagen, Essen, 1995:9.