

Developing programmes to achieve a healthy society: Creating healthy workplaces in Northern Ireland*

K. Addley

Northern Ireland Civil Service, Occupational Health Service, Lincoln Building, 27-45 Great Victoria Street, Belfast BT2 7AD, UK

Healthy workplaces help to prevent occupational disease and injury as well as promoting positive healthy lifestyle behaviours. The concept of creating healthy workplaces through workplace health promotion has been identified as a legitimate area of activity for public health policy in Northern Ireland, supporting as it does, the settings approach as a means of improving the health and well-being of the population at large. Benefits accrue to businesses, organizations and individuals from the enhancement of positive healthy lifestyle messages in addition to reinforcing the principles of good occupational health practices. Developing a framework for the creation of healthy workplaces is part of a joint initiative between the Northern Ireland Health Promotion and Health and Safety Agencies. Commitment to delivering the concept is required from all the key players who include: employers, employees, trade union groups and health and safety professionals. A healthy workplace model needs to be created which is flexible and adaptable to suit all types of business and in particular the needs of small businesses which predominate in Northern Ireland. The principles underpinning the Business Excellence Model may be a useful vehicle for delivering workplace health promotion onto an organization's agenda.

Key words: Healthy workplaces; public health policy; workplace health promotion.

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INTRODUCTION

The concept of creating healthy workplaces through workplace health promotion in Northern Ireland is something that should be of interest to all those who work in the province as it has the potential to impact on us and our organizations. In considering the topic it is useful to outline what workplace health is and show how it relates to current public health issues. It is also beneficial to review an employer's experience by way of illustration before going on to discuss where things currently stand and see what the future holds for the development of the concept in Northern Ireland.

Workplace health can be seen as having three components: the effects of work on health; the effects of health on an individual's capacity to work and the opportunity for health promotion by the employer through a range of

activities that encourage employees to adopt healthier lifestyles. Within these components there are two key words:

- *Prevention* — a healthy workplace is one that prevents work-related disease and injury;
- *Promotion* — a healthy workplace is also one that promotes positive healthy lifestyle behaviours.

A healthy workplace therefore helps in the prevention of work-related disease and injury in addition to promoting positive healthy lifestyle behaviours on the part of all the workforce and their families. It is achieved through an adherence to health and safety protocols and the facilitation of health promotion activities and programmes within the workplace. As well as that, and perhaps more crucially, the well-being of the employee must be recognized as fundamental to an organization or company's overall performance. This builds on the maxim 'good health is good business', by proposing that 'good employee well-being is good human resource strategy'. Policy, practice and research in workplace health has

Correspondence and reprint requests to: K. Addley, Northern Ireland Civil Service, Occupational Health Service, Lincoln Building, 27-45 Great Victoria Street, Belfast BT2 7AD, N. Ireland. Tel: (+44) 1232-251825; Fax: (+44) 1232-251539; e-mail: ken.addley@dhsni.gov.uk

been pursued across the developed world for some considerable time. This article considers the position in Northern Ireland and is very much about opening debate rather than trying to be overtly prescriptive on how to proceed.

NORTHERN IRELAND CONTEXT

'Well into 2000 — A Positive Agenda for Health and Well-being'¹ was launched in Northern Ireland at the end of 1997, establishing some important key points: the stated goal of the Government was to bring the health and well-being of the people of Northern Ireland to a level comparable with the best in the world and the Government's vision for improving health and well-being in the Province was set out. Amongst other things, this vision identified workplace health as an area of particular importance, and the commitment to the targets and objectives in the Northern Ireland Regional Strategy for Health and Social Well-being² was confirmed. The Regional Strategy had acknowledged that health and social well-being can be promoted in a variety of settings, one of which is the workplace. The Chief Medical Officer for Northern Ireland, Dr Henrietta Campbell, in her annual report³ for 1996 developed this concept of the workplace as an ideal location in which health promotion could take place, recognizing that it (1) offers access to large numbers of people who are part of the wider social community; (2) provides the potential for positive health messages to be enhanced by team influences found within organizations; (3) enables activity to be directed at individuals who may not be easily reached in other ways and (4) creates the possibility of extended dissemination of a positive healthy lifestyle culture to the family and friends of the employee outside of the targeted workplace.

THE CONCEPT OF HEALTHY WORKPLACES

In accepting that workplace health promotion is an essential component of economic and social success and that it merits strategic attention, it is useful to explore where the concept of workplace health promotion comes from. The definitions below provide a starting point:

- *Health*: the World Health Organisation's⁴ definition of health is a state of complete physical, mental and social well-being and not merely the absence of disease.
- *Health promotion*: as an entity is seen as the process of enabling people to increase control over, and to improve their health.⁵
- *Workplace health promotion*: the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations.⁶

The pursuit of workplace health promotion encompasses a wide range of activities, based in the workplace, which can be taken to improve the health of the employee and is one of a number of 'settings approaches' which are being used across the world to contribute to

improvements in health and social well-being. Other examples include healthy cities, healthy schools, healthy hospitals and healthy prisons.

Having defined workplace health promotion, it has to be acknowledged that it is not a new phenomenon. It has already been developed under the settings approach in many countries such as Canada, the USA and Scandinavia. More recently in England, *Our Healthier Nation*⁷ identified twin aims in the development of a healthy workplace: firstly to improve the overall health of the workforce and secondly to ensure that people are protected from the harm to their health that certain jobs may cause. The Health and Safety Executive in Great Britain is also developing a 10-year National Strategy for Occupational Health⁸ which addresses the interaction of health and work, and considers the use of the workplace as a setting for the promotion of general health messages, helping to prevent diseases related to lifestyle. Northern Ireland is now playing its part in regard to these issues within the context of 'Well into 2000'. So 'health promotion at work' takes the concept of 'health and safety at work', which is now well-enshrined in legislation, a stage further. It recognizes that there is a mutual interaction between health and work, and that in order to get the best from people, employees should be dealt with as human beings in the round. Opportunities should be provided at work for individuals to pursue healthy lifestyles and improve their overall health and social well-being.

Research⁹ carried out by the Health Promotion Agency into workplace health promotion in Northern Ireland in 1994 showed that there was low employee health scheme provision. This was due in part perhaps to the perceived cost constraints of providing activities but was probably also influenced by a lack of awareness about just how beneficial health promotion at work could be both to the organization and the individual. On a positive note, however, over 40% of employers interviewed during the survey expressed an interest in doing more to promote health at work. There are many reasons why organizations throughout the United Kingdom, including those in Northern Ireland, should develop holistic workplace health promotion. Firstly, there is the public policy direction under which the Minister for Public Health has asked the Health Promotion and Health and Safety Agencies to develop a strategic framework for health promotion in the workplace. A second reason is compliance with existing health and safety legislation, which has been ongoing for some years under the Health and Safety at Work (NI) Order 1978 and secondary legislation implementing various subsequent European Directives. Whilst many of Northern Ireland's business organizations are well geared-up in respect of these requirements, workplace health promotion is about much more than complying with policy and legislation to protect the individual at work. There are also strong economic arguments and moral justification for pursuing workplace health promotion.

Consider the economic consequences for an organization, and indeed for Northern Ireland as a whole, of sickness absence and accidents at work, and the subsequent

loss of productivity with ever-increasing costs of litigation not to mention the demands placed on the health service which must pick up the pieces as a result of poor health and safety practices. The latest CBI report¹⁰ on managing sickness absence highlighted the cost of such absence to British industry during 1997: 187 million working days were lost or 8.4 days per employee. The average cost per employee was estimated to be £533 representing a UK wide total of some £12 billion. Northern Ireland sits close to the top of the UK absence league table for both manual and non-manual employees in this report with an annual sickness absence bill in the region of £250 million.

Other considerations are the moral responsibility placed on society, employers and, indeed, employees to look after health, safety and well-being. The impact of work on health and social well-being is well-researched, be it in terms of work-related diseases, the effects of the physical work environment or perhaps more commonly today, the psycho-social work environment with stress and alcohol misuse being two of the more common sequelae. The 1995 Health and Safety Executive (HSE) household survey¹¹ on self-reported work-related illness estimated that 2 million people suffer from some form of work-related illness in the UK (musculoskeletal conditions accounting for just over 1.2 million and stress, 0.5 million). This represents a considerable cost in terms of human suffering that should be preventable. The moral obligation to promote health in the workplace is compelling.

THE BENEFITS OF CREATING HEALTHY WORKPLACES

Whilst work has the potential to have a negative effect on the health of the individual, it can also have a positive effect. It is this positive impact which workplace health promotion seeks to capture, not least by encouraging workers to adopt positive health behaviours. The types of health promotion programmes that are found in the workplace setting include those which address healthy lifestyles, smoking cessation, sensible drinking, heart disease prevention and mental health issues; employee fitness and exercise programmes; promoting healthy eating in works' canteens and dining halls and cancer screening and information on prevention and early detection. Many of these activities offer opportunities for partnership with local health promoting agencies and occupational health departments. They sit alongside traditional health and safety compliance already found within many organizations. Of particular interest, and in reference to the 1996 CBI report¹² on managing attendance, companies operating a health promotion policy received a positive benefit as far as managing absence was concerned when compared with those companies that did not.

A major European study¹³ carried out in 1992 by the European Foundation for the Improvement of Living

and Working Conditions showed that benefits accrue to companies which are not solely related to health areas but extend to include wider issues of organizational performance, such as investing in people and improving competitiveness. The principal benefits of workplace health promotion were reported to be found in:

- morale and health improvements of the workplaces surveyed;
- reduced personnel and welfare problems;
- reduced absenteeism;
- increased productivity;
- reduced industrial relations disputes;
- lower accident rates and
- improved company image.

In summary, the benefits that can be derived from an organizational standpoint will include positive effects on: morale and motivation; sickness absence; productivity; quality of work; safety profile; flexibility of the workforce; industrial relations and litigation. For the individual the benefits include: improved quality of life, of work and well-being. In Northern Ireland, the Ministerial Group for Public Health has commissioned a joint agency partnership whereby the Health Promotion Agency, in conjunction with the Northern Ireland Health and Safety Agency (soon to be Health and Safety Executive NI), have been tasked to develop a framework for workplace health promotion. This work is underway with workshops having been organized to discuss the issues.

A LARGE EMPLOYER'S BEST PRACTICE MODEL

The Northern Ireland Civil Service (NICS), a large employer committed to the concept of workplace health promotion, has been commissioned by the Ministerial Group on Public Health, to produce a best practice model. The NICS is also part of the regional focus and is involved in the joint Agency consultation initiative along with a range of other interested groups and organizations.

The NICS commitment to workplace health promotion is enshrined in its Healthy Workplace Policy which Sir David Fell KCB, Head of the NICS at the time, launched at the end of 1996. At that launch, Sir David stated the NICS commitment in terms which speak to everyone, 'Whether viewed from the perspective of individual staff, managers or employers, there can be no doubt that the promotion of health is in everyone's interest'. This implies that employers, managers, trade unions and employees should be encouraged to adopt a coherent healthy workplace policy for their businesses or organizations.

The NICS Healthy Workplace Policy gives a strategic and holistic focus to promoting, maintaining and improving the physical and mental well-being of all employees. The key features of the policy are:

- tying in the major causes of ill-health in Northern Ireland to the workplace situation;
- maintaining a safe and healthy workplace;
- encouraging the concept of shared responsibility, where employer, employee and other partners can play a role in improving health and social well-being and
- establishing the NICS Workplace Health Committee as the main policy instrument.

The NICS Workplace Health Committee (WHC), comprises representatives of the Occupational Health Service (OHS), the Welfare Service, Health and Safety Advisory Officers, Personnel Officers, Trade Union representatives and the NICS Sports Association. Its task is to improve co-ordination and give leadership and drive to a sustained, planned programme aimed at improving the health of NICS staff. For those engaged in or considering a holistic approach to workplace health as a key business driver and individual motivator, it has to be emphasized that having a focal group on which all relevant parties are represented is vital in securing commitment to, and action for, health gain in the workplace. Partnerships, within an organization and with others beyond, are indispensable. NICS top management asked the WHC to address two special priorities: to develop an action plan to improve health of staff in the Northern Ireland Civil Service and to look at the issue of stress at work.

An action plan was drawn up which followed a standard planning model of (1) securing commitment and engagement; (2) assessing what the needs of the organization and its people are; (3) delivering programmes to meet those needs and (4) evaluating the outcomes. The NICS Healthy Workplace Programme (HWP), which is based on the Corporate Health Model of the Canadian Workplace Health System,¹⁴ will be offered to Departments and Agencies in the NICS and indeed may have wider application across Northern Ireland in line with the Ministerial directive to develop a best practice model. One of the attractive features of the needs assessment is that it costs relatively little to undertake and that any action required as a result can be tailored to suit the resources available to a particular department, agency or other organization. The Canadian model also has the advantage of having three versions applicable to large organizations, small businesses and family farms. These latter two are of particular importance in the Northern Ireland context. The model has also been widely evaluated in its application.¹⁵

Looking at the issue of stress, the WHC adopted a five-point action plan:

- adoption of a policy on mental well-being at work by the NICS as a whole;
- preparation of guidance underpinning that policy;
- a major seminar on the issues of mental health and stress in the workplace;
- incorporating with the HWP an assessment of the needs of the organization and individuals in terms of stress at work, involving managers and employees

across the organization and giving everyone an opportunity to input into the design of the overall workplace health programme and

- an interactive group training package which would enable small groups of staff, perhaps at branch level, to address the issue in their own work situation.

In short, workplace health promotion for the Northern Ireland Civil Service is a strategic issue, driven by the values of the organization — not least the value which the service places on the people who work in it. The healthy workplace policy is focused on those people and advocates individual participation in improving health in the workplace just as much as organizational intervention. It is a participative approach which can lead to shared economic and social benefits for all those employed, and indeed for the public that the NICS serves. In taking forward its Healthy Workplace Policy, the NICS is keenly aware that the following are key points:

- strong leadership is required from the top in terms of commitment to the objectives of workplace health promotion;
- support must be there for the delivery of programmes to meet those objectives;
- outcomes need to be evaluated and
- a lead can be offered to other employers across Northern Ireland who may choose to take a similar route to securing organizational and individual well-being through holistic workplace health promotion.

To sum up, as with all management issues, commitment is the key to success and many of the principles of the NICS experience are applicable to the wider healthy workplace debate. During the past year, over 2,000 employees attended the two main NICS OHS health promotion activities — the Healthy Lifestyle roadshows (Healthwatch) and the Fitech computer-assisted fitness testing programme. In a 6-month follow-up of the Fitech programme, approximately 50% of participants were maintaining lifestyle changes in diet, exercise and alcohol consumption and 15% of smokers who stopped had remained abstinent. These figures clearly demonstrate the potential for workplace health interventions to have some impact on altering lifestyle behaviours of the workforce.

THE WAY FORWARD

As previously discussed, the joint Agency initiative to develop a framework for workplace health promotion is currently underway and a series of workshops have been held recently to consider many of the key issues. Fundamental to the process has been the recognition of the importance of the workplace setting in promoting healthy lifestyles, behaviours and attitudes both within work and elsewhere through enhancing awareness, changing behaviour and creating environments that support good health practices. Additionally, the principles contained in the

Luxembourg Declaration on Workplace Health Promotion¹⁶ in the European Union will also be incorporated within the framework. These relate to the improvement of work organization and the working environment, promoting active participation within workplaces and encouraging people to develop their potential. The target date for the development of a regional framework for workplace health promotion in Northern Ireland is early 1999. However it would be wrong to give the impression that developing the concept is going to be easy. The following give an indication of some of the existing challenges and constraints to be tackled. They also represent the key points to be considered by anyone wishing to introduce the healthy workplace concept into their own organization:

- *Commitment*: those involved must recognize that workplace health promotion is good for organizations and individuals. This includes not just managers, employees and trade unions but also health professionals, the wider health-care sector, as well as the public, private and voluntary sectors operating in partnership. A commitment is required to engage in a continuing and ongoing process of health gain at work, possibly supported by an award recognition scheme.
- *A workable model* that is applicable not just to large organizations, which may have the resources, but one that can also be used in small businesses. A model that is applicable to a range of business sectors and, importantly, a model that can be tailored to match available resources. These models can be provided in-house, be part of a regional approach, or even be sectorally based. Regardless of their origin they should be founded on evidence of need and, over the longer term, be able to demonstrate effectiveness in improving employee well-being.
- *Co-ordination* is important to ensure that a coherent approach is adopted both in terms of drawing on existing best practice and also linking in with other initiatives such as healthy living centres. Consideration needs to be given to who is best placed to perform this task and how the active participation of all the other key players can be identified and secured.
- *Information needs to be shared*: this will involve finding out what is currently being done, using local examples of good health promotion practice, encouraging a partnership approach between all the players and considering a 'good neighbour' mentoring scheme. The role of information technology in support of programmes is another consideration as are issues surrounding marketing and selling the concept.
- *Expertise has to be developed* — what are the key groups and organizations that have a role to play? What is the existing level of expertise? How do we measure that against what is required and recommend action to meet needs in terms of research, training and education of interested parties?
- *A review mechanism* needs to be in place to monitor and evaluate the effectiveness of the framework.

BUSINESS EXCELLENCE MODEL

The Business Excellence Model is a framework for assessing and then continuously improving the performance of an organization across the whole spectrum of its activities. It was developed by the European Foundation for Quality Management (EFQM)¹⁷ and 200 companies across Europe in 1991. It is widely used by private and public sector organizations of all sizes and for judging quality awards at national and European levels. The model is based on the premise that: 'Customer Satisfaction, People Satisfaction and Impact on Society are achieved through Leadership driving Policy and Strategy, Management of People, Resources and Processes leading ultimately to excellence in business Results'.¹⁸ Occupational health and safety professionals need to convince organizations that promoting employee well-being in a holistic sense is a fundamental part of this premise. This will give health in the workplace the key position which it deserves.

Companies must believe that 'good health is good business'. It must be a meaningful concept to them and they must identify with it and be prepared to take ownership of it. One way of achieving this is to incorporate workplace health as an enabler in an enhanced Business Excellence Model, where it would be seen as an opportunity for continual and ongoing organizational quality improvement. If it could achieve that status, as a key driver of business results, then its importance in the boardrooms and shopfloors would be much more certain.

CONCLUSION

Creating frameworks for healthy workplaces offers a unique opportunity to bring the specialities of occupational health and public health together. It will also encourage a partnership approach between health and safety professionals, employers, employees and their representatives that involves everyone in the workplace. Through this joint effort comprehensive programmes can be created that give equal emphasis to establishing management support for health promotion activities, building a health-supporting work environment, fostering health activities as a viable business strategy, and helping employees identify health risks and behaviours in order to determine ways to change and improve. This has to be on offer not just for large organizations but also for the many hundreds of small businesses in Northern Ireland.

In the words of the first ever Minister for Public Health in the UK, Tessa Jowell;¹⁹ 'The workplace is a key setting in our new health strategy. The Government will make a business case for workplace health promotion and contribute to a climate in which this can be realized. A healthy workplace benefits everyone — individuals, families, businesses and the country'. As occupational health and safety professionals, we have an obligation to contribute to that business case and ensure that truly healthy workplaces become a reality. The debate in

Northern Ireland is well underway and the commitment of key players should lead to the creation of a meaningful and effective workplace health promotion model.

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