

Promoting Healthy Workplaces — Health pledges initiative at North Kirklees Primary Care Trust, NHS, England

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Abstract

Objective: To evaluate the effectiveness of health promotion activities targeting physical activity, healthy eating, smoking and stress management as a part of healthy workplace initiative at North Kirklees Primary Care Trust, England.

Methods: The quasi-experimental interventional study was conducted from April 2005 to March 2006 and involved all the employees of the North Kirklees Primary Care Trust, England, who were willing to participate. Main interventions were; lunch-time walk, motivational interviews, counselling and support sessions from qualified dieticians, physical activity and smoking cessation advisors. Free occupational therapy sessions were provided at the workplace. Incentives like discounted vouchers for sports club and the gymnasium were also given. Pre- and post-intervention data was collected and analysed using SPSS version 17.

Results: Of the total, 57 (42%) pledged to undertake physical activity; 50 (37%) healthy eating; 20 (15%) mental and emotional well-being; and 8 (6%) to quit smoking. Statistically significant associations were found between different health promotion activities like physical activity ($p = 0.004$), healthy eating ($p = 0.003$), stress management and stop smoking ($p = 0.001$) at the workplace.

Conclusion: Workplace is a potentially valuable setting for health promotional activities for primary prevention and may facilitate lifestyle modification.

Keywords: Healthy workplace, Health pledges, Health promotion at workplace, North Kirklees Primary Care Trust. (JPMA 62: 1028; 2012)

Introduction

The workplace is a setting where a large number of people spend the largest proportion of their time; it's a key channel for delivery of health promotion programmes. By promoting healthy workplace practices in organisations, the employee well-being and organisational improvements can be attained effectively. Therefore, employers can play a key role in contributing to the health of their employees, which, in turn, means the health of their organisation. Healthy mind leads to healthy community and a healthy nation. It is evident that improved physical and psychological health of the workforce can be achieved by applying a variety of direct and indirect interventions which will act as a major contributor to the success of an organisation and can boost organisational performance.¹

A large proportion of the population is employed and spends more than a third of its waking hours at work. If the workplace enables and supports health, then employees are more likely to make healthier choices. For many people, the work environment constrains the choices available and makes it difficult to choose healthy options.² Most of the problems at work are highly linked with health complaints compared to other life stressors, including financial or family troubles.³

In Britain during 2007-08, 34 millions work days were lost overall to work-related ill health, 28 million due to work-related illness and 6 million due to workplace injuries. Self-reported work-related stress, depression and anxiety accounted for an estimated 13.5 million lost working days.⁴ This costs around £13 billion a year in the UK. Back pain alone costs employers £600 million a year. Mental ill health — mainly caused by work-related stress — adds another £8.4 billion. The cost of sickness absence and worklessness resulting from working age, poor health estimated at over £100 billion, which if compared with other countries, like Portugal, is greater than their GDP.⁴

There is evidence that comprehensive workplace health can provide positive results, such as improved productivity, decreased absence, reduced health benefit costs, improved retention and recruitment, improved health and wellness, better employee relations, improved morale, higher levels of employee engagement, and strengthened human capital management approaches.^{5,6} By embracing wellness as part of a positive work environment, some countries achieved 71% retention in businesses where 31% was the norm.⁷

Healthy workplace is a strategy to help individuals move towards a state of optimal health (emotional, physical, social, spiritual and intellectual health) by implementing various initiatives to increase employee awareness about health issues and outcomes and create supportive

environments in which optimistic changes can take place.⁸

Research shows that providing opportunities for physical activity, a healthy diet, and help to give up smoking, is important. A review conducted in the US has concluded that behaviour change programmes at workplace can work successfully.⁹

As the employer of the largest workforce in Europe, the National Health Service (NHS) is leading the way in promoting the health and wellbeing of its staff. Employers recognise the significant benefits of creating a healthy and safe environment for their staff, not only in terms of being an attractive and rewarding employer to their staff, but also in terms of enabling them to deliver high-quality care to their patients and to the community as a whole.¹⁰

The present study was a part of health pledges initiative taken to support employees in achieving and maintaining healthier lifestyles and promoting healthy workplace at the North Kirklees Primary Care Trust (NKPCT), UK.

Subjects and Methods

The quasi-experimental interventional study was conducted at NKPCT from April 2005 to March 2006. Data was collected at the start of the study, after 6 months (October 2005) and at the end of the initiative. A structured questionnaire was sent to all the employees and 135 staff members who volunteered, were recruited through consecutive sampling. The main areas identified for health promotion activities were physical activity, healthy eating, stop smoking and stress management. These were given the name of 'health pledges.' All the participants pledged to fulfill the identified health pledge and achieve the given target within the specified time. Various interventions were made to facilitate the participants in achieving their goals. Pre- and post-intervention data was analysed through SPSS 17 and chi-square test was applied to determine the association between healthy workplace interventions and behaviour change of the employees, and regression techniques were used to investigate the relationship between various lifestyle factors and interventions provided at the worksite.

The data was collected on knowledge about healthy eating — fruits and vegetables portions consumed/day, breakfast consumed every day, types of breakfast/food consumed containing fibre like bran bread, different cereals and behaviour about reducing weight. For physical activity: how much exercise per day, type of physical activities, moderate or vigorous, regular or irregular in physical activity. Variables regarding workload: stress management, any relaxation methodology adopted, seeking occupational

advice, number of working days taken off work. Regarding smoking: have they tried to quit smoking, number of attempts failed and the availability of qualified smoking cessation advisor.

The participants selected their respective health pledges and availed of the various intervention during the one-year project to achieve their selected goals (Table-1).

Results

Of the 135 employees who completed the baseline assessment, 134 (99.25%) completed the final assessment. The only dropout was due to ill health. From the total participants, 57 (42%) pledged for physical activity; 50 (37%) for healthy eating; 20 (15%) for mental and emotional wellbeing; and 8 (6%) for smoking cessation.

Results for physical activity ($p = 0.004$) and healthy eating ($p = 0.003$) were statistically significant. Also highly significant results were found for smoking cessation (p

$= 0.001$), healthy workplace and stress management ($p = 0.001$). There was 14 (70%) reduction in absenteeism in the mental and emotional wellbeing group, and 7 (87%) successfully quit smoking.

By the time of both the interim (intervention midpoint - 6 months) and final (end of intervention: 12 months) assessments, participants in the intervention condition had significantly increased their exercise behaviour, compared with the control condition ($p = 0.002$). There was also increased consumption of fruits and vegetables by the time of the final assessment ($p = 0.007$) (Table-2).

The change in fruit and vegetable consumption differed ($p < 0.007$) with a greater improvement in the intervention site at both 6 and 12 months. Attendance at more workshop sessions was associated with a significant increase in nutrition knowledge ($p = 0.001$). There was also a positive change over time in the level of physical activity ($p = 0.005$) with this increasing from the baseline to final

Table-1: Health pledges and interventions.

Health pledges	No of participants	Interventions introduced	Purpose
Physical activity	57 (42%)	One-on-one motivational interviews with physical activity officers	The aim was to develop and work around the personal health diary of physical activity with the support of professional physical activity advisors
		20% discount /free leisure pass of local gym and sport centres	Purpose was to promote local existing facilities
		Free pedometers (step counter)	Target was 10,000 steps a day or 30min walk 5 times a week
		Lunchtime walks	Purpose was to motivate and support staff for weight management
Healthy eating	50 (37%)	Lunchtime healthy eating group session by dietetics	To provide help with regards to eating habits & adopting balanced diet instead of dieting
		Drop in session on behaviour change by public health nurse	Improve the knowledge about healthy diet
		Improving PCT working lunch	Target: 5 portions of fruits & vegetable a day
Mental & emotional well being (stress management)	20 (15%)	Counselling services by occupational health	A healthy mind is essential to improve the level of concentration and to relax.
		Free Aromatherapy & Reflexology sessions	To manage stress in a positive way
		Free Tai-Chi sessions	Target : to reduce absenteeism
Stop smoking	8 (6%)	Stop smoking services by qualified advisors.	To provide stop smoking services confidentially either to seek advice or help in groups or one to one basis from the specialist advisors. Target : to quit smoking.

Table-2: Change in lifestyle factors due to workplace interventions.

Lifestyle factors	Baseline (n=136)	6 months (n=135)	12 months (n=135)	Beta co-efficient	Probability of difference in change
Consume 5 portions of fruit & vegetable/day	14 (24%)	21 (36%)	24 (42%)	0.54	0.007*
Consume breakfast before work	20 (35%)	26 (45%)	28 (49%)	0.57	0.005
Nutritional knowledge	1.8 (2.2)†	2.2 (2.4)	2.7 (2.6)	0.63	0.001*
Regular walk 30min 5 times a week or 10,000 steps a day	7.9 (3.5)†	9.8 (5.3)	14.1(9.3)	0.58	0.005*
Any regular moderate physical activity /day (hours)	6.2 (4.5)†	10.4 (5.5)	11.7 (6.7)	0.61	0.002*

*Probability applies to change in total quantity of fruit and vegetable consumption and total hours' physical activity (or achievement of set targets as mentioned in Table-1). †Mean (±SD); 6 and 12 months values are in terms of change from the baseline.

point at the intervention site ($p=0.002$).

Discussion

The Health Pledge initiative fully promoted and supported the workplace health. It ran successfully and experienced positive partnership working with different departments of NHS, especially dietitians, physical activity teams, stop-smoking teams, occupational health professionals, local corporations and community services providers to enhance employee access to different health programmes by facilitating them with various initiatives like discounted rates, provision of services at workplace and suitable hours.

Although some evaluations of worksite health promotion interventions have been conducted to date, very few have included the goal of increasing physical-activity levels, improving healthy eating, smoking cessation and reducing and managing stress at workplace as part of a comprehensive multiple risk factor approach to worksite health promotion, which this study addressed.

It is a well known fact that physical activity contributes to overall better health and self-image. It does so by improving fitness and reducing stress. Workplaces that invest in healthy activities in fact empower their employees to get active by adopting simple measures which was promoted in this study such as using the staircase as an alternative to elevators, walk up to the colleague instead of emailing and so on. These actions help to obtain the desired results like reduced absenteeism, decreased stress-related illness and improved job satisfaction.¹¹

A healthy balanced diet and good health goes side by side. In this study the provision of healthy food choices, like herbal teas, fresh juices, and more variety in vegetarian diet was highly appreciated by the staff. Unhealthy food choices can significantly increase the risk of developing heart-related diseases.¹² People should consume less fat and salt, more fruits and vegetables, and more whole-grain breads. Employees who practise healthy eating are more energetic, productive and dynamic. They have better abilities to cope with stress. They are more likely to maintain healthy body weights and experience lower rates of coronary heart disease

and other chronic conditions.^{13,14}

Good nutrition is often overlooked due to long working hours and pressures to meet deadlines. Another main factor is availability of few healthy options on vending machines and in cafeterias. As a result, people often skip meals and continue working until they experience headaches, dizziness or get exhausted. These unhealthy food choices offer rapid energy, but in the longer run may result in energy crisis.³ One of the successes of the present study was to improve the NKPCT working lunch, to promote more variety of vegetarian healthy diet and quick and easy access to healthy food at affordable cost. Moderate evidence is found in literature for positive effects of nutritional interventions implemented at the workplace.¹⁵

Statistics show that stress alone is a major modifiable risk factor for cardiovascular diseases. Job strain, long work hours, type of occupation, low job control, lack of job satisfaction and hazardous physical conditions are linked to cardiovascular diseases, injuries, and mental health concerns.¹⁶ Recent evidence also supports the fact that the healthy workplace interventions show better indices of perceived health, safety and psychological work adjustment.¹⁷ In the current research, the stress management sessions, counselling, aromatherapy and Tai-chi sessions were very popular among the staff as they helped them to relax and feel good.

Employers have the responsibility to make sure that their workplace is a smoke-free zone. In a good organization, there should be provision of educational information and stop-smoking services in culturally sensitive manners. No-smoking signs and related posters should be placed appropriately and staff should be informed about the No-Smoking regulation through various means.¹⁸ The exposure of healthy adults to passive smoking at work is related to utilisation of health care services and extra time off work. This results in costs to the health services, to employers and to those who are exposed.¹⁹

Creating and sustaining a healthy workplace is a top priority. Many employers recognise that they need to have a direct interest in creating an environment that helps people to

make healthy choices because a motivated, healthy workforce is more likely to perform well and attract more benefits to the organisation. The philosophy of such an initiative addresses health issues at the workplace, and provide avenues for satisfying the emotional and spiritual needs of the human being and makes the individual feel a very important part of the organization.²⁰

Conclusion

The findings supported prior evidence of the benefits of healthy workplaces on workers' health and wellbeing in terms of improved recruitment and retention, organisational performance and societal outcomes. A healthy supportive environment ensures that employees are treated with respect and fairness. It provides employees with a sense of belonging, purpose and mission, and control over their work. Effective use of the worksite may provide an appropriate setting for health promotion as well as health protection activities.

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