



Finnish Institute of  
Occupational Health



Promo@Work

# HEALTH PROMOTION @WORKPLACES



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## Does your workplace promote health?

Good health, including healthy lifestyles, forms the basis of workers' good work ability, productivity and safety at work, and thus health promotion is important for sustaining working careers. Workplace Health Promotion (WHP) is the combined efforts of employers, employees and society to improve the health and well-being of people at work. Co-creation is a way in which to commit target groups to WHP and to tailor measures to suit them, as well as to empower target groups to participate and towards "agency" or advocacy. Advocating is also an important health promotion action. The workplace is one of the priority settings for health promotion in the 21st century (WHO, 2014).

The workplace offers an ideal setting and infrastructure to support the health promotion of larger groups. However, the effectiveness of health promoting actions could be intensified in several workplaces. The first step is to make a plan that for example 1) sums up the resources and strengths of the workplace, 2) evaluates the effects of and demands of occupations for health and health behaviour, 3) defines the goal and detailed aims of the health promotion actions, 4) describes the means and action plan to achieve the goal (who does what, when with whom to whom) 5) the ways to evaluate the actions. Does your own workplace has a plan for health promotion?

## Health promotion at workplaces

- Improves the attitudes, knowledge and skills of workers to make healthy choices that promote their work ability in their occupations (e.g. alert behind the wheel/desk by eating healthy meals and snacks);
- Creates supportive and healthy work environments (e.g. activating furniture and equipment) and makes health promotion a part of company culture;
- Strengthens workplace community actions (e.g. our directors/workers are healthy and alert professionals);
- Includes building healthy public policy.

## Occupation is the key word in health promotion at workplaces

The main approach of WHP has been the health education of individuals with a certain health risk, in order to prevent lifestyle diseases. However, these actions have not been tailored according to occupations although work-related factors such as shift work, low social support at work, long weekly working hours, and safety issues at work also affect employees' lifestyles.

Shift work increases the risk of obesity, cardiovascular diseases and fatigue, which in turn is a



**“Great opportunity is to move the goal of health promotion @workplaces from disease prevention into promotion of work ability and safety.”**

risk factor for accidents. Shift workers describe often that due to changing working hours, irregularity is the typical feature that affects the possibilities to exercise, minimises possibilities to have regular hobbies and causes stress and problems with sleeping and dietary habits.

Healthy lifestyles are the key to minimising the unhealthy effects of night shifts and are important for promoting safety at work, and thus the counselling should be tailored accordingly. Thus, one solution is that workplaces support shift workers more e.g by providing group counselling and actions at the level of workplaces, so that shift workers can ask questions and peers can share feelings, give social support and practical advice.

Some workers may be exposed to unhealthy lifestyles by having easy access to drugs or alcohol (health care, restaurants) or pastry and food (bakery and kitchen work). Thus, there should be strategy and plans of actions at workplaces, how to avoid harmful consequences of these exposures at work.

Work related factors including safety issues may set demands for health and health behaviour of workers. For example firefighting and rescue work demand good physical work capacity of firefighters. Firefighters have physically demanding work tasks (carrying victims, rescue diving, roof work etc.) and environmentally challenging conditions (smoke, heat, cold, darkness, distance).

These are only some examples to get an insight of the huge area of workplace health promotion. Therefore, it is important to consider the occupational context because it might provide meaning and motivation for healthy lifestyles. The opportunity to develop new WHP activities is to include a wide repertoire of behaviour change techniques.

### **Use behaviour change techniques (BCT)**

There is some evidence to suggest that health behaviour interventions that are designed on the bases of behavioural theories are more effective than those that are not. Such interventions allow

more systematic and evidence-based ways of identifying relevant behavioural determinants and appropriate intervention strategies. The same may be true for health policy.

Health policy papers disseminate recommendations and guidelines for the development and implementation of health promotion interventions at workplaces. Such documents have rarely been investigated with regard to their assumed mechanisms of action for changing behaviour. Therefore we aimed to identify targets, mediators, and change strategies for physical activity (PA) and nutrition behaviour change in Finnish policy papers on workplace health promotion and used the Behaviour Change Wheel (BCW) approach for this purpose (Seppälä et al 2017). A total of 125 recommendations were coded in the six policy papers, and in two additional documents referenced by them.

**“To improve the impact of worksite interventions, influencing social environment, using behavior change techniques and tailoring the activities according to occupations might be beneficial.”**

## **Social environment is underutilised**

Influencing individuals (46%) and changing the physical environment (44%) were recommended more frequently than influencing the social environment (10%). Recommendations targeting the community were uncommon. This is a clear limitation, as evidence suggests that social environment is important in WHP.

The investigated policy papers emphasised opportunity and psychological capability in the promotion of PA and healthy nutrition, whereas recommendations focusing on physical capability were almost absent. Although emotions, optimism, social role and identity are known to be associated with health behaviours, they were only identified in one or two papers.

All papers recommended multiple intervention functions, but only education, enablement, and persuasion were identified in all eight papers and environmental restructuring in all but one. An underlying assumption in some recommendations is that providing information to employees is a sufficient strategy to promote behaviour change in social context.





## Information about health consequences is not enough for behaviour change

Only one third of possible BCTs were identified and used (31 of 93) in eight policy papers. The most frequently identified BCTs were information about health consequences, instructions on how to perform the behaviour, restructuring the physical environment, and social support. The findings imply that policy papers rely on the assumption that providing information about health consequences and environmental changes are the most effective tools. However, there is evidence to show that health behaviours are motivated by a broader range of perceived benefits than health alone. For example monitoring the recovery from work and its association with motivation or work productivity could be a new possibility.

Social support was almost entirely limited to encouragement and counselling from healthcare professionals, and mentions of practical support were also absent despite evidence suggesting that other sources of social support are also beneficial for WHP. Finally, for PA and nutrition behaviours, control-theory related BCTs (e.g. goal setting, self-monitoring, reviewing goals) have been identified as effective change techniques, but these received only minor emphasis in the policy papers investigated.

## Best practises for health promotion at workplaces

In general, worksite interventions have led to moderate positive changes for example in diet such as intake of total fat and increased consumption of fruit and vegetables. But there is still lack of research knowledge on the best practises and actions of the workplaces to effect on health behaviour of the employees and entrepreneurs.

Furthermore, informative and easy to use tools for evaluation the effectiveness of WHP actions

are needed to develop. Some of the studies have used physiological measures as showing the effectiveness of the interventions. But there is lack of WHP interventions which show the effectiveness of health promotion activities on productivity, absenteeism or healthcare utilisation, or even on perceived work ability. These all are important motivators for employers to support and give resources for WHP actions.

## Next step – WHP of micro-entrepreneurs

WHP focus has, traditionally, been on larger enterprises and companies that have occupational health and safety plans and actors, and occupational health care services. At the same time, an increasing number of people are either becoming small entrepreneurs themselves or becoming employed by one (EU-OSHA, 2015), and in most cases, the WHP practices for large companies are not feasible for small ones.

Small companies often lack occupational health services and safety organizations that could help them to implement WHP. Every sick leave and uncompleted task is directly related to lower income among micro-entrepreneurs and self-employed persons. While the proportion of small companies is over 90 percent in Finland as in several other European countries, and as the economic growth of Finland, and also in many other countries, lies on the shoulders of micro-entrepreneurs, new ways in which to promote their health and work ability are urgently needed. Therefore, our Promo@Work research consortium will carry out an intervention study names "The effectiveness of mobile application on work ability and work recovery among micro entrepreneurs" in 2018. Great challenge is how we reach mircoentrepreneurs and motivate them to participate in the intervention study.

Seppälä et al 2017. BMC Public Health. 2017;18(1):87. doi: 10.1186/s12889-017-4574-3.

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