Health promotion in the workplace
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What does health promotion mean for people at work, and who is responsible for delivering it?

The workplace is still a hazardous environment: the International Labour Office (ILO) estimates that every year there are some 125 million work-related accidents, 220,000 of them fatal. According to WHO, 160 million new cases of occupational disease are caused annually by exposure and dangerous conditions at the workplace; 30–40% of them can be expected to lead to chronic disease, and about 10% are likely to result in permanent disability.

For occupational health professionals the promotion of health in the workplace means conducting an occupational health practice which involves protecting and promoting workers' health through the prevention of occupational and other work-related injuries and diseases. For specialists in health promotion, it may mean introducing non-smoking policies, tackling alcohol and drug abuse, encouraging physical exercise and healthy diets, changing behavioural patterns, and undertaking activities to bring these things about. For public health professionals, primary care specialists, employers, workers, the public, managers, trade unionists and politicians the meaning of workplace health promotion may contain some of these elements but is often influenced by publicity and the media rather than by scientific or economic argument.

Definitions

The Ottawa Charter defines health promotion as the process of enabling people to increase their control over their own health and to improve it. It also states that health promotion is not just the responsibility of the health sector, and goes beyond healthy lifestyles to well-being. Health promotion activities can be fostered by establishing public health policies, creating supportive environments, strengthening community action, and orienting health services to promote health in the working population. The wide use of terms describing attempts, approaches and activities to prevent ill-health and injuries may sometimes create confusion. It is worth noting the differences between disease prevention, health promotion, and wellness.

Disease prevention refers mainly to primary prevention, aiming at the reduction of risks to health and at early detection so as to avoid the development of protracted disease. It may include screening activities, counselling, health education and other medical or non-medical approaches.

Health promotion can be seen as a continuum ranging from disease prevention, including protection against specific risks,
to the promotion of optimal health. In a broader sense it also includes the encouragement of all aspects of positive health.

Wellness may be defined as optimal health. Achieving it may involve improving physical and mental ability, developing reserve capacities and adaptability to changing circumstances, and reaching new heights in creative and other work. In a working environment, some of these factors can be evaluated quantitatively in relation to absenteeism, job satisfaction and work stability.

Individual behaviour can have a strong effect on overall health status, functionality, mental health, and rates of illness and mortality. There has been a considerable increase in knowledge about the relationship between occupational health and factors such as smoking, alcohol and drug abuse, overnutrition, low physical activity and behaviour conducive to trauma.

Principles

Workplace health promotion shows encouraging signs of growth in many industrialized countries. One approach involves predominantly non-participatory programmes oriented towards health-related behaviour. Another, tending to rely on the analysis of health problems in the workforce, is more participatory and generally offers more custom-made health activities within integrated programmes. This approach is closer to the WHO principles of health promotion as modified for application in the workplace, according to which workplace health promotion should:

- be directed at the underlying causes of ill-health;
- combine different methods and approaches;
- aim at effective participation on the part of the workers;
- be part of work organization and working conditions rather than primarily a medical activity.

These principles imply that:

- workplace health promotion should be undertaken in partnership with the workforce;
- the workforce should be consulted, listened to and actively involved, not only in health activities but also in managing and driving forward the entire process;
- specialists in human relations, work organization, communications, management and other fields should play a significant part in the process.

Workplace health promotion is thus a legitimate activity for all major actors in the workplace and is not confined to occupational health professionals.

Responsibilities

Healthy workforces are a necessity for national development and a measure of the success of economic and social policy. Government action is therefore important in creating a supportive environment for the performance of health promotion programmes in workplaces. Governments are responsible for establishing coherent national policies on occupational safety and health and the working environment, and for enforcing legislation so that occupational health services are provided for all
workers in all branches of economic activity. There is a tendency for national legislation to require occupational health services to include health promotion in their programmes of activities.

The concept of the promotion and maintenance of high working capacity has already been introduced in occupational safety and health legislation in some European countries. This significantly broadens the scope of activities to be performed by occupational health services, including those which should aim at improving the overall health status of workers.

The prime responsibility for the health and safety of workers in their employment rests with employers, who should provide and maintain proper working environments. Employers should play an essential role in the implementation of health promotion programmes. To ensure the success of such programmes, employers should allocate the resources and time required for their implementation, demonstrate a desire that workers should participate in them, and be willing to accept suggestions from workers. While recognizing the importance of a healthy workforce for optimal productivity and some economic benefits, not all employers are inclined to agree that changing workers’ lifestyles is a function of occupational health services. Employers should recognize that workplace health promotion is in the interests of both employers and workers, and they should cooperate with occupational health services, workers and their representatives in the execution of health promotion programmes.

ILO instruments indicate that workers should provide support to and cooperate with occupational health services in the implementation of occupational health programmes. Worker participation in health promotion programmes is vital, whether these are delivered by health promotion specialists or performed as an integral part of activities of occupational health services. It ensures continuous progress in the delivery of health care and increases its impact. It leads to improvements in workers’ lifestyles, and this can be a major factor in the prevention and control of disease. Programmes on alcoholism and drug abuse, psychosocial stress, smoking, healthy diet, and physical activity are among those that can contribute to health gain in workers. Workers and their representatives should actively participate in such programmes.

**Occupational health and health promotion**

Does the practice of occupational health constitute health promotion? What is the role of occupational health professionals in health promotion?

The practice of occupational health aims to:

- promote and maintain the highest degree of physical, mental and social well-being of workers in all occupations;
- prevent ill-health caused by unsafe and unhealthy working conditions;
- protect workers from factors adversely affecting health;
- place and maintain workers in an occupational environment adapted to their physiological and psychological capacities.

This definition was formulated in 1950 by the Joint ILO/WHO Committee on Occupational Health. In 1995 the Committee added that it was important to establish and maintain safe and healthy working conditions and working environments, to preserve working capacity and to develop working cultures supportive of occupational safety and health.

Occupational health practice requires multidisciplinary and multisectoral activity, involving, in addition to occupational health professionals, other specialists both in workplaces and elsewhere. Activities carried out by occupational health professionals, whether functioning as a team in an occupational health service of an enterprise or individually on behalf of an external service, are primarily aimed at preventing occupational injuries and diseases caused by occupational hazards and dangerous work practices. Such activities as the identification of hazards, the assessment of the risks to health arising from exposure to hazards, the communication of information about them to employers and workers, the surveillance of workers’ health and the working environment, and the recommendation and application of control measures, are an integral part of occupational health practice and consequently of workplace health promotion.

It should be recognized that workplace health promotion includes the prevention of both occupational and non-occupational diseases in the working environment. It is sometimes difficult to make a clear distinction between the causes of occupational diseases and those of other work-related illnesses. The concept of occupational health has been broadened by a better understanding of the multiple causes of disease and the introduction of more advanced techniques for identifying risk factors associated with common disorders. Disease in the working population, whether of occupational or non-occupational origin, should be regarded as arising from the interaction of multiple causes. These may be:

- factors in the working environment;
- factors inherent in the worker, such as sensitivity to allergens or various chemicals;
- factors of individual behaviour, such as alcohol or drug abuse.

Work-related diseases include not only the recognized occupational diseases but also other health disorders to which the working environment and performance of work can contribute significantly. A work-related disease may be:

- an occupational disease with a specific and strong link with the occupation in question, in which there is a proven cause–effect relation between hazard and disease and, generally, a single causative agent, recognized as such (for
example, the inhalation of mineral dusts which cause pneumoconioses);
- a disease with multiple causative agents, in which risk factors other than those in the working environment may contribute to its development, such as coronary heart disease, hypertension, stress, psychosomatic disorders and musculoskeletal disorders;

![Health promotion programmes ought to complement occupational health programmes and not replace them.](image)

- a disease affecting working populations, without a causative relationship with work, although work may be an aggravating factor, such as diabetes and peptic ulcer.

In addition, many harmful effects of lifestyle factors such as smoking, alcohol and drug abuse, overnutrition and physical inactivity can interact with workplace hazards, and their combined effects may increase health risks for people at work.

It is important to identify disorders with causes related to work activities and exposure, as well as those which have other causes but which can be screened, treated or reduced in severity through interventions in the workplace. In order to establish a strategy on workplace health promotion and action, etiological factors of both occupational and non-occupational origin must be recognized and workers must be protected from their harmful effects.

The workplace is the best location for taking action to prevent work-related injuries and diseases. It is also an appropriate setting for a broader approach to prevention and health promotion. Occupational health services have essentially preventive functions and are responsible for advising employers and employees about the requirements for establishing and maintaining a safe and healthy working environment capable of facilitating optimal physical and mental health in relation to work. These services are also concerned with the adaptation of work to the abilities of workers as affected by their physical and mental health.

The classical role of occupational health professionals is to carry out activities which prevent occupational injuries and diseases. This means that these professionals should participate in workplace health promotion by:

- protecting workers' health through the control of occupational hazards and the introduction of ergonomics;
- advising workers and employers on health protection activities and the improvement of working conditions;
- monitoring the work environment and carrying out surveillance of workers' health with a view to the early identification of health risks and the evaluation of occupational health programmes;
- participating in curative medical care and workers' rehabilitation.

These professionals may conduct health promotion programmes that include:

- screening for blood pressure, serum cholesterol, obesity, lifestyle factors, and breast and cervical cancer;
- immunization;
- counselling and education on smoking, diet, alcohol and physical exercise.
Such programmes, intended to change personal practices in the interest of improving health status and reducing absenteeism, are often considered by occupational health professionals as public health services delivered in the workplace rather than as occupational in character. This is partly because the programmes focus attention and resources on personal habits rather than on protection against occupational hazards, and partly because attempts are sometimes made, especially where occupational health services cover only a relatively small proportion of workplaces, to introduce health promotion programmes as though they were occupational health programmes. This should be opposed, because health promotion programmes ought to complement occupational health programmes and not replace them. Attempts should not be made to advance health promotion at the expense of health protection or vice versa, since both are essential components of any activity intended to improve workers’ health.

As health is influenced by factors both at work and away from it, workplace health promotion cannot be regarded solely as the responsibility of occupational health professionals. Primary care specialists, public health professionals and a range of other experts can contribute significantly to health promotion among workers. An active partnership is desirable between occupational health professionals and health promotion specialists.

The implementation of health promotion programmes is clearly an important factor contributing to the improvement of the health of working populations and therefore to the economic and social development of society in general. Governments should establish national policies on workplace health promotion, and both employers and workers should actively participate.

Workplace health promotion should be considered as an approach to the prevention of ill-health rather than in terms of specific activities. It should involve not only the prevention of work-related diseases and the changing of personal practices but also the alteration of the working environment so that it becomes conducive to health. It also requires changes in professional roles. The participation of occupational health services in the execution of health promotion programmes can be highly beneficial but should not be allowed to impede them in their main functions as specialist bodies for the protection of workers against harmful exposures and unhealthy working conditions.

Where possible, health promotion in the workplace should be an integral part of an occupational health programme. Health promotion programmes should strengthen occupational health programmes, and

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neither should ever serve as a substitute for the other. Occupational health professionals should be trained to conduct health promotional activities as part of their occupational health practice, and if other specialists are to conduct such activities in the workplace they should receive some training in occupational health. In order to improve overall health status in
workforces, active partnership is necessary between occupational health professionals and health promotion specialists.

Workers' lifestyles may have a specific or a general impact on their health, safety and working capacity. Workers should be advised on avoiding lifestyles harmful to health as well as on adopting healthy and safe working practices. The efficacy of workplace health promotion should be evaluated with reference to health and healthy behaviour, health care costs, disability claims, productivity, absenteeism and turnover of workers.

An analytical model for health promotion

The health promotion strategy analysis model (HELPSAM) is a summary chart... listing the seven strategies derived from the Sundsvall [Conference] and other accounts of change – namely policy development, regulation, reorienting organizations, advocacy, building alliances/creating awareness, enabling, and mobilizing/empowering. All these strategies can be implemented at international, national, regional or local levels. [The matrix] allows information to be recorded on how to achieve changes (approaches), who to involve (actors), for whom the change is intended (target groups), where the changes must take place (levels/arena), which means to use (procedures and tools), and what will be the results (expected outcomes)... The model is a way of analysing strategies for creating supportive environments for health. Its distinguishing feature is that it is based on actual experience.