Local action on health inequalities:

Workplace interventions to improve health and wellbeing

Health equity briefing 5a: September 2014
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Public Health England exists to protect and improve the nation’s health and wellbeing, and reduce health inequalities. It does this through advocacy, partnerships, world-class science, knowledge and intelligence, and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

About the UCL Institute of Health Equity
The Institute is led by Professor Sir Michael Marmot and seeks to increase health equity through action on the social determinants of health, specifically in four areas: influencing global, national and local policies; advising on and learning from practice; building the evidence base; and capacity building. The Institute builds on previous work to tackle inequalities in health led by Professor Sir Michael Marmot and his team, including the ‘Commission on Social Determinants of Health’, ‘Fair Society Healthy Lives’ (The Marmot Review) and the ‘Review of Social Determinants of Health and the Health Divide for the WHO European Region’. www.instituteofhealthequity.org

About this briefing
This briefing was commissioned by PHE and written by the Institute of Health Equity (IHE). It is a summary of a more detailed evidence review on the same topic and is intended primarily for directors of public health, public health teams and local authorities. This briefing and accompanying evidence reviews are part of a series commissioned by PHE to describe and demonstrate effective, practical local action on a range of social determinants of health.

Ellen Bloomer wrote this briefing for IHE.

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Workplace interventions to improve health and wellbeing

Summary
1. Both the physical and psychosocial work environments can affect health. This briefing focuses on psychosocial conditions, which is about organisational culture.

2. The way work is organised and the work climate are contributory factors in the social gradient in health. Lower paid workers with fewer skills or qualifications are more likely to experience poor psychosocial working conditions and worse health.

3. Measures to improve the quality of work that focus more attention on workers in semi-skilled and unskilled manual occupational groups may help to reduce inequalities in work-related health problems.

4. There is evidence that psychosocial working conditions can be improved in a variety of ways, for example, by increasing employee control over their work and participation in decision-making, and with flexible working practices.

5. Effective leadership and line management training can also contribute to a better psychosocial work environment. Interventions to reduce stress and improve mental health at work, leading causes of sickness absence, will typically be important for improving workplace health.

6. Opportunities to participate in any schemes should be open to all employees and all groups should be considered during the design of schemes, especially those in semi-skilled and unskilled manual jobs and temporary or fixed term workers.

The links between working conditions and health inequalities
There is a social gradient in employment status and working conditions in England: people in more disadvantaged socioeconomic groups are at higher risk of unemployment and, if employed, of poor working conditions. This gradient in employment experiences will, in turn, contribute to a greater risk of poor physical and mental health for those in more disadvantaged positions in the social gradient.

Health can be affected by both the physical and psychosocial work environment as well as schemes to encourage healthy behaviours at work. This briefing focuses on psychosocial conditions.

The way work is organised and the work climate are contributing factors to the social gradient in health. Workers with fewer skills and qualifications are more likely to experience poor working conditions, as well as worse health.

Certain work conditions cause stress and poor health, particularly if the employee has no alternative choice in the labour market:

- high employer demands combined with low employee control over their work
- employee effort is not matched by reward by the employer
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- decision-making processes and treatment of employees are perceived to be unfair
- job insecurity, for example, among employees on temporary or other non-standard contracts
- long or irregular working hours, shift work or working night shifts

Many of these conditions are more prevalent among employees in semi-skilled and unskilled manual occupational groups. European survey data found that the proportion experiencing effort-reward imbalance was 21.1% among those with ‘very high’ occupational class, 23.0% among those with ‘high’ occupational class, 29.2% among those with ‘low’ occupational class and 44.5% among those with ‘very low’ occupational class. Focusing interventions around these dimensions and targeting less privileged groups within the workforce is therefore a high priority for improving health.

What works to improve health and wellbeing in the workplace?

BOX A

Key features of success for improving health and wellbeing in the workplace

Psychosocial working conditions can be improved in a variety of ways, including through:

1. Greater employee control over their work
2. Greater employee participation in decision-making
3. Line management training
4. Effective leadership and good relationships between leaders and their employees
5. Engaging employees, ensuring employees are committed to the organisation’s goals and motivated to contribute to its success
6. Providing employees with the in-work training and development they need to develop job satisfaction
7. Providing greater flexibility within a role to increase an employee’s sense of control and allow them to improve their work-life balance
8. Reducing stress and improving mental health at work as these are leading causes of sickness absence
9. Addressing the effort-reward imbalance

Workplace health and wellbeing interventions are commonly focused on addressing individual behaviour change, through programmes to encourage healthy eating, physical exercise, smoking cessation and stress management. Many of these programmes have shown positive, cost-effective health outcomes. Evidence suggests that interventions to improve psychosocial work conditions – increasing autonomy and control over work, in-work development, line management training, flexible working and staff engagement – can also be beneficial for health. Improving the physical and psychosocial work environment is therefore likely to contribute to improved population health and reduced health inequalities.

It is important to ensure that interventions are available to everyone in an organisation, that all employees are made aware of the opportunities through effective communications and that all employees are considered during the design of the intervention. Those working long or irregular hours or on non-permanent contracts are more likely to experience poor health, so a focus on these employees may also contribute to reducing health inequalities.
Control and autonomy over work and life outside of work contribute to good health. Those in less privileged socioeconomic positions are more likely to lack autonomy both in their work and home life, and this can impact on their health and wellbeing. Systematic reviews of the health effects of improvements to the psychosocial work environment have found that interventions increasing participants’ job control and degree of autonomy at work produced fairly consistent results showing positive effects on mental health and sickness absence. As shown in box B, Middlesbrough Environmental City allows employees considerable autonomy over their work and takes a participatory approach to staff wellbeing, with business benefits.

BOX B
A participatory approach to staff wellbeing
Middlesbrough Environment City (MEC) is a small charity with 18 employees who were given advice and support by their local authority to implement a health and wellbeing programme.

Description. To identify issues to be addressed, MEC used health assessment questionnaires, involving staff in the formation of the programme. Initiatives included family days, health walks, team-building days, free fresh fruit, supplying bicycles, health assessments, discounted gym schemes, men’s health activities and tackling depression.

All staff received a personal health budget of £100 to improve their health and wellbeing at work, giving them a sense of control. Managers visited staff at home when they were ill and, if possible, took them out for lunch. One manager completed the mental health first aid certificate to help deal with any future mental health issues. MEC has accommodated the needs of a staff member with multiple caring responsibilities to take additional ad hoc time off without her losing holiday entitlement, to ensure it is as stress-free as possible. The team-building exercises improved morale and developed closer working relationships. The family days enabled staff to understand the effect of work pressures on colleagues’ home life.

Impact. The annual sickness rate per employee reduced from 4.25 days to 2.4 days. The charity achieved the gold standard of the Better Health at Work Award in November 2011 and the Department for Work and Pensions has used their health and wellbeing programme as a case study.

Increasing staff participation and involvement in an organisation are likely to have a positive impact: workplace interventions characterised by a participatory approach involving employee representatives and management personnel have worked well, and ‘health circles’ (staff meetings to discuss ways to improve the work environment) appear to improve workers’ health and wellbeing and reduce sickness absence.

Flexible working is a way of working that suits an employee’s needs, such as having flexible start and finish times, or working from home. Greater flexibility within a role can increase the sense of control that an individual feels at work and provide opportunities to improve work-life balance, an important feature of good health that is less evident among those in more junior job grades. Flexible employment can reduce barriers to employment for people with caring responsibilities and health conditions. However, flexibility should not come at the expense of job security (for example, with zero hours contracts). Organisations that offer flexible working, such as Digital Outlook Communications, report both health and business benefits.
There is strong evidence that effective line management can improve employees’ health, wellbeing and performance. Good line management focuses on effective and open communication with employees. It requires: an ability to identify people with health conditions (especially to recognise the early signs of mental health problems); an ability to support people with health conditions; an understanding that the health and wellbeing of employees is the manager’s responsibility; and action to adapt working practices or job roles where necessary.

Employee engagement is associated with better mental and physical health and with many other aspects of a good psychosocial environment – for example, staff participation and good line management. The Gallup Management Journal employee engagement index survey of American employees found that among engaged employees, 62% feel their work lives positively affect their physical health, this falls to 39% among not-engaged employees and 22% among actively disengaged employees. Artizian Catering Company partially attributes the success of its health and wellbeing programme to its shared company vision and other factors likely to increase employee engagement.

**BOX D**

**Engagement through a shared company vision**

Artizian is a medium sized catering company which maintains a strong focus on the health and wellbeing of their staff.

**Description.** Artizian has a strong belief in a shared company vision, integrating employees’ views into its work strategy, and making all senior management known to all workers, keeping them visible and seen to work. The company offers yearly health and safety training for all staff, rather than the statutory requirement of training every three years. Artizian has highly visible policies on stress at work and seeks to ensure that staff are aware that their health will be a priority. The company employs a consultant and a nutritionist to monitor sickness and provide advice to staff. Its sickness benefits are comparable to similar companies, though staff do not often use these benefits, instead depending on other forms of support offered.
Artizian attributes the main elements of its success to:

- providing learning and development opportunities for staff at all levels
- committing to its values, even when times are difficult, including looking after redundancies and not cutting the training budget
- with permission, liaising with GPs to provide support to get employees back to work
- consulting with staff beyond formal statutory requirements
- rewarding the ‘employee of the month’ with a day off
- recruiting staff who hold similar values to the company and training managers to understand the company’s values and its benefits

**Impact.** Artizian won the 2009 health, work and wellbeing award at the National Business Awards, for improving the health and wellbeing of the workforce in a way that also benefits the organisation. The company and its employees have low levels of accidents, low staff turnover at all levels and low levels of sickness absence. This demonstrates that there are inexpensive methods to meet employees’ psychosocial needs and provide a healthy workplace.

Developing staff using in-work **training and development** opportunities, as Artizian has done, makes them more likely to be engaged and develops job satisfaction and performance. **Ensuring that employees are sufficiently rewarded for their efforts** (for example though adequate pay, personal recognition, career promotion and skill development) are other features of a good psychosocial working environment.

**Reducing stress and improving mental health** is particularly significant to employers, employees and health services as 39% of the 27 million days lost to work-related sickness absence in 2011-12 were due to stress, depression or anxiety. Work-related stress and mental ill-health are more common among those in more disadvantaged socioeconomic positions. Therefore, workplace programmes to reduce stress are likely to contribute to reducing health inequalities.

**Conclusion**

There is evidence that psychosocial working conditions can be improved in a variety of ways. Interventions can aim to increase employee control over their work; address the effort-reward imbalance; focus on greater employee participation in decision-making; or provision of line management training. There are also indications that effective leadership and good relationships between leaders and their employees is important; as is employee engagement, ensuring employees are committed to the organisation’s goals and motivated to contribute to its success.

Measures which help to tailor job circumstances to individual needs may also help to promote workplace wellbeing, including providing staff with the in-work training and development they need to develop job satisfaction; and greater flexibility within a role to increase an employee’s sense of control and allow them to improve their work-life balance. Finally, interventions to reduce stress and improve mental health at work can play an important role in the suite of interventions to improve workplace wellbeing, as these are leading causes of sickness absence.

Seeking the views and feedback of employees can ensure actions are effective, as it identifies health needs, empowers and engages employees and collects information that helps with the monitoring and evaluation of an intervention. Committed and engaged leadership at senior levels
contributes to the success of a workplace health and wellbeing programme, and increases the likelihood that it is sustainable. Strategic alignment with the company’s identity and aspirations is another aspect of successful health and wellbeing interventions.31

It is important that interventions are available to everyone, that all employees are made aware of the opportunities through effective communications and that all employees are considered during the design of the intervention. This is particularly true for temporary or fixed term workers and in organisations with high numbers of semi-skilled or unskilled manual workers.

References


