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Health Promotion in the Workplace

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Introduction

The need for discussion on health promotion and delivery in the workplace at this time is not unique but also a duty that must be taken up by those trained to take up the responsibility including, Health and Human Kinetics Educators and other health workers. This conference is apt at this time because presently in our country, the high levels of work-related psychosocial burdens, such: as poor employee-employer relationship, job dissatisfaction, work-family imbalance; economic burdens, such as poor remuneration, delayed salaries, high health cost etc; work demand burdens, such as high effort-low reward and high demand-low control, and poor occupational health and safe workplaces, such as the compromised physical environment for work, have exacerbated workers' health with its concomitant low productivity outcomes.

In recent times more frequent cases of sudden death or what we now commonly referred to as "Slump and die" have been on the increase in our society and workplaces. The situation, directly and indirectly, points to the fact that a lot of workers are stressed up and do not even know it. Work-related illnesses, injuries and industrial accidents occasioned by the inappropriately built environment and poor safety standards have also been on the increase (Eroke, 2013). Worldwide, inflation of the health care cost has consequently increased as a result of the rising incidence of illnesses motivated by unforced sedentarity from new technologies in workplaces (Chenoweth, 2011).

Findings indicate that globally, the major priority issues driving health promotion programmes were stress and physical activity/exercise (95%), nutrition/healthy eating, and work/life issues (95%), Obesity/weight management and depression/anxiety (93%) access to health care services (92%) in that order (Buck Consulting, 2018) and that in Africa, Stress ranked first Infectious diseases, HIV and AIDS ranked second, work/life issues, physical activity, depression and workplace safety ranked third, fourth, fifth and sixth in that order (Kristen, 2012). Unfortunately, the general global trend in workplace health promotion (WHP) shows that aside the United States of America, whose employers have continued to promote WHP, the developing countries Nigeria inclusive were still upcoming in effective and comprehensive in promoting health in workplaces.

Taken from the above report, it becomes imperative that health promotion strategies and action plans assume key priority for improving the quality of life of the worker and consequently on work productivity. Therefore, addressing holistically the issue of workplace health promotion from diverse perspectives with the view to charting a new course of action will define a new era in health promotion interventions and programmes. Additionally, this holistic approach will not only inform the creation of new knowledge but also will contribute to the development of innovative actionable plans that will bring about the desired health behaviour change and work environment that is culturally responsive and sensitive ultimately necessitating the achievement of comprehensive and sustainable healthy workplace characterized by positive workers' health, job satisfaction and productivity.

The history of WHP dates back to the 1940s from individual business owners who sought to improve the health of their executive members to corporations that sought to improve productivity by improving the personal health of workers. The successful impact of workplace programmes up till the late seventies necessitated its focused interest in health promotion by governments and the World Health Organization (WHO) on a global scale. Consequently, the first international conference on health promotion held in Ottawa Canada in November 1986, fashioned what is today known as The Ottawa Chatter for Health Promotion with five cardinal focus of health promotion namely: i. build healthy public policy, ii. create supportive environments, iii. strengthen community actions, iv. develop personal skills, v. reorient health services. At present, the concept and practice of health promotion have revolutionized and redefined our understanding of health in modern-day society.

Recognizing this importance, the Fourth International Conference on Health Promotion in Jakarta, Indonesia in 1997, focused entirely on Healthy workplaces, consequently upscaling global attention and interest to health promotion in the workplaces.

The thrust of this paper is therefore to explore the tenets of evolving comprehensive and sustainable healthy workplace health promotion activities that integrate health behaviour change and organization of work in the workplace that will ensure optimal health for workers as well as their health protection as evidenced in the provision of favourable clean and safe work environment.

The presentation also outlines pathways through which health providers especially health educators, Human Kinetics Educators and allied practitioners should spearhead advocacy, enablement and mediation as the

three basic preconditions for a secure foundation in Health Promotion in the contest for the attainment of a comprehensive and sustainable healthy workplace.

To further facilitate the discussion, it, therefore, becomes imperative to clarify and situate some key concepts in the theme of this conference from diverse perspectives to enable all align with the current understanding of these concepts for ease of interaction.

Health and the modern perspective on health

Since the classical definition of health by the World Health Organization in 1948 as a state of complete physical, social and mental wellbeing, and not merely the absence of disease or infirmity, some other modifications have followed as a result of many criticisms that the definition was too utopic and the realization that the dimensions of health are much more than three as identified.

Since this classical definition, various perspectives and additions have emerged about the definition by the WHO. For example, according to Nutbeam (1998), the meaning of health was further expanded to include the spiritual and emotional dimensions and further recognizing health as a resource for everyday living and as a fundamental human right. The Ottawa *Charter for Health Promotion thus asserts that within the context of Health promotion* "health has been considered less as an abstract state and more as a means to an end which can be expressed in functional terms as a resource which permits people to lead an individually, socially, and economically productive life. Accordingly, the WHO reviewed its earlier definition of health and viewed it as a resource for everyday life, not the object of living. It is a positive concept emphasizing social and personal resources as well as physical capabilities." (Ottawa Charter for Health Promotion. WHO, Geneva, 1986).

Another perspective on health was that offered by Arnold and Breen (2006) who identified the characteristics of health not only as wellbeing but also as ***a balanced state, growth, functionality, wholeness, transcendence, and empowerment and as a resource***.

Yet another perspective (Sartorius, 2006) describes health as "a dimension of existence that remains in existence regardless of the presence of disease". Although related to Arnold and Breen's (2006) explanation, Sartorius explained health as a state of balance, an equilibrium that an individual has established within himself and between himself and his social and physical environment. This is indeed an ecological perspective on health that emphasizes the interaction between and interdependence of factors within and across levels of a health problem. This ecological perspective highlights people's interaction with their physical and socio-cultural environments and holds that health is a balanced state between the individual (host), agents (such as bacteria, viruses and toxins), and the environment is one of the most familiar. This ecological perspective made way for another dimension of health known as optimal health: a dynamic balance of physical, emotional, spiritual and intellectual health, which is the basis for health promotion because it encompasses the element of life that are typically important to people.

Health Education (HE) and Health Promotion (HP): Untying the sphere of the coverage question

Researchers in health practice have long been enmeshed in the controversial question relating to which of these concepts commands a greater scope of coverage in the health delivery system. This clarification has become necessary as there still appears to be a misperception about resolving the question. WHO (2019) had expressed concern about the situation when it acknowledged that at present, HP was and is still used as an equivalent for HE. Two schools of thought have emerged in defence of the respective positions. One school of thought believe that HE has greater coverage and applicability and argued that health promotion is an aspect of HE since it fundamentally emerged from Health Education which has been in existence for more than a century (Chen, 2001). The other school of thought claims that the coverage of HP is more comprehensive and encompassing beyond the mere delivery of health awareness which is just one of the several components of HP (O'Donnell, 2017).

While being cautious in taking sides, I want to submit that for all intent and purposes, the two concepts are like 'two sides of a coin' for which none can succeed without the other.

Health Education

The recognition that individual behaviour plays a pivotal role in the development and maintenance of many health problems gave momentum to the development of health education as a professional and scientific field. Health education is therefore a deliberately structured discipline or profession that provides learning opportunities about health through interactions between educators and learners using a variety of learning experiences. According to Koelen and Van den Ban (2004), there is ample evidence that behavioural and lifestyle

factors, such as diet, substance abuse (e.g. alcohol and drugs), sedentary work and leisure, and reckless behaviour contribute to the development and maintenance of these disorders. Change in such behaviours can have a major preventive and health-enhancing value. Health education aimed to make individuals aware of the negative consequences for the health of their behaviour.

Health Promotion

Health promotion essentially aims at helping people change to more healthy lifestyles (behaviour Change) through public participation in various efforts to enhance awareness and create environments that support positive health practices that may result in reducing health risks in a population. The meaning of health promotion has continued to evolve. Smith, Tang, and Nutbeam (2006); O'Donnell (2017) noted that continuous modification of the definition derives from emerging issues on new knowledge, method of diverse discipline and informed new evidence about health needs and their underlying determinants.

The Ottawa Charter for Health Promotion (1986) defined health promotion as the process of enabling people to increase control over, and to improve, their health. According to the definition of the Ottawa Charter, in health promotion, the purpose of an intervention is to meet health needs. That is, to increase the control the target has over the factors influencing their health.

O'Donnell, has extensively and progressively revised the definition of HP four times between 1986 and 2009. O'Donnell (2017). "Health Promotion is the art and science of helping people discovers the synergies between their core passions and optimal health, enhancing their motivation to strive for optimal health, and supporting them in changing their lifestyle to move toward a state of optimal health. Optimal health is a dynamic balance of physical, emotional, social, spiritual, and intellectual health. Lifestyle change can be facilitated through a combination of learning experiences that enhance awareness, increase motivation, and build skills and, most important, through the creation of opportunities that open access to environments that make positive health practices the easiest choice" (O'Donnell, 2009).

Who is the Health Promoter, The behaviour Changer, Health Consultant and Health Care Provider?

The health promoter does not have the right to impose change on the target, and it is the target who decides the ideal behavioural outcome. That people make a specific decision (or act in a specific way) is not the goal but rather that they have the knowledge, skills, resources, and opportunities to take the action they choose, and they understand the consequences of those actions for their health or the health and well-being of others. Once those needs are met, the health promoter's job is done.

The behaviour changer, on the other hand, assumes the right to say what the best behavioural outcome is. However, they must still operate through needs, although they are more likely to be defined normatively and may include limiting opportunities to take risks as well as meeting needs for taking precaution (for example, supplying resources). The behaviour of changer's job is not done until the population conforms to their prescribed behaviour(s).

Health Behaviour

Behaviour (actions deliberately) directed at promoting, protecting, and maintaining health, as well as reducing disease risks and early death. It includes personal attributes such as beliefs, expectations, values, perceptions, prevention, behaviour patterns, actions, and habits that relate to health maintenance, restoration, and improvement. Living conditions, eating habits, exercise habits, and other activities are undertaken to prevent disease are also relevant (Bedworth & Bedworth, 1992; Glantz, Lewis, & Rimer, 1990; Green & Kreuter, 1999).

Health Care Provider

A health care provider is anyone who takes care of a person needing some form of medical or psychological help. Nurses, physicians, dentists, paediatrists, health educators, physical therapists, occupational therapists, psychologists, paramedics, optometrists, practical nurses, nurse practitioners, physician assistants, village health workers, dental hygienists, speech therapists, dietitians, nutritionists, and certain health care corporations are all health care providers.

Health Consultant

Health consultant is a technical expert in the field of health education, health promotion, health administration, or health services who influences planning and advising on health matters but no direct power to make changes. Health consultants may be called in by private health organizations, schools, colleges, government health departments, and ministries of health in foreign countries to work with committees and health professionals advising on health matters and possible programmes or projects to be planned and implemented.

Health Education Practice: The application of knowledge and skills based on educational theories to promote health and lifestyle changes in the target population.

Why Health Promotion?

The need for Health promotion lies in the roles it plays with regards to:

- changes in attitudes,
- increased awareness and knowledge,
- lowered risk for certain health problems,
- better health status, and
- improved quality of life.

Cycle for Effective Health Promotion Programme

- needs assessment,
- problem identification,
- development of appropriate goals and objectives,
- creation of interventions,
- implementation of interventions, and
- the evaluation of outcomes or results

Where should health Promotion Take Place?

Health promotion programmes are designed to work with a **priority** population (in the past called a target population) - a defined group of individuals who share some common characteristics related to the health concern being addressed. Programmes are planned, implemented, and evaluated for the priority population. Although the WHO 1998 identified only four settings of Schools, Workplaces, Health Care organizations and Communities for HP to take place, O'Donnell (2017) identified eight settings where health promotion can occur. They include:

i. the community
ii. hospitals, clinics,
iii. religious centres such as churches, mosques, temples etc
iv. organizations such as the YMCA and YWCA,
v. community wellness centres,
vi. schools,
vii. social clubs, and
viii. worksites or workplace.

What are the Practice contexts for Health Promotion?

According to Gorin and Arnold (2006), specific areas for the practice of health promotion includes:

i. Eating well
ii. Physical activity
iii. Sexual Health
iv. Oral Health
v. Smoking cessation
vi. Substance abuse
vii. Injury prevention
viii. Violence prevention
ix. Disaster preparedness
x. Organizational wellness
xi. Enhancing development

Health Promotion Approaches

According to Laverack (2014), the most commonly professionally recognised approaches include:

- the medical approach;
- the educational approach;
- the behavioural/lifestyle approach;
- the lifespan approach;
- the socio-environmental approach;
- the health inequalities agenda; and
- the ecological approach.

The medical approach is primarily concerned with the treatment of illness among high-risk individuals, those persons whose genetic predisposition, behaviour or personal history place them at statistically greater risk of disease. Despite the evolution of competing approaches, it remains dominant within health bureaucracies because it has the advantage of focusing on the individual (Scriven, 2010). Health promotion programmes that use the medical approach focus on preventing an illness, disease or medical condition; for example, the promotion of immunization to prevent the spread of measles.

The educational approach.

The educational approach helps individuals and groups to make an informed choice by using awareness-raising techniques. The educational approach focusses on the transfer of knowledge on a particular health issue: for example, information about the symptoms of diabetes.

Fear appeals.

A fear appeal involves threatening the target audience with harmful outcomes for starting or continuing a particular high-risk behaviour. Fear appeals can sometimes be effective when they are combined with an easy solution to rectify the harmful high-risk behaviour.

The behavioural/lifestyle approach.

The behavioural/lifestyle approach became increasingly central to health promotion in the late 1970s through campaigns around smoking, alcohol abuse and physical inactivity. In practice, the lifestyle approach continues to place strong emphasis on the responsibility of the individual and the importance of education.

The lifespan approach.

The lifespan approach to health promotion focuses on how our needs and bodies change throughout our lives. The approach is based on providing appropriate interventions at the different stages of a person's lifespan to promote health and wellbeing (Hubley & Copeman, 2013). Age in years is most often used in the lifespan approach, although there is some overlap between the different stages in health promotion programmes.

The socio-environmental approach.

The socio-environmental approach focuses on society and how it can change to promote people's health by addressing their social and environmental conditions. The socio-environmental approach also addresses the distribution of resources and engaging with people to influence policy decisions. Collective empowerment is a central strategy to enable people to have more of a 'voice' about their health and health care, and also to be able to take action if this does not meet their needs and expectations.

The health inequalities agenda.

Health inequity is shaped by deep social structures and processes and can be enhanced by social norms and government policies that tolerate or promote the unfair distribution of and access to power, wealth and social resources (WHO, 2008). Health inequity is a difference (an inequality) in health that is significant in the number of people affected, preventable through policy or another intervention and not an effect of freely chosen risk.

Lifestyle drift.

Health promotion programmes sometimes start with a commitment to address the health inequalities agenda only to 'drift' inevitably to much narrower lifestyle interventions.

The ecological approach.

The ecological approach is based in part upon the understanding of human ecology as the interaction of culture with the environment. The approach encompasses culture and the biosphere, which ultimately is our living planet. Health is understood in its holistic sense, so the health of the individual is at the centre of the ecosystem and has a body, mind and spiritual dimensions. The approach has system levels extending outwards from the individual representing the family, the community and its built environment, and the wider society and natural environment, exemplified by culture and biosphere.

Health Promotion Theories

Health promotion theory originates from the social and behavioural sciences drawing on knowledge from psychology, sociology, management, marketing, community development and the political sciences.

Programme Purpose	Theories or Models	Explanation
Communication and motivational strategies to achieve awareness raising and behaviour change focused on the individual.	• Health belief model • Reasoned action and planned behaviour change • Stages of change model	These theories use health education and the importance of self-belief in one's ability to change behaviour, the development of personal skills and the importance of perceived norms and social influences on the individual such as the role of family, friends and peer groups.
Communication and motivational strategies to achieve awareness-raising and focused on small groups.	• Social cognitive theory • Health literacy mode • Behaviour change theory • Social marketing theory	
Community action for health.	• Community organisation and mobilization theory • Diffusion of innovation theory • Empowerment theory	These theories provide opportunities for community-based intervention and empowerment, and for addressing the broader socio-economic determinants of health.
To influence the development and implementation of the policy.	Theories for making and influencing healthy public policy	These theories provide a framework to intercede in the policy-making process, to deliver and to change decisions.

Laverack (2014)

Workplace/Worksite/Organization What are they?

Workplaces are anywhere that people are employed — business and industry (small, large, and multinational) as well as governmental offices (local, state, and federal).

The current trends in WHP initiatives, projects, and research, are that:

i. There is increasing recognition and acceptance of the term 'workplace wellness' as an important and integral process of promoting workers health.

ii. research is still predominantly focusing on individual lifestyle behaviours, such as fitness, weight control, smoking cessation, etc. compared to the organization of work.

iii. Creating a better balance between work and home as well as a focus on mental and physical health, including stress management and injury prevention, have also been major current trending areas in workplace health promotion.

iv. Finally, trending also is the increasing need for evaluation of WHP programming economics, cost-benefit analysis and health cost.

Workplace health promotion (WHP) also variously referred as worksite wellness and/or, Employee health and productivity programme, health and well-being, health enhancement have been interchangeably used to connote similar meaning (Sparling, 2010) and sometimes have been defined differently. According to Kramer and Shain (2004), some perspectives saw WHP as efforts to enhance the health of workforce through personal actions of workers that engender health behaviour change, while others view the concept as the process of promoting health outcome by the work environment. Yet some authors view WHP as interventions conducted at the place of employment or sponsored by employers to benefit employees and their families, a high percentage of whom may not otherwise participate in health promotion programmes.

Employers have found that it makes financial sense to encourage and support employees' healthy practices. As a result, employers, both on their initiative and sometimes because of federal regulations administered by the Occupational Safety and Health Administration, have been active in creating safe and drug-free workplaces. As employers become aware that behaviours, such as smoking, lack of physical activity, and poor nutritional habits adversely affect the health and productivity of their employees, they are providing their employees with a variety of workplace-based health promotion programmes.

To appreciate the dynamics associated with the understanding of workplace health promotion, it is important to explain the contexts for the delivery of WHP. Shain and Kramer (2004) identified two philosophical positions in defining the concept of what health is and how it is influenced in the context of Workplace Health Promotion (WHP). The first position presents health as principally the creation of individual behaviour and as an individual responsibility. Although the roles of Genetics and environment are acknowledged to some degree, the type of health promotion emanating from this view emphasizes individual behaviour as the target of interest. As a result, the workplace is seen as a venue through which various programmes can be delivered, such as fitness, stress management, nutrition/weight reduction, smoking termination, alcoholic intake reduction. On the other hand, the second philosophy views health as being influenced by several forces, the majority of which are outside the control of the individual and the environment. This school of thought focuses on the role of the environment in determining health outcome in the view as health protection. As a result, the workplace is taken as an influence on health in its own right. Health protection, therefore, describes the implementation of strategies that focus on environmental rather than behavioural determinants of health. Emphasis is therefore on providing a wholesome environment in the hope of protecting the health of individuals and communities. Specific areas targeted in today's society may include environmental hazards, such as toxic waste sites, industrial chemicals, and exposure to lead, air pollutants, and radon; food and drug safety, with special attention to pesticide residues and microbial contamination; occupational health and safety, such as: wearing protective clothing, goggles, and gloves when working with dangerous chemicals; and monitoring workplaces for emerging hazards.

These two philosophies have been the driving force in the practice of health promotion. However, given that both philosophies have provided pathways through which health promotion can be practised in the workplace, isolating them differently have resulted in deficient health promotion outcome.

This realization has led to the current concept of WHP that is all-embracing, the integrated model of Workplace Health Promotion known as the **Comprehensive and Sustainable Workplace Health Promotion (CSWHP)**. CSWHP reflects the delivery of sustainable health strategies and actions that integrates into a dynamic balance the three ideal components of workplace health promotion namely: Occupational Health and safety, Voluntary Health practices and Organizational Culture (organization of work)

Health Promotion in Workplaces as Distinct from Other Places such as Schools, Churches, Social Centres

What are the issues?

- In Nigeria, emphases are yet to be directed at health promotion in workplaces.
    - Reasons include lack of policy to initiate that such promotion
    - Lack of pollical will to implement existing laws of workplace health promotion.
    - Poor recognition of the drivers of the Workplace Health Promotion.

The *workplace* is an important setting for *health* protection, *health* promotion and disease prevention programmes.

Why is the workplace the most important place for Health Promotion?

1. Why have the Workplace Health Promotion programme important? According to Aldana (2019), seven reasons why Workplace Health Promotion programme is important in any organization includes:
    i. An integrated means to improve workers health behaviours. Workplace health promotion programmes are good at helping people adopt and maintain healthy behaviours. Healthy behaviours

lead to lower health risks, and lower health risks lead to less chronic disease. With less chronic disease employees have fewer health care costs.

ii. Reduce elevated health risks. The programme enables workers to adopt healthy behaviours such as healthy nutrition and exercise that reduce high blood glucose, cholesterol and blood pressure.

iii. Reduce health care costs: Comprehensive workplace health promotion programmes that improve employee behaviours will see a bending of the healthcare cost trend. Most often they will discover that the savings from programme participation will be greater than the actual cost of the programme.

iv. Improves productivity: Poor employee productivity can be defined as physically being at work but not working. This type of poor productivity is called presenteeism. It is estimated that the cost associated with presenteeism due to poor employee health is at least 2 to 3 times greater than direct health care expenses. One of the main causes of presenteeism and therefore low productivity is poor health. In short, unhealthy individual lifestyle choices may result in substantially higher levels of lost productive work time.

v. Can decrease absenteeism:
   i. Workers with good health behaviours have lower absenteeism.
   ii. Workers who can control their stress have lower absenteeism.
   iii. Workers with healthy blood pressure, cholesterol, and glucose have lower absenteeism.
   iv. Workers who are not overweight or obese have lower absenteeism.

vi. Can Help improve workers' recruitment and retention: Personnel is the most important asset in every organization. Workplace health promotion programmes do have a strong impact on retention. Retention is the ability a worksite has to retain its workforce.

vii. Build and assist to sustain high workers' morale

How Can Workplace Health Be Effectively Promoted?

- The role of enunciating sound health policy for workplace
- The role of professional health workers
- The role of health educators
- The role of employers of labour

Conclusions

Although health promotion can take place in diverse settings, such as the school, recreational/ entertainment centres, religious centres, hospitals, city, island and marketplace The workplace has remained a key priority setting for health promotion because the health of the working population is reflected in a healthy workforce which is vital for sustainable and economic development on global, national and local levels (WHO, 2019). Moreso, the workplace environment or organization of work unleash an independent influence on the health of workers as well. The organization of work reflects the psycho-social and physical environment at work, organizational culture and structure, the pace of work, noise, hazardous conditions, harassment, or abuse represent realities of work-related experiences that count on workers' health (Burton, 2010). Also, whilst investment for the health of working population have been on large scale businesses, informal work settings, small-scale and microscale enterprises are becoming progressively important as new settings for work, national stability and economic growth.

Recommendations

Based on the reviews in this paper, the following recommendations are made for priority WHP research projects which could be undertaken with partners.

1. There is a need to develop a business case by stakeholder for WHP based on strong empirical evidence and in collaboration with several stakeholders including researchers, practitioners, and decision-makers.

2. Facilitate a WHP project focusing on comprehensive ecological approaches which recognize that personal health behaviours relate to intrapersonal, interpersonal, and broader environmental factors (i.e. supportive environments, managerial practices, structural factors, etc.).
3. Develop WHP models applicable to many workplaces and employees (i.e. small businesses, non-traditional workers, etc.).
4. Strengthen the evaluation of current and future WHP projects.
5. Increase the use of multiple research methods, including qualitative research, to study physical and mental health issues, and the changing workplace.
6. Assess WHP policies at both government and business levels.

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