

## Editorial

# Promoting a healthy workplace

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In general, hospitals and health services (H&HS) are relatively unhealthy workplaces for staff members, who may experience various physical and psycho-social burdens during work hours. Thereby, H&HS can aggravate the health of their staff. It is therefore necessary to focus on promoting healthy workplaces in all H&HS.

Promoting healthy workplaces includes three main components, all of which ultimately fall under the responsibility of management. There are three main components, which are vital to support and develop:

- A healthy and safe workplace
- · Staff training in health promotion skills aiming at better health gain for patients and community
- Health promotion activities for staff

### Standards for promoting healthy workplaces

H&HS workplaces are subject to national and international working environment acts, but an effort to enhance the focus on the working conditions of the staff is often needed. Thus, to do more and to do better in relation to working environments, action needs to be facilitated at all levels. To do just that, both nationally and internationally, the World Health Organisation (WHO) and the International Network of Health Promoting Hospitals and Health Services (HPH) have included basic promotion of healthy workplaces in their standards and indicators for health promotion in hospitals (1). Five standards were developed and evaluated in real-life settings in close collaboration between WHO and HPH. The fourth WHO/HPH Standard deals directly with promoting a healthy workplace.

Clin. Health Promot. 2012; 2:43-4 An important outcome of this work has

been that the standards and indicators are directly and easily implementable in a vast majority of settings. After an evaluation of the WHO/HPH Standards, a majority of the test centres recommended the standards for other hospitals to use (2).

The first of the WHO/HPH standards addresses management policy. Here, implementation of a written policy for health promotion aimed at patients, relatives and staff is included (1). All HPH members have signed up to develop a written policy for health promotion and support the implementation of a smoke free hospital / health service as a key action area. The HPH network in Montreal has published a guide for this work as well as good examples of health promoting policies (3).

#### A healthy and safe workplace

H&HS are in themselves dangerous workplaces. For instance, they are relatively noisy environments to be in, they often require contact with chemicals, radiation, viral hazards and other potentially harmful factors. Also, the work is often physically demanding and includes unhealthy postures, prolonged standing and heavy lifting. On this basis, the risk of work-related injuries and infections is high - in spite of preventive strategies (4;5).

In this issue of Clinical Health Promotion, Baslaim and co-authors from Saudi Arabia have published a study on surgeons, Hepatitis B vaccination and infection. They have showed that a written policy and guidelines are not sufficient and they recommend access to vaccination programmes for all risk-prone health care workers and follow-up by education (6).

Another important factor is the psychosocial burden on H&HS staff, which is just as considerable as any of the physical factors mentioned above. H&HS staff are



## Editorial

faced with working conditions that can include night shifts, lack of influence on planning of work, high expectations from patients, relatives and management - as well as striving to meet one's own high ambitions of solving all problems, smoothing out the patient pathways and leaning the administration without feeling/showing stress and burn-out (7). In this issue of Clinical Health Promotion, Sounan and colleagues from Canada present their study on quality work life (8).

On top of all this, in these times of financial austerity, the psycho-social burden may be further aggravated by speculations on budget cuts and employment security on one hand and increased patient flow demands on the other.

#### Staff training in HP skills

According to the WHO/HPH Standards, an important part of promoting a healthy workplace is to secure teaching and training of staff in patient-aimed health promotion (1).

Trained staff members are the key persons to systematically reach out to patients in need of health promotion as part of their clinical pathway. Such training has immense effect on success rates. For instance, the success rate doubles when a specially trained nurse offers health promotion activities such as smoking cessation intervention to emergency patients (9).

#### Health promotion activities for staff

WHO/HPH standard four on promotion of a healthy workplace reflects the fundamental importance of supporting staff to lead healthy lives in and outside the workplace. This includes, for example, availability of smoking cessation programmes, provision of physical training facilities and so forth. By offering healthenhancing choices to staff, H&HS not only support the staff members to be healthier; they also help them advocate healthy living, which in return ends up benefiting patients. An example of this is a study showing how smoking staff members unfortunately tend to be

less likely to introduce smoking cessation intervention to their smoking patients. In addition, staff members who smoke seem to have a heightened tendency to overlook risky alcohol intake and overweight among patients (10). Thus, a staff-oriented health promotion policy can help improve the survival rate among patients (11).

All in all, promoting and securing healthy workplaces, with all that this includes, is important for staff members, patients and communities. This issue of Clinical Health Promotion provides further inspiration and insight into the important theme of healthy workplaces, and helps showcase how to lead the way towards doing better.

#### References

- (1) Groene O. (ed) Implementing health promotion in hospitals: Manual and self-assessment forms. Division of Country Health Systems, WHO Regional Office for Europe. 2006.
- (2) Groene O, Alonso J, Klazinga N. Development and validation of the WHO self-assessment tool for health promotion in hospitals: results of a study in 38 hospitals in eight countries. Health Promot Int. 2010; 25:221-9.
- (3) Lagarde, F. Guide to Develop a Health Promotion Policy and compendium of policies. Montréal: Agence de la santé et des services sociaux de Montréal (2009). (ISBN 978-2-89510-320-2). www.hphnet.org/attachments/article/16/Guide\_standard1\_English.pdf
- (4) MacCannell T, Laramie AK, Gomaa A, Perz JF. Occupational exposure of health care personnel to hepatitis B and hepatitis C: prevention and surveillance strategies. Clin Liver Dis. 2010; 14:23-36.
- (5) Gabriel J. Reducing needlestick and sharps injuries among healthcare workers. Nurs Stand 2009; 23:41-4.
- (6) Baslaim MM, Al-Khotani MA, Al-Qahtani SM, et al. Surgeons, Hepatitis B vaccination& infection. The need for supportive health centre policy: A questionnaire-based survey. Clin. Health Promot. 2012; 2:45-50.
- (7) Piko BF. Burnout, role conflict, job satisfaction and psychosocial health among Hungarian health care staff: A questionnaire survey. Int J Nurs Stud. 2006; 43:311-8.
- (8) Sounan C, Lavigne G, Lavoie-Tremblay M, Harripaul A, Mitchell J, MacDonald B. Using the Accreditation Canada Quality Worklife revalidated Model to predict healthy work environments. Clin. Health Promot. 2012; 2:51-8.
- (9) Backer V, Nelbom BM, Duus BR, Tønnesen H. Introduction of new guidelines for emergency patients: motivational counselling among smokers. Clin Respir J. 2007; 1:37-41.
- (10) Willaing I, Jørgensen T, Iversen L. How does individual smoking behaviour among hospital staff influence their knowledge of the health consequences of smoking? Scand J Public Health. 2003; 31:149-55.
- (11) McKee M. In: The evidence for health promotion effectiveness. Report for the European Commission by the International Union for Health Promotion and Education. Brussels, 2000.