

The components of an effective employee health and wellness programme in healthcare workers

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Background. Healthcare workers (HCWs) are the predominant resource within any health system. Strengthening the health workforce requires ensuring optimum care of their health and wellbeing. This study will examine the published literature on this topic.

Objective. To identify the components of a workplace wellness programme for HCWs.

Methods. Major databases were searched for articles looking at components of health and wellness programmes for HCWs over a 10-year period. Selected articles were collated and summarised to form the basis of this review.

Results. This study found sparse literature on this topic. There are a number of legislative requirements related to occupational health services (OHSs). Employers should also explore opportunities to improve the health, wellbeing and lifestyle of workers within the working environment. This would require an adjustment of mindset to care for caregivers beyond the traditional OHS, and the inclusion of employee health and wellness programmes (EHWPs) within existing OHSs. Therefore, there is a need to generate evidence for the development of essential components of an EHWP to provide care for HCWs according to their needs. This would also provide insight into current EHWPs arising from policy and legislation, and would have the potential to transform them into more effective and efficient programmes by addressing the burden of disease and enhancing the benefits of providing healthcare services for HCWs.

Conclusion. There remains a gap in evidence regarding health and wellness programmes targeted at HCWs that cater for their unique healthcare needs.

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International health and labour organisations have highlighted the paramount importance of workers' health in improving the productivity and sustainability of organisations.^[1] Workers who have health problems are more likely to be absent from work, and are at risk for injuries on duty, occupation-related diseases and the development of lifestyle diseases. Lifestyle diseases linked to obesity, such as diabetes, heart attacks, strokes and many cancers, lead to early death or retirement, high absenteeism, and low productivity, which cost South Africa (SA) 6.87% of gross domestic product in 2017.^[2] Therefore, legislation has been put into place in many countries, including SA, to protect workers' health.^[1] In SA, the Occupational Health and Safety Act No. 85 of 1993, the Employment Equity Act No. 55 of 1998 and the Labour Relations Act No. 66 of 1995 are some of the laws that govern legislation regarding workers' health and safety.^[3-5] In addition to the legislative requirements, employers should also explore opportunities to improve the health, wellbeing and lifestyle of workers within the working environment. This will require an adjustment of mindset to care for caregivers beyond the traditional occupational health services (OHSs), and the inclusion of employee health and wellness programmes (EHWPs) within existing OHSs.

Methods

A literature search was performed to identify relevant articles using major online databases including Google Scholar, PubMed and WorldCat. Articles included in the review were published in English between January 2008 and December 2018, and were judged to be of good quality and of relevance to the topic. A combination of search terms and relevant keywords was used, and articles were identified on the basis of the title and abstract. Full text articles identified were retrieved, and these articles provide the basis for this review. Key points emerging from each article were synthesised and summarised.

Results

Burden of disease among health workers

As healthcare workers (HCWs) taking care of a sick population, we need to ensure that the healthcare needs of our employees are prioritised. The following risk factors have been identified among HCWs: smoking; dyslipidaemia; obesity; family history of hypertension; poor eating habits (such as low fruit or vegetable intake, excessive fat or sugar intake); consumption of more than the recommended amount of alcohol; and suboptimal physical activity.^[6,7] Various

studies have highlighted the presence of these lifestyle risk factors, and the need for screening and for offering EHWP within medical surveillance programmes.^[8-10]

One might assume that because HCWs are educated and knowledgeable about disease, they would make healthy choices and lead healthy lifestyles. However, this may not be the case. For example, research has shown that nurses tend to be less healthy than the general public,^[11] and their lifestyles are often associated with physical inactivity, high job strain, and an increasing incidence of overweight and obesity. This might be due to a lack of motivation to make lifestyle changes,^[12] although nurses were found to be aware of the negative consequences of being overweight or obese.^[13]

Barriers to adoption of a healthy lifestyle include institutional as well as attitudinal factors. It is therefore imperative for healthcare facilities to invest in their workforce by giving health workers access to physical exercise facilities and affordable healthy food within the facility.^[8,13]

Despite the high prevalence of lifestyle diseases, there remain low levels of awareness among HCWs regarding their own health. For example, in Cameroon and SA, it was found that both doctors and nurses who were at the forefront for the fight against diseases of lifestyle were not aware of their own health risk profile.^[14,15] Therefore, there is a need to document the risk of lifestyle diseases among HCWs for assessment of their disease burden as well as for development of appropriate health promotion and disease prevention programmes.

Employee health and wellness programmes

Currently, 15% of workers worldwide have access to specialised OHSs.^[16] Within an OHS, EHWP can improve the health status of employees and reduce medical and lost-productivity costs. Such programmes have been introduced within the workplace to assist employees with health-related challenges and psychosocial stressors that often affect their work performance. It is important that EHWP are designed to meet the needs of workers, and are aligned with their specific burden of disease. These EHWP should integrate health promotion strategies to address the relevant risk factors (such as smoking, high body mass index (BMI) and unhealthy eating habits, psychological distress, physically inactive employees and alcohol use)^[17] in order to reduce absenteeism, promote good health and productivity and holistically manage employees' health and wellbeing.^[18] This would entail assessment of existing services (including identification of the structure, components and challenges of existing EHWP),^[19] followed by development and implementation of a comprehensive OHS (incorporating an EHWP) in accordance with employees' needs.^[16,20] The overall benefits of an effective EHWP include improved employee health and wellbeing, a reduction in workers' compensation-related expenses through integration of safety and health promotion, a decrease in absenteeism and presenteeism and an increase in productivity, and lastly, improved employee job satisfaction and retention.^[19]

In SA, the Department of Public Service and Administration has developed a strategy and framework for an EHWP, which consists of four pillars that affect employee wellbeing:^[21] HIV/AIDS/tuberculosis; health and productivity; occupational hygiene and safety; and wellness. However, the strategy does not elaborate how these pillars could be integrated to form a comprehensive EHWP. As a result, many institutions have implemented these pillars as vertical programmes. For example, when an HIV-positive employee is diagnosed and placed on treatment, (s)he must go through the HIV, wellness, occupational health and employee-assistance programmes separately. Therefore, there is a need for the creation of an integrated and holistic wellness programme within the workspace.

The success of an effective EHWP could be measured using the score cards developed by the Centers for Disease Control, to improve the number of evidenced-based health promotion strategies provided to employees.^[20]

Employee health and wellness programmes for health-care workers

Employee health and wellness programmes for HCWs need to take into account their long and busy hours in a stressful environment in health facilities. As a result of these factors, HCWs have often been found to have an inadequate diet and perform insufficient physical activity, putting them at risk for the development of lifestyle diseases.^[22,23] Many of these illnesses can be prevented by adopting a healthy lifestyle. However, with a busy schedule, this can be difficult. Conceptualising an effective and efficient EHWP relevant for HCWs requires an understanding of their disease profiles, risk factors and working environment. HCWs with a high BMI were found to have high levels of sickness, resulting in presenteeism.^[9,13,24] Integrating an EHWP (such as personal health behavioural intervention) within an existing OHS has the potential to improve health outcomes, especially in HCWs who are hard to reach, such as community nurses, and has the potential to improve their productivity.^[24-27]

Conclusion

Research regarding integrated approaches to the health of HCWs has been slow and sparse. There is therefore a need to generate evidence for the development of essential components of an EHWP in organisations, to provide care for HCWs according to their needs. This would also provide insight into current EHWP arising from policy and legislation, and would have the potential to transform them into more effective and efficient programmes by addressing the burden of disease, enhancing the benefits of providing healthcare services for HCWs.

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