

Promoting health and well-being in European workplaces

Background

Large-scale demographic and societal trends such as the ageing population are pushing the health of working-age people in Europe higher up the policy agenda. But what scope does Brussels have to implement EU-wide policy changes to improve the health and well-being of workers across member states, beyond the more traditional health and safety focus, and what does this mean for the role of employers?

The Directorate-General for Employment, Social Affairs and Inclusion says that health and safety at work is one of the areas 'where the EU has had the biggest impact – with a solid legal framework covering the maximum number of risks with the minimum number of regulations' (European Commission 2016). The Commission also 'works with the European Agency for Health and Safety at Work and the European Foundation for the Improvement of Living and Working Conditions to disseminate information, offer guidance and promote healthy working environments – particularly in small businesses'. Its website has a long list of areas where the Commission's 1989 Directive on the protection of health and safety at work (89/391/EEC) has had impact, for example occupational diseases and chemical agents.

However, a website article by the UK's Health and Work Policy Unit (HWPU) points to the paradox that one of the most prominent topics in the European Commission – the major challenge of chronic ill health in Europe's (ageing) population – is also one of the issues over which it 'has the least influence over what happens in individual Member States' (Bevan 2016). It acknowledges the 'increasing amount of sharing on good practice and innovation across the EU which the Commission works hard to promote', but also points out the complexity of working-age health in Brussels. While responsibility for the health and safety of workers falls to DG Employment, which can mandate regulatory change (such as working time and asbestos exposure at work to name but two

areas), 'sadly, DG Employment can only get involved in cases where health conditions are attributed or caused by work itself, which tends to edge it towards the "health and safety" agenda'. The article says that it does this 'very well' through the EU Occupational Safety and Health Agency (EU-OSHA) but, if you are of working age and have a condition such as depression, heart disease or dementia, 'neither the Health nor Employment Directorates have much to offer by way of policies or practical support – even if your work exacerbates your condition.'

The HWPU's article says that 'of course, regulation can only ever play a small part in improving workforce health, and there is an increasing amount of sharing on good practice and innovation across the EU which the Commission works hard to promote' (Bevan 2016).

Setting aside the wider role of the state and public health in people's health and welfare, this raises the question of what more European employers – in partnership with workers and their representatives if appropriate – can do to improve the health and well-being of their workforce. The UK's Chartered Institute of Personnel and Development (CIPD) has recently launched a major research and policy programme in the UK and we draw on some of its core findings to help inform the policy debate on how we can build healthier workplaces in Europe.

A closer look at EU activity to promote health, safety and well-being at work

While there may be some perceived limitations to the scope of the EU to affect substantial change in the workplace health and well-being agenda in its broadest sense, there is nonetheless a strong intention in the EU to protect workers' health and safety and maintain their well-being and monitor action by individual member states. A report by the European Foundation for the Improvement of Living and Working Conditions points out that 'policies on health and well-being are considered of primary importance to the European Union and to individual member states' (Eurofound 2015a).

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It notes that health and well-being are key elements of the Europe 2020 strategy for growth, competitiveness and sustainable development, and Directive 89/391/EEC covers measures to improve the safety and health of workers. It refers to four flagship initiatives including innovative ways to promote active and healthy ageing and the agenda for new skills and jobs for *'improved working conditions and workplaces that prioritise the health and well-being of their employees, thus reducing health inequalities, workforce shortages and absenteeism.'*

The report highlights the increasing focus on both depression and work-related stress in the EU: in 2004, the EU-level social partners agreed a European Framework Agreement on Work-Related Stress, while in 2008 the European Commission signed the European Pact for Mental Health and Well-being, in collaboration with relevant social partners and stakeholders. In 2014, a 'Joint Action on Mental Health and Well-being' was launched with support from the EU Health Programme, *'seeking to create a framework for action in mental health policy at European level'*.

The EU Occupational Safety and Health Agency (EU-OSHA), meanwhile, works to *'make European workplaces safer, healthier and more productive – for the benefit of businesses, employees and governments'* – and promotes a culture of risk prevention to improve working conditions in Europe. Its flagship awareness-raising activity is focused on 'Healthy Workplaces Campaigns', and the EU-OSHA makes available practical tools and guides to support workplaces. The 2016–17 Healthy Workplaces Campaign has four key objectives (EU-OSHA 2016a):

- promoting sustainable work and healthy ageing from the start of the working life
- preventing health problems throughout the working life
- providing ways for employers and workers to manage occupational safety and health in the context of an ageing workforce
- encouraging the exchange of information and good practice.

How do Europeans rate their health and well-being?

Eurofound's report on its fifth European Working Conditions Survey (EWCS) reports a number of interesting findings in relations to people's perceptions of their own health and well-being at work (Eurofound 2013). For example:

- 2.5% of European workers refer to 'poor general health', with almost half (47%) reporting more than two health problems, *'with a strong connection between the physical and mental dimensions'*.
- Almost a quarter (23%) of workers report low levels of well-being and should be assessed for depression, using the mental well-being index (WHO-5) designed by the World Health Organization as a measure of emotional and psychological well-being.
- Around 40% of workers say they have been absent from work because of sickness.
- A total of 41% of men and 45% of women reported having worked while ill, known as 'presenteeism'.
- Six in ten workers who declare 'very good' or 'good' health are confident they will be able to do the same job when they are 60.
- Job quality is 'strongly and positively associated with well-being', with intrinsic job quality and job prospects (such as career progression) having the most impact.
- Among the measures most associated with poor health and well-being are atypical working hours, exposure to restructuring and environmental hazards.

Eurofound's sixth EWCS, carried out in 2015 in 35 countries, provides further insights into aspects of people's health and well-being at work (Eurofound 2015b). In terms of the social and physical environment, just 10% of European workers report that they are not very well/at all informed about the health and safety risks related to their job. In general, the proportion of workers who say their health is at risk because of their work has fallen from 31% in 2000 to 23% in 2015.

People's perceptions about how psychosocial risks are managed at work are less encouraging: Eurofound reports that *'a significant proportion of workers ... are confronted with a very high level of work demands'* and that intensive work is 'quite prevalent' – 36% of workers in the EU work 'all of the time' or 'almost all of the time' to tight deadlines. The report notes that very intensive work has negative consequences in terms of mental and physical health and absenteeism, but also points out that it can be associated with better company performance and higher rewards for workers.

Eurofound's report has some interesting results in relation to social relationships at work. Noting that *'good social relationships at work can contribute to increased efficiency as well as enhanced well-being and the feeling of belonging'*, it finds that

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36% of workers say that their colleagues and 28% of managers help and support them 'all of the time', while 56% 'strongly agree' that their supervisor respects them as a person.

A European survey conducted by the EU-OSHA, meanwhile, shows that around half of workers consider work-related stress to be common in their workplace (EU-OSHA 2013). Among the most frequently mentioned causes of work-related stress are job reorganisation or job insecurity, working long hours or excessive workload, and harassment and violence at work.

The importance of holistic health and well-being

Workplace health and well-being has risen sharply up the public policy agenda over the past decade in the UK, as it has in many other European countries. The CIPD is embarking, therefore, on a long-term campaign to promote employee health and well-being (visit our health and well-being hub page at: cipd.co.uk/research/health-well-being/). With a membership of 140,000 HR professionals, a third of whom have responsibility for people management and development outside the UK, we think that our members have a vital role to play in creating healthier workplaces.

Our positioning report, *Growing the Health and Well-being Agenda: From first steps to full potential*, looks at how the changing nature of work, the workforce and the workplace is making a focus on individual well-being even more critical to broader organisational health (CIPD 2016). While most of its policy calls are specific to a UK context, much of the thinking and guidance in the report focuses on how employers can best support employee health and well-being and could help to inform workplace practice outside the UK. Many aspects of what constitutes a healthy workplace are universally applicable, even if some elements would need to be adapted to take into account different societal, cultural and employment frameworks. Here we present some of the report's key findings and recommendations.

The report notes that the growing complexity and fast-changing nature of today's workplace requires organisations to apply an even broader definition of employee well-being that takes on board almost every aspect of management practice and its impact on individuals. It advocates a holistic approach to health and well-being which involves much more than an avoidance of people becoming physically sick. A holistic approach needs to be preventative and proactive, as well as reactive, with a focus on rehabilitation back to work. Such

an approach should promote good physical health, good mental health and good lifestyle choices in enhancing employee well-being.

This broad definition means addressing a wide range of workplace factors to enhance people's well-being at work. A healthy workplace is one that includes effective policies for dealing with all of the 'people' aspects of employment, such as diversity and inclusion, communication and consultation, engagement and work-life balance, as well as the more traditional but still very important 'health and safety' agenda. Attention also needs to focus on 'good work' and the way work is organised, the degree of control and autonomy that people have over their work and the work demands they face, as well as the working environment and the organisational culture. Many of these factors are interrelated and it is only by addressing their overall potential impact on individuals that an organisation's well-being approach can be fully optimised.

This holistic and broad approach to employee health and well-being is reflected to some extent in Eurofound's report following its fifth EWCS; it includes the recommendation that '*policy interventions targeting health, well-being and safety of workers can have a significant impact if the focus is on employment quality, the psychosocial work environment and organisational factors*' (Eurofound 2013).

A holistic approach also means that, when implementing a health and well-being strategy, employers need to take into account the factors outside the workplace that impact on employee well-being – individuals do not necessarily leave their personal lives at home when they come to work and line managers should be confident and competent to have conversations with staff if they are facing pressures outside of work. For example, as the workforce ages, many older workers could be experiencing caring responsibilities for aged or ill spouses or parents, often while still caring for their own children. Attention to work-life balance and flexible working practices are therefore a crucial part of an organisation's health and well-being programme.

What does a healthy workplace look like?

To date, many organisations' well-being efforts in the UK (and more widely in Europe, we suspect) have tended to consist of one-off initiatives that aren't joined up and therefore struggle to have a long-term impact in the workplace. As our well-being pyramid shows (see Figure 1: The CIPD

well-being pyramid), to truly achieve a healthy workplace an organisation needs to ensure that its culture, leadership and people management are the bedrock on which to build a fully integrated well-being approach.

At the CIPD we have developed a well-being model that identifies five core domains of well-being – health, work, values/principles, collective/social and personal growth (see Figure 2: CIPD well-being model).

To help employers and practitioners to consider what action is needed, we break down these domains into ‘elements’ and ‘activities’ to help

them think about what is required in creating a well-being-focused organisation (see Table 1). Sitting underneath the five domains, the ‘elements’ cover areas ranging from physical and mental health to working environment, change management, diversity, employee voice and career development. Examples of well-being activities that employers could introduce within these elements are wide and varied but include initiatives such as health promotion, safe working practices, stress management provision, good mental health policies and practice, job design, community investment, teamworking, mentoring and personal resilience training.

Figure 1: The CIPD well-being pyramid



Figure 2: CIPD well-being model – the five domains of well-being

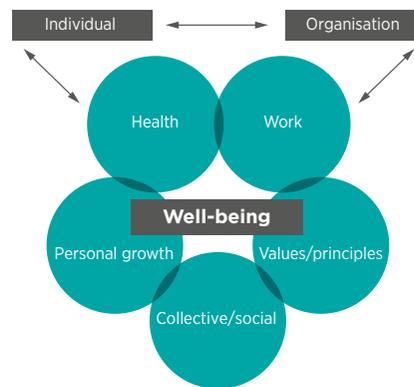


Table 1: Illustrations of the five domains of well-being

Domain	Elements	Examples of well-being initiatives/activities
HEALTH	Physical health	Health promotion, good rehabilitation practices, health checks, well-being benefits, health insurance protection, managing disability, occupational health support, employee assistance programme
	Physical safety	Safe working practices, safe equipment, personal safety training
	Mental health	Stress management, risk assessments, conflict resolution training, training line managers to have difficult conversations, managing mental ill-health, occupational health support, employee assistance programme
WORK	Working environment	Ergonomically designed working areas, open and inclusive culture
	Good line management	Effective people management policies, training for line managers, sickness absence management
	Work demands	Job design, job roles, job quality, workload, working hours, job satisfaction, work-life balance
	Autonomy	Control, innovation, whistleblowing
	Change management	Communication, involvement, leadership
	Pay and reward	Fair and transparent remuneration practices, non-financial recognition
VALUES/ PRINCIPLES	Leadership	Values-based leadership, clear mission and objectives, health and well-being strategy, corporate governance, building trust
	Ethical standards	Dignity at work, corporate social responsibility, community investment, volunteering
	Diversity	Diversity and inclusion, valuing difference, cultural engagement, training for employees and managers
COLLECTIVE/ SOCIAL	Employee voice	Communication, consultation, genuine dialogue, involvement in decision-making
	Positive relationships	Management style, teamworking, healthy relationships with peers and managers, dignity and respect
PERSONAL GROWTH	Career development	Mentoring, coaching, performance management, performance development plans, skills utilisation, succession planning
	Emotional	Positive relationships, personal resilience training, financial well-being
	Lifelong learning	Performance development plans, access to training, mid-career review, technical and vocational learning, challenging work
	Creativity	Open and collaborative culture, innovation workshops

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Line managers play a key role in creating healthy workplaces

Good line management should be a feature that runs through many of the 'domains' in our health and well-being model – not only is it central to healthy relationships in the workplace, it is a crucial part of any organisation's absence management and stress management provision as well as being a core enabler for a supportive working environment and an open and collaborative culture.

Where line managers are in a position to successfully implement the breadth of policies and practices that fall under the well-being umbrella, and there are strong relationships between managers and staff, the more likely they will be to create a team where employee well-being becomes an integral part of getting the job done. Of course, in some European countries there is a stronger tradition of social partnership at a national, sectoral and workplace level and therefore recognised trade unions could also have a significant role to play in developing effective health and well-being policies.

UK employment relations expert Acas places the role of line managers at the heart of its six indicators of a healthy workplace (Acas 2012):

- Line managers are confident and trained in people skills.
- Employees feel valued and involved in the organisation.
- Managers use appropriate health services, for example occupational health (OH) services, to tackle absence and help people back to work.
- Managers promote an attendance culture by conducting return-to-work discussions with employees returning from sickness absence.
- Managers and HR design jobs that are flexible.
- Managers are aware and equipped to manage common mental health problems.

Acas says that many line managers are only trained to focus on the specific tasks relating to their job; they often feel ill-equipped to manage issues such as absence, conduct, mental health problems, personal medical problems and poor working relationships. Although the Acas guidance is targeted at UK employers, we believe that the essence of some of these indicators could be relevant in a wider European context, albeit to varying degrees depending on the specific circumstances.

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Public policy at the CIPD

The Public Policy Team at the CIPD exists to inform and shape government policy for the benefit of employees and employers, to improve good practice in the workplace and to represent our members at the highest level.

We bring together extensive research and thought leadership, practical advice and guidance, along with the experience and expertise of our diverse membership base, to engage with politicians, civil servants, policy-makers and commentators in the UK and across Europe.

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