

Work Well

Baseline survey
findings 2004

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Introduction

Work is a key part of our lives and can provide a sense of wellbeing, purpose, social contact and status.

Forward-looking employers can recognise the link between the control of risks, the general health of employees and the very core of the business itself. Until recently, most workplace health and safety policies were primarily concerned with physical safety issues and accident prevention. Attention is now being turned to how employers can contribute to promoting the good health of their workforce.

With an estimated annual cost of work-related injuries, ill health and non-injury accidents in Northern Ireland of around £500 million, the workplace is a key setting for promoting health.¹

The European Network for Workplace Health Promotion states that workplace health promotion can involve a combination of improving the work organisation and the working environment, promoting active participation and encouraging personal development.

Research shows that promoting health in the workplace improves the working environment and is beneficial to the company and its employees. Workplace health promotion:

- results in a reduction in illness-related absenteeism, fewer working days lost and therefore a long-term decline in the sickness rate;
- increases motivation among staff and improves the working atmosphere in the company, leading to more flexibility, better communications and readiness to cooperate;
- results in a measurable increase in the quality of products and services, more innovation and creativity, and a rise in productivity;
- is a prestige factor which improves the public image of the company and makes it more attractive as an employer.²

The *Working for Health* strategy was published in March 2003 and recognises the key role that work plays in health.³ It stresses that 'a work culture that protects, promotes and supports health and wellbeing' will create an environment in which businesses can thrive. This strategy fully complements the public health strategy *Investing for Health*, which recognises the workplace as a key setting for tackling health issues and health inequalities.⁴

These two major strategies have identified the need to develop a regional health promoting workplace initiative in Northern Ireland which should reflect the specific needs of its economy and its people. With 99% of all businesses in Northern Ireland employing less than 50 employees, and just 830 businesses employing more than 50, it is likely that a large proportion of the workforce do not have access to the expertise of, or support from, occupational health professionals or health promotion advisers in the workplace.⁵

Small businesses differ in many respects from larger organisations, and therefore simply transferring the principles used in workplace health from large organisations to small organisations does not work. A smaller workforce means that people have a wider job remit and are required to 'multi-task' which requires greater flexibility and may increase stress. Small businesses also tend to have limited resources in terms of staff, time, facilities and finance.

Releasing staff to implement some elements of a workplace health initiative may have a greater impact on workloads, further increasing pressure on staff. Small businesses also tend to operate on small profit margins and limited cash flow and therefore 'getting the goods out the door' takes precedence over workplace health activities. Therefore any health promoting workplace initiative must be responsive to these needs.

Background

The Work Well initiative to promote health in the workplace has been developed to address the specific needs of small businesses. It is funded jointly by the Department of Health, Social Services and Public Safety (DHSSPS) and the Health and Safety Executive for Northern Ireland (HSENI).

Twenty small businesses from a wide range of sectors within the Northern and Eastern Health and Social Services Board areas are currently taking part in the initiative. A full list of participating businesses can be found in the appendix. Each business volunteered for the initiative, so their level of interest and commitment to improving their workplace health is not necessarily representative of businesses throughout Northern Ireland.

The project is facilitated by a Health Promoting Workplaces Coordinator based at the Health Promotion Agency for Northern Ireland (HPA) and an advisory group made up of representatives from a variety of backgrounds and establishments including occupational health, safety, health promotion, environmental health, district councils, Investing for Health partnerships, academics, trade union and employer organisations.

There are seven stages for each business to work through.

1. Build awareness and commitment to Work Well

This involves obtaining commitment from the senior people within the organisation and making employees aware of Work Well and what it involves. The organisation is provided with literature describing the process and leaflets for employees describing Work Well, and is encouraged to formally and informally introduce all employees to Work Well.

2. Set up structures

The business sets up a group or support structure to help develop Work Well within the organisation and drive it forward. These structures vary from organisation to organisation. In some it may just be the managing director and in others it may involve several people, for example, those responsible for payroll and safety, and the senior manager.

3. Assess the health needs of the employees and the workplace

An assessment is made of the needs of the employees and the workplace to ensure that priorities are identified and that needs can be met. The Work Well needs assessment is carried out in two stages:

a) Organisational health assessment

This is completed by the Health Promoting Workplaces Coordinator with the employer or employer representative. It covers a variety of areas including what the organisation has done in the past regarding workplace health, the organisation's policies relating to health and human resources, and wider organisational issues which may have an impact on the health of the workplace and its employees.

b) Employee questionnaire

This survey looks at what employees know about their own health and starts to explore the health impact of their lifestyles. It also asks what actions the employee would like to see implemented in their workplace to help them to become healthier.

Employers are encouraged to share the results of these assessments with all employees and to invite feedback. The assessments will also form part of the basis for the evaluation of the initiative.

4. Develop a workplace health action plan

The next step involves developing a workplace health action plan to address the issues identified through the needs assessment. The Health Promoting Workplaces Coordinator provides a template for the health action plan and discusses priorities and possible actions with the organisation. These are documented and, again, the employer/employer representative is encouraged to discuss the plan with employees.

The action plan includes details of the actions to be taken, how their success will be demonstrated, who will be responsible for each action and timescales for completion.

5. Implement the plan

Each organisation takes responsibility for implementing its own action plan. The Health Promoting Workplaces Coordinator provides advice on how the action could be implemented.

6. Evaluate the plan and the process

One year after the initial needs assessment, the employee questionnaire is repeated. Employees' health knowledge, behaviour and job satisfaction are analysed to measure any changes.

7. Review and plan the next phase

At the end of a year, the organisation reviews the initiative from its organisational perspective with a view to planning the next phase. The results of the second employee questionnaire are used to inform this process.

Putting Work Well into action

Between January and March 2004 small businesses in the north and east of Northern Ireland were targeted with information on Work Well inviting them to take part in a one year health promoting workplace initiative. Work Well was publicised with businesses and organisations through the following channels:

- posting of promotional material using a business database to 2,181 small businesses;
- three magazine articles targeted at the business community;
- four websites for safety and health professionals and the business community.

The information and promotional material explained that support would be provided by the Health Promoting Workplaces Coordinator for each business for a one year period and that each business would receive a grant of £800 to help them implement the initiative.

There were 115 requests for further information, ie 5% of the total number of businesses that received promotional material through the post. Of those businesses that requested further information, 37 sought a visit from the Health Promoting Workplaces Coordinator to explain what the initiative involved. Ultimately, 32 'register of interest' forms were received from organisations wanting to participate.

In total, 20 businesses were selected by the Work Well advisory group. The group applied a number of criteria in selecting the organisations to participate. To take part, organisations had to be classified as a small business, ie employing between 10 and 50 staff, and based in the north or east of Northern Ireland. The majority of the businesses (16) were from the private sector, with the remainder coming from the voluntary and community, and public sectors. Additional criteria were developed to ensure that diversity was achieved within the initiative and that it reflected the varied needs of different types of small business. As far as possible, workplaces were selected to represent a range of:

- sizes, providing a spread within the specified range of 10-50 employees;
- business sectors, eg construction, professional, service and retail;
- levels of existing provision, including human resource policies, health policies, training and quality systems.

Once the 20 businesses had been selected, the Health Promoting Workplaces Coordinator worked with each organisation to introduce Work Well to the workplace and to assess the organisation's particular needs using the organisational health assessment and the employee questionnaire. The HPA produced a report summarising the findings from the employee questionnaire for each business and communicated the results to the employer/employer representative. Shorter summaries of the results were also provided for the employees.

Individual workplace health action plans were developed with each organisation and the participating businesses began to implement their plans from September 2004. Progress will be evaluated in October/November 2005. The Work Well businesses meet on a quarterly basis which provides a learning forum and an opportunity to share good practice and network. Having a business network enables training resources and information to be shared in order to address the challenges that smaller organisations face in implementing a health promoting workplace initiative.

The network is further strengthened by the Work Well website. This site is accessible only to participating organisations and provides information on how they can implement Work Well. It also has a discussion forum where organisations can share problems or information with other participants.

The survey

The data within this report were gathered between May and August 2004 and are baseline data. The survey will be repeated by each company at the end of a one year period, and changes in health behaviour and knowledge, and job satisfaction will be measured.

The data presented in this report are from two sources.

The employee questionnaire

Each employee within the 20 Work Well organisations was provided with a self-completion questionnaire containing 100 questions on the following topics:

- health in general
- physical activity
- nutrition and weight control
- alcohol
- smoking
- men's and women's issues
- breastfeeding
- stress

The questionnaire asked about health behaviours, knowledge and how employees would like to improve their own health, including how their employer could support them to do this. In addition, employees were asked about their attitudes to safety in their workplace and job satisfaction. They were also asked for general information about themselves, such as weight and height, and how long they have worked for their current employer.

Employees returned the questionnaires directly to the HPA in a sealed freepost envelope. They were not identifiable from the questionnaire and they were guaranteed confidentiality. No one in their organisation saw any individual answers. As an incentive to return the questionnaire, each employee was entered into a free prize draw to win £80 worth of sports vouchers, music/book vouchers or a meal out.

In total, 508 questionnaires were distributed and 354 were returned, giving a response rate of 70%. Of the returned questionnaires, 44% were completed by men and 56% by women.

Organisational health assessment

An organisational health assessment was completed for each organisation by the Health Promoting Workplaces Coordinator along with the employer or employer representative. This assessment covered the following areas:

- organisational profile
- physical activity
- nutrition and weight control
- alcohol misuse
- smoking
- men's and women's issues
- breastfeeding
- stress and mental health
- general health

Within these categories, the assessment explored what policies the organisation already had, what policies they would be interested in developing and what other activities, information or support they would be willing to provide or promote within their workplace.

In addition, they were asked about health and safety and the working environment, including what additional safety and health training their employees would benefit from. They were also asked about human resource policies and systems, planning, communication, training and evaluation and finally, what their workplace health priorities were and what support they would need regarding workplace health.

Findings

Profile of participating organisations and employees

Twenty small workplaces (employing between 10 and 50 staff) are taking part in Work Well. The majority of participating organisations are from the private sector, with three from the voluntary sector and one from the public sector. Thirteen of the organisations are from the Eastern Health and Social Services Board area and seven are from the Northern Health and Social Services Board area (see Table 1 in Appendix).

Many of the organisations have, or are working towards, quality standards/systems or awards such as Investors in People (9), ISO (8) and Charter Mark (1).

Employers/employer representatives were asked about their organisation's working hours, overtime policy and type of employment, ie full time, part time, seasonal. Employers could select more than one answer.

Table 1. Profile of working hours, overtime and type of employment as reported by employer/employer representative

| | Working patterns | Number of organisations |
|---------------------------|----------------------------------|--------------------------------|
| Working hours | Regular | 18 |
| | Regular hours and shift patterns | 2 |
| | Weekends | 6 |
| Overtime | Paid | 14 |
| | Unpaid | 5 |
| Type of employment | Full-time staff | 20 |
| | Part-time staff | 16 |
| | Seasonal/casual staff | 4 |

Base (n) = 20

Employees were asked about their hours and working patterns and how long they had worked for their organisation. Of the 354 respondents, 44% were male and 56% were female. In relation to length of service, the largest group was employees who had worked for less than two years in their current workplace (37%).

Table 2. Employee profile

| | Employee characteristics | % | Base (n) |
|---|---|----|----------|
| Sex | Female | 56 | 354 |
| | Male | 44 | |
| Type of employment | Full time (30 hours or more per week) | 80 | 351 |
| | Part time (less than 30 hours per week) | 20 | |
| Regularly work beyond contracted hours | Yes | 49 | 348 |
| | No | 51 | |
| Work shift patterns | Yes | 10 | 350 |
| | No | 90 | |
| Length of service | Less than 2 years | 37 | 353 |
| | 2-5 years | 26 | |
| | 6-15 years | 26 | |
| | 16 years + | 11 | |

Employees' general health

The majority (82%) of employees felt that their current health was good, while a small minority (4%) felt that their health was poor (Table 3).

Table 3. Employees' self-reported health status

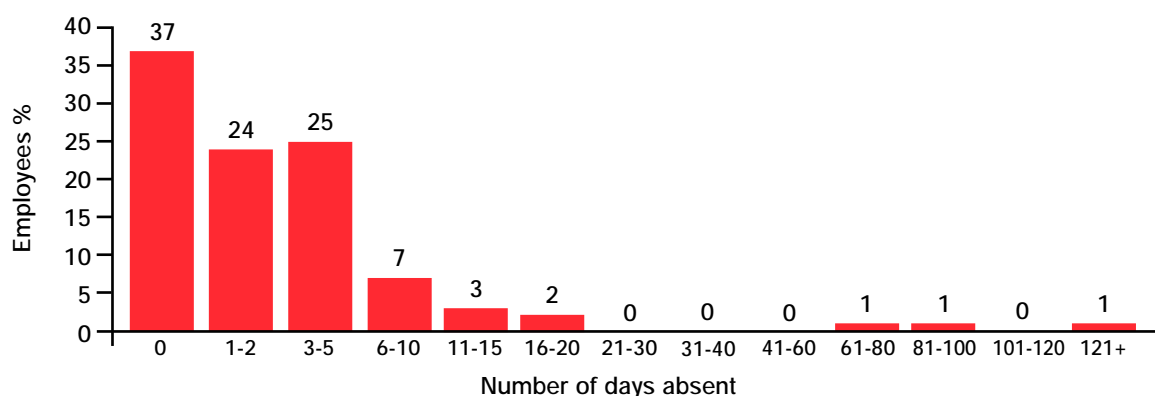
| Health | Very good | Fairly good | Neither | Fairly poor | Very poor | Don't know | Base (n) |
|--------|-----------|-------------|---------|-------------|-----------|------------|----------|
| % | 30 | 52 | 12 | 3 | 1 | 2 | 354 |

Absenteeism

When employees were asked how many days they had been absent from work due to sickness in the past 12 months, 37% had not missed any days (Figure 1). Almost four out of five (77%) of those who were absent from work due to illness were absent between one and five days in the year.

The average number of days absent per employee was 8.7, but this figure includes employees absent on longer term sick leave. For those who had missed days of work due to illness, the most common length of absence was between two days.

Figure 1. Number of days employees were absent from work due to illness



Priority health areas for employees

Physical activity, eating habits, weight and relaxation were the areas where most employees would like to make changes over the next 12 months to improve their health (Table 4).

Table 4. Change that employees would like to make over the next year to improve their health

| Action | % |
|-----------------------------|----|
| Take more physical activity | 72 |
| Improve eating habits | 64 |
| Lose weight | 52 |
| Rest or relax more often | 50 |
| Cut down or give up smoking | 19 |
| Cut down on alcohol | 14 |
| Other | 5 |
| Nothing | 3 |

Base (n) = 354

The topics on which most employees would like more information were back pain (23%), high blood pressure (17%), bowel cancer (13%), coronary heart disease (12%), and skin cancer (12%).

Blood pressure and cholesterol

Over half of the employees (57%) had had their blood pressure checked within the past year, while 8% had never had it checked. Only a small number had had their cholesterol checked in the past year (14%), while 61% had never had it checked.

When the results were analysed by sex, there was a notable difference between men and women, with more women than men having their blood pressure checked and more men than women having their cholesterol checked (see Table 5). There is a variety of factors which may influence this, including differences in attitudes towards health risks between men and women, use of the contraceptive pill, which necessitates regular blood pressure checks, and contact with GPs.

Table 5. Percentages of men and women who have had blood pressure and cholesterol checks

| | Blood pressure checked | | Cholesterol checked | |
|-----------------------|------------------------|-------------|---------------------|-------------|
| | Male % | Female % | Male % | Female % |
| Within the past year | 46 | 66 | 22 | 8 |
| 1-3 years ago | 29 | 16 | 13 | 9 |
| More than 3 years ago | 16 | 11 | 18 | 11 |
| Never | 9 | 7 | 47 | 72 |
| Base (n) | 156 | 198 | 156 | 198 |

Of those who had had their blood pressure checked, 12% reported high blood pressure, 76% said theirs was low or normal, and 12% did not know their results. Of those employees who had had their cholesterol checked, 17% had high levels of cholesterol, 64% had low or normal levels and 19% did not know. There was a marked difference in blood pressure levels between men and women, with more women than men having low or normal blood pressure. Cholesterol levels were similar in both sexes.

Table 6. Self-reported blood pressure and cholesterol levels for men and women

| | Blood pressure | | Cholesterol | |
|---------------|----------------|-------------|-------------|-------------|
| | Male % | Female % | Male % | Female % |
| High | 13 | 10 | 18 | 14 |
| Low or normal | 68 | 83 | 63 | 66 |
| Don't know | 19 | 7 | 18 | 20 |
| Base (n) | 142 | 185 | 82 | 56 |

Priority support/activities for employees

Employees were most interested in physical health checks (69%) and a health event on a variety of health topics (52%), if provided or supported by their employer. They would prefer both these options to take place during working hours.

Employers' current provisions and priorities

Nine of the 20 workplaces currently provide information to their employees on repetitive strain injury, and six provide information on back pain. Two employers have health assessments completed for employees prior to them commencing employment. Only one company regularly provides health assessments for its employees.

Sixteen of the 20 workplaces felt that health assessments, eg blood pressure/cholesterol checks, would be worthwhile for employees, and eight felt that health assessments for new employees prior to commencing employment would be beneficial.

Safety in the workplace

The majority of employees (67%) agreed that their physical working conditions were good, while 13% disagreed and 20% had no strong opinion. When asked if their employer took safety at work seriously, 71% agreed, 11% disagreed and 18% had no strong opinion.

Employees were asked to select from a list what, if anything, they felt was causing their workplace to be unsafe or unhealthy. Employees could select more than one answer. Too much heat or low temperatures and poor air quality were cited by employees as the most common causes of unsafe or unhealthy workplaces (Table 7). Twenty five percent of employees said that none of the issues listed were causing their workplace to be unsafe or unhealthy.

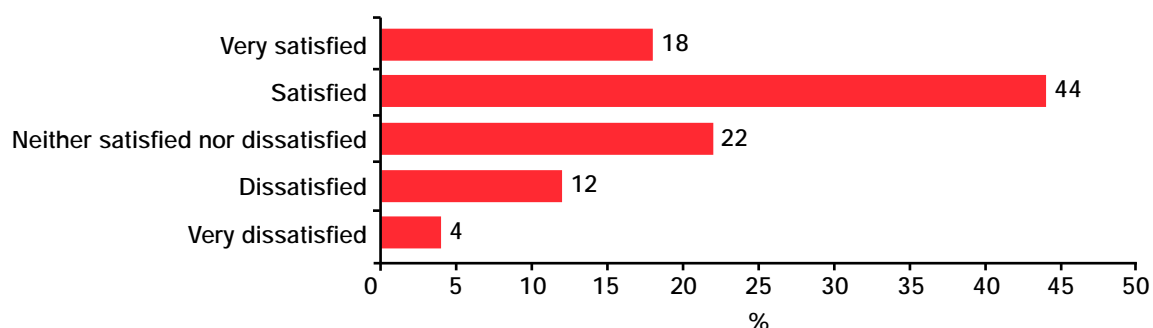
Table 7. Causes of unsafe or unhealthy workplaces as reported by employees

| | % |
|--|----|
| Too much heat or low temperatures | 42 |
| Poor air quality/ventilation (eg not enough air) | 41 |
| Looking too long at computer screen without breaks | 21 |
| Unsafe work area (eg cluttered or badly designed) | 19 |
| Poor seating facilities | 16 |
| Inadequate access to staff facilities (eg toilets, kitchen or eating area) | 16 |
| Poor lighting (too much or too little) | 14 |
| Noise | 13 |
| Too much keyboard work without breaks | 12 |
| Lack of adequate safety training | 11 |
| Loose cabling or wiring | 11 |
| Unsafe equipment or machinery (including office equipment) | 7 |
| Lack of personal protective equipment/clothing | 7 |
| Vibrations from hand tools, machinery, etc | 3 |
| Colleagues under influence of drink or drugs | 2 |
| Base (n) = 354 | |

Employees' job satisfaction

The majority of employees were satisfied with their current job (62%), while 16% were dissatisfied and 22% were neither satisfied nor dissatisfied (Figure 2).

Figure 2. Employees' satisfaction with current job



Employees were then asked for their views on a variety of aspects of their job and their work.

Staff training, performance assessment, quality and communication

Almost four out of five employees (79%) felt that training and development are recognised as important and 69% felt that employees are quality conscious (Table 8). Just over half agreed that performance assessment is effective, while a substantial minority disagreed; 68% agreed that regular team meetings are held.

Table 8. Employees' views of staff training, quality, performance assessment and communication in their workplace

| | Agree % | No strong opinion % | Disagree % | n/a % | Base opinion (n) |
|--|------------|---------------------------|---------------|----------|------------------------|
| Training and development are recognised as important | 79 | 11 | 10 | 0 | 344 |
| Performance assessment is effective | 55 | 25 | 17 | 3 | 342 |
| Employees are quality conscious | 69 | 20 | 10 | 1 | 339 |
| Regular team briefings/meetings are held | 68 | 11 | 19 | 2 | 345 |

Consultation on policy development

Employees were asked whether they were consulted during policy development and if so, when. Only 36% felt they were consulted at initial policy development stage (Table 9). Slightly more (39%) said they were consulted when the draft policy was produced and 60% said they received the finished version.

Table 9. Employees' views on consultation about policy development

| | Agree % | No strong opinion % | Disagree % | n/a % | Base opinion (n) |
|---|------------|---------------------------|---------------|----------|------------------------|
| Staff are consulted at initial policy development stage | 36 | 25 | 32 | 6 | 341 |
| Staff are consulted when draft policies are produced | 39 | 27 | 27 | 7 | 339 |
| Staff are circulated with the finished policy | 60 | 21 | 13 | 6 | 340 |

Employers/employer representatives were also asked whether, and how often, they consulted employees on policy development. Most stated that the finished policy would be circulated to staff but they would not always be consulted or participate in its development (Table 10).

Table 10. Staff involvement in policy development as reported by employers

| | Always | Sometimes | Never |
|---|--------|-----------|-------|
| Staff are consulted at initial development stage | 2 | 5 | 12 |
| Staff participate in the development of new policies/policy changes | 2 | 7 | 10 |
| Staff are consulted when draft policy is produced | 7 | 6 | 6 |
| Staff circulated with the finished policy | 17 | 0 | 2 |
| Base (n) = 19 | | | |

Recognition, fairness, environment and management support

Almost half of the employees (48%) reported that they do not feel they are well paid for the work they do (Table 11). When asked if they were satisfied with the recognition they received from their employer for doing a good job, 49% were satisfied and 29% were not satisfied. Seventy two percent agreed that they are given work to suit their abilities; however, 26% felt their abilities are not used to the full, and 25% felt their workload is unreasonable (Table 11). The majority of employees felt their working environment is pleasant (68%), and that their supervisors/managers give them enough support (61%).

Table 11. Employees' views of their workload, job recognition and support in their workplace

| | Agree % | No strong opinion % | Disagree % | Base (n) |
|---|------------|---------------------------|---------------|-------------|
| I am well paid for the work I do | 33 | 19 | 48 | 345 |
| I am satisfied with the recognition I receive from my employer for doing a good job | 49 | 22 | 29 | 348 |
| I am given work to suit my abilities | 72 | 15 | 13 | 347 |
| I am satisfied with the involvement I have in decisions that effect my work | 55 | 22 | 22 | 343 |
| My abilities are used to the full | 52 | 22 | 26 | 347 |
| I am satisfied with the fairness and respect I receive in my work | 59 | 23 | 18 | 347 |
| I feel my workload is reasonable | 57 | 18 | 25 | 347 |
| My job is secure | 56 | 25 | 19 | 342 |
| My working environment is pleasant | 68 | 17 | 15 | 347 |
| My supervisors/managers give me enough support | 61 | 21 | 18 | 345 |

Harassment, bullying, equality, childcare and flexible working hours

Employees were asked to indicate whether they agreed or disagreed with a number of statements about harassment and equality issues. While the majority agreed that employees are treated equally, and have flexible working hours, a substantial minority did not agree (Table 12). Of those who felt the question of support for childcare issues applied to them, less than half agreed there was

sufficient support. Fourteen percent felt that men and women are not treated equally and 24% felt they do not have flexible working hours that suit their needs.

The question on harassment and bullying sought employees' perceptions of any incidence within the workplace and responses are therefore not a reflection of whether they personally feel they have been harassed or bullied. Workplace bullying has been estimated to affect 50% of the United Kingdom's workforce at some time in their working lives.⁶ About one in five respondents to this survey (21%) disagreed with the statement "employees do not suffer harassment or bullying", while 11% disagreed with the statement "employees do not suffer sexual harassment".

Table 12. Employees' views of harassment and equality issues in their workplace

| | Agree % | No strong opinion % | Disagree % | n/a % | Base (n) |
|--|------------|---------------------------|---------------|----------|-------------|
| Employees do not suffer sexual harassment | 69 | 13 | 11 | 7 | 345 |
| Employees do not suffer harassment/bullying | 57 | 18 | 21 | 4 | 346 |
| Different ethnic groups are treated equally | 60 | 16 | 7 | 17 | 344 |
| Men and women are treated equally | 68 | 14 | 14 | 4 | 347 |
| There is sufficient support to cope with my childcare issues | 22 | 14 | 12 | 52 | 337 |
| I have flexible working hours which suit my needs | 43 | 16 | 24 | 17 | 342 |

The results were analysed further to see if there were any differences between men and women in their attitudes to the statements given. There was no notable difference between men and women except in response to the final statement "I have flexible working hours which suit my needs" where more women (52%) agreed than men (32%). Twenty two percent of men felt this statement didn't apply to them compared with 13% of women. This may indicate that more women than men feel that flexible working hours are necessary to balance their home and work life.

Health topics

Physical activity

Employees' physical activity levels

The majority of employees engage in some form of light physical activity in an average week (see Table 2 in Appendix). However, health professionals recommend that adults should engage in at least 30 minutes of moderate activity per day, five days a week. Based on this recommendation, 74% of men and 89% of women are taking too little physical activity. Overall men are more likely to achieve the recommended amount of physical activity than women and men in the 16-24 and 25-30 age groups are most likely to meet the recommendations compared with women and older men (Table 13).

Table 13. Profile of employees' physical activity levels

| Age group | Sex | Meeting physical activity recommendations % | NOT meeting physical activity recommendations % | Base (n) |
|----------------|--------|--|--|-------------|
| 16-24 | Male | 40 | 60 | 30 |
| | Female | 7 | 93 | 57 |
| 25-30 | Male | 47 | 53 | 17 |
| | Female | 13 | 87 | 37 |
| 31-39 | Male | 19 | 81 | 36 |
| | Female | 11 | 89 | 54 |
| 40-49 | Male | 24 | 76 | 41 |
| | Female | 12 | 88 | 34 |
| 50+ | Male | 10 | 90 | 31 |
| | Female | 12 | 88 | 16 |
| All age groups | Male | 26 | 74 | 155 |
| | Female | 11 | 89 | 198 |

Knowledge of recommended physical activity levels

When asked about the levels of physical activity recommended for good health, 10% knew how many sessions were recommended per week and 37% knew how many minutes each session should last. Nearly half of the employees stated that they did not know how many sessions (49%) or how many minutes for each session (45%) is recommended. Most employees (84%) would like to engage in more physical activity.

Preferred support/activities for employees

The majority (62%) of employees would like to avail of packages for reduced rates of membership at local gyms and leisure centres if provided by their employers. Employees are also interested in other options outlined in Table 14.

Table 14. Physical activity options employees would be interested in if provided by their employers

| | % |
|--|----|
| Packages for reduced rates of membership at local gyms | 62 |
| Flexible working arrangements for participation in physical activity | 35 |
| Written materials providing help and advice on physical activity | 31 |
| Competitive events with other workplaces | 31 |
| Physical activity sessions outside working hours | 30 |
| Information on local physical activity opportunities or facilities | 27 |
| Base (n) = 354 | |

When asked to pick just one option, the most popular three options were packages for reduced rates of membership at local gyms and leisure centres, competitive events with other workplaces, and information on local physical activity opportunities or facilities.

Employers' current provisions and priorities

A small number of workplaces currently facilitate staff attending physical activity sessions and arrange competitive events with other workplaces (Table 15).

Table 15. Physical activity options currently provided by employers

| | Number of organisations |
|--|-------------------------|
| Facilitate staff attending physical activity sessions | 5 |
| Have flexible working arrangements in place for staff participating in physical activity on and off site | 4 |
| Arrange competitive events with other workplaces, eg five a side | 4 |
| Provide information on local physical activity opportunities or facilities | 2 |
| Facilitate a walking group | 2 |
| Provide information on events which promote physical activity, eg bike week | 1 |
| Provide packages for reduced rates of membership with local gyms or leisure centres | 1 |
| None of the above | 7 |
| Base (n) = 20 | |

When employers/employer representatives were asked what they believed were the potential priority areas/actions relating to their employees and the workplace, they identified the following:

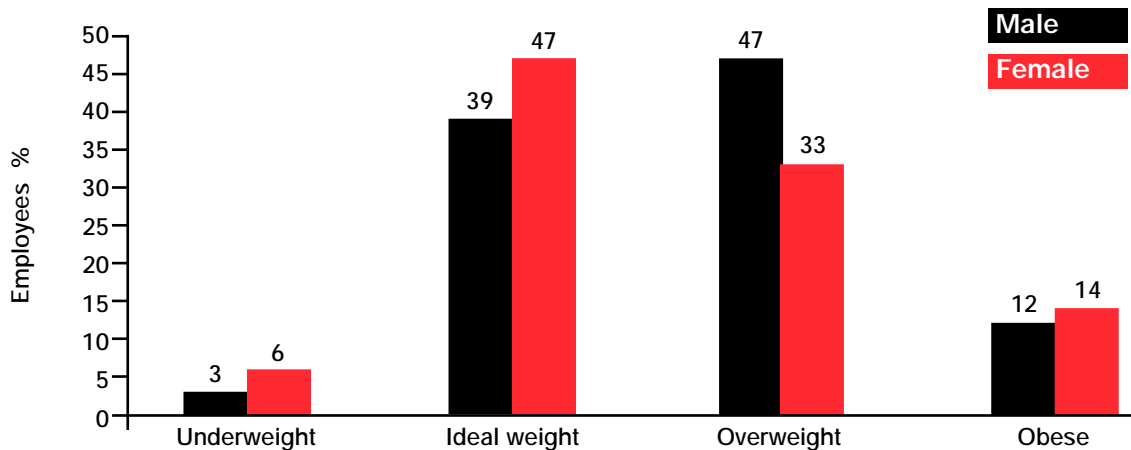
- provide written materials offering help and advice on how to take more exercise/the benefits of physical activity (17);
- provide information sessions on taking more physical activity and the benefits of physical activity (14);
- provide information on events which promote physical activity, eg bike week (12).

Nutrition

Self reported perception of weight and BMI

Employees were asked to record their own weight and height, and their Body Mass Index (BMI) was calculated. Figure 3 shows that 59% of men and 47% of women were overweight or obese. Men were considered to be overweight if their BMI was 25.1-29.9 and obese if it was 30 or more. Women were considered to be overweight if their BMI was 23.9-28.5 and obese if it was 28.6 or more.⁷

Figure 3. Self reported BMI of male and female employees



Employees were also asked to indicate whether they considered themselves to be underweight, the right weight, a little overweight, very overweight or not sure about their weight, and their own perceptions of their weight were compared to their actual weight, according to their self-reported BMI.

Employees who are the ideal weight

Of those men who were the ideal weight, 10% thought they were underweight, while 14% thought they were a little overweight (Table 16). On the other hand, of those females who were the ideal weight 2% felt they were underweight, 32% felt they were a little overweight and a further 2% thought they were very overweight (Table 17).

Employees who are overweight

Of those men who were overweight, 28% thought they were the right weight, while 4% thought they were very overweight (Table 16). Of those females who were overweight, 29% thought they were the right weight and 8% thought they were very overweight (Table 17).

Employees who are obese

Of those men who were considered to be obese, 56% thought they were only a little overweight (Table 16). On the other hand, of those females who were considered obese 4% thought they were about the right weight, and 19% thought they were only a little overweight (Table 17).

Table 16. BMI compared to self perception of weight in men

| Males BMI | Self perception | | | | | |
|---------------------|-----------------|--------------|-------------------|-----------------|----------|--------------|
| | Underweight | Right weight | Little overweight | Very overweight | Not sure | Total (base) |
| Underweight | 3 | 1 | 0 | 0 | 0 | (4) |
| Ideal weight | 6 | 42 | 8 | 0 | 3 | (59) |
| Overweight | 0 | 20 | 48 | 3 | 1 | (72) |
| Obese | 0 | 0 | 10 | 8 | 0 | (18) |
| Total (base) | (9) | (63) | (66) | (11) | (4) | (153) |

Table 17. BMI compared to self perception of weight in women

| Females BMI | Self perception | | | | | |
|---------------------|-----------------|--------------|-------------------|-----------------|----------|--------------|
| | Underweight | Right weight | Little overweight | Very overweight | Not sure | Total (base) |
| Underweight | 2 | 7 | 1 | 0 | 1 | (11) |
| Ideal weight | 2 | 55 | 29 | 2 | 2 | (90) |
| Overweight | 0 | 18 | 38 | 5 | 2 | (63) |
| Obese | 0 | 1 | 5 | 21 | 0 | (27) |
| Total (base) | (4) | (81) | (73) | (28) | (5) | (191) |

The majority of employees (68%) stated that they would like to lose weight (Table 18), with more women (78%) than men (54%) wanting to lose weight. More men are either happy with their current weight (28%) or would like to gain weight (11%) compared to only 19% of women who are happy with their weight and 2% who would like to gain weight (Table 18).

These figures give an indication of the level of overweight and obesity among the employees in the sample and their awareness of what constitutes a healthy weight.

It is interesting to note that although some overweight men and women appear unaware that they are overweight, among women generally, more than three quarters want to lose weight. This is substantially more than either were actually overweight according to their BMI (47%) or believed themselves to be overweight (55%).

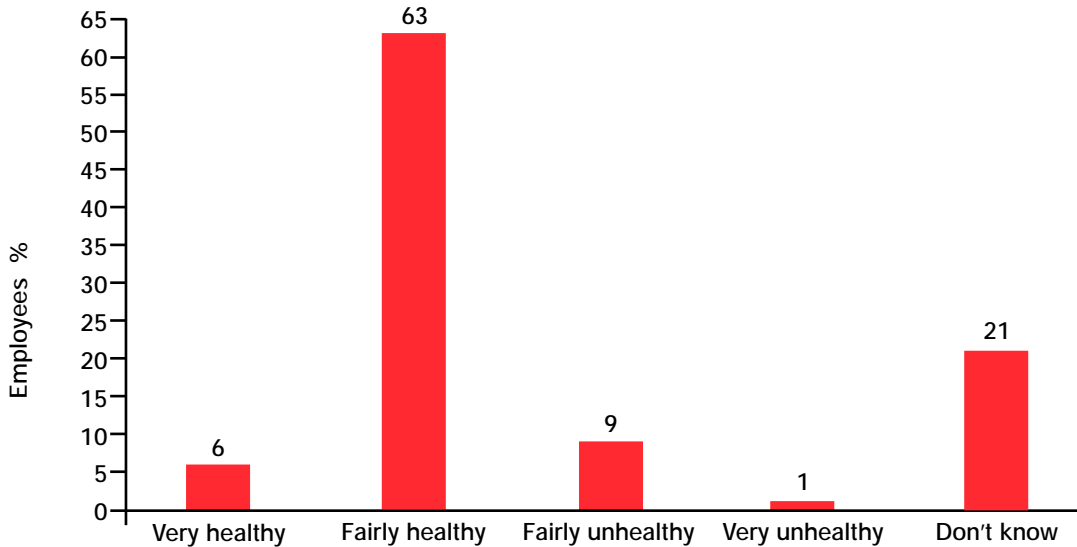
Table 18. Proportion of employees who would like to change their weight

| | Like to lose weight % | Like to gain weight % | Happy with current weight % | Don't know % | Base (n) |
|--------|-----------------------|-----------------------|-----------------------------|--------------|----------|
| Male | 54 | 11 | 28 | 6 | 156 |
| Female | 78 | 2 | 19 | 2 | 198 |
| All | 68 | 6 | 23 | 3 | 354 |

Perception of eating habits

The majority of employees felt that their current eating habits were fairly healthy (63%), while 9% thought their current eating habits were fairly unhealthy (Figure 4). However, most employees (89%) felt they probably could eat more healthily.

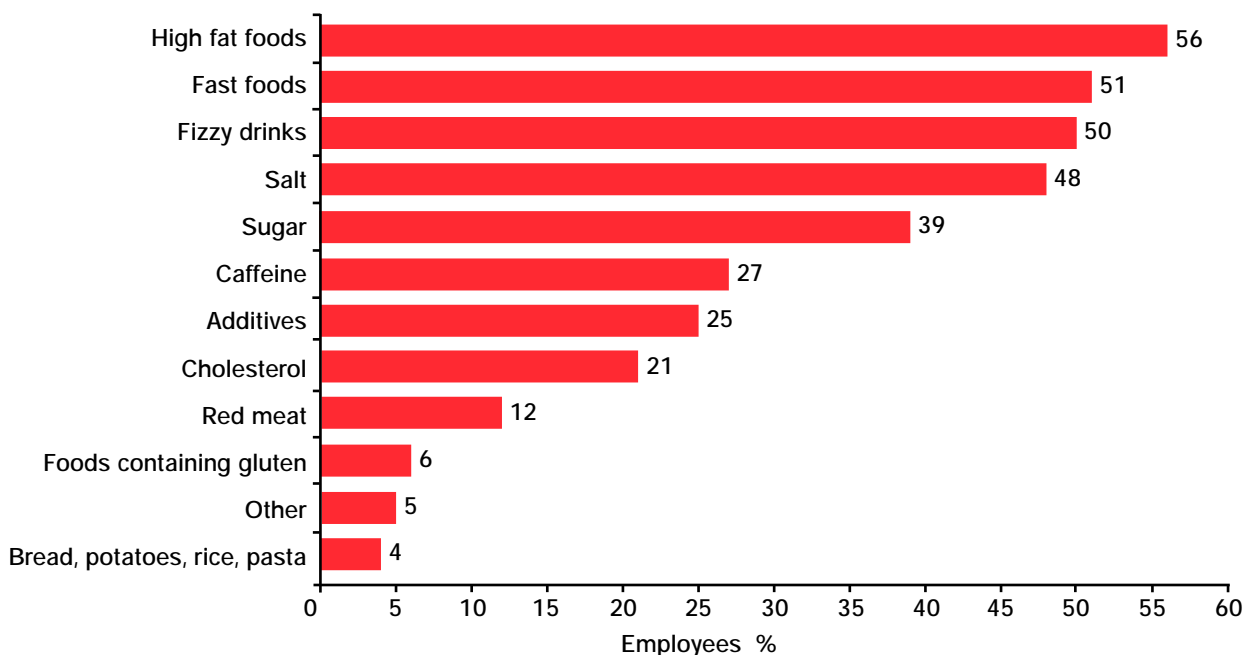
Figure 4. Self reported eating habits of employees



Foods that employees consciously try to avoid

There is a high awareness of the types of food that are associated with a less healthy eating pattern. A substantial proportion of employees reported that they consciously try to avoid high fat foods (56%), fast food (51%), fizzy drinks (50%), salt (48%) and sugar (39%) but there are some concerning results (Figure 5). More than 1 in 10 (12%) employees state that they consciously try to avoid red meat, which is an excellent source of iron. A small number avoid bread, potatoes, rice and pasta – good sources of starchy carbohydrates which professionals consider to be an essential part of a healthy balanced diet.

Figure 5. Foods that employees consciously try to avoid



Employees' self reported eating patterns

Without completing detailed food diaries for each employee, it is difficult to draw any firm conclusions about their eating habits; however, the survey asked employees about their consumption of a number of key marker foods, from which we can get an indication of their usual eating patterns (see Table 3A in the appendix). Health experts recommend that we eat a variety of foods every day from four main food groups: fruit and vegetables, bread, other cereals and potatoes; meat, fish and alternatives; and milk and milk products. They also recommend that we limit our intake of foods containing fat and foods and drinks containing sugar.

A substantial proportion of employees were not eating fruit and vegetables often enough. Thirty six percent reported eating fruit once or twice a week or less often, and 24% only ate vegetables once or twice a week or less often. Eighteen percent ate bread, cereal, rice or pasta once or twice a week or less often. It is recommended that we should be eating several portions of these foods every day.

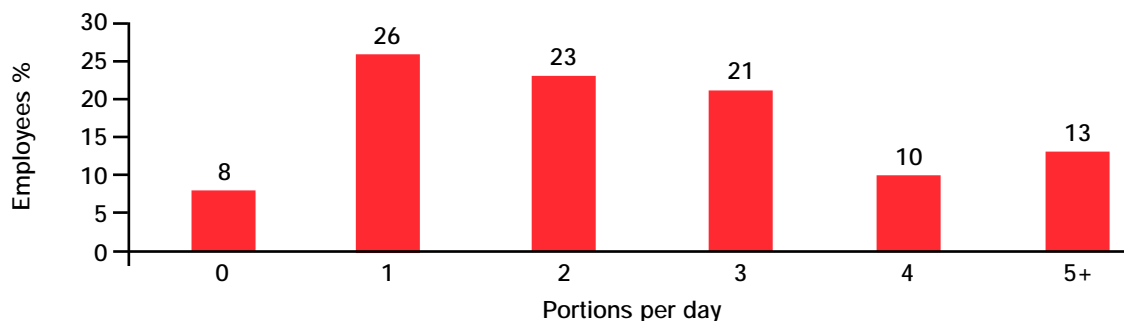
In contrast, many employees ate high fat and high sugar foods very often. Sixteen percent ate sweets and confectionery, and 19% drank sugary fizzy drinks or squashes at least once a day (Table 3B in the appendix). Twenty seven percent of employees reported eating cakes, biscuits and buns once a day or more often. Overall, 50% of employees ate high sugar foods most days or more often. Twelve percent ate fried food most days, 19% ate processed food (eg meat pies, sausages) most days, and 13% ate chips most days.

Fruit and vegetable consumption

Employees were provided with information on what constituted one portion of fruit or vegetable. They were then asked how many portions of fruit and vegetables health professionals recommend that we eat each day. Fifty four percent knew that the recommendation is at least five portions per day.

Employees were also asked to quantify how many portions they would consume per day. The majority (70%) reported that they eat between one and three portions of fruit and vegetables per day. This is similar to findings from previous research completed by the HPA which reported that 62% of the general population eats between one and three portions of fruit and vegetables per day.⁷ Only 13% of the Work Well employee sample reported eating five portions or more of fruit and vegetables per day, despite 54% knowing the recommendation.

Figure 6. Portions of fruit and vegetables employees consume per day



Preferred support/activities for employees

Information sessions during working hours on healthier eating, written materials on healthier eating, and free drinking water were of most interest to employees if provided by their employer (Table 19).

Table 19. Nutrition options employees would be interested in if provided by their employers

| Options | % |
|---|----|
| Information sessions during working hours on healthier eating | 46 |
| Written materials providing advice on healthier eating | 45 |
| Free drinking water | 44 |
| Information sessions during working hours on weight control | 30 |
| Written materials providing advice on weight control | 30 |
| Base (n) = 354 | |

Employers' current provisions and priorities

When workplaces were asked about the eating habits of their employees, 17 organisations thought that their employees brought in a packed lunch, made their own lunch in work (12), went to a local shop (12), went to a fast food outlet (10), ate out (5), or did not know (1). When asked if their staff take their lunch at their desk/work station, most organisations replied never (9), while others replied: sometimes (6), rarely (3), and usually (2).

Currently, the majority of workplaces provide an eating area with facilities for cooking and storing chilled foods (Table 17).

Table 20. Nutrition options currently provided by employers

| Options | Number of organisations |
|--|-------------------------|
| Provide facilities for storing chilled foods | 19 |
| Provide facilities for cooking | 18 |
| Provide an eating area | 18 |
| Provide free drinking water (cooler/dispenser) | 12 |
| Provide information sessions on healthier eating | 1 |
| Provide written materials offering advice on healthier eating | 1 |
| Provide information on events which promote healthier eating or weight control, eg food awareness week | 1 |
| Have a vending machine selling crisps or confectionery | 1 |
| Base (n) = 20 | |

When employers/employer representatives were asked what they believed were the potential priority areas/actions relating to their employees and the workplace, they identified the following:

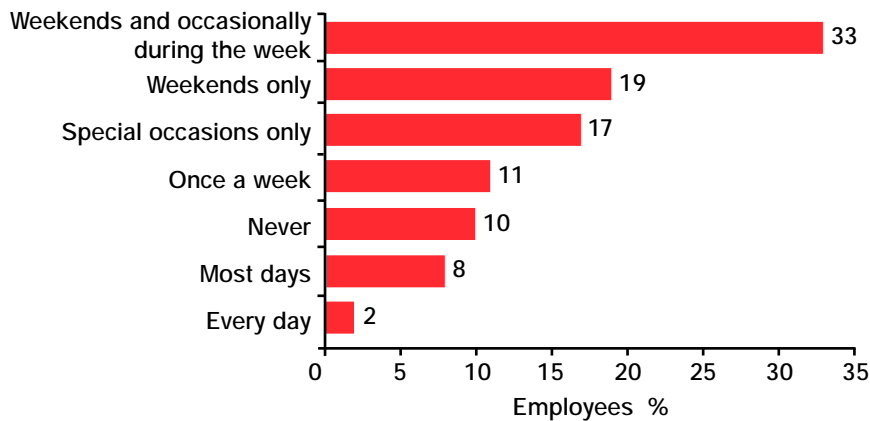
- provide written materials giving advice on healthier eating (15);
- provide written materials giving advice on weight control (15);
- provide information on events which promote healthier eating or weight control eg food awareness week (15);
- provide information sessions on healthier eating (13);
- provide information sessions on weight control (11).

Alcohol

Drinking patterns

Employees were asked how often they drink alcohol. Ten percent never drink alcohol. Of the remainder, one in three employees drink alcohol at weekends and occasionally during the week (Figure 7).

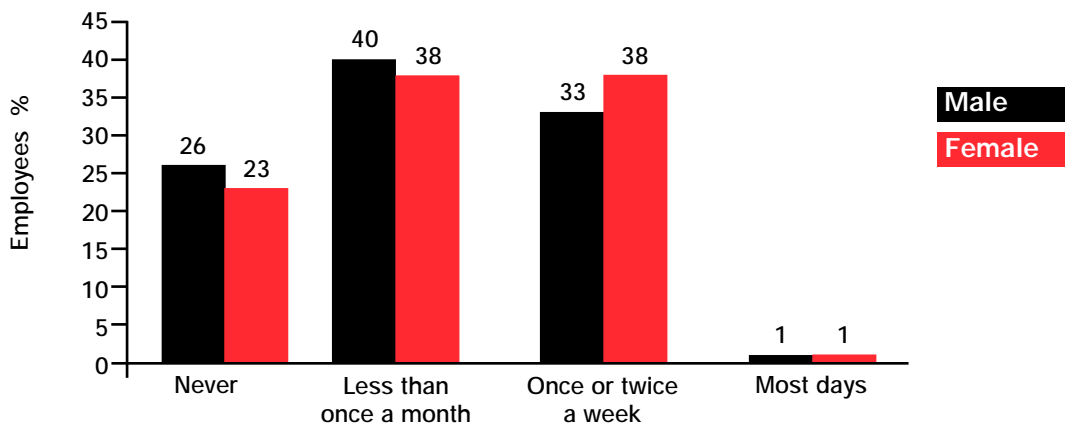
Figure 7. Employees' drinking patterns



Employees were asked how often they would drink more than 10 units of alcohol (if male) or 7 units (if female) on one occasion. This is a definition of binge drinking used for the purpose of this survey.⁸ Employees were not told this was a definition of binge drinking. When reporting alcohol consumption, people underestimate how much they drink and this should be considered when the results are analysed.

Three quarters of the employees who do drink alcohol engage in binge drinking and around one third of those who do binge drink do so regularly (once or twice a week). Figure 8 shows that more women than men engage in regular binge drinking sessions. Additionally, more men than women never engage in any binge drinking.

Figure 8. Employees' binge drinking habits



When employees were asked how many units of alcohol they drink in an average weekend, men reported that they drink an average of 13 units of alcohol while women reported they drink an average of 9 units (Table 21). When the units of alcohol were analysed to look at consumption of alcohol for the whole week, men reported they consumed 27 units and women reported they

consumed 17 units. This is above the weekly sensible drinking limits set down in 1997 (up to 21 units for men and up to 14 units for women).⁹ Again, it must be remembered that people tend to under report their alcohol consumption.

Table 21. Average units of alcohol consumed by men and women

| | Men | Women |
|---------------------------|----------|----------|
| Average weekend (Fri-Sun) | 13 units | 9 units |
| Average week (Mon-Thur) | 14 units | 8 units |
| Total for week | 27 units | 17 units |

Knowledge of sensible drinking

When asked what the recommended daily sensible drinking limits were (4 units for men, 3 units for women), only 10% knew the recommended limits for men and 6% knew the recommended limits for women. However, when analysed separately, more men (12%) and more women (8%) appeared to be aware of the recommended limits for their own sex.

Priority support/activities for employees

Twenty eight percent of employees were interested in written information on sensible drinking if provided by their employer. The majority of employees (52%) were not interested in any information on alcohol.

Employers' priority areas

When employers/employer representatives were asked what they believed were the potential priority areas/actions relating to their employees and the workplace, they identified the following:

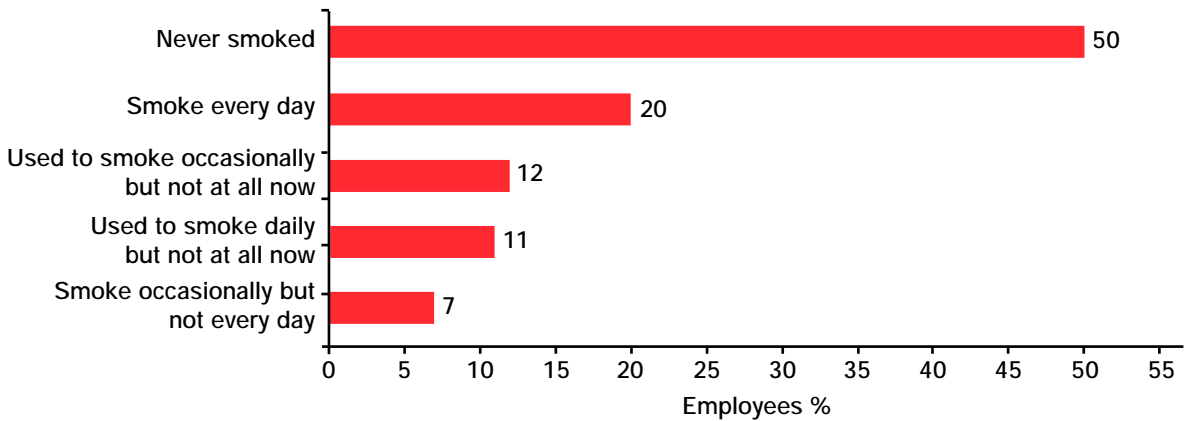
- provide written information to employees on sensible drinking (16);
- raise awareness and provide guidance to staff that are in a supervisory or management role on the symptoms, effects on work and health consequences of alcohol (10);
- offer information on how employees can access advice or counselling services on reducing alcohol intake (7);
- provide assistance and support to employees with alcohol problems with the aim of reintegrating them back into the workplace (7).

Smoking

Employees' smoking habits

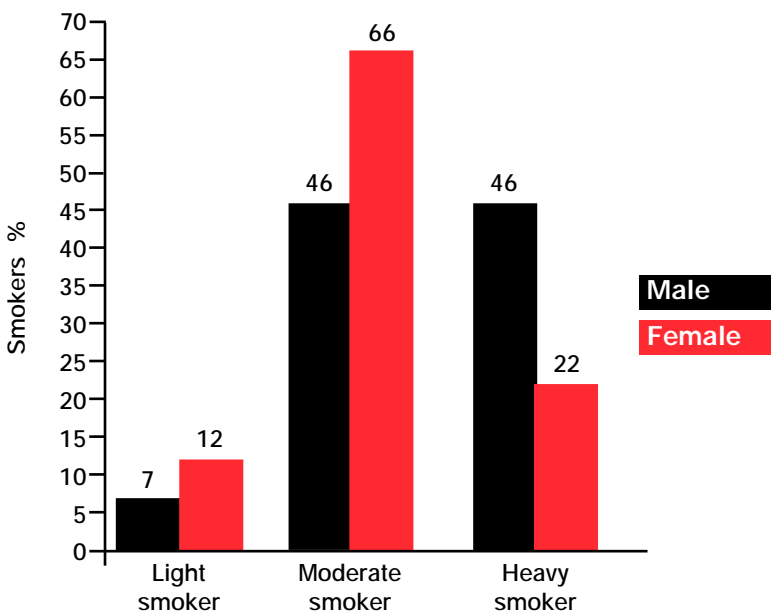
Half of the employees had never smoked (50%), while 27% were current smokers (20% smoke every day and 7% smoke occasionally) and 23% had successfully quit (Figure 9).

Figure 9. Smoking habits of employees



Of those who are daily cigarette smokers, 59% are female and 41% are male. The daily smokers were classified as light (up to 10 cigarettes a day), moderate (10-19 per day) or heavy smokers (20+ per day). The majority of male daily smokers were either moderate or heavy smokers. The majority of female daily smokers were moderate smokers (Figure 10).

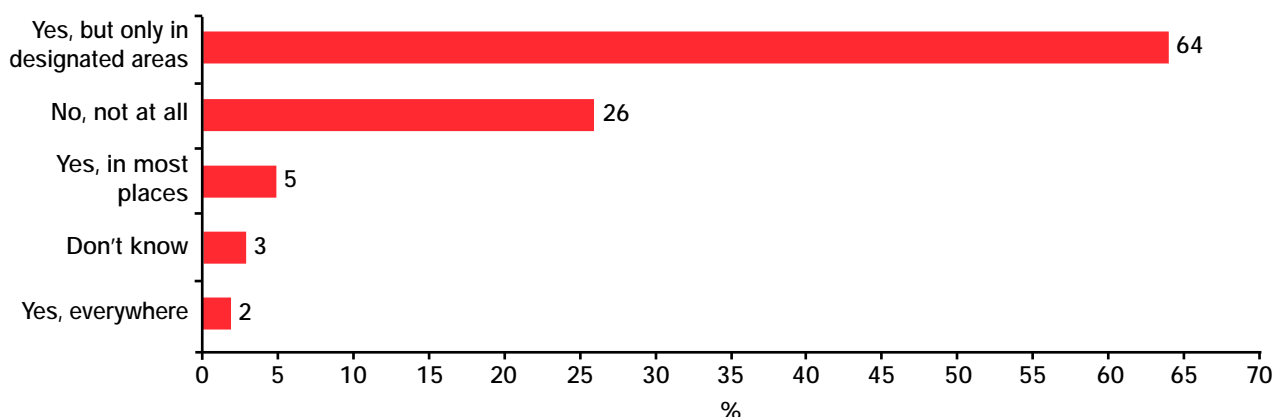
Figure 10. Profile of employees who smoke cigarettes



No smoking/smoking policies

Employees were asked where smoking was allowed in the workplace; 64% of all employees said that smoking was allowed in designated areas, 26% said that smoking wasn't allowed anywhere, 5% said that smoking was allowed in most places, 3% did not know and 2% thought smoking was allowed everywhere (Figure 11).

Figure 11. Employees' views on whether smoking is allowed in the workplace and, if so, where



When employers/employer representatives were asked if they had a written policy on smoking that was implemented, 12 of the 20 workplaces said they did, while a further two had an unwritten policy and two included it in induction. All of the workplaces that had a formal policy either banned smoking or restricted it to designated areas.

Employers were also asked where smoking was allowed in the workplace and their responses compared with those of their employees. Table 22 presents responses from the workplaces that have a formal written policy on smoking. Each workplace has been given a code letter (to protect confidentiality) and then the number of employees recorded who either recalled the policy correctly (smoking is not allowed at all or in designated areas only) or incorrectly (smoking allowed everywhere or most places), or who did not know their workplace's policy on smoking.

In four organisations, a small number of employees got their workplace's policy wrong, and in three of the organisations a very small number of employees did not know what the policy was. Overall, however, the majority of employees in the organisations with a smoking policy were clear on what the policy was. The organisations where there was some confusion will need to consider how they should raise awareness about the policy.

Table 22. Employees' knowledge of the smoking policy in their workplace

| Company code | Employees who identified policy correctly | Employees who identified policy incorrectly | Don't know | Base (n) |
|--------------|---|---|------------|----------|
| A | 7 | 4 | 0 | 11 |
| B | 18 | 0 | 0 | 18 |
| C | 25 | 1 | 3 | 29 |
| D | 23 | 0 | 0 | 23 |
| E | 8 | 0 | 1 | 9 |
| F | 11 | 0 | 0 | 11 |
| G | 11 | 1 | 0 | 12 |
| H | 24 | 0 | 0 | 24 |
| I | 19 | 0 | 0 | 19 |
| J | 26 | 0 | 0 | 26 |
| K | 25 | 0 | 0 | 25 |
| L | 15 | 0 | 1 | 16 |

In the organisations without a formal smoking policy, smoking was still generally restricted (only one allowed smoking in most places and none allowed it everywhere). However, a number of employees in four of these organisations felt that smoking was allowed everywhere or most places, and in five of the organisations there was also a small number of employees who said they did not know where smoking was allowed.

Employees' attitudes to smoking in the workplace

The majority of employees were not bothered in work by others smoking (64%); however, there was a large minority who were (34%). Forty nine percent of non-smokers were bothered by other people smoking in the workplace, whereas only 6% of daily smokers were bothered by other people smoking (Table 23).

Table 23. Employees' attitudes to other people smoking in the workplace

| | Yes, bothered % | No, not bothered % | Don't know % | Base (n) |
|----------------------------|--------------------|-----------------------|-----------------|-------------|
| Daily or occasional smoker | 10 | 90 | 0 | 72 |
| Ex-smoker | 32 | 65 | 4 | 57 |
| Non-smoker | 49 | 50 | 2 | 127 |
| All | 34 | 64 | 2 | 256 |

Over half of the employees (56%) felt that there should be separate areas in the workplace where smoking is permitted while 37% felt it should not be allowed anywhere (Table 24). Of those employees who were daily smokers, 80% felt that smoking should be allowed in separate smoking areas and 13% felt that smoking shouldn't be allowed anywhere. Only 3% of daily smokers felt that smoking should be allowed in all areas. Of those employees who were non-smokers, 45% felt it should be allowed in separate areas (Table 24) and 50% felt that smoking shouldn't be allowed anywhere.

Table 24. Employee's views on where smoking should be allowed in the workplace

| | Nowhere % | Separate areas % | All areas % | Section decision % | Don't know % | Base (n) % |
|----------------------------|--------------|------------------------|-------------------|--------------------------|--------------------|------------------|
| Daily or occasional smoker | 13 | 78 | 2 | 5 | 1 | 93 |
| Ex-smoker | 36 | 55 | 1 | 5 | 2 | 83 |
| Non-smoker | 50 | 45 | 0 | 1 | 4 | 173 |
| All | 37 | 56 | 1 | 3 | 3 | 349 |

Smokers' perception of health risks

When daily and occasional smokers were asked if they thought they were likely to become ill if they continued their smoking, over half (58%) of daily smokers and nearly one third (30%) of occasional smokers thought it was very likely, while just under one quarter (23%) of daily smokers and nearly one third (30%) of occasional smokers said it was a 50/50 chance. A small number – 1% of daily smokers and 4% of occasional smokers – said it was not very likely (Table 25).

Table 25. Occasional/daily smokers' views on the risk of becoming ill from smoking

| | Very likely % | Likely % | 50/50 % | Not very likely % | Don't know % | Base (n) |
|-------------------|------------------|-------------|------------|----------------------|-----------------|-------------|
| Daily smoker | 58 | 11 | 23 | 1 | 7 | 71 |
| Occasional smoker | 30 | 30 | 30 | 4 | 4 | 23 |
| All smokers | 51 | 16 | 25 | 2 | 6 | 100 |

Perception of risk by smoking quantity

Of those who smoke daily, 59% of heavy and 62% of moderate smokers agreed that it was very likely they would get ill if they continued to smoke, while 5% of heavy smokers thought it was not very likely (Table 26). More light smokers thought it was 'likely' they would get ill rather than 'very likely'. However, relatively few of the light smokers thought there was a 50/50 chance they would become ill from their smoking (compared to moderate or heavy smokers) and none of the light smokers thought it was unlikely they would become ill (Table 26).

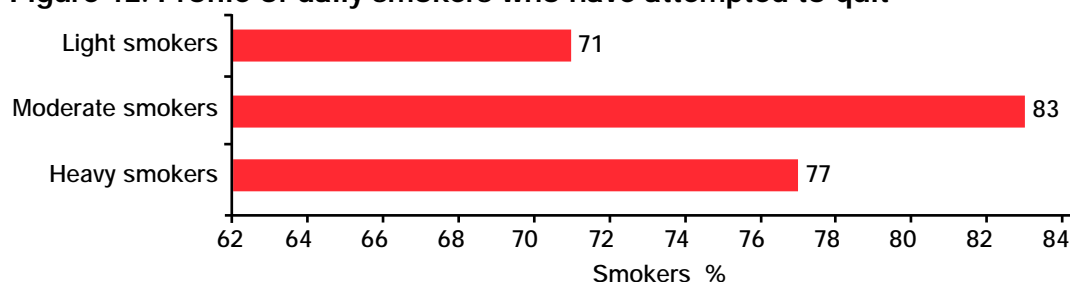
Table 26. Light/moderate/heavy smokers' views on the risk of becoming ill from smoking

| | Very likely % | Likely % | 50/50 % | Not very likely % | Don't know % | Base (n) |
|-----------------|------------------|-------------|------------|----------------------|-----------------|-------------|
| Light smoker | 29 | 43 | 14 | 0 | 14 | 7 |
| Moderate smoker | 62 | 8 | 22 | 0 | 8 | 40 |
| Heavy smoker | 59 | 9 | 23 | 5 | 4 | 22 |
| All smokers | 51 | 16 | 25 | 2 | 6 | 67 |

Smokers' readiness to quit

Seventy four percent of all smokers have tried to quit smoking. Of those who have attempted to quit, 81% were daily smokers and 19% were occasional smokers. Looking at those who are daily smokers, Figure 12 shows that more moderate smokers (83%) have tried to quit compared to heavy smokers (77%) and light smokers (71%).

Figure 12. Profile of daily smokers who have attempted to quit



The majority of smokers who have attempted to quit did so either between one and six months ago (33%) or over 12 months ago (35%). Seventeen percent have tried to quit within the last month. Smokers' intention to quit is often assessed using a model called the stages of change.¹⁰ In this survey, the stage of change for smokers was assessed by asking whether they were intending to try to quit and, if so, within what timescale. Those who did not intend to try quitting in the next six months were designated as being in the pre-contemplation stage. Those who were planning on trying to quit in the next six months could be divided into groups: 'contemplators', who were not planning to quit in the next 30 days and those in 'preparation', who were. Smokers who had actually set a date for giving up were designated as being at the 'action' stage. Table 27 shows how many current smokers are in each of the stages, the largest proportion (42%) being in the pre-contemplation stage.

Table 27. Smokers' position in stages of change model

| Stage of change | Smokers % |
|-------------------------|--------------|
| Pre-contemplation stage | 42 |
| Contemplation stage | 33 |
| Preparation | 13 |
| Action stage | 12 |
| Base (n) = 94 | |

Priority support/activities for employees

Almost half of the smokers (45%) were not interested in information or support to quit smoking if offered by their employer. One third (33%) were interested in a written self-help resource pack and one quarter (25%) were interested in group sessions/support.

Employers' current provisions and priorities

Currently only a few workplaces offer employees any form of support to give up smoking. Three provide employees with some flexibility with their working hours to allow them to attend group support sessions for giving up smoking (Table 28).

Table 28. Options currently provided by employers to support smokers in giving up

| Options | Number of organisations |
|---|----------------------------|
| Provide employees with some flexibility with their working hours to allow them to attend group support sessions for giving up smoking | 3 |
| Participate in No Smoking Day | 2 |
| Provide information sessions on smoking and how to give up smoking | 1 |
| Provide information on the smoking helpline for support and advice | 1 |
| None of the above | 14 |
| Base (n) = 20 | |

When employers/employer representatives were asked what they believed were the potential priority areas/actions relating to their employees and the workplace, they identified the following:

- provide a written self help resource pack on giving up smoking (15);
- provide information on the smoking helpline for support and advice (13);
- provide information sessions on smoking and how to give up smoking (12);
- participate in No Smoking Day (12);
- support staff (through flexible working arrangements) who wish to be involved in group support sessions to help give up smoking (7).

Men's issues

Forty four percent (n=156) of the respondents to this questionnaire were male and, of these, nearly one third (34%) have received instruction or read literature on how to examine their testicles. Male respondents were asked how often they examine their testicles; a large proportion never examine them (41%), while only 31% examine their testicles at least once a month (Table 29).

Table 29. How often male employees examine their testicles

| | % |
|-----------------------|----|
| At least once a month | 31 |
| Once every 2-3 months | 20 |
| Less often | 8 |
| Never | 41 |
| Base (n) = 156 | |

Priority support/activities for employees

Male employees were most interested in written information on testicular examination (59%) and prostate cancer (51%) if provided by their employer.

Employers' current provisions and priorities

One out of the 20 organisations provides written material on family planning to their male employees (one company does not have any male employees). None provides information on testicular examination or prostate cancer.

When employers/employer representatives were asked what they believed were the potential priority areas/actions relating to their employees and the workplace, they identified the following:

- provide written material on how to examine testicles (18);
- provide written material on prostate cancer (18);
- provide written material on family planning (16).

Women's issues

Of the female employees (n=198), 66% have received instruction or read literature on how to examine their breasts. Female employees were asked about breast awareness and smear tests. Just over half of women check their breasts at least once a month or once every two to three months, while 46% check their breasts less often or never (Table 30).

Table 30. How often female employees check their breasts

| | % |
|-----------------------|----|
| At least once a month | 29 |
| Once every 2-3 months | 25 |
| Less often | 23 |
| Never | 23 |
| Base (n) = 197 | |

The majority of female employees have had a cervical smear within the past three years (74%); however, 17% have never had a cervical smear (Table 31).

Table 31. When female respondents have had their last cervical smear

| | % |
|----------------------|----|
| Less than 1 year ago | 37 |
| 1-3 years ago | 37 |
| Over 3 years ago | 8 |
| Never | 17 |
| Don't know | 1 |
| Base (n) = 195 | |

Priority support/activities for employees

Female employees were most interested in written information on breast awareness (57%) and cervical cancer (50%) if provided by their employer.

Employers' current provisions and priorities

A very small number of organisations provide written material on family planning, cervical cancer and breast awareness to their female employees. When employers/employer representatives were asked what they believed were the potential priority areas/actions relating to their employees and the workplace, they identified the following:

- provide written material on how to check breasts (17);
- provide written material on cervical cancer (17);
- provide written material on family planning (15).

Breastfeeding

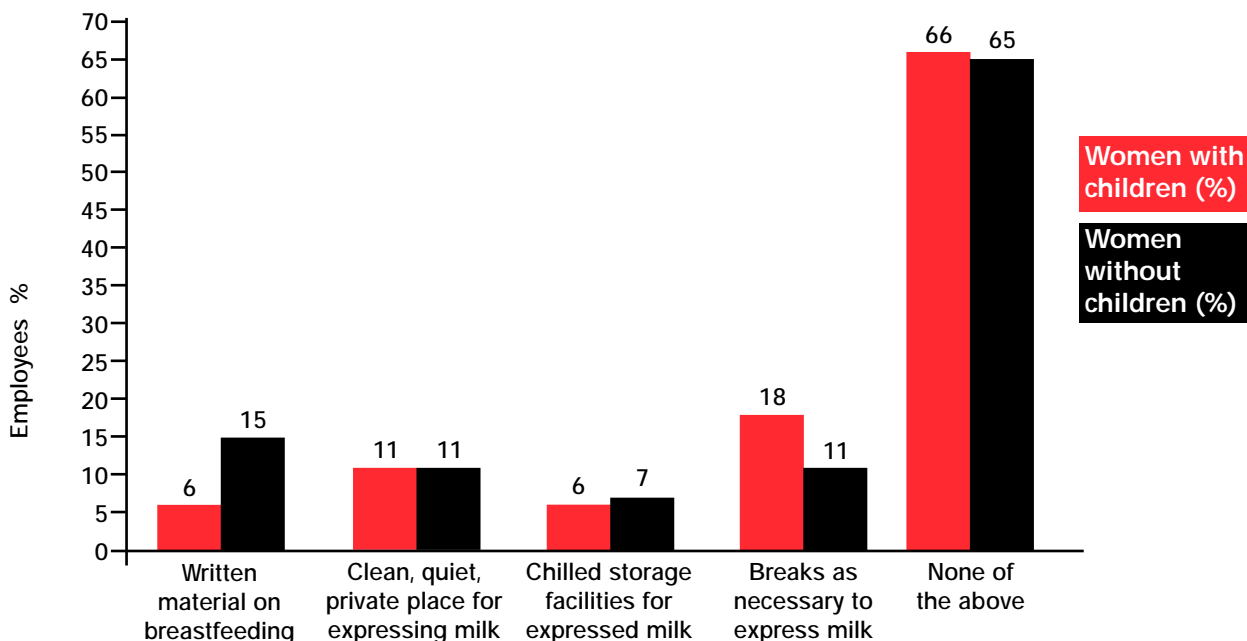
Female employees were asked if they had breastfed any of their children, even for only one feed. Of those with children, 57% had breastfed, compared to 54% in the general Northern Ireland population.¹¹ Table 32 also highlights the potential to reach a large proportion of female employees who may choose to have children in the future.

Table 32. Infant feeding method of female employees

| | % |
|----------------------------|----|
| Breastfed | 26 |
| Bottle fed only | 20 |
| I do not have any children | 54 |
| Base (n) = 183 | |

Female employees were asked what support or information they would be interested in that would support them to breastfeed and return to work. Sixty six percent were not interested in any issues around breastfeeding in the workplace, which highlights the need to raise awareness of both the health benefits of breastfeeding and breastfeeding in the workplace. Of those women who were interested, some had children and some had not. Women with children were more likely to be interested in breaks as necessary to express milk, whereas women without children were more interested in written materials on breastfeeding (Figure 13).

Figure 13. Proportion of female employees interested in breastfeeding support



When employers/employer representatives were asked what they would be willing to provide, they identified the following:

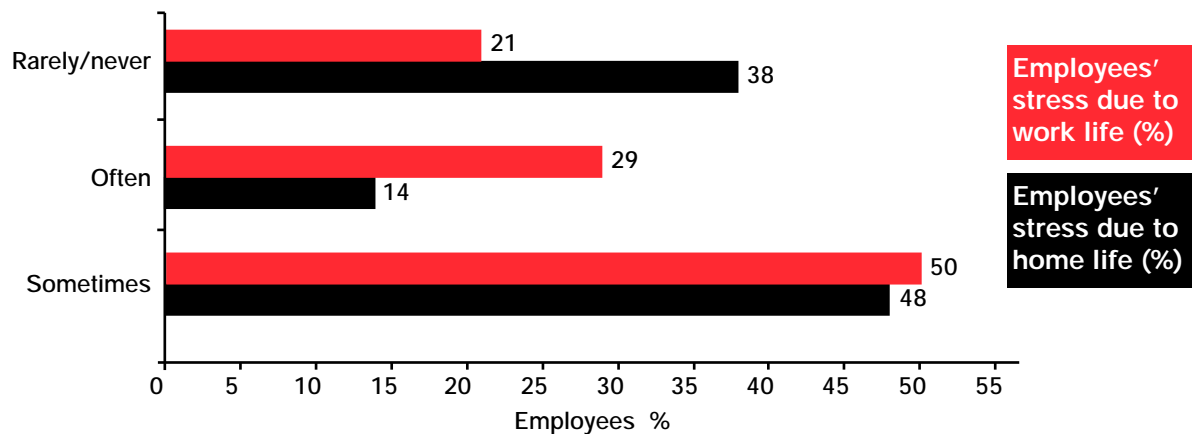
- suitable breaks for mothers needing to express milk (18);
- written material on breastfeeding (16);
- a clean, quiet and private place for mothers who need to express milk (16);
- adequate storage for expressed milk (15).

Stress

Self reported stress due to work and home life

Employees were asked how often they felt stressed due to their work life and their home life. Seventy nine percent reported they were stressed by their work life and 62% reported they were stressed by their home life. When this is analysed further to look at employees who are either often or sometimes stressed because of work and home life, 29% often felt stressed because of their work and 14% often felt stressed because of their home life, with 50% sometimes stressed because of work and 48% sometimes stressed because of home. Some employees were rarely or never stressed at work (21%) or at home (38%).

Figure 14. Level of stress felt by employees because of work and home life



Further analysis showed that 55% of employees were often/sometimes stressed because of their work life and home life, while 24% were often/sometimes stressed because of their work life but never/rarely stressed because of their home life (Table 33). Fourteen percent were rarely/never stressed because of their work life or home life, while 7% were never/rarely stressed because of work, but often/sometimes stressed because of their home life.

Table 33. Relationship between stress caused by work and home life

| Stress because of work | Stress because of home | | |
|------------------------|------------------------|----------------|----------------|
| | Often/sometimes % | Rarely/never % | Total (base) % |
| Often/sometimes | 55 | 24 | 79 (278) |
| Rarely/never | 7 | 14 | 21 (74) |
| Total (base) | 62 (218) | 38 (134) | 100 (352) |

General psychological wellbeing of employees

The General Health Questionnaire (GHQ12) was used to assess the general psychological wellbeing of employees.¹² This set of 12 questions asked employees about their general level of happiness, depression, anxiety and sleep disturbance. Nineteen percent of males and 33% of females obtained a score of four or more. A score of four or more indicates short-term changes in mental health (eg depression, anxiety, social dysfunction).

Methods of coping with stress

When asked how they mostly coped with everyday stresses, almost two out of three employees (65%) said they cope sometimes or often by talking over problems with a family member, while 63% talked to a close friend and 61% took some physical activity. A smaller number but still nearly half (47%) have an alcoholic drink and 28% smoke cigarettes. This suggests that all the smokers (27% of the sample) often or sometimes use cigarettes to cope with stress.

Self reported need to reduce stress

Nearly 6 out of 10 (57%) employees feel that they need to reduce their overall stress levels while nearly one third (29%) do not, and 14% do not know. This would indicate that stress is not of particular concern to this group, therefore the total who do not feel the need to reduce stress could be just over 4 out of 10 employees (43%).

Table 34. Self reported need to reduce stress

| Would like to reduce level of stress | % |
|--------------------------------------|----|
| Yes | 57 |
| No | 29 |
| Don't know | 14 |

Base (n) = 351

Priority support/activities for employees

Information during working hours on relaxation or stress management (48%), written information on stress and how to cope with it (44%), and training on time management and managing your workload (37%) were of interest to employees if provided or supported by their employer.

Employers' perceptions of levels and causes of stress

All of the 20 workplaces were asked to rate the level of stress within the organisation. Responses varied: eight felt that the level of stress in their organisation was very/quite high, while six said the level of stress was neither high nor low and a further six said it was quite low. The following were listed as the main sources of stress in the workplace:

- the demands placed on employees are high (14);
- employees are subjected to unacceptable behaviours (eg bullying or violence) at work (8);
- employees may not be kept informed/consulted about organisational change (5);
- employees have little control over the way they do their work (4);
- employees do not receive adequate information and support from their colleagues and superiors (4);
- employees' roles and responsibilities may be unclear (4);
- none of the above (3).

Stress can be caused by a number of factors including those listed above. An additional cause of stress can be related to how and if an employer recognises good work and addresses poor work. Six organisations said that good work was always sufficiently recognised in their workplace, while 13 said it was sometimes recognised and one employer said it never was. This is in contrast to half (50%) of the employees who feel that they are satisfied with the recognition they receive from their employer for doing a good job. Less than half of employers/employer representatives felt that bad work was always addressed (9) while 11 said it was sometimes addressed. Morale also influences stress levels. Most employers/employer representatives rated morale within their workplace as quite high (13), while five said morale was neither high or low and two said it was quite low.

When employers/employer representatives were asked what provisions they had for dealing with employee stress or what they would be willing to provide or support, they identified the following (Table 35).

Table 35. Current provisions/actions provided by employer for dealing with stress and what provisions/actions they would be willing to introduce

| | Currently provided | Willing to introduce |
|--|--------------------|----------------------|
| Information/education sessions on relaxation/stress management | 4 | 13 |
| Written information on what stress is and how to cope with it | 3 | 12 |
| Information about how to access a confidential counselling service | 3 | 10 |
| A confidential counselling service | 3 | 11 |
| Staff training on time management/managing your own workload | 11 | 6 |
| Regular risk assessment for stress at work | 1 | 5 |
| Stress audits | 1 | 6 |
| Discuss stress management at staff appraisals | 7 | 3 |
| Develop shift patterns which minimise stress | 4 | 1 |
| Organise team building events | 13 | 6 |
| None of the above | 4 | 0 |
| Base (n) = 20 | | |

Organisational policies and procedures

All information in this section about policies and procedures was obtained directly from the employer/employer representative through the organisational health assessment.

Safety and health policies

Many of the participating businesses/organisations have written policies on safety, smoking and alcohol misuse. Very few organisations have policies on breastfeeding, stress, or general health. None of the organisations has policies on physical activity, nutrition and weight control (Table 36).

Table 36. Types of policies implemented in each of the 20 organisations

| Policy | Policy (written, unwritten, in induction or as part of employment contract) | No current policy | Would consider introducing a written policy |
|------------------------------|---|-------------------|---|
| Safety | 19 | 1 | 1 |
| Smoking | 17 | 3 | 3 |
| Alcohol misuse | 14 | 6 | 5 |
| Stress/mental health | 5 | 15 | 14 |
| General health | 2 | 18 | 18 |
| Breastfeeding | 2 | 18 | 17 |
| Nutrition and weight control | 0 | 20 | 18 |
| Physical activity | 0 | 20 | 16 |
| Base (n) = 20 | | | |

Alcohol misuse

Of those organisations with policies on alcohol (either as a separate policy, included in induction policy or as part of employment contracts) nine are written. Of those organisations that have a policy (either written or unwritten) eight feel their policy on alcohol is implemented effectively. Table 37 shows that in addressing the issue of alcohol and the workplace, the majority of organisations have disciplinary procedures in place to deal with those that come into work under the influence of alcohol (17), and would send individuals home that come into work under the influence of alcohol (17).

Table 37. Organisational procedures that address alcohol in the workplace

| Options | Yes | No |
|---|-----|----|
| Raise awareness and provide guidance to staff who are in a supervisory or management role on the symptoms, effects on work and health consequences of alcohol | 4 | 16 |
| Offer information on how employees can access advice or counselling services on reducing alcohol intake | 5 | 15 |
| Provide assistance and support to employees with alcohol problems with the aim of reintegrating them back into the workplace | 7 | 13 |
| Have disciplinary procedures in place to deal with those who come into work under the influence of alcohol | 17 | 3 |
| Send individuals home who come into work under the influence of alcohol | 17 | 3 |
| Carry out alcohol testing | 0 | 20 |
| Provide written information to employees on sensible drinking | 1 | 19 |
| Informally talk to an individual who you suspect has an alcohol problem | 13 | 7 |
| Let an individual who is suspected of having an alcohol problem sort the problem out themselves* | 3 | 16 |

Base (n) = 20 *One employer did not respond.

Smoking

In total, 16 organisations have a policy on smoking and of these 12 are written, two are unwritten and two are included in employee induction. All reported that their policy is implemented effectively although this is contradicted by the results from the employee survey which showed confusion in some organisations about where the policy states smoking is allowed. Four organisations allow staff smoke breaks in addition to normal breaks. In organisations with company vehicles, half (6) allowed employees to smoke in all vehicles, one in 'some' vehicles, and five didn't allow smoking in any vehicles.

Safety

Half of the organisations (9) have a committee that addresses workplace safety and almost all (19) have a written policy on workplace safety. Of those with written policies, 17 feel they are implemented effectively. The written policies are reviewed every year (7 organisations), every two years (6 organisations), every three years (1 organisation), every six months (1 organisation), not reviewed (2 organisations).

Written workplace risk assessments are completed in 11 organisations and four are in the process of completing these. Employees are trained to recognise and control workplace safety risks in 17 organisations. Three organisations do not offer health and safety training.

Employers/employer representatives were given a definition of manual handling tasks and asked if their employees carried out any manual handling activities that posed a safety risk. Fifteen organisations said that they did. Of these organisations, 12 carry out manual handling training. Two organisations would like to introduce training on manual handling with employees.

All of the organisations have a first aid box on their premises. There is a trained first aider in 16 of the workplaces and 13 organisations would like to have a trained first aider or more first aiders.

Employees are encouraged to take their breaks in 19 of the organisations, with 13 out of 15 organisations where staff use keyboards/computer monitors recommending that staff take regular breaks from this type of work.

Health surveillance

Prior to starting Work Well, most of the organisations (18) stated that they had assigned a member of staff to be responsible for health surveillance. Occupational health services or support are used by only five organisations, but a further seven organisations would like to use occupational health services.

Human resources

Policy development

The majority of organisations have policies in place regarding grievance/complaints, maternity leave and equal opportunities monitoring (Table 38). However, few organisations have policies regarding harassment/bullying, carers' leave, and career breaks.

Table 38. Organisational policies (written, unwritten) and organisations that would like to develop a policy

| Policy | Written | Unwritten | No policy | Would like to develop a policy |
|---------------------------------|---------|-----------|-----------|--------------------------------|
| Grievance/complaints | 16 | 1 | 2 | 2 |
| Maternity leave | 16 | 3 | 0 | 1 |
| Equal opportunities monitoring | 13 | 1 | 5 | 3 |
| Paternity leave | 11 | 3 | 3 | 3 |
| Compassionate/bereavement leave | 10 | 8 | 1 | 4 |
| Job share | 10 | 6 | 2 | 7 |
| Training and development | 8 | 4 | 5 | 7 |
| Flexible working hours | 5 | 9 | 5 | 3 |
| Career breaks | 3 | 3 | 13 | 3 |
| Carers' leave | 3 | 3 | 13 | 6 |
| Harassment/bullying | 1 | 2 | 16 | 5 |
| Base (n) = 20 | | | | |

Note: The number of employers who want to develop a policy is higher than the number with no policy in some cases because some employers with unwritten policies wanted to develop written policies.

Most of the organisations offer all or some of their staff an induction programme for new employees (18), staff appraisal/performance management system (20), and career development support (18). Very few companies offer childcare vouchers to their staff (Table 39).

Table 39. Human resource procedures/support offered to staff

| | Offered to all staff | Offered to some staff | Not offered |
|---|----------------------|-----------------------|-------------|
| Induction programme for new staff | 17 | 1 | 2 |
| Staff appraisal/performance management system | 16 | 4 | 0 |
| Career development support | 13 | 4 | 3 |
| Childcare vouchers* | 1 | 1 | 11 |

Base (n) = 20 *Seven employers did not respond.

Measurement and management of absenteeism rates and staff turnover

Absenteeism rates are currently measured and reported in 19 of the 20 workplaces. Each workplace measures its absenteeism rates differently, so comparison is not possible at this stage. Any changes in absenteeism rates for individual organisations will be measured at the end of the initiative.

Just over half the organisations are satisfied with their absenteeism rates (11), while the rest are dissatisfied (6) or neither satisfied nor dissatisfied (3). The employer/employer representative was asked to report the main reasons for absenteeism. They could select more than one answer. They reported that absenteeism was attributable to illness (17), casual absenteeism (9), personal problems (8), caring responsibilities (6), family illness and work related stress (4), and illnesses/accidents attributable to work (1). They were then asked to report what they believed were the main reasons for illness reported by employees. They listed cold/flu (18), stomach upsets (13), headaches (6), back problems (4), and one organisation did not know.

Fifteen organisations have a formal absence management system, while five do not. These five would like further information on developing an absence management system.

Staff turnover is recorded in 14 organisations and another three organisations would like further information on measuring staff turnover rates within their workplace. Over half of the organisations are satisfied with current staff turnover (12), while the rest are dissatisfied (4), neither satisfied nor dissatisfied (3), or very dissatisfied (1). Employer/employer representatives were asked what they believed were the main reasons for staff turnover. Table 40 lists their responses.

Table 40. Perceived reasons for staff turnover in each organisation

| | Number of organisations |
|---|-------------------------|
| Career development | 14 |
| Staff not coping with workload | 7 |
| Difficult interpersonal relationships with staff | 4 |
| Low paid job | 4 |
| Unsociable hours | 4 |
| Location of workplace/want to work closer to home | 3 |
| Large number of seasonal staff | 3 |
| Personal development | 2 |
| Mundane, repetitive work | 2 |
| No staff have left in the past 12 months | 2 |
| Large number of temporary employees | 1 |
| Don't know | 1 |
| Risk associated with job | 0 |
| Base (n) = 20 | |

Exit interviews (interviews with staff when they leave employment) are carried out in 13 organisations. These exit interviews are either written formal or mainly informal interviews. Five of the organisations would like further information on carrying out exit interviews within their organisation.

Job satisfaction

Employers/employer representatives were asked if they measured staff satisfaction rates, and seven reported that they did. It is not measured in the remaining 13 organisations and these companies would like further information on how to measure staff satisfaction rates. As part of the Work Well employee questionnaire which each member of staff was invited to complete, all the organisations taking part have now completed a job satisfaction survey with employees.

Planning

Planning is an important part of implementing a health promoting workplace initiative and ensures that it is not a one-off activity but is integrated into the whole organisation. Therefore, how the organisation plans to develop a healthy workplace should be included in the organisational business plans, so organisations were asked about their business planning processes.

Most of the organisations have a business planning process (15), while some have elements of it (3) or do not have anything (2). Likewise, most of the organisations have a written business or operational plan (15), while some are more informal (2), or have none (1). Of those organisations that have a written business or operational plan, 12 include staff training and development within the plan, while 4 do not. Thirteen organisations have a training plan, and an additional six organisations would like further information on developing a training plan for their organisation.

Currently, none of the organisations includes workplace health within its planning process.

Communication

An essential success factor in developing any change initiative including a healthy workplace initiative is good two-way communication, and therefore organisations were asked about existing communication systems. This was to ascertain what current channels could be used but also look at the need for additional communication where appropriate. The responses the employer/employer representative gave showed that organisations generally use face to face/informal contact, induction programmes, staff meetings, and email to communicate with their employees on a regular basis (Table 41).

Table 41. Channels that organisations use on a regular basis to communicate with staff

| | Yes | No |
|-----------------------------------|-----|----|
| Face to face/informal | 20 | 0 |
| Induction | 18 | 2 |
| Staff meeting | 17 | 3 |
| Email | 15 | 5 |
| Notice board | 15 | 5 |
| Circulation of minutes | 14 | 6 |
| Briefing sheets | 11 | 9 |
| Other meetings/committees | 11 | 9 |
| Health and safety meetings | 9 | 11 |
| Wage packet inserts | 8 | 12 |
| Staff newsletter | 7 | 13 |
| Through employee trade union reps | 2 | 18 |
| Base (n) = 20 | | |

Out of the 20 organisations, nine communicate with their staff about health messages and 11 do not. Of the nine that do, the majority generally cover mainly health issues related to safety. Employers/employer representatives were asked how effective they believed their current communication channels to be. Most reported that they were very effective (4) or effective (14), with just two reporting that they were not effective. However many of them would like further information on improving communication within their workplace (16).

Training and development

Training and development of employees play a key role in ensuring that people have the right skills and competencies to do their job well. This in turn has an impact on job satisfaction which is an important factor in influencing the health of employees.¹³ Also, the structures set up in training and developing staff can also be used in developing a healthy workplace. Each of the organisations was therefore asked about training and development within its organisation.

All of the participating organisations reported that they provide all staff (18) or some staff (2) with training related to their job. Organisations deliver training using both internal and external providers (18), internal provider only (1), and external provider only (1). Training is always evaluated in 12 of the organisations and sometimes evaluated in a further three organisations. Organisations were asked how they evaluate training; they reported it was through written feedback from participants (11), informal feedback from participants (8), or via staff appraisals (8). Of the six organisations that do not evaluate training, four would like further information on the issue.

Understanding of workplace health

Each employer/employer representative was asked questions on their current understanding of a healthy promoting workplace. This included questions on what their workplace health priorities were, why they had not developed a health promoting workplace initiative before now, and what help and support they envisaged they would need to develop a healthier workplace.

Many organisations considered provision of a safe, healthy working environment for employees, and information/support for healthy activities the most important aspects of workplace health for them (Table 42). Very few organisations considered development of safety, health, and human resource policies to be the most important aspects of workplace health; although by developing these, workplaces can achieve a safe, healthy and supportive environment for employees.

Table 42. Top three priorities of workplace health as reported by employers

| | 1st priority | 2nd priority | 3rd priority |
|--|--------------|--------------|--------------|
| Providing a safe working environment for staff | 10 | 2 | 1 |
| Providing a healthy working environment for staff | 4 | 12 | 0 |
| Providing information/support for healthy activities | 0 | 1 | 9 |
| Development of health policies | 3 | 3 | 3 |
| Development of safety policies | 2 | 1 | 3 |
| Development of human resource policies | 1 | 1 | 4 |

Base (n) = 20

Organisations were then asked for the top five benefits they hoped to gain from developing a workplace health programme. Many organisations viewed improved employee health, improved staff morale, improved productivity and performance of the organisation and reduction in absenteeism amongst their top five benefits to be gained. Very few organisations included improved recruitment/industrial relations/likelihood of being awarded work contracts, and reduction in safety risks/accident rates/insurance claims in their top five benefits.

Organisations were then asked for the main reasons that had prevented them developing workplace health programmes previously; they listed other priorities, lack of time, and lack of knowledge (Table 43).

Table 43. Reasons for not developing workplace health programmes to date as reported by employers

| | Organisations that cited as one of the reasons | Organisations that cited as main reason |
|--|--|---|
| Other priorities | 18 | 3 |
| Lack of time | 17 | 5 |
| Lack of knowledge on how to implement a healthy workplace initiative | 16 | 0 |
| Not identified a need for workplace health activities | 13 | 6 |
| Cost implications | 10 | 4 |
| Lack of support to implement a healthy workplace initiative | 9 | 0 |
| Not the right time | 4 | 1 |
| Organisation too small in size | 3 | 0 |
| Waiting for direction from head office | 1 | 0 |
| Base (n) = 20 | | |

When workplaces were asked for the main reason, 6 of the 20 organisations said that a need had not been identified, while 5 said that lack of time had been the main issue.

Most of the organisations would like help and support in a number of areas to organise health at work programmes (Table 44).

Table 44. Areas in which organisations would require help/support

| | Organisations |
|--|---------------|
| Provision of written information on health for employees | 20 |
| Help to identify overall workplace health needs | 18 |
| Identifying self-help resource packs | 18 |
| A health at work website | 18 |
| A local network of businesses developing healthy workplace practices | 17 |
| Identifying individuals/organisations to deliver health training/information | 17 |
| Identifying advice or counselling services | 17 |
| Help to identify employee health needs | 16 |
| A free telephone advice line | 16 |
| Identifying individuals/organisations to help develop healthier workplace policies | 16 |
| An online notice board facility/forum | 16 |
| Business to business mentoring | 12 |
| Base (n) = 20 | |

Discussion

A health promoting workplace goes above and beyond the statutory obligations of safety and occupational health and this means developing a healthy working environment, policies to support health and accessible activities which positively influence the health and wellbeing of employees.

As such, the evaluation for Work Well must cover many different aspects of employees' health, the organisation and the working environment. This report aims to look at each health area to give an overview and a baseline for future comparison to measure any changes in employee's health knowledge and choices and also their attitudes towards their job and organisation. Therefore, there are some emerging issues and priority areas which will be discussed below but conclusions cannot be drawn about the success of Work Well until the survey has been repeated.

It must be remembered that by the nature of self completion questionnaires all the data is self reported, which has its difficulties as it relies on the accuracy of the responses and respondents' own perception, but it does provide valuable baseline data.

Physical activity

Physical activity programmes are universally reckoned to be of benefit to both workforce and employer.⁵ Considering that a large proportion of the employees are not meeting the physical activity recommendations of at least 30 minutes of moderate activity on at least five days per week, and that nearly three quarters of employees would like to take more physical activity, this is a priority area of action for many of the workplaces which has already been identified by themselves.

Nutrition and weight

Poor nutrition is associated with increased risk of obesity and conditions such as heart disease, some cancers, diabetes, osteoporosis and compromised oral health.⁷

The survey results show that nearly 6 in 10 of the males and 5 in 10 of the females are either overweight or obese, compared to just over 6 in 10 of males and females in the general population.¹⁴ Weight was calculated using the Body Mass Index which was calculated based on respondents' self reported height and weight. As people tend to underestimate their weight, the BMI's calculated for the purpose of the analysis may actually be higher than reported.¹⁵

For many respondents there is a misperception about their weight with some considering they are underweight or about the right weight, whereas they are actually overweight or obese. While a few considered themselves overweight when they were the ideal weight.

There is a high awareness of the types of food that are associated with a less healthy eating pattern and between one third and one half of respondents reported that they consciously try to avoid these foods.

Only a small number of the respondents are eating the recommended levels of fruit and vegetables per day (at least five portions), although more than half knew what the recommendations are. This identifies a need to raise awareness about the recommendations but also to introduce fruit and vegetables to respondents who rarely or never eat them.

With improving eating habits and losing weight – the second and third highest priority respectively for respondents as reported by themselves – this is clearly a priority from a health perspective and should be a priority area for employers as part of the Work Well initiative.

Alcohol

There are specific risks associated with particular patterns of drinking: heavy drinking increases the risk of a wide range of illnesses and conditions such as cirrhosis of the liver and a number of cancers, while sessional or binge drinking is associated with an increased risk of strokes and heart problems.¹⁶

One third of the respondents who drink alcohol binge drink once or twice a week (binge drinking is defined as more than 10 units of alcohol if male, or 7 units if female, on one occasion).

There is a cost to the economy in terms of absenteeism which can as easily be the result of too much alcohol the night before as of long-term heavy drinking.¹⁶

There is limited awareness by the respondents of the daily sensible drinking limits. Of all the health areas listed that they would like to improve, respondents were least interested in reducing their alcohol intake or receiving any information on sensible drinking. This lack of interest may be a result of a lack of awareness of the health consequences of certain drinking patterns. This lack of awareness about sensible drinking presents a challenge when attempting to influence the respondents' drinking patterns. Employers could address this through alcohol policy and education.

Smoking

There are no data available for Northern Ireland on the costs to workplaces of smoking but a study of Scottish workplaces estimated the total cost of employee smoking in Scotland at £0.5 billion a year, with smoking-related absence accounting for £36 million, productivity losses £405 million, and £3.6 million losses from fire events.¹⁷

We know that passive smoking can increase the risk of lung cancer by 20–30%, heart disease by 25–35%, and stroke by 80%. In fact, the air in a room where people are smoking contains around 4,000 chemicals, some of which – at least 60 – are known to cause cancer. Recent research for Government concluded that there is no doubt at all that passive smoking significantly increases the risk of serious illness and states that no infant, child or adult should be exposed to it.¹⁸

As over one quarter of the respondents smoke, over two thirds of respondents are bothered by others smoking in the workplace, and eight of the workplaces taking part in Work Well do not have a written no smoking policy, there is a clear need for smoking policies and the issue of passive smoking to be addressed in some of the workplaces.

In organisations that do have a written policy there is less variation between respondents when asked where smoking is allowed/not allowed, which suggests that written policies are more effective than less formal and unwritten policies. Therefore, those organisations that have no written policy on smoking should consider introducing one and support should be offered to those employees who smoke and would like to quit.

Breastfeeding

Mother's health and baby's health are at risk if the baby is not breastfed, because of the known health benefits of breastfeeding to both.¹⁹ Therefore under the Management of Health and Safety at Work Regulations 1999 and the Employment Rights Act 2002, there is a duty to protect the rights of mothers to breastfeed when they return to work.

The proportion of employees in this sample that had ever breastfed was similar to the level in the rest of the population in Northern Ireland (56.5% compared to 54%); however only 15% of females without children and 6% of those with children want any information on breastfeeding.¹¹

This is a difficult health area to address in the workplace as many employers and employees feel that it is not a workplace issue. Therefore, information for both employers and employees is a priority to improve awareness among employers and employees on the benefits of breastfeeding and how workplaces can support mothers to breastfeed once they return to work.

Stress

The Health and Safety Executive (HSE) estimates that in the United Kingdom, 6.5 million working days are lost due to work related stress, that it cost employers £370 million and costs society £3.75 billion.²⁰

Work related stress is not an illness in itself but if it is prolonged or intense it can lead to physical or mental ill health. This survey was not in-depth enough to look at stress in any real detail but can give an organisation an indication of the prevalence of stress within the workplace. Nearly one third of the respondents are often stressed due to their work life and these are the respondents who are of most concern regarding stress and potential mental and physical ill health.

Employers already have duties under the Management of Health and Safety at Work Regulations 1999 to assess the risk of stress related ill health arising from work activities, and under the Health and Safety at Work Act 1974 to take measures to control that risk. The HSE has launched management standards for work related stress which can help employers to meet their legal duties.²¹

The Work Well workplaces that have high levels of stress either identified through the employee survey and/or anecdotally with staff should consider a more in depth stress audit, developing systems and support which can eliminate or reduce stress and support for staff who are experiencing high stress levels.

Job satisfaction

One of the key elements of creating a healthy workplace is creating a supportive environment. By doing this, workplaces are implementing changes which have an impact on employees' job satisfaction and their health. Job satisfaction as reported by employees is therefore one measurement of the impact of any health promoting workplace initiative. The responses from the survey to the job satisfaction questions are specific to each organisation and are dependent on different organisational systems and constraints. Hence, general observations cannot be made at this stage but by repeating the survey at the end of the initiative a measurement of any changes can be made.

Organisational and policy development

When employers/employer representatives were asked for the three top priorities regarding workplace health, half listed providing a safe working environment for staff as their first priority and over half listed providing a healthy working environment for staff as their second priority. This demonstrates the motives of workplaces for taking part in the initiative.

The responses by the organisations regarding the development of health and human resource policies which can support a healthy workplace and the health of employees showed that many organisations have developed policies but likewise many have not, would like to or want to review and improve their policies.

When organisations were asked to give one reason for previously not implementing a health in the workplace initiative, most stated that other priorities and a lack of time were the cause. But over three quarters of the employers stated it was a lack of knowledge on how to implement a healthy workplace initiative. When they were asked what was the main reason for not doing anything

previously, the highest response was that it was not identified as a need. This clearly shows that raising awareness with employers is essential in ensuring that more workplaces begin looking at health in the workplace.

The organisations were also presented with a list of support that they may find useful and asked if they would use any of it in improving health in the workplace. Every organisation stated that it needed written information on health for employees and nearly all stated they needed help to identify their workplace health needs and a health at work website. Significant numbers also listed other support they required. This demonstrates the level and types of support that these 20 workplaces need and would avail of. While a larger sample would be required to reach a firm conclusion, it does provide an indication of what is needed for small businesses regarding workplace health support.

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Appendix

Table 1. Profile of participating organisations

| Name of organisation | Description of business | Private sector | Voluntary sector | Public sector | EHSSB area | NHSSB area |
|-----------------------------------|--|----------------|------------------|---------------|------------|------------|
| Allegro | Sales and marketing | * | | | * | |
| Aiken Timber | Import and manufacture of timber | * | | | | * |
| Ards Citizen Advice Bureau | Advice service to the public | | * | | * | |
| Arts Council for Northern Ireland | Develops and supports arts activity | | | * | * | |
| Belfast Castle | Hospitality and catering | * | | | * | |
| Hamilton Architects | Architects | * | | | * | |
| Hampton Conservatories | Manufacturer of timber conservatories | * | | | | * |
| Harvey Group plc | Facilities management and mechanical and electrical contracts in the construction industry | * | | | | * |
| Housing Rights Service | Promotes right for those in housing need through specialist services | | * | | * | |
| Irish Garden Plants | Wholesale nursery | * | | | * | |
| Irwin Metalcraft | Agents and fabricators of balustrading, tube, sheet and flat bar materials | * | | | | * |
| John H Lunns | Retails and repairs jewellery goods | * | | | * | |
| JTM Training | Training for young people | * | | | | * |
| Knock Travel | Travel agents | * | | | * | |
| MacElhatton & Co Solicitors | Solicitors | * | | | * | |
| Rhyme Thyme Day Nursery | Day care for children | * | | | | * |
| Simon Community, Larne | Hostel for homeless people | | * | | | * |
| Coey Advertising Ltd | Advertising agency | * | | | * | |
| Tim Lewis Recruitment | Employment agency | * | | | * | |
| Tumelty Dawson & Co | Chartered accountants | * | | | * | |

Table 2. Levels of physical activity

| Number of days | Strenuous | | Moderate | | Light | |
|----------------|-----------|--------|----------|--------|-------|--------|
| | Male | Female | Male | Female | Male | Female |
| | % | % | % | % | % | % |
| 5+ | 6 | 1 | 16 | 6 | 31 | 26 |
| 4 | 4 | 0 | 4 | 6 | 6 | 9 |
| 3 | 7 | 4 | 10 | 15 | 10 | 16 |
| 2 | 7 | 6 | 19 | 20 | 21 | 21 |
| 1 | 13 | 3 | 14 | 15 | 15 | 11 |
| 0 | 63 | 86 | 37 | 38 | 17 | 17 |
| Base (n) = 354 | | | | | | |

Table 3. Employees' eating habits

| A Foods from the four main food groups | | | | | | |
|---|------------------------------|------------------------|-------------------|---------------------------|--------------------------|-------------|
| | More than once a day % | Once every day % | Most days % | Once/twice a week % | Less often/never % | Base (n) |
| Breakfast cereal | 3 | 36 | 13 | 20 | 28 | 349 |
| Fruit | 24 | 18 | 22 | 23 | 13 | 352 |
| Vegetables | 19 | 28 | 29 | 19 | 5 | 352 |
| Meat, chicken, fish, eggs | 12 | 37 | 32 | 15 | 4 | 352 |
| Bread, potatoes, rice, pasta | 16 | 34 | 32 | 16 | 2 | 351 |
| Milk, cheese, yogurt | 24 | 30 | 27 | 13 | 6 | 349 |
| B High sugar and high fat foods | | | | | | |
| | More than once a day % | Once every day % | Most days % | Once/twice a week % | Less often/never % | Base (n) |
| Sweets, confectionery | 6 | 10 | 20 | 37 | 27 | 347 |
| Sugary fizzy drinks, squashes | 11 | 8 | 17 | 21 | 43 | 347 |
| Cakes, biscuits, buns | 10 | 17 | 25 | 30 | 18 | 352 |
| Fried food | 0 | 2 | 10 | 45 | 43 | 336 |
| Processed food (eg meat pies, sausages) | 2 | 4 | 13 | 39 | 42 | 348 |
| Chips | 1 | 1 | 11 | 52 | 35 | 343 |