



Healthy workplaces: a model for action

*For employers, workers, policy-makers
and practitioners*



**World Health
Organization**

WHO Library Cataloguing-in-Publication Data

Healthy workplaces: a model for action: for employers, workers, policymakers and practitioners.

1.Occupational health. 2.Health promotion. 3.Workplace - standards. 4.Occupational diseases - prevention and control. I.World Health Organization.

ISBN 978 92 4 159931 3 (NLM classification: WA 440)

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Printed in Switzerland

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“The wealth of business depends on
the health of workers.”

Dr Maria Neira, *Director*, Department of Public Health and Environment,
World Health Organization

COVER

Vertical Job. Photographer: Francisco Monterro, USA. Safe equipment and safe behaviours are both essential to preventing occupational risks associated with hazardous tasks (2nd prize in the WHO/Pan American Health Organization (PAHO) photo contest 2010, *My work, my health*)

OVERLEAF

Men's job, women's job. Young workers in a pottery workshop in Amman, Jordan, 1993 © ILO





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Introduction: a model for action

Workers' health, safety and well-being are vital concerns to hundreds of millions of working people worldwide. But the issue extends even further beyond individuals and their families. It is of paramount importance to the productivity, competitiveness and sustainability of enterprises, communities, and to national and regional economies.

Currently, an estimated two million people die each year as a result of occupational accidents and work-related illnesses or injuries (1). Another 268 million non-fatal workplace accidents result in an average of three lost workdays per casualty, as well as 160 million new cases of work-related illness each year (2). Additionally, 8% of the global burden of disease from depression is currently attributed to occupational risks (3).

These data, collected by the International Labour Organization and the World Health Organization, only reflect the injuries and illnesses that occur in formally registered workplaces. In many countries, most workers are employed informally in factories and businesses where there are no records of work-related injuries or illnesses, let alone any programmes to prevent injuries or illnesses. Addressing this huge burden of disease, economic costs and long-term loss of human resources from unhealthy workplaces is a formidable challenge for national governments, eco-

conomic sectors, and health policy-makers and practitioners.

In 2007 the World Health Assembly of the World Health Organization endorsed the *Workers' health: global plan of action (GPA)* to provide new impetus for action by Member States. This is based upon the 1996 World Health Assembly *Global strategy for occupational health for all*. The 2006 *Stresa Declaration on Workers' Health*, the 2006 *Promotional framework for occupational health and safety convention (ILO Convention 187)* and the 2005 *Bangkok charter for health promotion in a globalized world* also provide important points of orientation.

The Global Plan of Action sets out five objectives:

- 1) To devise and implement policy instruments on workers' health;
- 2) To protect and promote health at the workplace;
- 3) To promote the performance of, and access to, occupational health services;
- 4) To provide and communicate evidence for action and practice;
- 5) To incorporate workers' health into other policies.

In line with the Global Plan of Action, this brochure provides a framework for the development of healthy workplace initiatives adaptable to diverse countries, workplaces and cultures.



OVERLEAF

The strength of teamwork. Photographer: Andrés Bernardo López Carrasco, Mexico. Workers in a warehouse lift a heavy metal structure in unison to prevent injury (1st prize in the WHO/Pan American Health Organization (PAHO) photo contest 2010, *My work, my health*)

BELOW

Humanizing work. Photographer: Marcelo Henrique Silveira, Brazil. A nurse in a Brazilian hospital takes time to read to a patient, offering a moment of mutual enjoyment (3rd prize in the WHO/Pan American Health Organization (PAHO) photo contest 2010, *My work, my health*)



Subsequently, practical guidance specific to sectors, enterprises, countries and cultures will be developed by WHO, in collaboration with countries, experts and stakeholders.

The principles outlined here are based on a systematic review of healthy workplace programmes in the global literature, including definitions, policies and practices for improving workplace health. The documentation was reviewed at a 22-23 October 2009 Geneva workshop involving 56 experts from 22 countries, WHO regional offices, related WHO programme representatives, an ILO representative, two international NGO representatives, and worker and employer representatives (see acknowledgements).

The review of this evidence is available in a 2010 background document, *Healthy workplaces: a global framework and model: review of literature and practices*. It is available online at:

http://www.who.int/occupational_health/healthy_workplaces/en/index.html

I.

Why develop a healthy workplace initiative?

It is the right thing to do: business ethics

Personal and social codes of behaviour and ethics are the foundation of every major religious and moral philosophy. One of the most basic of universally accepted ethical principles is to “do no harm” to others. In the workplace, this means ensuring employees' health and safety.

Long before national labour and health regulations came into being, business entrepreneurs learned that it was important to adhere to certain social and ethical codes related to workers, as part of their role in the broader community and to insure the success of their endeavours.

In the modern era, both global declarations and voluntary organizations have emphasized the importance of ethical business practices involving workers. The 2008 *Seoul declaration on safety and health at work (4)* asserts that a safe and healthy work environment is a fundamental human right. *The United Nations Global Compact* is a voluntary international leadership platform for employers. It recognizes the existence of universal principles related to human rights, corruption, labour standards and the environment.

It is the smart thing to do: the business case

A wealth of data demonstrates that in the long term, companies that promote and protect

workers' health are among the most successful and competitive, and also enjoy better rates of employee retention. Some factors employers need to consider are:

- a) the costs of prevention versus the costs resulting from accidents;
- b) financial consequences of legal violations of health, safety and occupational rules and laws;
- c) workers' health as an important business asset for the company.

Adherence to such principles avoids undue sick leave and disability, minimizes medical costs as well as costs associated with high turnover such as training, and increases long-term productivity and quality of products and services.

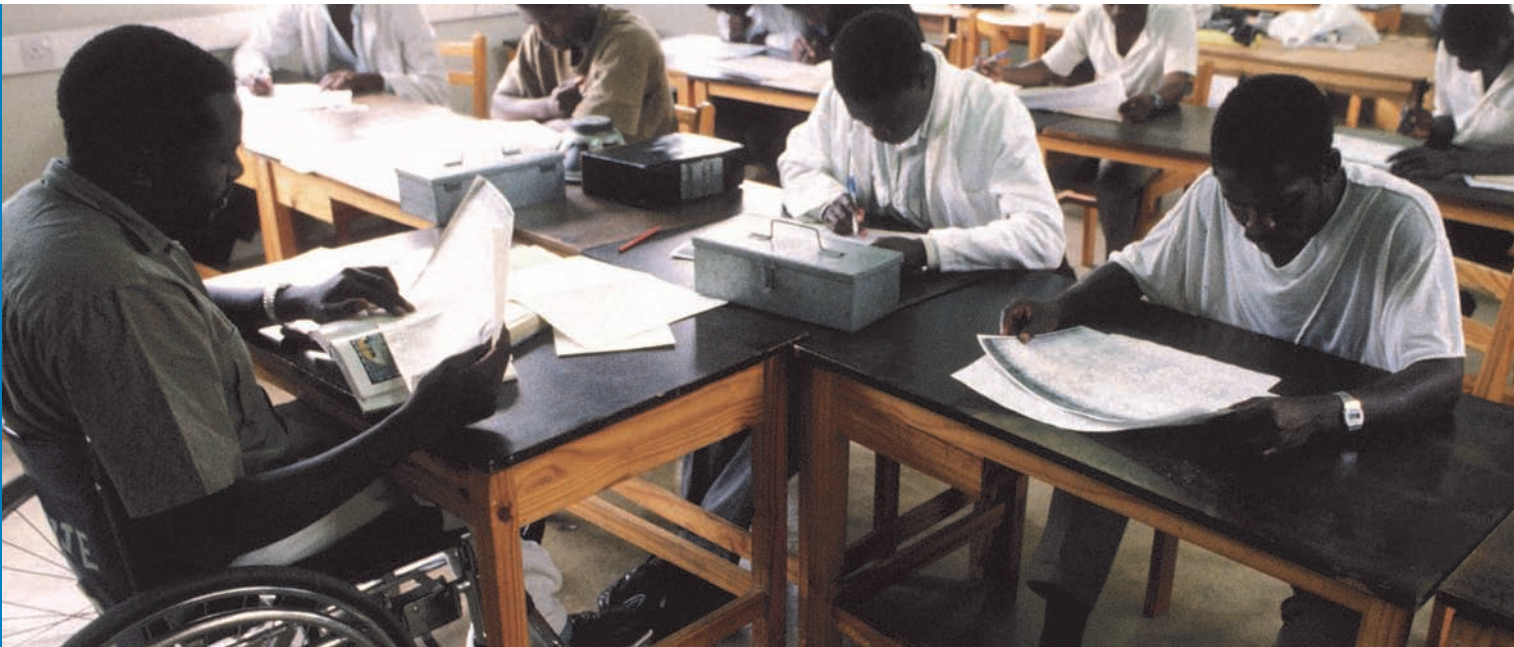
Increasingly, consumer power also is being leveraged to promote healthy workplace practices. For instance, a number of global movements of ethics-minded entrepreneurs and consumers have introduced commercial "fair trade" labels appealing to developed-country consumers. These labels aim to ensure the health and social well-being of producers as well as environmental safeguards in product processing.

It is the legal thing to do: the legal case

Most countries have enacted national and even local legislation requiring at least minimal em-

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*Paraplegic teacher in training centre, Harare,
Zimbabwe, 1992 © ILO*



ployer protection of workers from workplace hazards that could cause injury or illness. As trade mechanisms and awareness have developed, and major industrial accidents in developing countries have received increased worldwide media attention, many developing countries have increased their enforcement of occupational health codes and laws.

Businesses that fail to provide healthy work environments do not only leave employees, their families and the public exposed to undue risks and human suffering. In addition, their enterprises and leadership may become involved in costly litigation under national or international labour laws. This can result in fines or even imprisonment of managers and directors found

guilty of violations. Multinational companies that try to cut worker health and safety costs by moving their most dangerous industrial processes to countries where health, safety and labour legislation or enforcement are perceived as weaker may discover that their firms and products become the focus of intense international and media scrutiny, undermining their markets and profitability.

II.

Definition of a healthy workplace

WHO's definition of health is: "A state of complete physical, mental and social well-being, and not merely the absence of disease." In line with this, the definition of a healthy workplace that was developed in the consultations that took place around this document, is as follows:

A healthy workplace is one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and well-being of all workers and the sustainability of the workplace by considering the following, based on identified needs:

- *health and safety concerns in the physical work environment;*
- *health, safety and well-being concerns in the psychosocial work environment, including organization of work and workplace culture;*
- *personal health resources in the workplace; and*
- *ways of participating in the community to improve the health of workers, their families and other members of the community.*

This definition reflects how understanding of occupational health has evolved from an almost exclusive focus on the physical work environment to inclusion of psychosocial and personal health practice factors. The workplace is increasingly being used as a setting for health promotion and preventive health activities – not only to prevent occupational injury, but to assess and improve people's overall health. Another increasing emphasis is on workplaces that are supportive and accommodating of older workers and those with chronic diseases or disabilities.

“A healthy workplace is one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and well-being of all workers and the sustainability of the workplace...”

III.

Healthy workplace processes and avenues of influence

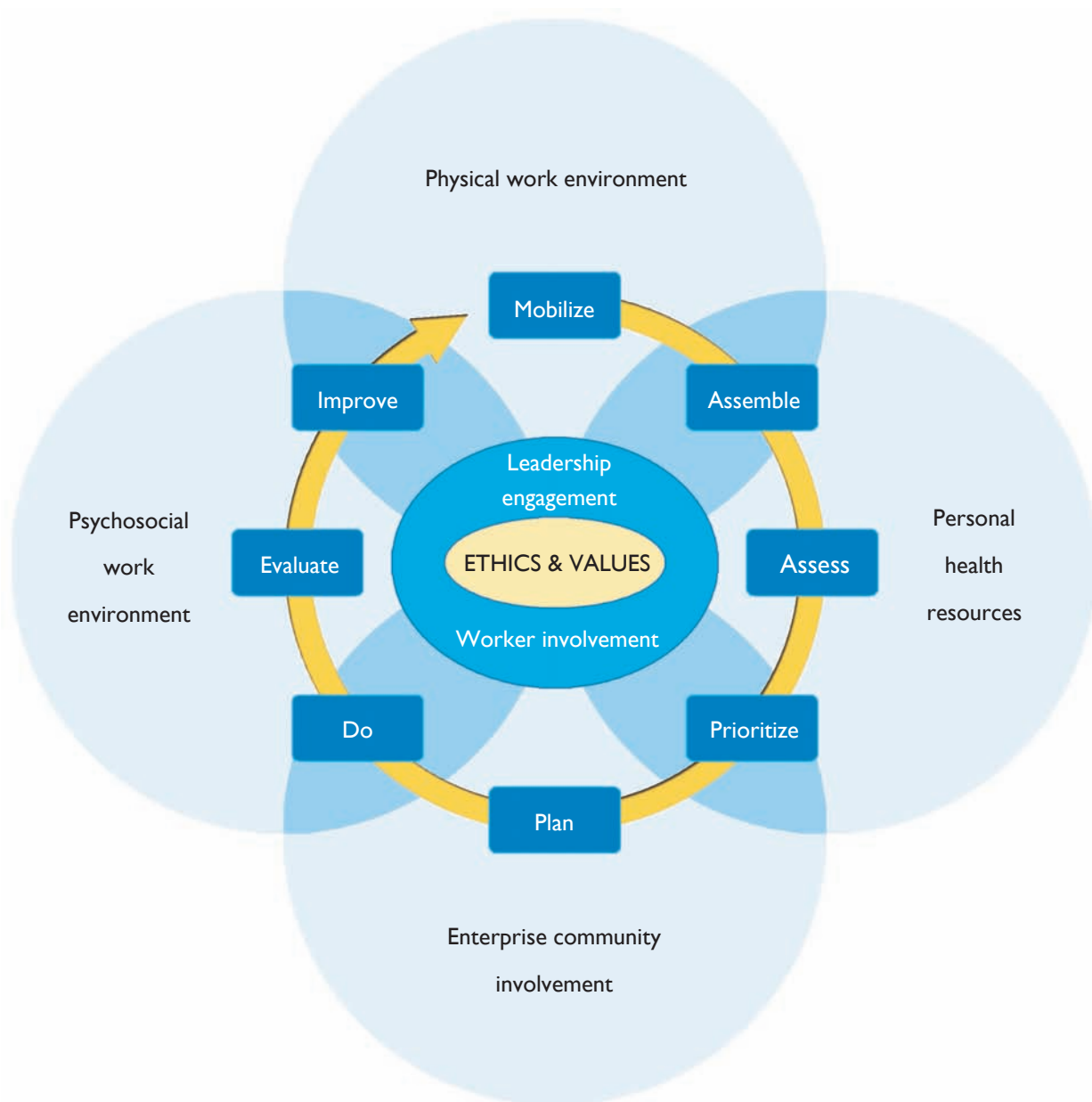
To create a healthy workplace, an enterprise needs to consider the avenues or arenas of influence where actions can best take place and the most effective processes by which employers and workers can take action. According to the model described here, developed through systematic literature and expert review, four key areas can be mobilized or influenced in healthy workplace initiatives:

- the physical work environment;
- the psychosocial work environment;
- personal health resources;
- enterprise involvement in the community.

Critical process aspects of the model include an emphasis on a step-by-step 'continual' processes of mobilization and worker involvement around a shared set of ethics and values, as shown in Figure I. The model's key content and process components are discussed in sections IV and V.

“To create a healthy workplace, an enterprise needs to consider the avenues or arenas of influence where actions can best take place and the most effective processes by which employers and workers can take action.”

FIGURE I
 WHO healthy workplace model: avenues of influence,
 process, and core principles



IV. The content: avenues of influence for a healthy workplace

Figure 2 depicts the four arenas in which actions towards a healthy workplace can best be taken. These are briefly described below and selected examples of typical actions also are provided. These avenues of influence often overlap with one another, as the figure's four overlapping circles reflect.

I. The physical work environment

The physical work environment refers to the structure, air, machinery, furniture, products, chemicals, materials and production processes in the workplace. These factors can affect workers'

physical safety and health as well as mental health and well-being. In cases where workers perform tasks in a vehicle or outdoors, those vehicles or outdoors locations are also part of the physical work environment.

Hazards in the physical environment typically have the greatest potential to disable or kill workers, so the earliest occupational health and safety laws and codes focused on these factors. Even so, these types of hazards still threaten workers' lives on a daily basis in developed as well as developing countries.

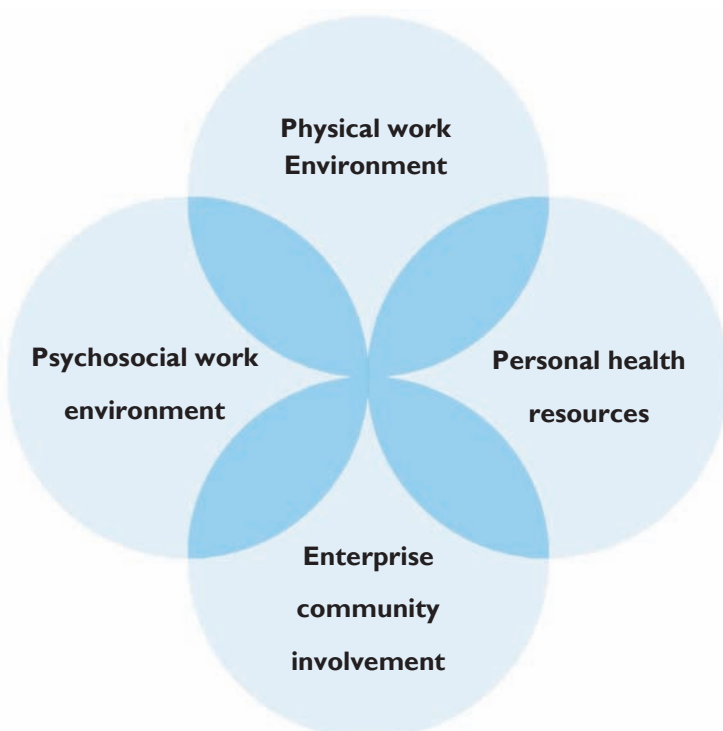


FIGURE 2
Avenues of influence for a healthy workplace

Problems typically include:

- chemical hazards (solvents, pesticides, asbestos, silica, tobacco smoke);
- physical hazards (noise, radiation, vibration, excessive heat, nanoparticles);
- biological hazards (e.g. hepatitis B, malaria, HIV, tuberculosis, mould, lack of clean water, toilets and hygiene facilities);
- ergonomic hazards (e.g. processes requiring excessive force, awkward posture, repetition, heavy lifting);
- mechanical hazards (e.g. machine hazards related to nip points, cranes, forklifts);
- energy hazards (e.g. electrical hazards, falls from heights);
- mobile hazards (e.g. driving on ice or in rainstorms or in unfamiliar or poorly maintained vehicles).

Examples of ways to influence the physical work environment: Typically, hazards must be identified, assessed and controlled through a hierarchy of control processes. Key steps typically include the following:

- *Elimination or substitution:* e.g. a factory may opt to replace benzene, a powerful carcinogen, with toluene or another less-toxic chemical. An office might eliminate driving in dangerous conditions by holding teleconference meetings.
- *Engineering controls* include installing machine guards on stamping machines, setting up local

exhaust ventilation to remove toxic gases, installing noise buffers and providing safe needle systems and patient lifting devices in hospitals.

- *Administrative controls:* employers can ensure good housekeeping, train workers on safe operating procedures, perform preventive maintenance on machines and equipment and enforce smoke-free policies.
- *Personal protective equipment* can include respirators for employees working in dusty conditions; masks, gloves and respirators for health care workers; and hard hats and safety boots for construction workers.

2. The psychosocial work environment

The psychosocial work environment includes organizational culture as well as attitudes, values, beliefs and daily practices in the enterprise that affect the mental and physical well-being of employees. Factors that might cause emotional or mental stress are often called workplace 'stressors'.

Examples of psychosocial hazards include but are not limited to:

- poor work organization (problems with work demands, time pressure, decision latitude, reward and recognition, support from supervisors, job clarity, job design, poor communication);

- organizational culture (lack of policies and practice related to dignity or respect for all workers, harassment and bullying, gender discrimination, stigmatization due to HIV status, intolerance for ethnic or religious diversity, lack of support for healthy lifestyles);
- command and control management style (lack of consultation, negotiation, two-way communication, constructive feedback, respectful performance management);
- lack of support for work-life balance;
- fear of job loss related to mergers, acquisitions, reorganizations or the labour market/economy.

Ways to influence the psychosocial work environment: Psychosocial hazards typically are identified and assessed using surveys or interviews, as compared to inspections for physical work hazards. A hierarchy of controls would then be applied to address hazards identified, including:

- *Eliminate or modify at the source:* Reallocate work to reduce workload, remove supervisors or retrain them in communication and leadership skills, enforce zero tolerance for workplace harassment and discrimination.
- *Lessen impact on workers:* allow flexibility to deal with work-life conflict situations, provide supervisory and co-worker support (resources and emotional support), allow flexibility in the location and timing of work, and provide timely, open and honest communication.


- *Protect workers by raising awareness and providing training to workers, for example regarding conflict prevention or harassment situations.*

3. Personal health resources in the workplace

Personal health resources are the health services, information, resources, opportunities, flexibility and otherwise supportive environment an enterprise provides to workers to support or motivate their efforts to improve or maintain healthy personal lifestyles, as well as to monitor and support their physical and mental health.

Examples of personal health resource issues in the workplace: Employment conditions or lack of knowledge may make it difficult for workers to adopt healthy lifestyles or remain healthy. For example:

- Physical inactivity may result from long work hours, cost of fitness facilities or equipment, and lack of flexibility in when and how long breaks can be taken.
- Poor diet may result from lack of access to healthy snacks or meals at work, lack of time to take breaks for meals, lack of refrigeration to store healthy foods or lack of knowledge.
- Smoking may be allowed or enabled by workplace environments.



“Hazards in the physical environment typically have the greatest potential to disable or kill workers, so the earliest occupational health and safety laws and codes focused on these factors.”

- Illnesses may remain undiagnosed and/or untreated due to lack of accessible, affordable primary health care.
- Lack of knowledge or resources for prevention of HIV/AIDS may result in high levels of HIV infection.

Examples of ways to enhance workplace personal health resources: These may include medical services, information, training, financial support, facilities, policy support, flexibility and promotional programmes to enable and encourage workers to develop healthy lifestyle practices. Some examples are:

- Provide fitness facilities for workers or a financial subsidy for fitness classes or equipment.
- Encourage walking and cycling in the course of work functions by adapting workload and processes.
- Provide and subsidize healthy food choices in cafeterias and vending machines.
- Allow flexibility in timing and length of work breaks to allow for exercise.
- Put no-smoking policies in place and enforce them.
- Provide smoking cessation programmes for employees.
- Provide confidential medical services such as health assessments, medical examinations, medical surveillance (e.g. measuring hearing loss, blood lead levels, HIV and tuberculosis

status testing) and medical treatment if it is not accessible in the community (e.g. antiretroviral treatment for HIV).

- Initiate health education and support activities upon employees' return to work from a work-related illness or disability to prevent relapse or repeat of injury.

4. Enterprise community involvement

Enterprises impact on the communities in which they operate and are impacted by their communities. Workers' health, for instance, is profoundly affected by the physical and social environment of the broader community. Enterprise community involvement refers to the activities in which an enterprise might engage, or expertise and resources it might provide, to support the social and physical wellbeing of a community in which it operates. This particularly includes factors affecting the physical and mental health, safety and well-being of workers and their families.

Examples of ways enterprises may become involved in the community: The enterprise may choose to provide support and resources such as:

- Initiating activities to control pollution emissions and clean up production operations, or to address polluted air or water sources in the community more generally.
- Supporting community screening and treat-

ment for HIV infection, tuberculosis, hepatitis or other prevalent diseases.

- Extending free or subsidized primary health care to workers and their families or supporting the establishment of primary health care facilities in the community. These can serve groups that do not otherwise have access, e.g. employees of small and medium-size enterprises and informal workers.
- Instituting gender equality policies within the workplace to protect and support women or protective policies for other vulnerable groups, even when these are not legally required.
- Providing free or affordable supplemental literacy education to workers and their families.
- Providing leadership and expertise related to workplace health and safety to small and medium-size enterprises (SMEs).
- Going beyond legislated standards for minimizing the enterprise's carbon footprint.
- Extending access to antiretroviral medications to workers' family members.
- Working with community planners to build bike paths, sidewalks, etc.
- Subsidizing public transportation and bicycles for employees to ride to work.

In a country, city or region with universal health care and strong, well-enforced legislation related to health, safety, pollution emissions and human rights, enterprise initiatives in a community may

make a profound difference for more vulnerable sectors of the enterprise's workforce or community's residents. In a setting where affordable health care is absent or labour and environmental legislation weak or missing, the enterprise's community involvement may make a world of difference to the community's environmental health as well as to employees' and their families' quality of life.

“Enterprise community involvement may make a world of difference to the community's environmental health...”

V.

The process: initiating and sustaining a programme

The process of developing a healthy workplace is in many ways as critical to its success as its content. The WHO model is anchored in a well-recognized organizational process of "continual improvement" which ensures that a health, safety and well-being programme meets the needs of all concerned and is sustainable over time. The concept (5) recognizes that any new endeavour is unlikely to be perfect from the start. A model of "continual improvement" for workplace health and safety was developed in 1998 by the WHO Regional Office for the Western Pacific. The model has been gradually modified by experts and agencies such as the ILO into the present

format as represented in Figure 3. Steps in the process are described below and Section VI discusses its underlying principles.

1. Mobilize

To mobilize workers and employers to invest in change, it is often necessary to first collect information about peoples' needs, values and priority issues. People hold different values and operate in differing ethical frameworks. They are motivated to action by different things – by data, science, logic, human stories, conscience or religious beliefs. Knowing who the key opinion

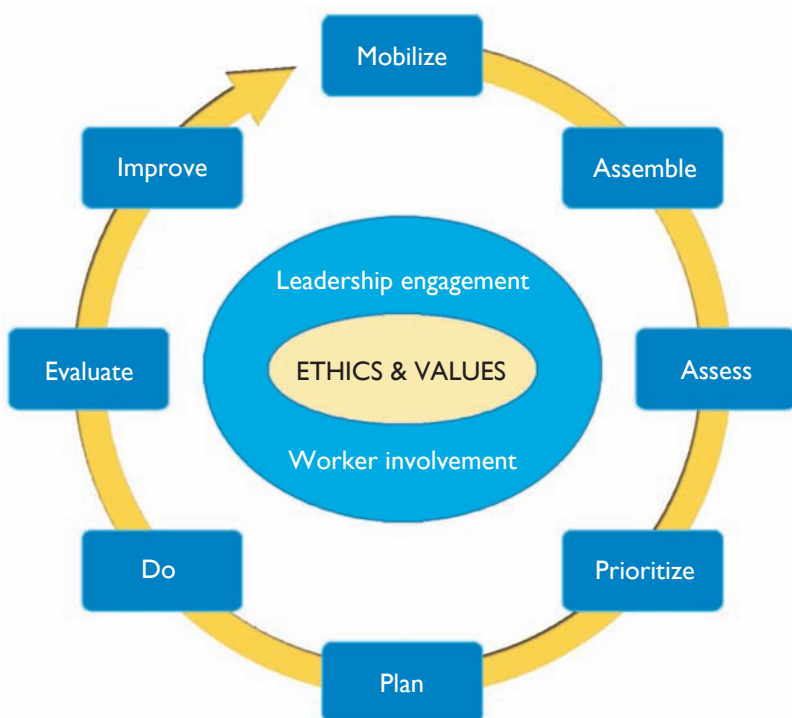


FIGURE 3
WHO model of healthy workplace continual improvement process

leaders and influencers are in an enterprise and what issues are likely to mobilize them will be critical to building commitment around an action or initiative.

2. Assemble

Once key stakeholders have been mobilized, they will be able to demonstrate their commitment by assembling a "healthy workplace team" and resources to work on implementing a particular change in the workplace. If there is an existing health and safety committee, that pre-existing group may be able to take on this additional role.

In a large enterprise, the health and safety committee should include representatives from various levels and sectors of the business. These may include health and safety professionals, human resource personnel, engineers and any medical personnel who provide services. The ILO recommends that in joint health and safety committees workers have at least equal representation with employers' representatives. It is also critical to have equitable gender representation on such teams (6).

In a small enterprise, the involvement of experts or support personnel from outside the organization may be helpful. For example, medical personnel from a neighbouring large enterprise or

community occupational health clinic or representatives from a local industry-specific network or a health and safety agency may be invaluable.

3. Assess

Assessment is typically the first task the healthy workplace team addresses, using diverse tools and measures such as:

Baseline data on workplace inspections, prior hazard identification and risk assessment processes, health and safety committee minutes, employee demographics, turnover and productivity statistics, union grievances (if applicable). All these should be documented if available. If a comprehensive hazard identification and risk assessment has not been done, it should be done at this time. Current policies or practices relating to the four avenues of influence should be reviewed and tabulated.

Workers' health is another critical factor to assess in terms of occupational health data, such as rates of sick leave and workplace-related injuries and illnesses, including short- and long-term disabilities. The other essential aspect is the personal health status of employees. This information may be obtained via a confidential survey, or in smaller business settings, a walk-through with a checklist and/or dialogue between the manager, workers and ideally a health professional.

The desired future for the enterprise and workers must also be assessed. For a large corporation, this may involve some benchmarking exercises to determine how similar companies are doing with respect to the data just described. It may be important to do a literature review to read recommendations or case studies of good practice. For individual workers, it is necessary to ask their ideas about how they would seek to improve their working environment and health, and what they think the employer could do to assist them.

For a small enterprise, determining local good practice is important. Talking to local experts or visiting local enterprises that have addressed similar situations is a good way to find out what can be done and get ideas on how to do it.

Whatever methods are used to collect this information, it is important to make sure that women have as much opportunity for input as men, and that their issues can be disaggregated.

4. Prioritize


Priority-setting criteria should take diverse factors into consideration while recognizing that some priorities are more directly essential to health, such as limiting exposure to occupational hazards. Other criteria that may be considered are:

- Ease of implementing solutions, such as “quick wins” that may motivate and encourage continued progress;
- Risk to workers (severity of exposure to a hazard and probability that exposure will occur);
- Possibility of making a difference, e.g. existence of effective solutions, employer readiness to change, likelihood of success and other issues related to workplace policies or politics;
- The likely costs of ignoring or neglecting the problem;
- The subjective opinions and preferences of the workplace parties, including managers, workers and their representatives.

5. Plan

The next step is to develop a health plan. The plan developed by a small or medium-size enterprise, at least initially, might be quite simple, depending on the enterprise’s size and complexity. It may focus on a few of the priorities identified as most critical to health, as well as goals most readily attainable, with an indication of time frames.

In a large enterprise, a plan could take a much more complex, “big picture” approach to the next 3-5 years. This kind of plan would set out general activities to address priority problems



“For a small enterprise, determining local good practice is important. Talking to local experts or visiting enterprises that have addressed similar situations is a good way to find out what can be done and get ideas on how to do it.”

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Lady with sewing machine, Republic of Korea, 2008. Photographer: Suvi Lehtinen, Finland. Developing healthy workplaces in the informal economic sector is a global challenge that needs to be faced.



with broad time frames. The overall plan should have some long-term goals and objectives set in order to measure success. After developing the long-term plan, annual plans would be developed to address issues in order of priority.

When considering solutions, it is important to remember the “learn from others” principle and to research ways of solving problems. It also is important at this point to remember the four avenues of influence when developing solutions. For example, a common mistake is to think that solutions for problems in the physical work environment must always be physical solutions, when, for instance, training or behaviour change might also address the issue.

After obtaining any required approvals for the plan, it is time to develop specific action plans that spell out goals, expected outcomes, time lines and responsibilities. For health education programmes, it is important to go beyond raising awareness to include skill development and behaviour change. The required budgets, facilities and resources should be included, as well as planning for launching, marketing and promoting the programme or policy, training for any new policy, maintenance and evaluation plan. Ensuring that each point in a plan or an initiative has clearly stated, measurable goals and objectives will make evaluation easier.

6. Do

This is the “just do it” stage. Responsibilities for each planned action should be assigned to various actors within the implementation team and follow-up should be ensured.

7. Evaluate

Evaluation is essential to see what is working and what is not, and to determine why or why not. Both the implementation process and outcomes should be evaluated in the short and long terms. In addition to evaluating each initiative, it is important to evaluate the healthy workplace programme’s overall success after 3-5 years, or after a significant change such as new management. Sometimes repeating a survey or reviewing the kinds of data collected as a baseline can provide this overall assessment. While it is unlikely that the changes to worker health will be able to be causally linked to changes in enterprise productivity or profitability, it is important to track these numbers and compare them to benchmarks.

8. Improve

This last step is also the first in the next cycle of actions. This involves making changes based on evaluation results. These changes can improve the programmes that have been implemented, or

add on the next components. On the other hand, some notable successes may have been achieved. It is important to recognize successes, to appreciate the people who participated in achieving the successful outcome and to make sure that all stakeholders are aware of the achievement.

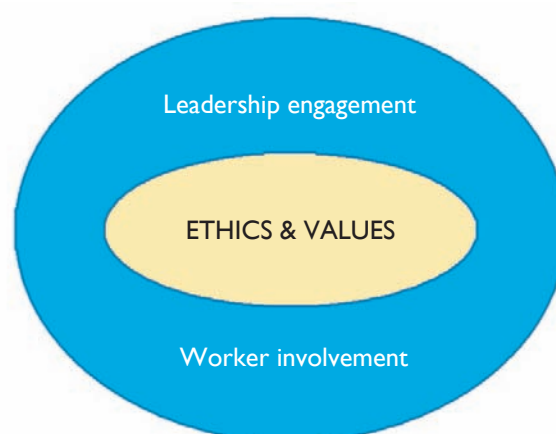


FIGURE 4
Underlying principles - keys to success

VI.

Underlying principles: keys to success

While all enterprises have different needs and situations, there are some key underlying principles of a healthy workplace initiative that will raise its likelihood of success. Figure 4 refers.

1. Leadership engagement based on core values

This hinges on three factors. The first is mobilizing and gaining commitment from major stakeholders, because a healthy workplace programme must be integrated into the enterprise's business goals and values. Another must be getting necessary permissions, resources and support from owners, senior managers, union leaders or informal leaders. It is critical to get that commitment and buy-in before trying to proceed. The third factor is providing key evidence of this commitment by developing and adopting a comprehensive policy that is signed by the enterprise's highest authority and communicated to all workers. This clearly indicates that healthy workplace initiatives are part of the organization's business strategy.

2. Involve workers and their representatives

One of the most consistent findings of effectiveness research is that in successful programmes the workers affected must be involved in every step of the process from planning to evaluation.

Workers and their representatives must not simply be "consulted" or "informed" about what is happening but must be actively involved, with their opinions and ideas sought out, listened to and implemented.

Due to the inherent dynamics of relations between labour and management, it is critical that workers have some collective means of expression, stronger than that of individual workers. Participation in trade unions or representation by regional worker representatives can help provide this voice.

3. Gap analysis

This involves assessment of "what is the situation now?" as compared with what ideal conditions would be, and then dealing with gaps between the two.

4. Learn from others

It is important to acknowledge that not everyone, including workplace health and safety officials, has the knowledge and tools to address certain priority issues. In such cases, it is important to call upon other experts, e.g. researchers from a local university or experts in a local safety agency. Union representatives who have received special occupational safety and health training and occupational health and safety experts in

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Office of home appliance company, Hangzhou, China © ILO



larger enterprises in the community may also be recruited. These experts can mentor and assist smaller enterprises. Visiting other enterprises to observe local good practice is another excellent way to learn from others. Additionally, the virtual world contains a wealth of resources and information, including the websites of ILO, WHO and its Collaborating Centres for Occupational Health and Safety.

5. Sustainability

Evaluation and continuous improvement are key, as is ensuring that healthy workplace initiatives are integrated into the enterprise's overall strategic business plan rather than existing in a separate isolated work group.

6. The Importance of integration

In larger organizations, work is increasingly specialized. Similarly, in many large organizations, health and safety personnel work in one department, wellness professionals in another and human resource professionals in yet other departments. The latter group deals with many issues related to leadership, staff development and the psychosocial work environment. All of these departments are separate from the enterprise's management team, which is focused on increased output quality and quantity. Often these activities will work at cross purposes or in direct opposition to worker health, even though the healthy workers are as critical as other aspects of production and quality.

How can integration be assured? Here are a few examples:

- Strategic planning must incorporate the human side of the equation. Kaplan and Norton in 1992 developed a “balanced scorecard” approach to management and integrated management systems (7). It points out the desirability of measuring not only financial performance but also customer knowledge, internal business processes and employees’ learning and growth to develop long-term business success.
- Develop and gain senior management acceptance and use of a health, safety and well-being “filter” for all decisions.
- Keep the various components of a healthy workplace in mind whenever a problem is being addressed. For example, if musculoskeletal disorders were occurring among people who work all day at sewing machines, a common (and appropriate) approach would be to examine the ergonomics of the operators in their work stations, and to fix any hazardous physical conditions. However, additional contributors to the problem might be psychosocial issues such as workload and time pressure. And there may be personal health issues related to physical fitness and obesity that are contributing to the problem. Or a lack of primary health care resources in the community may mean workers cannot be assessed and treated in the early stages of pain.

An integrated approach would examine all aspects of the problem and thus identify a wider range of effective solutions.

- Behaviour that is rewarded is reinforced. A performance management system that rewards high output, regardless of how the results are achieved, will encourage people to take shortcuts or to use less-than-healthy interpersonal skills to get work done. On the other hand, a performance management system that sets behavioural standards as well as output targets can reinforce the desired behaviours and recognize people who demonstrate behaviours and attitudes that lead to a healthy workplace culture.
- Use of cross-functional teams or matrices can help reduce isolation of work groups. If an organization has a health and safety committee and a workplace wellness committee, they could avoid working in isolation by having cross-membership, so that each is aware of and able to participate in the other’s activities.



VII.

Adapting to local contexts and needs

The healthy workplace model set forth here represents a synthesis of best available knowledge and experiences worldwide, as collected and analyzed by occupational health experts in diverse countries.

It provides guidance for action at the workplace level, particularly when the employer, workers and their representatives work together in a collaborative manner. However, workplaces exist in a much larger context. Governments, national and regional laws and standards, civil society, market conditions and primary health care systems all have a tremendous impact on workplaces, for better or for worse, and on what can be achieved by workplace parties.

These interrelationships are extremely complex, and are expanded upon in the *Healthy workplaces background document* cited in page 3. Guidance and procedures are also needed to engage diverse actors directly in healthy workplaces initiatives. In terms of advancing workplace health, developing and developed countries have very different needs and challenges, as do smaller and larger enterprises. The *Background document* also includes examples of how this model might be implemented in large and small enterprises, and case studies of what works and what doesn't work in diverse situations. Links and resources provided there can help employers, workers, policy-makers and practitioners adapt these principles to their specific situations. Additionally, as

implementation of the *WHO Global Plan of Action* advances, the WHO and its Member States, collaborating centres and other experts will provide more targeted and practical guidance. This will guide enterprises, employers and workers, in applying principles of this framework to different cultures, sectors, and workplaces, in adherence with the principles of continuing improvement of interventions.

“...developing and developed countries have very different needs and challenges, as do smaller and larger enterprises.”



References

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- (2) ILO/WHO joint press release. Number of work-related accidents and illnesses continues to increase: ILO and WHO join in call for prevention strategies. 28 April 2005.
- (3) Prüss-Ustün A, Corvalan C. Preventing disease through health environments: towards an estimate of the environmental burden of disease. Geneva: WHO, 2006.
- (4) http://www.issa.int/aiss/content/download/43103/824949/file/2Seoul_Declaration.pdf
- (5) The concept of continual improvement was first popularized in the 1950s by social scientists such as Edward Deming, who developed the Plan, Do, Check, Act (PCDA) model. This, in turn, was inspired by the scientific method of “hypothesize, experiment, evaluate.”
- (6) Recommendation 164 to Convention 155 on Occupational Safety and Health, 1981 Review 82 (2): 52-63.
- (7) Kaplan RS, Norton DP. "The balanced scorecard: measures that drive performance." Harvard Business Review 82(2): 52-63.

Useful links:

WHO Occupational Health homepage: www.who.int/occupational_health

WHO Healthy Workplaces homepage: http://www.who.int/occupational_health/healthy_workplaces/en/index.html

WHO Collaborating Centres: http://www.who.int/occupational_health/network/en/

ILO website: www.ilo.org

WHO healthy workplaces background document:
http://www.who.int/occupational_health/healthy_workplaces/en/index.html.



Acknowledgements

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The photos on the cover page, and on pages 2 and 3, were winning entries in a first-ever photographic competition on the theme, *Healthy workplaces, my work, my health*, sponsored by the WHO Regional Office for the Americas/Pan American Health Organization (PAHO) in 2010.

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Healthy Workplaces: a model for action

*For employers, workers, policy-makers
and practitioners*

Workers' health, safety and well-being are vital concerns to hundreds of millions of working people worldwide. However, the issue extends even beyond individuals and their families. It is of paramount importance to the productivity, competitiveness and sustainability of enterprises, communities, and to national and regional economies.

Currently, an estimated two million people die each year as a result of occupational accidents and work-related illnesses or injuries. Another 268 million non-fatal workplace accidents, as well as 160 million new cases of work-related illness, occur each year. Additionally, 8% of the global burden of disease from depression is currently attributed to occupational risks.

This document proposes a global framework for planning, delivery, and evaluation of essential interventions for workplace health protection and promotion.

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