

Physical activity interventions in the workplace: the rationale and future direction for workplace wellness

M E Batt

Centre for Sports Medicine,
Nottingham University Hospitals,
Nottingham, UK

Correspondence to:
Professor M E Batt, Centre for
Sports Medicine, Nottingham
University Hospitals, Nottingham
NG7 2UH, UK; mark.batt@
nottingham.ac.uk

Accepted 24 September 2008
Published Online First
29 October 2008

ABSTRACT

The developing and developed worlds are both facing an obesity epidemic with their workers getting bigger, or to be more specific, fatter. As demonstrated elsewhere in this issue, the individual and societal health and economic costs of obesity and physical inactivity are enormous. There is thus a need for regional, national and global action to combat the issues, with programmes broadly divisible into children and adolescents, the workforce, active aging, healthy aging and a broad cross-cutting agenda that focuses on the built environment.

This article will focus on the workplace and will attempt to address why the workplace is a good site for wellness initiatives (specifically physical activity interventions), the economic arguments and what we know works.

Globally (World Health Organization) 60% of deaths may be attributed to chronic diseases, a situation that we know may be improved through physical activity, diet and smoking cessation. Globally, 60% of the world's population is accessible directly or indirectly through the workplace and 60% of our waking hours are spent in the workplace. The workplace thus has great potential as a site for developing and promulgating workplace health and wellness, reaching workers and their families.

First, it should be appreciated that being in work is good for health, and moreover being out of work has significant and adverse health consequences. In a recent publication, "Is work good for your health and well-being" Waddell and Burton¹ concluded that there is good evidence demonstrating that "good work" is beneficial for physical and mental health and wellbeing. Conversely, being out of work may lead to poorer health and wellbeing, with a "downward spiral of worklessness and health deterioration". Work is thus important to an individual's identity, social status, health and economic wellbeing. A subtlety exists whereby work is probably more important than employment, and yet most of our research has been on the link between employment and health. Hence the rationale for "Fit for Work", a new UK Government initiative announced by Dame Carol Black through her review of the health of Britain's working age population: "Working for a healthier tomorrow".² A key strand of this programme will attempt to move people from incapacity benefit and unemployment into work and thus better health and productivity. To achieve this there is to be a shift of emphasis from what a worker can do, rather than focus on what they cannot.

That "a healthy workplace makes good business sense" is an oft used line, but is there a convincing evidence-base that is alluring to the business world? Although some companies have demonstrated their social responsibility by caring for their workers already, for some it becomes so much easier if there is a strong economic case. Broadly the evidence base can be broken down into two components of financial and workforce wellbeing. The financial argument is surprisingly easy to make with some striking statistics (see box 1). The social case may be made (see box 2) and should become an established component of business models and company annual reports—at present companies are not expected or mandated to declare the health of their workforce.

There is no "one size fits all" prescription for workplace health initiatives. Some components might be regarded as generic (see box 3), whereas others must be tailored to meet the specific needs of a given workforce. These needs may be very obvious or alternatively quite subtle and come to light through essential social marketing exercises. The use of these components of wellness programmes is partly empirical as there is a paucity of data globally to guide us definitively as to what to do, ie, which wellness initiatives are likely to yield the greatest return? The National Institute for Health and Clinical Excellence guidance for physical activity in the workplace released in May of this year suggested that, overall, workplace physical activity counselling and fitness programmes were found to be cost effective.³ In addition, the introduction of a workplace physical fitness programme may be broadly beneficial to employers in that it can help reduce absenteeism. Critically, however, a paucity of robust data was highlighted to demonstrate the effects of specific interventions on physical activity rates, active commutes and programme cost-effectiveness. Although many wellness programmes have been run (including physical activity programmes), few have undergone rigorous evaluation.

This situation has been helped recently with some current evidence and advice from the recently completed Well@Work project, which looked at the evidence and learning from 11 projects involving 32 organisations and potentially 10 000 UK employees. Importantly, from the outset this project looked to evaluate the success of a variety of interventions implemented across a number of sectors. Physical activity interventions accounted for half of all initiatives (range 23–73%) and were typically regarded as the "easiest sell" to employees. In those projects with a major emphasis on physical activity, energy expenditure grew, with

Box 1 The UK financial case for workplace wellness

- ▶ The occupational illness and injury cost is £30 billion or 3% of the gross domestic product.
 - ▶ In 2006, workplace absence totalled 175 million working days (3.3% of total working time), at a cost to the UK economy of £13.4 billion.
 - ▶ Presenteeism may "cost" two to seven times more than absenteeism.
- Source: Building the case for Wellness PWC 2008.

notable impediments to implementation being lack of facilities, space and changing. When active travel became a focus this too was successful in raising overall activity levels.⁴

One of the Well@Work sites was an NHS hospital in London. The NHS has approximately 1.3 million employees, and as a large government healthcare organisation the NHS is a highly appropriate and important site for workplace wellness. For the government and NHS to lead by example is important and inspired our workplace wellness programme in the Nottingham University Hospitals NHS Trust—Qactive (www.qactive.co.uk). After nearly 3 years we have had some success, but equally have come to realise the challenges that lie ahead with hard to reach groups, the practical consequences of complex large organisations and the patience and perseverance required to make cultural change. Nonetheless, it is hoped to develop additional programmes see further spread within the NHS (NHS.active) and for it to be regarded as an employer exemplar of excellence.

It would be fair to ask whether there are established examples of good practice from which we may learn. Historically, Cadbury, the Birmingham-based chocolate manufacturer (established in 1824) sought to encourage employee wellness through a number of novel schemes, reflecting their origins and sense of social responsibility. Many such programmes continue to this day in other employers, with some recent outstanding global examples highlighted in a recent report for the World Economic Forum for Davos 2008.⁵ Such programmes involve a range of activities (see box 3) and without question these examples of good practice need to be replicated not only in other large corporations but also in small to medium-sized enterprises. The World Health Organization/World Economic Forum joint report of the event in Davos 2008 spells out the burden of non-communicable disease (60% of global deaths) and points the way forward for the workplace as a site for primary prevention through diet and physical activity.⁶ This holds true for all employers, large and small, in developed and developing economies. A potential lever exists through a parallel to mandatory health and safety legislation, which has created far safer workplaces; it might be argued that similar vigour, investment and Union support be lent to workplace wellness as we strive for the improved health and wellbeing of our workforces.

Box 2 The case for employer involvement in workplace wellness

- ▶ Corporate social responsibility
- ▶ The competitive labour market: company profile
- ▶ Productivity (reduced "presenteeism")
- ▶ Sickness absence
- ▶ Staff retention and recruitment
- ▶ Accidents and injury

Box 3 Examples of workplace wellness activities: a basic "tool-kit"

- ▶ Active/green commute
- ▶ Exercise facility and exercise breaks
- ▶ Diet groups or counselling
- ▶ Health food options
- ▶ Classes: relaxation, dance, etc
- ▶ Walking initiatives
- ▶ Health assessment and advice

Such necessary investment in primary prevention is now quite widely recognised. In 2004, within the member countries of the Organization for Economic Cooperation and Development approximately 3% of all healthcare funding was provided for public health and prevention. As a result of variable definitions the figures for the UK are difficult to establish but typically amount to less than 2%. This has been appreciated as a major flaw in long-term health planning and has been recognised as such in the recent NHS Next Stage Review Final Report, which recognises the importance of investing in the future health of the nation through prevention, and specifically highlights Fit to Work as a programme of action. Prevention rather than cure should thus become the new mantra for healthcare planning, with the workplace as a key site for delivery.

Competing interests: None.

REFERENCES

1. **Waddell G, Burton KA.** *Is work good for your health and well-being?* London: Department of Work and Pensions, The Stationery Office, 2006.
2. **Black C.** *Working for a healthier tomorrow.* London: Department of Work and Pensions, The Stationery Office, 2008.
3. **National Institute for Health and Clinical Excellence.** *Workplace health promotion: how to encourage employers to be physically active.* London: Department of Health, National Institute for Health and Clinical Excellence, May 2008.
4. **Bull F, EA, Hooper P, Jones C.** *Well@Work.* Loughborough University and British Heart Foundation, 2008.
5. **Batt ME, Ai X, Leurent H.** *Working towards wellness: leading by example.* Davos: World Economic Forum, 2008.
6. **WHO/WEF Report of a joint event.** *Preventing noncommunicable diseases in the workplace through diet and physical activity.* Geneva: World Health Organization/World Economic Forum, 2008.

Copyright of British Journal of Sports Medicine is the property of BMJ Publishing Group and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.