

# The Management of Health and Well-being in the Workplace

Unit NHC1 Managing health and well-being in the workplace

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## Sample pages from

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- E1 Introduction to workplace health
- E3 Effects of work on health
- E4 Management of attendance
- E5 Mental health at work

## 1.1 - Scope and nature of health, work and well-being at work

### The extent of work related ill-health and disability in the UK

The Health and Safety Executive (HSE) provides data on formally reported work related ill-health on an annual basis. The HSE annual report for the period 2009/10 showed that 2,249 people died of mesothelioma in 2008, in the same period asbestosis was the underlying cause of 117 deaths and there were 147 deaths due to pneumoconiosis. The annual report confirmed that in 2009 the number of new industrial injuries disablement benefit (IIDB) cases was around 7,100. The largest categories included vibration white finger, carpal tunnel syndrome and respiratory diseases. The Labour Force Survey is a survey of households in the UK and provides information on the amount of self-reported work related health and disability in the UK. The HSE reported that data obtained from the Labour Force Survey confirmed that of the 28.5 million working days lost in the period (1.2 days per worker) 23.4 million were due to work-related ill-health and 5.1 million were due to workplace injury.

This illustrates the importance and scale of work related ill-health. The HSE also reported that 1.3 million people who worked during the period suffered from an illness (long-standing as well as new cases) they believed was caused or made worse by work. Of these 555,000, approximately 43% were new cases. The Chartered Institute of Personnel and Development (CIPD) absence survey for 2010 reported that 3.4% (3.3% for 2009) of working time was lost due to absence, equivalent to 7.7 (7.4 for 2009) working days per employee, resulted in a cost to the employer of £600 for each person annually.

### The meaning of health and well-being terms

#### HEALTH

The World Health Organisation (WHO) established the following definition for the term health. This definition established the ideas that feeling content in one's mind with the social aspects of life and feeling physically well were important aspects of health.

*"A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".*

Figure 1-1: Definition of health.

Source: WHO 1946.

#### OCCUPATIONAL HEALTH

The WHO and International Labour Organisation (ILO) issued this definition of occupational health jointly in 1995:

*"Occupational health should aim at: The promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations. The prevention amongst workers of departures from health caused by their working conditions. The protection of workers in their employment from risks resulting from factors adverse to health. The placing and maintenance of the worker in an occupational environment adapted to his physiological and psychological capabilities; and, to summarize, the adaptation of work to man and of each man to his job".*

Figure 1-2: Definition of occupational health.

Source: WHO and ILO.

#### WELL-BEING

The definition by the Economic and Social Research Council (ESRC) highlights the importance of quality of life. It underpins the concept that physical aspects are only part of well-being, that self-fulfilment and the need for social contact are included.

*"Well-being is a state of being with others, where human needs are met, where one can act meaningfully to pursue one's goals, and where one enjoys a satisfactory quality of life".*

Figure 1-3: Definition of well-being.

Source: ESRC.

*"The subjective state of being healthy, happy, contented, comfortable and satisfied with one's quality of life. It includes physical, material, social, emotional ('happiness'), and development and activity dimensions".*

Figure 1-4: Definition of well-being.

Source: Waddell and Burton, 2006.

Well-being is generally understood to include the whole person, as well as their satisfaction with their life circumstances and their 'quality of life'. In relation to the workplace, it also includes the quality of their working life.

*"It should be stressed that definitions of health are very subjective and are often subject to individual feelings and experiences. Health in particular is not merely an absence of disease. Well-being is a particularly poorly defined term and is often linked to feelings of happiness, fulfilment and life satisfaction. On occasions the meanings of health and well-being can clash in that a person can do something which makes them happy, but is intrinsically unhealthy, for example, smoking".*

Figure 1-5: Discussion of health and well-being.

Source: NEBOSH.

Biological hazards

Biological hazards are infections that are typically derived from human, environmental or animal sources. Biological hazards include bacteria and viruses.

Hazard	Source	Type of work	Affect on the body
Blood borne infections.	Blood.	Health care. Laboratory.	Infections, for example, Hepatitis B, C, HIV.
Orf.	Infected sheep.	Farming.	Infected lesions on the hands.
Salmonella.	Food.	Food handlers.	Salmonella/ typhoid infections.
Typhoid.	Sewers.	Sewer workers.	
Legionnella.	Cooling towers in hospitals, hotels.	Health care. Patients. Hotel workers and residents.	Pneumonia.
Psittacosis.	Infected birds and poultry.	Poultry workers, pet shop workers, zoo workers.	Flu-like symptoms, pneumonia.

Figure 3-3: Biological hazards.

Source: RMS.

Psychosocial hazards

Psychosocial hazards relate to workplace factors that may cause psychological or social harm or distress. The most common of these is 'stress', which can affect anyone and its occurrence will depend on a number of issues such as job content, organisation of work, work role, relationships, workplace culture, control of work, the work environment and the home-work interface. The effects on health may be sleeplessness, fatigue, depression, anxiety, increase in smoking and alcohol intake, drug misuse, eating disorders.

**See also - Element 5 - Management of mental health at work - for more detail.**

Ergonomic hazards

'Ergonomics' is defined as an applied science that considers the physical and psychological capabilities of the individual and that of human limitations, in other words 'fitting the task to the person'.

Poor ergonomics, like workplace design and layout, may cause individuals to carry out repetitive tasks and lift heavy weights in poor postures. This can lead to musculoskeletal disorders (MSD's), such as upper limb disorders and back pain. Examples of such work are using display screen equipment (DSE), handling and lifting, using poorly designed machinery and using poorly designed hand tools.

**See also - Element 6 - Management of people with musculoskeletal disorders - for more detail.**

OCCUPATIONAL HEARING LOSS

Most people who are exposed to workplace noise suffer from prolonged exposure rather than sudden loud surges. Exposure to noise may be intermittent or continuous, but generally takes place over a prolonged period of time.

If the noise is sufficiently intense and prolonged it can damage the hair cells located in the cochlea of the ear, this damage causes sensory loss and may be temporary or permanent. Hearing loss is gradual, reflecting the prolonged exposure to noise. Those exposed will often say "I am used to the noise". This is not a good sign and could be an indication that the worker has occupational noise induced hearing loss (ONIHL).

Permanent hearing loss cannot be corrected and the occurrence of ONIHL will affect the worker's ability to hear normal speech. This might mean that their family and friends complain about the worker having the television or radio too loud, and/or the worker will have problems hearing conversation in a group and may have difficulty using the telephone.

This loss of hearing is very isolating for the individual who will not be able to take part in normal day to day communication.

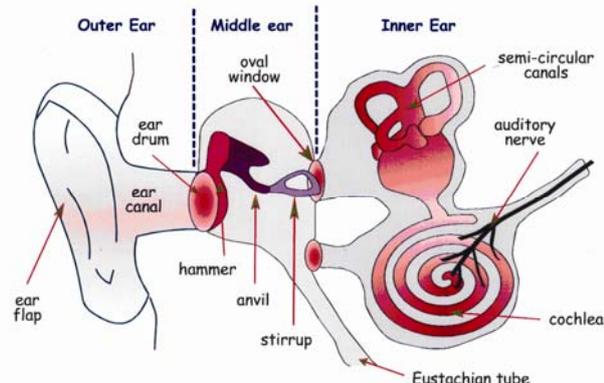


Figure 3-4: Inner ear diagram.

Source: www.echalk.co.uk.

## 4.1 - Main causes and types of sickness absence within organisations

### Characteristics of absence

#### UNAUTHORISED ABSENCE OR PERSISTENT LATENESS

Unauthorised absence or persistent lateness may arise through home or family responsibilities, for example, looking after a sick child/parent or from a recurring medical condition, such as stress. They may also be caused by lifestyle factors and be linked to drugs and alcohol. These absence situations can be difficult to manage as they are often unexpected, sudden and have not been approved by designated individuals within an organisation.

#### AUTHORISED ABSENCES

The term 'authorised absences' is generally used where specific time off has been approved by a designated individual for activities such as jury service, reserve forces leave, maternity leave, annual holiday entitlement, trade union duties and compassionate leave. It is also extended to authorised absence to attend for medical diagnosis, tests and treatment. The term is also applicable to absence where a worker has used a sickness absence procedure to notify the employer of their wish to absent themselves from work due to ill-health and the employer has accepted their reason for absence.

#### SHORT TERM FREQUENT ABSENCE

Whilst there is no agreed definition of short term frequent sickness absence, the term is generally used to denote absence from work up to four weeks (28 days) and/or frequent short term absences of a few days, for example, 2 days absence every month or couple of months. When an employee has been absent from work for more than seven calendar days, an employer is entitled to ask the employee for a medical certificate, "Fit Note", signed by the employee's general practitioner doctor or other doctor.

#### LONG TERM ABSENCE

The term is generally used for absences from work, which are longer than four week (28 days).

### Causes of sickness absence for manual and non-manual workers

According to the Chartered Institute for Personnel and Development (2009) the main causes of short-term absence in both manual and non-manual workers are from minor illnesses, such as a cold. The main cause of work-related sickness absence amongst manual workers is musculoskeletal disorders, particularly back pain, and stress remains the number one cause in non-manual workers.

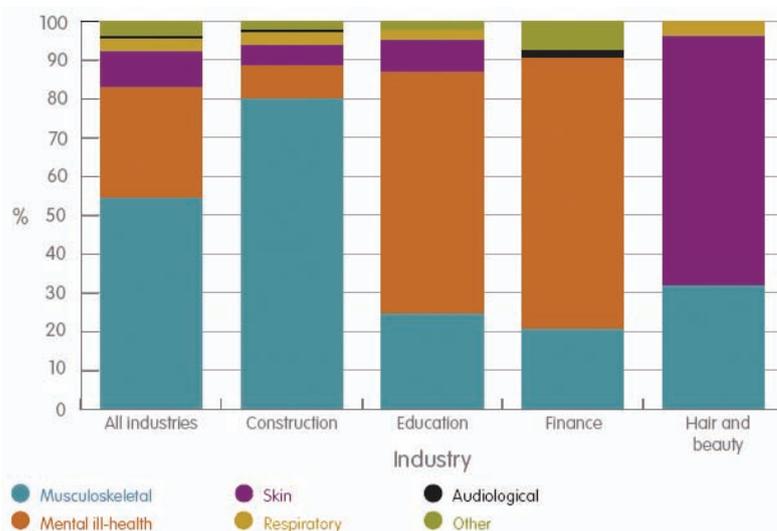


Figure 4-1: Work-related illness by industry. Source: TSO, Working for a healthier tomorrow.

### Classification of absence into planned and unplanned

Planned absence is where an employee is able to give sufficient notification to their employer and negotiate authorised leave from work, for example, annual leave, jury service, and reserve forces commitment. In terms of sickness absence planned absence might be related to planned hospital treatment that has a recovery period following it, for example, hospitalisation for the removal of gall stones or for a vasectomy.

Unplanned absence can be due to unforeseen circumstances that require the employee to be absent from work, for example, compassionate leave. In terms of sickness absence this would relate to a sudden injury or illness that did not allow time to plan for absence, for example, a broken leg from a fall at home, food poisoning or glandular fever.

The main point behind **figure ref 5-7** is that mental health needs to be approached at different levels, corporate for policies and local interactions for the employee with the line manager.

*The way forward is to bring mental well-being within the boundaries of normal working life , rather than focusing on it as out of the ordinary and thereby something 'different' or stigmatised.*

Figure 5-6: Approach to managing ill-health.

Source: HSE/Shift Line Managers' Resource.

### Sources of external support available

The extent to which external agencies will be involved in the management and support of individuals with mental ill-health will depend on the reason they are required. Occupational health specialists will be able to provide independent advice on the impact of the worker's mental ill-health on their employment and can advise management on the intervention and support that is required to enable a return to the workplace.

In addition there are a number of organisations such as MIND, SHIFT, and Access to Work and the Shaw Trust who can provide information and support to managers on how to support an employee with mental health problems. **See also - Element 8 - Workplace health support - for further information on these organisations.**

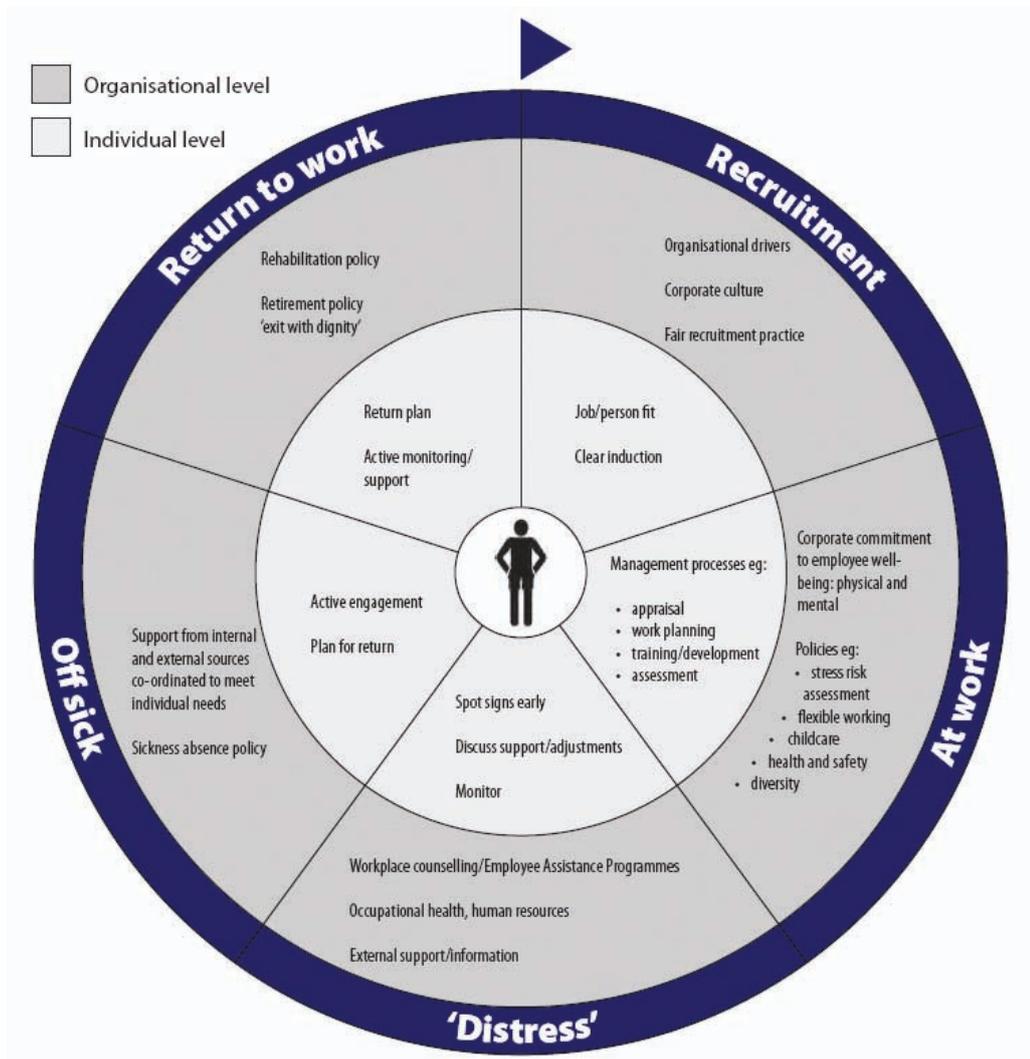


Figure 5-7: A holistic approach to managing an individual with mental ill-health. Source: HSE/Shift "Line Managers' Resource".

## 5.3 - The effects on employees of stress in the workplace

### Meaning of "stress" and its effects on physical and mental health and work performance

#### MEANING OF STRESS

Stress is one of those concepts that has had several meanings in discussions and in the media and is widely abused and frequently misunderstood in the workplace. Stress is usually defined as a physiological and psychological response to the presence of a stressor.