



REDUCING HEALTH INEQUALITIES IN THE HEALTHCARE WORKFORCE BY PROMOTING HEALTH IN THE WORKPLACE

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Presentation outline

- ❑ Health Promotion for Staff / Healthy Workplace Working Group
- ❑ Health inequalities in health care workplaces
- ❑ Intervening to redress disparities
 - *Observations*
 - *Recommendations*
 - *Projects*

Why do we need healthy workplaces?

- ❑ To improve the health of workers, their families and the community
- ❑ To maintain and improve staff involvement
- ❑ To improve institutional power to attract and retain staff
- ❑ To improve staff attendance and availability at work

HPH Network

The 5 Standards

1. Have a written health promotion policy
2. Assess users' needs for health promotion in partnership with them
3. Provide patients with information on the key factors concerning their disease or state of health
4. **Develop a healthy workplace**
5. Maintain continuous collaboration with other health care facilities and the community

Working Group

“Promoting Healthy Workplaces”

Montreal HPH Network

**Regional Working Group
(Montreal, Canada)
12 people**

**International Working Group
9 people**

**3 Canada - 1 Taiwan - 1 USA
1 Greece
1 Finland - 1 Switzerland - 1 Italy**

International HPH working group on healthy workplace

- Mrs Françoise Alarie : Montreal (Canada)
- Dr Shu-Ti Chiou : Taiwan
- Mrs Beth Comerford : Connecticut (USA)
- Dr Filippos Filipippidis : Greece
- Dr Virpi Honkala : Finland
- Dr Mario Robotti : Italy
- Mrs Cheryl Woodman : Ontario (Canada)
- Mr Ruedi Wyssen : Switzerland

International HPH Working Group

- Formulate recommendations on the best models and strategies for promoting healthy workplaces
- Publish a **best practices guide**:
 - Strategies for developing safe and healthy workplaces
 - Strategies for promoting healthy lifestyles
 - Strategies for changing the social and physical environment and **for addressing social inequalities of health**
 - Regional and international projects

Inequalities and the workplace

- The workplace can be a source of equality
- It can also create disparities between individuals and contribute to increased social inequality due to a lack of awareness or actions taken

Inequalities and the workplace

Inequalities between different staff categories:

- disparities between men and women
- job categories with increased risk exposure
- age differences
- cultural diversity

Overview of the workforce – Example of Montreal (Quebec, Canada)

- The Montreal Network employs over 86,000 people
- **76%** of the total workforce is made up of **women**
- Women are highly represented in certain occupations, e.g. Nurse (91%)
- Some of these jobs have a high "**maternity**" **factor**, with a high percentage of women under 39 years of age
- Nearly half of network staff (49%) hold a full-time position
- The number of employees **50 years and over** increased from 21% in 1999 to 33% in 2009

The health status of health care workers: a world perspective

- ❑ Significant prevalence of chronic diseases among health care professionals
- ❑ High prevalence of unhealthy lifestyle behaviors
- ❑ High levels of occupational stress
- ❑ Impaired health-related QoL
- ❑ Moderate compliance to secondary prevention guidelines
- ❑ Evident inequalities between staff categories, between and within countries

Inequalities and the workplace

- ❑ Few studies exist on actions aiming to reduce disparities.
- ❑ The majority of health promotion interventions that do not set targets for reducing disparities end up accentuating inequalities.
- ❑ It is therefore important to develop **targeted actions**, in addition to **comprehensive approaches**, that take disadvantaged groups into account.

Inventory of projects

Addressing inequalities

- ❑ The vast majority of organizations offer their programs to all employees
- ❑ Few programs deal with specific employee categories
- ❑ Some adaptations:
 - Flexible working hours according to shifts
 - Free programs or financial incentives
 - Meals provided at lunch time

Intervening to reduce inequalities

A healthy workplace adopts a comprehensive organizational approach to health:

- It is an organization that tries not only to avoid exacerbating existing health inequalities among the individuals within its walls but also to reduce these inequalities to the greatest extent possible.

Intervening to reduce inequalities

Improving employee health:

- being aware of health problems in work planning
- eradicating or controlling known risks
- creating a better work environment

Developing interventions that specifically target vulnerable groups to improve the health of these employees.

Intervening to reduce inequalities

Creating a profile of human resources in the institution to establish the main characteristics and to better target the desired actions.

- age
- sex
- occupational status
- ethnocultural background

Impact of occupational status

- On stress
- On musculoskeletal disorders

Recipe for Stress

- **N**ovelty
- **U**npredictable
- **T**hreat to the ego
- **S**ense of loss of control

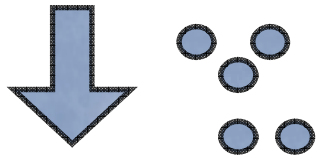
Individual
Differences

Stress... don't go NUTS!

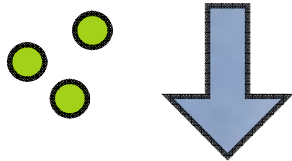
Prehistoric



Absolute Stressor



Energy Expenditure



Food: DIFFICULT

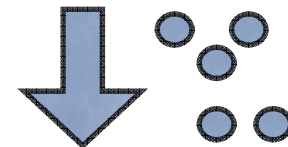
Replenish energy reserves

Source: Dr Sonia Lupien, Scientific Director of the Fernand-Séguin Research Centre and Director of the Centre for Studies on Human Stress, Montreal (Canada)

Today



Relative Stressor



Energy Expenditure



Food: EASY

Disposition of Fat; Obesity
Insulin-Glucose and Diabetes

Potential consequences

- Prolonged response : depression
- Inadadequate response : burn-out
- Domino effect :
 - BMI
 - Obesity
 - Heart rate
 - Cholesterol
 - Diabetes

Stress and inequality: some facts

- ❑ The **social organization of work**, the **management approach**, and **social relations** in the workplace have an impact on health.
- ❑ Work-related **stress** is a prime component of major health differences.
- ❑ Importance of being able to use skills and exercise a certain amount of power over decision making.
- ❑ **A low degree of autonomy** at work is associated with an increased risk of back pain, sick leave and cardiovascular disease. Aggravating factor: workloads.

Stress and inequalities

Recommendations

- ❑ Provide training and support to managers
- ❑ Adapt work organization models for certain groups of workers
 - Participation in the decision-making process
 - Adequate employee evaluations
- ❑ Adapt work-life balance programs for shift workers
- ❑ Better detect psychological health problems at work

Musculoskeletal disorders (MSD)

Some facts

- ❑ Approximately 30-40% of cases of muscle strain and MSDs are work-related
- ❑ Risk factors:
 - working in uncomfortable positions (e.g., standing)
 - carrying heavy loads
 - short repetitive tasks, repetitive movements
- ❑ Work-related MSDs are associated with lower socioeconomic status

Musculoskeletal disorders

Recommendations

- **Involve the entire organization** in an ongoing effort to improve health by reducing the identified risk factors.
- **Adjust physical work constraints** to eradicate associations between lower occupational classes and work-related MSDs.
- Emphasize the **development** of **ergonomic** workspaces.

Impact of occupational status

Shift work (50% of health workers)

- Impact on health
 - Breast cancer
 - Healthy lifestyles (nutrition and physical activity)
 - Sleep
 - Social network/lifestyle
- Impact on work/life balance
- Impact on workloads = ↑

Impact of occupational status

Shift workers

- ❑ Development of a customized program to promote health and wellness at work (targets personalized adaptation)
- ❑ Physical layout of the workspace to facilitate shift work (access to healthy meals, access to child care services, good ventilation and lighting systems)
- ❑ Work on a rotating basis = a solution? Can cause some health and wellness problems

Impact of gender

Some facts

- ❑ Women are overrepresented in health care and part-time positions
- ❑ Their work is often associated with gender stereotypes
- ❑ Women are the ones who care most for children and other family members
- ❑ They are often the targets of violence and harassment

Impact of gender

Recommendations

- Adopt a policy or standards for balancing work/family (Bureau de normalisation du Québec)
 - A reorganization of work time (flexibility, reduced work hours)
 - Flexibility in the workplace if possible
 - Services offered at the workplace
 - Benefits program that may include family members
 - Increased support from supervisors and co-workers
 - Developing links with community resources

- Adopt measures to counter violence/harassment

Impact of age

- ❑ Staff currently consist of four generations of employees.
- ❑ There are some differences between generations that give rise to management problems.
- ❑ Specifics of realities and difficulties according to age.

Impact of age

□ Aging workers

- Increased risk of injury due to physical requirements
- Increased risk of developing a chronic disease
- Exposure to stress from having to care for sick or aging parents or grandchildren

□ Younger workers

- Risks related to a lack of experience
- Difficulty in balancing work and family

Impact of age

Recommendations

- ❑ Ergonomic workspaces
- ❑ Work/life balance policy
- ❑ Taking advantage of the strengths of each generation / managing intergenerational conflict

Impact of immigration and cultural background

Montreal

- ❑ 40,000 immigrants move to Montreal each year
- ❑ When they arrive, 3 to 4% of immigrants report that their occupation is related to the health sector
- ❑ High unemployment rate (3 times higher)
- ❑ Challenges of managing cultural diversity

Impact of immigration and cultural background

Recommendations

- ❑ Programs for equal access to employment
- ❑ Project for helping foreign-trained people who are referred by a professional order to integrate into the workforce
- ❑ Program for managing cultural diversity

Two projects who illustrate these recommendations

P 1.6 :

- « Healthy work without barriers » - Intercultural and gender sensitive workplace health promotion for cleaning staff in hospitals
 - Slavica Blagojevic, Huberta Haider, Karin Korn, Stephanie Stürzenbecher (Women's Health Center FEM Süd, Vienna (AT)

« Healthy work without barriers »

- Target group:
 - Cleaning staff
 - Women in the low-wage sector, often a multicultural and socially disadvantaged group, concerned by extensive physical and psychosocial strains
- Some characteristics :
 - Mean age : 45
 - Migrants : >50%
 - Smoking : 54 %
 - Never exercise : 69 %

« Healthy work without barriers »

□ Physical indicators :

- 73 % Spinal dolor
- 51 % Overweight
- 48% Hypertension

□ Psychosocial indicators

- Stress : 62%
- Sleeping problems : 47 %
- Unhappy with their body : 44%
- Financial problems : 42 %
- Conflict in the workplace : 38 %
- Loneliness : 29%

« Healthy work without barriers »

- Home responsibilities :
 - Cleaning : 92 %
 - Cooking : 92%
- Stress factors in the workplace:
 - Lack of of information
 - No career development
 - Heavy workload

« Healthy work without barriers »

- Purpose of the project :
 - Raise women's awareness for health
 - Improve their workplace satisfaction and empowerment
 - Improve their physical, mental and social health

« Healthy work without barriers »

□ Methods :

- Questionnaire
- Multilingual gender sensitive health circles
- Advisory board
- Free health promotion courses : back training, stress management
- Structural changes in the work process : housekeeper meetings, improve holiday plan
- Health coaching for the executive management

□ Results :

- Improved physical and psychological wellbeing

Two projects who illustrate these recommendations

P 1.6 :

- «Organisational well-being and instruments for reconciling work and family »
 - Paola Maccani, Rosa Magnoni, Rosa Lia Malago, Roberta Corazza, Maura De Bon, Stefania Carnevali, Emanuele Torri : Azienda provinciale per i servizi sanitari , Trento (IT)

« Organizational well-being and instruments for reconciling work and family »

□ Objective :

- Implement non-discriminatory instruments for reconciling work and family :
 - 95 % of part-time workers are women

□ Methods

- Day nursery open 6 days a week all year round from 6.30 am to 9.30 pm
- PERLA :
 - Personalization of working hours and teleworking

Conclusion

- **We can** intervene efficiently to reduce health inequalities in our HPH workplaces.
- **We should** intervene : a healthy workplace that reduces health inequalities is part of the mission and values of HPH institutions.
- **It even pays back** to intervene :
 - Dr Simon Dolan (EDES, Barcelona) : “Each euro invested in stress management pays back between 15 and 20 euros to the employer “

The HPH guide on healthy workplace
best practices will be published for
our next conference in Turku, Finland
in June 2011

Thank you very much !
Merci beaucoup !