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## **Health of community nurses: a case for workplace wellness schemes**

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### **Introduction**

Recent Government publications have called for an increase in workplace health schemes, with the public sector 'leading by example' (DH, 2004a). As Europe's largest employer, the National Health Service feels the increased cost of poor public health as it struggles to cope with increased demand on services caused by modern lifestyles, with stressed staff that suffer from the same prevalent non-communicable diseases. Nursing is the largest occupational group within the NHS and community nursing practice has been subject to a change of focus from curing illness to prevention of disease. With a significant health promotion role identified by professional bodies (RCN, 2002) and government bodies (DH, 2002), community nurses are expected to have knowledge and understanding of health promotion and their pivotal role to this effect has been acknowledged (Whitehead, 2000). Maintaining the health of the nursing workforce is becoming as important as health activities for patients. It is logical therefore that healthcare providers, as 'socially responsible' employers, set the example for workplace health and the NHS sets out to be an exemplar employer in this way.

### **Work-related illness and stress**

Occupational stress is prevalent, costly and a major public health problem for both employees and organizations and can lead to:

- Burnout
- Chronic illness
- Labour turnover
- Absenteeism
- Poor morale
- Reduced efficiency
- Reduced productivity and performance,

(Sutherland and Cooper, 1990).

A high prevalence of stress and burnout has been identified in the nursing profession, particularly among community nursing staff (Edwards et al, 2000; Fagin et al. 1995) and early studies recommended that stress-reducing measures were introduced into the workplace for this group (Fagin et al, 1995). Despite early recommendations and an increasing knowledge about the sources and impacts of stress this is still not translated well into practice. Over two thirds of NHS trusts have reported an increase in work-related stress in the last three years with sickness absence reported among 4.5% of NHS staff nationally. Work-related stress is responsible for 30 per cent of sickness absence in the NHS, costing the service £300-400 million per year (Williams et al, 1998). Research evidence also shows that NHS health care professionals in the UK have higher sickness absence rates than staff in other sectors (Nuffield Trust, 1998) and have an increased risk of suffering from minor psychiatric disorder (Wall et al, 1997) than the general working population.

### **Health behaviours**

While sickness absence may be the result of work-related stress, it may also be associated with preventable chronic disease. Lifestyle factors such as physical activity

and diet may also contribute to sickness absence rates although are amenable to intervention. Further, the promotion of physical activity is generally accepted as the biggest cost-saver in public health. Looking after the workforce has become a high government priority to maintain the provision of healthcare services. Coupled with this change is the intuitive argument that NHS staff, including community nurses, are our healthcare providers; if they are not healthy themselves or have access to resources to engage in health behaviours, how can we reasonably expect them to promote health in the community?

### **Where do we go from here?**

Workplace wellness interventions address a range of factors including stress, physical activity, diet and other health behaviours and it is known that these factors are best targeted together to improve health. There are not many UK studies evaluating worksite interventions for health, particularly in healthcare settings. Recent US research shows that worksite interventions promoting health behaviours such as regular activity and good nutrition have the potential to counter increases in weight-gain and obesity (Atlantis et al, 2006; Gritfin-Blake and Dejoy, 2006). Physical activity has also been shown to stimulate muscle relaxation after physical exertion and can distract workers from stressful aspects of their work. It also may reduce stress through increased self-efficacy (perceptions and assessment of self, closely related to competence and achievement) and self-esteem (Long and Flood, 1993). Blaber (21)(15) acknowledged that the daily routine of nursing can be both physically and mentally draining and that lifestyle and the benefits of exercise for this group should be examined.

There is an obligation of employers, particularly those in a healthcare setting, to understand main causes of physical and psychological ill health in their organization and to actively promote health in the workplace to increase their employees' ability to cope with life's pressures and avoid preventable chronic illness. Improving the health of employees in the workplace is one of several 'settings approaches' set out in government documents aiming to achieve population improvements in health and wellbeing.

This is important as it has been suggested that health promotion policies in the workplace may accrue a positive benefit in managing sickness absence (Addley et al. 2001). In addition to the well established positive effects of physical activity on both physical and emotional health, research has also shown us that physical activity can impact positively on work satisfaction (Ohta et al, 2007).

The physical activity taskforce in Scotland (2003) stated that active employees took 21% fewer days off sick, while Shephard (1997,2002) found that employees who engaged in physical activity initiatives reported greater enjoyment of their work, increased concentration and mental alertness and improved cooperation and rapport with colleagues. A major European study also found that organizational performance, morale, reduced personnel and welfare problems, reduced absenteeism, reduced industrial relations disputes and lower accident rates were all related to workplace health promotion policies (Wynne and Clarkin, 1992).

Combined with the economic benefits of improved attendance, increased efficiency and better overall performance of a healthier workforce, several studies have found that employers that actively promote health and physical activity also benefit from improved employer image (Addley et al, 2001). The British Heart Foundation suggest that the support of physical activity initiatives presents a positive image to both

employees and to the wider community. Therefore, a workplace environment that fosters physical activity and good health can contribute to the health and wellbeing of all employees.

Edwards and Burnard (2003) concluded that the problem of retaining qualified and experienced healthcare staff has highlighted the need to look at various aspects of work and the work environment, which affect the level of job satisfaction and in turn influences quality of service. They found that, although a great deal is known about the sources of stress at work, about how to measure it and the impact on a range of outcome indicators, this knowledge is often not put into practice. Current health and safety executive (HSE) guidelines on occupational stress focus on reducing work-related stressors for employees and workplace wellness programmes aim to protect employees with organizational changes and health-related policy, while providing access to services and facilities which enable employees to make informed choices about their health. In addition to this they also focus on increasing the ability of healthcare employees to cope with day to day pressures through promoting active, healthy lifestyles and employee well-being.

Further, the most frequently reported stress coping strategies include social support, having stable relationships, fitness levels and peer support and all of these have been shown to increase with public health interventions for physical activity or well-being (Long, 1993).

There is an argument therefore for the PCTs to provide a 'health culture' and facilities that promote health behaviours, and also to allow employees to incorporate physical activity and well-being activities into their working day. The NHS, until recently, has largely focused on treatment of ill health rather than promotion of good health. Blaber (2005) argued that as nurses will be involved in delivering the UK Government's

^Choosing Activity: a physical activity action plan' (DH, 2005) resulting from implementation of the Choosing Health White Paper, it is important to ensure that they benefit themselves from the implementation of this policy as strategies adopted by their employers providing opportunity to improve their physical and mental well-being within the workplace, could improve nurses' health and impact on the health care they provide for others. This suggests that health promotion interventions in the health- care setting have the opportunities to impact both directly on the staff and indirectly on patient care.

### **Lessons from NHS services**

Workplace interventions for health are now particularly pertinent in light of recent research looking at the potential economic and psychological costs of unhappy or dissatisfied workers. The costs of physical inactivity and ill health to the UK break down as:

- Direct cost to NHS £1.7 billion
- Work absence £5.4 billion
- Early mortality £1 billion

This cost comes largely from illnesses that may be prevented or ameliorated with physical activity (Wanless, 2004). Workplace absence costs approximately £495 for every employee in England. The Department of Work and Pensions 2005 survey found that employers who promote physical activity and health in their workplace benefit from reductions in sickness absence of between 12%-36%, saving 34% in absenteeism costs. It also found cost-benefits saving from £2.50-£4.85 for every £1 spent. Some saved in excess of than this.

While the value of the public sector in workplace well-ness initiatives for employees is becoming increasingly recognized, the lack of availability of such schemes remains frustrating. A recent report for One North East (2006) conducted in Newcastle concluded:

*'it is essential we recognize the specific significance of the public sector in terms of promoting workplace health to its own employees. If the recommendations in this report around workplace health were taken up by all public sector employers, it would be genuinely transformational. However, little action has been taken so far to capture this potential'.*

We have implemented an innovative, in-house workplace wellness scheme for over a year now at two Nottinghamshire hospitals serving approximately 12,000 employees. Q-active, an 'Active England' programme funded through Sport England and the Big Lottery Fund, is currently based at the QMC Campus of Nottingham University Hospitals NHS Trust. It is the largest initiative of its kind in the UK and one of the first dedicated programmes devoted to improving the health and wellbeing of NHS staff. A baseline survey of this worksite showed that a worrying proportion of staff were not meeting current recommendations for physical activity, did not eat, drink or sleep according to recommendations for health and did not feel that the Trust cared about them as employees. Our interventions are based on staff need and offer activity and well-being classes available from morning through to evening to accommodate a range of work patterns (including Nordic walking, belly dancing and Pilates).

Many of these are based in the staff wellbeing room that we converted from the former staff smoking room. We also offer holistic therapies, educational classes (e.g. nutrition, stress management, weight management) free health screening, opportunities for staff to become a 'health champion', loyalty schemes and health



promotion campaigns together with health-promoting environmental initiatives (e.g. motivating signage to encourage stair-use and increased facilities to encourage active travel). Our major interventions are presented in Table 1 and shows when they were launched, the average number of monthly participants where available and whether the intervention is at present self-sustaining. It must be recognized, however, that some have only recently been launched and that this is work in progress and participation rates are increasing as are the number and type of interventions offered. Results for this programme will be available in 2008. Q-active has also implemented local policy changes and the services are being rolled out to other regional NHS settings. Q-active is three-year programme that aims, not just to promote the health and physical activity levels of staff, but also to change the health culture of a large NHS organization. Our philosophy is that 'healthy, happy staff provide better patient care'. These interventions are ongoing and will be evaluated in due course in order to assess whether the intervention has impacted on staff physical activity levels, health behaviours and well-being.

The current NHS Improvement Plan (DH, 2004b) has committed the health service to putting more resources into preventative healthcare, while there has also been a major shift in the Department for Work and Pensions and HSE who's recent publications focus on reducing sick- ness and absenteeism and returning people on incapacity benefit to work as well as accident prevention and ending welfare dependency.

In this changing climate, of primary care restructuring and downsizing, occupational stress levels are rising in nursing (McGowan, 2001). Research suggests that community nursing, is associated with high levels of stress (Butterworth et al, 1999). Community mental health nursing in particular is associated with high levels of stress and burnout (Edwards et al, 2000).The health impact of such stress may also be

compounded in nurses by health-risk behaviours such as smoking and inactivity (Plant et al, 1992).

These studies demonstrate an immediate need for measures to improve health behaviours, such as physical activity, smoking behaviours and nutrition.

The award-winning Q-active programme incorporates individual, social, environmental and policy factors that have been shown to be effective for health interventions. It is designed to promote health and wellbeing by changing the health culture of the organization and empower individual employees to make informed choices regarding their health and health behaviours while at work.

The initiative forecasts two major outcomes from this programme: firstly the results will impact directly upon the development of local Trust policy for health and wellbeing of the workforce; secondly, the lessons learnt from this work need to be rolled out across the health sector to cost-effectively promote the health of all NHS staff and to encourage health behaviours in our patients.

| Table 1. Q-active interventions  |          |                              |                             |
|----------------------------------|----------|------------------------------|-----------------------------|
| Intervention                     | Launched | Average monthly participants | Self-sustaining or not      |
| Website<br>(seeking sponsorship) | Apr 06   | 5000                         | No                          |
| Activity classes                 | Apr 06   | 350                          | Yes                         |
| Holistic Therapies               | Apr 06   | 30                           | Yes                         |
| Dept wellness checks             | Dec 06   | 60                           | No                          |
| Healthy eating                   | Jan 07   | Not yet available            | No<br>(seeking sponsorship) |
| Active travel                    | Apr 07   | Not yet available            | Yes                         |
| Incidental activity              | Apr 07   | Not yet available            | Yes                         |
| Monthly campaigns                | Apr 07   | Not yet available            | No                          |

## **Conclusion**

The knowledge we have gained to date has emphasized the importance of workplace wellness schemes and that they can be implemented in a hospital setting, although there is a clear need to offer similar services in the primary care setting and evaluate their effectiveness as public health interventions. The exact nature of how these schemes might operate in a community practice setting is yet to be fully investigated and will differ from the hospital setting, although literature on evaluations of such practice are not readily accessible. We suggest offering:

- Exercise prescriptions for employees
- Relaxation sessions
- Setting up weight management groups run by nurses, for nurses.

Employee health screening services might be practically implemented within allocated space at community health centres and peer support systems developed. A needs analysis is required to ensure that specific health needs are addressed, appropriate services developed and their effectiveness determined.

Previous reviews have commented on the lack of UK evidence and economic argument for workplace health schemes, but we argue that promoting the health of our healthcare providers is both logical and essential and that the cost of not acting now could be devastating.

Workplace wellness initiatives are showing to be feasible, well-received and effective in an NHS hospital setting and there is scope to develop access to such services in the community nursing sphere. Less emphasis should now be placed on collecting evidence as to why these initiatives should be operationalized, and more on implementing real world, practical initiatives based on existing, sound health

behaviour-change theories with a view to affecting both the culture and policies of our health service.

### **KEY POINTS**

- Occupational stress is prevalent in community nursing and this impacts on the NHS with financial burden and reduced productivity.
- Health promotion for patients is a key role for community nurses but promoting one's own health is equally important
- Workplace wellness schemes are on the increase and have shown to be effective for individuals and employers with indirect effects on patient care.

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