

EMPLOYEE PERSPECTIVES OF WORKPLACE HEALTH PROMOTION IN SELECTED INSTITUTIONS IN NIGERIA

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Abstract

This study explored (a) available workplace interventions to support or improve workers health and well-being (b) the kind of health messages employees prefer, and (c) preferred methods of delivery for work place health promotion programmes. This study employed a cross-sectional design by a structured questionnaire that was completed by 417 employees in 20 workplaces. The results found a low level of work place health interventions by employers. Employees indicated a preference to participate in physical health activities and stress-buster sessions. Employees preferred participative programmes and the email/intranet for conveyance of health messages; they generally believed workplace health promotion would make the workplace more comfortable as well as improve their health and job satisfaction. The results suggest that companies that intend initiating health promotion programmes need to conduct a detailed assessment of the nature of the workplace settings and the needs of employees.

Keywords: Workplace, health promotion, employees, wellness, perception

Introduction

In the 1970's, workplace health promotion (WHP) programmes started to emerge as an adjunct to occupational health and safety initiatives. Workers were encouraged to participate in programmes designed to encourage physical activity, healthy eating, and smoke-free living. The health of the employee is very paramount to an organization as it determines the level of functionality of the employee and his ability to go about his duties. Also it tells us how far the organization can go because the organization relies on the people at work. Organizations have either a positive or negative attitude towards the health of their employees and an individual who suffers from health problems automatically has a diminished capacity for mental performance (Sue, 2004).

Health promotion can be carried out in various locations, however, the workplace, has been established as one of the priority settings for health promotion into the 21st century (Tones & Tilford, 2001; Moy, Sallam, and Wong, 2006; WHO, 2009a). The European Network for Workplace Health Promotion (ENWHP) in the Luxembourg Declaration has defined WHP as 'the combined efforts of employers, employees and society to improve the health and wellbeing of people at work' (ENWHP, 1997). They are employer-sponsored, organized programs comprised of various services, activities and resources to support employees in practicing health behaviors to reduce health risks, improve well-being, and manage chronic diseases (Berry, Mirabito, & Baun, 2010; Steinbrunn, 1988).

The workplace as a setting for health promotion deserves special attention, because adults spend more time at the workplace than in any other location (Capra & Williams, 1993); for example, United Kingdom employees spend up to 60% of their time in the workplace (Clark, 2010). The workplace directly influences the physical, mental, economic and social well-being of workers and in turn the health of their families, communities and society. It offers an ideal setting and infrastructure to support the promotion of health of a large audience (Chu, Breucker, Harris, Stitzel, Gan, Gu, and Dwyer, 2000). Therefore, employers are uniquely positioned to influence health for the better by offering workplace health promotion programs. However, the majority of Nigerian employers have yet to embrace a comprehensive worksite health promotion strategy, falling short of the 75% target included in the *Healthy People 2010* goals (Partnership for Prevention, 2009).

Wellness promoted at the organization level has many benefits expected to manifest themselves at the physical, mental and societal level (Csiernik, Macdonald, Durand, Cameron & Rylett, 2005); including reducing medical costs (Baicker, Cutler, & Song, 2010), chronic illness incidence and severity (Heinen & Darling, 2009), absenteeism, and increasing work performance (Mills, Kessler, Cooper, & Sullivan, 2007). Although prevention is increasingly a public policy priority, WHP currently has limited support in practice in Nigeria. There is a dearth of studies focusing on initiating participation or tailoring the promotion messages to the members of an organization. In order to facilitate the

development of WHP, information that includes employees' perceptions of health needs and programmes effectiveness is vital. This study explored employee's perceptions about workplace health promotion programmes. The objectives were to identify: (a) available workplace interventions to support or improve workers health and well-being (b) what kind of health messages employees prefer, and (c) preferred methods of delivery for work place health promotion programmes.

Methods

This exploratory and descriptive study employed a cross-sectional design by a structured questionnaire that was completed by four hundred and seventeen (417) randomly sampled employees of 20 organizations between September 1, and November 30, 2012. The organizations are located in Lagos, Ogun and Ibadan (South West Nigeria) and included banks, tertiary and research institutions, federal and state ministries, as well as private-owned organizations. 500 non-managerial (25 respondents/workplace) employees were randomly recruited from different departments of the organizations. Due approval was sought from the designated heads of the units who assisted in recruiting the respondents. Of the 500 questionnaires distributed to the respondents, 417 valid questionnaires were returned, giving a response rate of 83.4%.

Questions in each domain were based primarily on the indicators of the North West Public Health Observatory (NWPHO) Health Lifestyle and Wellbeing Survey Toolkit from the Creating Healthier Workplaces: North

West Public Health Observatory Synthesis Report Issue 8b (Mason, Perkins & Bellis, 2010). The areas of alcohol, smoking, food and diet, physical activity and general health and wellbeing are covered, and questions are taken from a wide range of relevant sources. These include the General Lifestyle survey, the Health Survey for England, the Scottish Health Survey, the Welsh Health Survey and the Northern Ireland Health and Social Wellbeing Survey.

The collected data were entered into a database and analyzed using SPSS 20.0 software. Number and percents were used to describe the personal characteristics and perceptions toward workplace health promotion among the subjects. The mean rating score was also used to present the willingness to partake in specified health promotion activities level toward workplace health promotion issues among the respondents.

Results

Table 1 describes the personal characteristics of the respondents; 52% worked in public organizations, 53.5% were male and the majority was aged between 21-30 (31.9%) and 31-40 (32.1%) years respectively. A total of 274 respondents (65.7%) had obtained a first degree (65.7%) and 10.6% had a postgraduate degree. Most respondents worked between 40-49 hours weekly (69.1%), and 33.1% had worked for about 6-10 years in their present organization. One in five (20%) pilot survey respondents reported that within the last 12 months they had suffered from illness, physical or mental problem caused or made worse by their job or by work they had done in the past.

Table 1: Socio-demographic characteristics of respondents

Characteristics	Frequencies (%)
Type of Organization	
Public	217 (52.0)
Private	200 (48.0)
Sex	
Male	233 (53.5)
Female	194 (46.5)
Age	
≤20	30 (7.2)
21-30	133 (31.9)
31-40	134 (32.1)
41-50	90 (21.6)
>50	30 (7.2)
Education	
Primary	20 (4.8)
Secondary	31 (7.4)
OND/NCE	48 (11.5)

HND/B.sc	274 (65.7)
Post-graduate degree	44 (10.6)
Working years in the organization	
<1	25 (6.0)
1-5	130 (31.2)
6-10	138 (33.1)
11-20	59 (14.1)
>20	65 (15.6)
Working hours per week	
≤ 39	40 (9.6)
40-49	288 (69.1)
≥50	89 (21.3)
Health Problems from work	
Yes	117 (28.06)
No	300 (71.94)

N=417

Available workplace health promotion interventions

Table 2 shows the distribution of respondents according to the workplace health promotion interventions that their employers provide for them within their organizations. The available programmes with the highest frequencies were: more than 20 days of holiday

(76.7%), free/subsidized health screening (62.6%), and free healthy living advice/events (58.0%). This showed that a good number of the organizations lacked basic and important health promotion activities in place for their employees.

Table 2: Available workplace health promotion interventions

Interventions	Frequencies (%)
More than 20 days of holidays (excluding public holidays)	
Yes	320 (76.7)
No	97 (23.3)
Training in injury prevention	
Yes	200 (48.0)
No	217 (52.0)
Free/subsidized health screening	
Yes	261 (62.6)
No	156 (37.4)
Occupational health services	
Yes	210 (50.4)
No	207 (49.6)
Stress management	
Yes	194 (46.5)
No	223 (53.5)
Counselling services	
Yes	178 (42.7)
No	223 (53.5)
Free or subsidized gym membership	
Yes	90 (21.6)
No	327 (78.4)
Fitness classes at work	
Yes	102 (24.5)
No	315 (75.5)
Free healthy living advice/events	
Yes	242 (58.0)
No	175 (48.0)
Dedicated health intranet sites	

Yes	123 (29.5)
No	294 (70.5)
Encourage running/health walk	
Yes	128 (30.7)
No	289 (69.3)
Weight loss/management advice or programmes	
Yes	109 (26.1)
No	308 (73.9)
Programmes/support to help give up smoking/drinking	
Yes	203 (48.7%)
No	214 (51.3%)
Healthy food choices in staff canteen	
Yes	97 (23.7%)
No	320 (76.3%)
Private medical insurance scheme	
Yes	183 (43.9%)
No	234 (56.1%)
N=417	

Employee's willingness to participate in specific work health promotion programmes

Table 3 shows the distribution of employee by the rank of specific work health promotion programmes they would likely participate in. The results are derived from the question: *How likely are you to partake in each of the following programmes if they were offered to you at work?* The agreement level score for each question was on a likert scale ranging from 1 to 5, with a score of 1 representing least agreement (extremely unlikely) and a score of 5 indicating strong agreement (extremely

likely). The responses to each programme were summed up and the mean rankings obtained. Healthy eating was the leading programme of interest (mean rating=4.16). The next three top-ranking programmes of interest were: Stress-buster session (mean rating=3.80); physical activity session (mean rating=3.80) and work-life balance programmes (mean rating=3.64). The least programmes of interests to the employees were smoking/alcohol management (mean rating=3.18), mental health (mean rating=2.82) and sexual health programmes (mean rating=2.59).

Table 3: Work place health promotion interventions of interest for employees

	Mean	Std. Deviation
Healthy eating	4.16	.934
Stress-buster session (e.g. massage, yoga)	3.80	1.040
Physical activity sessions	3.71	1.253
Work-life balance programmes	3.64	.988
Weight management programmes	3.39	.935
Stop smoking/alcohol programmes	3.18	1.481
Mental health awareness programmes	2.82	1.526
Sexual health programmes	2.59	1.140

Employee's preferred method of delivery of interventions

Table 4 shows the employee's choice of method for work health promotion programmes delivery. Events

linked to campaign (26.37%), health screening (24.22%) and staff email/intranet (23.50%) were the preferred choices for the delivery.

Table 4: Preferred method of programme delivery by employees

Preferred Method	Frequency (%)
Display on notice board	37 (8.87)
Leaflets	66 (15.82)
Staff email/intranet	98 (23.50)
Health screening (e.g blood pressure checks)	101(24.22)
Events linked to campaign (e.g Men's health week)	110 (26.37)
Mixture of all of the above	5 (1.22)

Perception of effectiveness of workplace health promotion

Results showed that the mean rating scores of perceived indicators of work place health promotion effectiveness among the respondents were between 3.27 and 4.22 (Table 5). The analysis showed that the indicator 'working environment more comfortable' was the most positive perception among the respondents (mean

rating=4.22). The next four top-ranking indicators among workplace health promotion initiatives were 'employee healthier than before' (mean rating=3.80), 'increase in employee satisfaction' (mean rating=3.72), 'improving workplace health and safety' (mean rating=3.63) and 'organization more focused on employee needs' (mean rating=3.61).

Table 5: Employee perception of workplace health promotion effectiveness

	Mean Rating	Standard Deviation
Working environment more comfortable	4.22	.769
Employee healthier than before	3.80	1.102
Increasing employee satisfaction	3.72	1.098
Improving workplace health and safety	3.63	1.233
Organization more focused on employee needs	3.61	1.226
Affecting organization management	3.43	.991
Organization adopts new technologies to Improve performance	3.27	1.118

Discussion

The purpose of this study was an exploration of employees' perspectives of workplace health promotion (WHP). WHP is a modern corporate strategy that aims to prevent ill-health at work and enhance health promoting potential and well being in the work force.

Table 2 above shows a dearth of available health promotion programmes/activities made available by employers in the different organizations. In the United States, workplace health promotion programmes include, among other things, hypertension screening, newsletters, programmes that focus on healthy lifestyles, smoking cessation, weight loss, and cancer screening, health club discounts, onsite health clubs, and prenatal screening (Center for Substance Abuse Prevention [CSAP], 1998). The World Health Organization and Work Economic Forum joint report (2008) concluded that workplace health promotion programmes targeting physical activity and diet are effective in promoting lifestyle behaviours (e.g., increasing physical activity participation and improving nutritional choices); improving risk factors for non-communicable diseases (e.g., reducing BMI, reducing blood pressure); and facilitating organizational-level changes (e.g., reducing absenteeism). Benefits of

workplace health promotion programmes that target physical activity include increased physical activity levels, reduced relative body fat percentage, decrease musculoskeletal disorders and improvements in cardio-respiratory fitness (Proper, Bakker, Van Overbeek, Verheijden, & van Mechelen, 2006; . Proper, Bergstra, Bakker, & van Mechelen, 2006). For those programmes that target healthy diet, beneficial outcomes include increased fruit and vegetable intake, decreased intake of unhealthy dietary fat, significant reduction in weight and BMI.

Within the discussion of preferences for workplace health promotion interventions (Table 3), employees highly advocated for healthy eating, stress buster and physical activity sessions. Substantive health messages need to be communicated in order to educate employees regarding healthy behaviours. "Tailoring" is one strategy for increasing the effectiveness of lifestyle modification programmes. Tailored interventions are typically delivered through: Face-to-face counselling, print communication, telephone counselling, internet, CD-ROMs and automated voice messaging (Brug, Steenhuis, Van Assema, & de Vries, 1996; De Bourdeaudhuij, Stevens, & Brug, 2007; Sorenson, Barbeau, Stoddard, Hunt, Goldman, Smith, Brennan, &

Wallace, 2007). Speaking specifically about the preferred sources of health message promotion at the workplace (Table 4), the primary method participants reported was through events linked to campaigns (26.37%), health screenings (24.22%), and staff email/intranet (23.00%).

This study found that employees generally agreed that workplace health promotion would make the workplace more comfortable (mean rating=4.22), improve their health (mean rating=3.80), and increase employee satisfaction (mean rating=3.72) as shown in Table 5. The purpose of health promotion is to strengthen the skills and capabilities of individuals and enable them to take action, and the capacity of groups or communities to act collectively to exert control over the determinants of health (Nutbeam, 1998).

One of the main determinants of the success of WHP programmes is the active participation of employees, continuously throughout the programme. Another important criterion for WHP is to meet the needs of all employees. Thus, it is critical for employee surveys and interviews to be carried out before any activities are initiated, in order to recognize employee needs, preferences and attitudes. Developing a bottom-up communication culture and establishing effective communication channels can also facilitate the acknowledgement of employees' needs. Consultation with employees ensures that WHP activities can be aimed at any major health risks in the target population, which in turn increases the effectiveness of the activities and in the long run sustains the benefits of the programmes.

The study has limitations that need to be kept in mind when assessing its results. A cross-sectional design was employed and therefore the results are limited to short term effects. However, it is difficult to make definite conclusions about the effectiveness of WHP in a short-term study such as the present one. Talvi, Jarvisalo & Knuts (1999) evaluated the long-term effects of a WHP intervention programme and suggested that health promotion should be established as a continuous process rather than a single project. The questionnaire used in the present study adopted a model that was developed based on the philosophy of Western countries. Future studies could be revised according to the domains and contents of local culture to adopt a 'think globally and act locally' approach to meet the needs of Nigeria's workplaces in the future. Thirdly, the actual health status of the employees was not measured, so we cannot match the actual health status of each employee and their demand for health intervention programmes/activities thus limiting our understanding

of the real potential effects of health promotion programmes addressed in the study. The final limitation relates to the study's mode of sampling of worksites, which may not correctly represent the general population of employees of companies in Nigeria. However, this study describes the profile of workplace health promotion among employees. The results provide an example of how the employees express their perceptions of workplace health promotion, and suggest that companies intending to initiate health promotion programmes should conduct detailed assessments of workplace settings and the perceptions of their employees.

Conclusion

In summary, this study provided an exploration into employee preferences regarding work health promotion and participation in workplace wellness programs. An organization that aims to better the health of its employees and that of the organization recognizes that a well-designed workplace health promotion programme (1) depends on offering wellness initiatives that appeal to and win the participation of a majority of employees and (2) promotes health education tailored to employee needs. Before a health promotion program is initiated, the feasibility of offering it in a workplace should be investigated. After the feasibility study is complete, a needs assessment should be conducted to determine the needs particular to the workplace since no two businesses are alike (O'Donnell & Harris, 1994; Health Canada, 1999). It is very important to assess the employees' needs to help build employee buy-in, build awareness, direct program planning, and assist with programme evaluation.

Several reviews of the literature indicate that workplace health promotion programmes that address physical activity, healthy diet or both can reduce the risk for chronic conditions as well as enhance worker productivity, reduce absenteeism, improve corporate image, improve staff retention, reduce work-related injuries, and reduce medical costs. Multi-component interventions are most effective and strategies may be aimed at several levels including the organizational, environmental and individual levels.

Further research is required involving more representative participant samples. This would help increase the generalizability of programmes to workers across different population, demographics and industry groups. More studies are needed to help design, test and implement effective workplace health promotion interventions relevant to the Nigerian population.

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