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1

WORK AND HEALTH

Introduction

Health in the workplace is an issue which is perceived globally as a matter of vital importance to the welfare of workers, the productivity of employing organizations and to economic growth at local and national levels.[1,2] In the international context, around 60 per cent of the world's population is engaged in some form of paid employment,[3] with this global workforce contributing to economic prosperity at national and community levels through the production of the full panoply of goods and services.[4] A healthy workforce will, therefore, undoubtedly be better placed to optimize production while, at the same time, making fewer demands on a nation's health and social care infrastructure. This in turn reduces the cost of healthcare to the economy.

Most workers spend a significant proportion of their lives engaged in their occupation, so for the individual and collective good, it is important that workers are enabled to attain/retain optimal health status. To understand how optimal health is promoted in the workplace, it is necessary that the concepts of work and health are defined and understood. This chapter therefore seeks to establish the context for an in-depth examination of health and health promotion in the workplace and also demonstrates how these can have effects on economic and social well-being.[5]

The need to engage in work has, throughout history, been integral to the development of human society.[6] People in every society, both individually and collectively, have had to expend energy, intelligence and ingenuity to ensure an adequate food supply, provision of shelter and clothing, and protection from a range of threats, both human and environmental. Over time, satisfying basic needs and, at the same time, exchanging goods and services has generated market economies. These

economies have morphed from agrarian to industrial contexts and hence, in the so-called developed world, to the complex post-industrial economic conditions that currently prevail. Many developing nations are seeking to emulate those that are more economically advanced and this creates a global landscape of work, which has a range of effects on the health of workers. This landscape is affected not only by conditions and hazards in the workplace, but also by social and personal factors and the ability to access health services, both in the workplace and in the wider community.

The World of Work

In considering the nature of workplace health, it is useful to focus first on the meaning of the terms 'work' and 'worker'. The concept of work can be understood in terms of what it is, how it can be measured and how it is rewarded.[6] Defining 'work' is highly complex in that it embraces a wide range of elements which may be context dependent, making it impossible to arrive at a single, global definition of the concept. Work has been characterized as a purposeful activity which has a future focus, determining social identity and financial reward.[7] Motivation of individuals to work is closely related to the need for activity and opportunity for self-regulation.[8] Smith makes the point that the term 'work' should be thought of primarily as a verb,[9] something we 'do' as opposed to 'somewhere that we go'. This may indeed be true, but in terms of health in the workplace, it must also be understood that the worker's activity cannot be divorced from the physical, social, economic and political contexts within which it is undertaken. It must also be recognized that employment sectors such as the agriculture, manufacturing and service industries, as well as the scale of employer organizations, from self-employed operator through SME (Small and Medium Sized Enterprises) to large corporate and public sector organizations, will present both shared and unique challenges in describing the nature of work.

In terms of describing those engaged in work, the WHO[1] has defined a worker as shown in Figure 1.1. This definition gives a relatively comprehensive understanding of the dynamics of being a worker in a range of contexts. It acknowledges the baseline of provision of labour/expertise while recognizing that there is an array of relationships by which this can be achieved, from the employer/employee relationship, through various forms of independent contractual arrangements, to coercive

A WORKER, as defined by WHO, is:

A person who provides physical and/or mental labour and/or expertise to an employer or other person. This includes the concept of 'employee', which implies a formal employment contract, and also informal workers who provide labour and/or expertise outside of a formal contract relationship. In a larger enterprise or organization it includes managers and supervisors who may be considered part of 'management' but are also workers. It also includes those who perform unpaid work, either in terms of forced labour or domestic work, and those who are self-employed.

Figure 1.1 WHO Definition of a Worker
Source: World Health Organization (WHO).

scenarios where the worker is forced to work. This range of relationships, when combined with the inclusion of supervisory and managerial levels as workers, highlights the fact that only the nature of the task and the degree of control are different. This is an important consideration, given that control is a key determinant of well-being at work.[10] It is also important to note that even those in positions of power and control in the workplace are also, in the final analysis, workers.

The final sentence of the definition also raises important, issues with acute ethical implications related to forced labour, where there is no control for the worker. The same can be said for the issue of child labour.[11] The International Labour Organization (ILO) has defined child labour as having three distinct forms.[12] First, exploitative use of children comes through slavery, trafficking, forced labour and child soldiers, sex-industry work, involvement in the illicit drugs trade and the use of children in hazardous work in industries such as mining, agriculture and construction. Secondly, children can be in 'voluntary' employment such as domestic help and other forms of casual employment for which their contribution is rarely documented in any national statistics. The third form of child labour, which is non-coercive and often a positive aspect of young people's lives, is where young people choose to engage in some form of work which gives them greater independence and is often located in temporary or seasonal employment.[13]

The concept of work is therefore complex. In all work scenarios, however, it has been recognized that the global workforce should have the opportunity to engage in 'decent work', a concept first expounded by the Director-General of the ILO in 1999. He described decent work as 'opportunities for women and men to obtain decent

and productive work in conditions of freedom, equity, security and human dignity'.[14] This concept is given further prominence by the ILO when it is described as:

> work that is productive and delivers a fair income, security in the workplace, and social protection for families; better prospects for personal development and social integration; freedom for people to express their concerns, organize and participate in the decisions that affect their lives; and equality of opportunity and treatment for all women and men.[15]

This definition plays out in various ways internationally. The Asia-Pacific region of the ILO can be taken as a good example.[16] In this region, which stretches from India in the west to French Polynesia in the east, and from Japan in the north to New Zealand in the south, an eclectic range of societies, with an even more diverse range of people groups, is to be found. In such a vast area, a definition of decent work must be relevant to the highly developed industrial and post-industrial economies of the region's advanced economies. It must, however, equally apply to those economies that are more reliant on primary industries such as agriculture, forestry and fisheries. To achieve an equitable definition of work is not easy when seeking to address the needs of mega cities, with their ever-widening division between rich and poor,[17] while at the same time considering the needs of subsistence workers in more remote rural areas.

Fundamental to the consideration of decent work is the acknowledgement of the rights of workers.[18] In the Asia-Pacific region, 'rights at work' deals with issues such as women in the workforce and child labour, and also focuses on a wide range of worker grievances. Decent work also extends the rights of women who are often exploited through low wages, deeply suboptimal working conditions and the strictures applied by various religious and cultural traditions. It encourages an equitable share of employment for women through a downward trend in the disparity in participation rates for work between men and women. This issue has catalysed key developments in the rights of women at work, which acknowledge their predominant role as primary carers for children and the aged population; it also recognizes the under-representation of women in executive and managerial levels of many industries and employment sectors.

Similar considerations relating to rights at work also apply to children as young as five to fourteen years who are economically active and not

enrolled in formal schooling. While they may be involved in work which is both benign and necessary, it is the case that in a number of countries, even when the provision of primary education is universal, there is a proportion of the child population which never has the opportunity for a growing-up experience free of the need to work. This form of child labour, as opposed to work, is exploitative. It is causing children to often suffer the twin disadvantages of being introduced into the workforce at a time when they should be accessing education, which will prepare them for greater opportunities when they are more appropriately added to the workforce, while at the same time suffering poor working conditions and exploitative wages.[19] It is the increased awareness of the need to not only have rights in the workplace, but also to protect those rights that has seen an escalation in the use of formal complaints as a vehicle to assert workers' rights. Complaints can be, and are being, used as a proxy for the status of decent work provision in a given society. Unhappily, however, not every society has a legal system which is accessible, fair and just and the use of complaints cannot necessarily be seen as a panacea for the redress of problems in the workplace.

A second cadre of indicators of decent work relates to employment and income opportunities. Decent work aims for high work participation rates across all sectors of society and includes a focus on specific segments of the workforce, including the working poor, casual/daily workers, and youth. A society's performance in providing work can also be monitored by examining unemployment rates that have an influence on the health status of a population.[20] This can be done at a macro level and can also be revealing when broken down into specific segments of society. A focus on youth unemployment, for instance, can be used to detect pressure points caused by inadequate levels of education and can highlight those factors which need remediation to improve this situation. Similar considerations can be applied to issues related to women and to specific populations such as minority ethnic groups, or those located in specific geographical regions. In addition to unemployment rates, insights are needed into other characteristics of the working population such as the proportion that is perceived to be in poverty and the conditions experienced by the working poor. Wages, as measured by real per capita earnings, are also a key indicator of the status of workers. These issues need to be considered in a range of contexts such as status in employment, the branch of economic activity in which jobs are located, and rates of labour productivity. A combination of all of these

factors can give an indication of the success with which a population is providing decent employment.

Another issue pertaining to decent work is that of social protection. This relates to how a work environment can provide a range of mechanisms which address the problems of either loss of income or of additional demands being made on a household's resources. It has been argued that stronger social protection can act as a stabilizing influence on economies.[21] Loss of income arises from a range of factors including loss of employment, death of the principal income earner in a household or chronic disability leading to the compromise of earning capacity. These challenges can be addressed by adequate social protection measures, which are usually framed as specific financial benefits such as unemployment allowances, social housing provision and/or benefits and disability benefit. In the case of additional demands being made on income by factors such as illness, increase in family size or increase in caring responsibilities for older family members, other social protection measures, such as free or subsidized provision of medical, dental and hospital care, can be made available.

Social protection also relates, however, to other factors that safeguard those who are already in work. First, there is the effect of occupation-related illnesses and injuries on the workforce, which needs to be understood in terms of the demographics for each employment sector or industry. Understanding is needed of factors such as trends in the sex, age, occupation and level of education of those who are ill or injured. Developing key indicators relating to the types of injury and illness, prevalence, incidence and severity, can assist in developing legislation and other protective measures which will assist in the enhancing of health status in the workplace. Knowledge of the number of days lost through occupational illness and injury will also indicate the economic consequences of compromises to workers' health.

A second factor relating to social protection is the consideration of trends in the hours of work. These trends need to be considered for their contribution to defined branches of economic activity at local and national levels. They can be used to identify issues such as average hours worked, excessive hours, modes of employment such as full-time and part-time working, and phenomena such as underemployment. Trends that are less easily measured, however, occur with 'informal employment'. Those who find casual (or unprotected) jobs in household enterprises, agricultural entities or 'street work' of various kinds, are all outside the normal protections variously offered to those in formal employment.

It must be recognized, however, that informal workers can form a considerable proportion of the workforce in developing countries and cannot be ignored.

The final key issue related to decent work focuses on the role of social dialogue in the development of the work culture. It is defined as 'all types of negotiation, consultation or simply exchange of information between representatives of governments, employers and workers, on issues of common interest relating to economic and social policy'.[22] The ability for workers and employers, individually or collectively, to engage in mutually beneficial dialogue, is seen as leading to improvement in the lives and conditions for workers. Mechanisms through which this dialogue can be achieved include the opportunity for trade union membership, which enables workers to engage in collective bargaining in relation to not only wages, but also terms and conditions. This right of association is not, however, universally available, being prohibited in some jurisdictions and, in many others, severely reduced in its scope and effectiveness over the last three decades. Other active participants in social dialogue are also necessary, including individual enterprises and the employer organizations to which they belong.

Health, the Workplace and the Workforce

Good health status has been identified as having a range of benefits for the workforce and the employer.[2] The two key global players in workplace health, the World Health Organization (WHO) and the International Labour Organization (ILO), have indicated that the benefits for improved health and well-being in the workforce include a safe and healthy work environment, enhanced self-esteem, reduced stress, improved morale, increased job satisfaction and increased skills for health protection. The positives for the organization include a well-managed approach to health and safety, improvements in staff morale and productivity, and reductions in staff turnover, absenteeism, health insurance costs (where applicable) and risks of adverse legal consequences.

To understand the concept and principles of workplace health, an understanding of the wider context of health per se is necessary. Health has been defined in many ways, the most widely used definition being the World Health Organization's founding definition, which states that 'health is a state of complete physical, mental and social well-being and

not merely the absence of disease or infirmity'.[23] This definition has been criticized in that its highly aspirational nature does not take account of the fact that perfection, in the component domains of health, is largely unattainable. Nor does it overtly take account of the social and environmental influences, which interact with the individual. Nonetheless, it is a useful starting point which has been developed in the *Ottawa Charter for Health Promotion* which states that, 'Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities'.[24] This observation indicates the dynamic nature of health and also recognizes the interaction of the personal and societal contexts.

The Commission on the Social Determinants of Health has further developed this thinking, outlining the determinants as the conditions in which people are born, grow, live, work and age. All of these are shaped by the distribution of money, power and resources at global, national and local levels. Work, described as a social phenomenon, is viewed as a key determinant of health.[25] The key issue addressed within the Social Determinants is that of health inequities, with employment conditions being identified as one of the key contributors that need remediation.[26] The workplace is seen here as both the problem and the solution. It has been noted that the lower an individual's socio-economic status, the worse their health is likely to be, as evidenced by indicators such as lower life expectancy, higher infant mortality, and higher rates of long-term disability. Figures related to age-standardized mortality ratios, for a range of causes, indicate that, globally, those in lower income categories are at higher risk from a number of major causes of death than those in higher income brackets.[27] It has also been recognized, perhaps somewhat obviously, that being in employment has a positive influence on health.[28,29]

Three recommendations on the necessity to reduce inequities in health through the appropriate use of work have been set out by the Commission on the Social Determinants of Health. These are:

1. Make full and fair employment and decent work a central goal of national and international social and economic policy making.
2. Achieve health equity by ensuring safe, secure and fairly paid work, year-round work opportunities, and healthy work–life balance for all.
3. Improve the working conditions for all workers to reduce their exposure to material hazards, work-related stress and health damaging behaviours.[30]

These recommendations set out the place of work in the effort to promote the health of workers at all levels and in a range of environments. However, it must be noted that even the fair and secure work, as outlined in the first two recommendations, can have its challenges. It is therefore necessary to examine in more detail the negative influences which can impinge on the ability of work to be a positive factor in building a strong health profile for individuals, families and communities.

Influences of the Workplace on the Health of Workers

Health in the workplace is a multifactorial concept, so it is useful to reflect on a range of influences that have an effect on workers' health (see Figure 1.2). As has been alluded to earlier in the chapter, influences on health start at the global and national levels. A vast range of factors, including policy, national wealth, climate, population size and environmental quality, affect physical and socio-economic environments. This

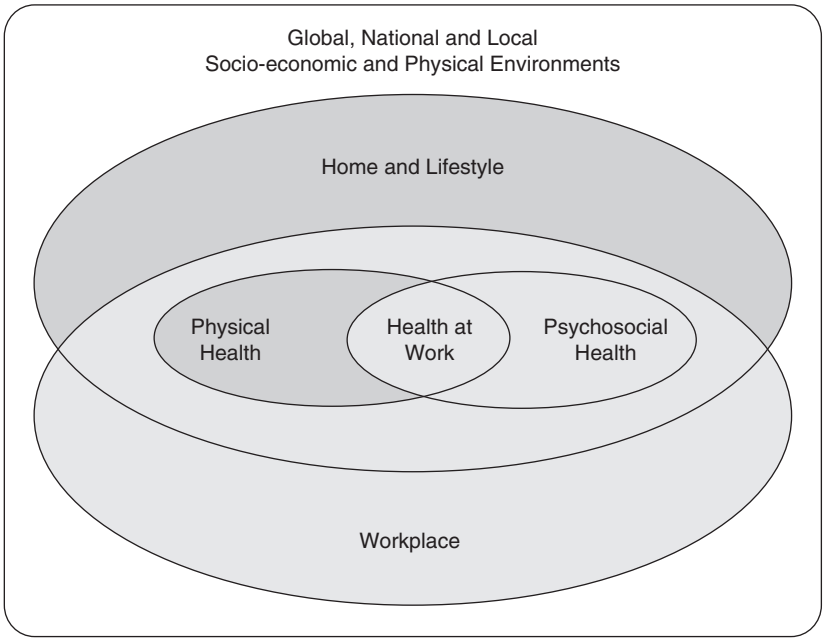

Figure 1.2 The Work-Health Interface

overall context has an impact on both the home and work environments of the individual worker, and communities of workers. Each worker comes to the workplace with their own health status, comprising both psychosocial and physical health components. It is in this complex web of relationships that the influence of the workplace on the health of workers can be explored.

A plethora of data exists to describe and explain the prevalence of the main causes of ill health in the workplace at both international and national levels. In Europe, as an international example, the landscape of occupational disease indicates that unhealthy working conditions are involved in at least 1.6 per cent of the burden of disease in countries in the WHO European Region. A range of major occupational risks associated with this burden include injuries (4 per cent), noise (22 per cent), carcinogens (18 per cent), airborne particulate matter (17 per cent) and ergonomic hazards (3 per cent).[31] These risks are variously associated with a range of conditions which, in the most recent year for which figures are available (2005), show that 25 per cent of European workers experience backache and 23 per cent report muscular pains,[32] up to 8 per cent of workers experience work-related respiratory disability, 7.8 per cent eyesight problems, 7.2 per cent hearing problems and 6.6 per cent experience skin problems.[1]

Taking the UK as a national exemplar of trends in the incidence of diseases and conditions which have their primary origin in the workplace, some interesting issues arise. According to the Health and Safety Executive of Great Britain (HSE), since 1974:

- fatal injuries to employees have fallen by 87 per cent;
- reported non-fatal injuries have fallen by 77 per cent (to 2012), about half of these relating to changing employment patterns and occupations;
- deaths from asbestos-related diseases have increased almost constantly year-on-year with about ten times as many deaths in 2012 as in 1974, mainly due to exposure to asbestos prior to 1980;
- the rate of total cases of self-reported work-related illness, and specifically musculoskeletal disorders, has fallen (since 1990);
- the rate of total cases of stress and related conditions increased during the 1990s, though likely due to awareness of work-related stress and changing attitudes affecting reporting levels.[33]

While the trends in the incidence of a range of conditions are favourable, there is nonetheless a challenge still to be met in addressing the health needs of the British workforce.

Physical Health and the Workplace

A wide range of factors, which are generated by either the nature of the work being undertaken or the workplace environment, affect physical health in the workplace. Adverse factors may have an impact on the individual's physiological functioning, which in turn can affect their work performance. These factors can be categorized into conditions resulting from risks and hazards in the workplace or from personal health practices, that is, those elements of individual health behaviour, which, while not directly related to any workplace factor, can have an impact on work performance. When considering the effect of work on physical health and safety, there are a large number of possible sources of threat (see Figure 1.3).

These hazards can, in turn, lead to a range of conditions and events which include:

- musculoskeletal disorders which arise from work-related activity and include injuries caused by incorrect manual handling, for example lifting heavy objects, repetitive strain injuries (RSI), and disorders arising from the use of display screen equipment such as computers – these can include incorrect posture and eye strain;

Threats to health in the workplace …
- chemical hazards such as solvents, pesticides, asbestos, silica and tobacco smoke;
- physical hazards such as noise, radiation, vibration, excessive heat, nanoparticles;
- biological hazards, for example hepatitis B, malaria, HIV, tuberculosis, Ebola, mould, lack of clean water, toilets and hygiene facilities;
- ergonomic hazards such as processes requiring excessive force, awkward posture, repetition and heavy lifting;
- mechanical hazards such as machine hazards related to nip points, cranes, forklifts;
- energy hazards, for example electrical hazards;
- mobile hazards, for example driving on ice or in rainstorms and driving in unfamiliar or poorly maintained vehicles.

Figure 1.3 Threats to Health in the Workplace

- 'vibration syndromes' caused either by the extensive use of powered hand tools or by vibration passing through the seat of a vehicle or machine, causing/exacerbating back pain;
- hearing loss caused by noise which in turn causes deficits in concentration and affects physiological functioning;
- slips, trips and falls arising from the failure to remove tripping hazards and from the inappropriate use of ladders in the work-related environment;
- electrical deaths caused by contact with overhead or underground power cables with non-fatal shocks having the ability to cause severe injury which can lead to permanent disability;
- injury related to the use of pressure systems which contain a fluid under pressure, for example pressure cookers, boilers or steam heating systems, accounting for small numbers of incidents that are, nonetheless, serious for those injured;
- other physical threats, including violence and vehicle-related incidents in the workplace.

Mental Health and the Workplace

The mental health of workers has been recognized as having a significant effect on their performance in the workplace, with mental illness being noted for the toll which it takes on performance at work.[1] Mental health status and a range of mental health disorders are closely linked to various social, economic and physical environments at all stages of the life cycle with those lower on the socio-economic scale being disproportionately affected. Mental disorders have also been perceived as being fundamentally linked to a range of physical health conditions. The improvement of mental health could therefore bring a reduction in inequalities in physical health, which would in turn have positive effects on overall health status.[34] There has been less understanding, however, of the actual impact of the workplace as a contributor to the range of issues that can compromise mental health. Mental health disorders can range from a defined group of mental illnesses, as classified in the WHO International Classification of Disease (ICD), to a range

of mental states characterized by symptoms such as anxiety, depressed mood, demoralization and burnout.

Mental health conditions can be exacerbated by a range of stressors in the workplace[1] that pose a range of psychosocial hazards which include:

- poor work organization, which leads to problems caused by the pressure of work arising from workload, time pressures, levels of autonomy in decision-making, clarity and design of roles, support from managers and deficits in communication;
- organizational culture, where there is insufficient attention paid to ensuring the dignity of all workers; harassment and bullying; discrimination and intolerance in relation to gender, ethnic origin and religion; stigmatization of vulnerable groups such as those living with HIV and mental illness; insufficient support for healthy lifestyles and attainment of acceptable work–life balance;
- job insecurity, caused by uncertainties, for example, adverse economic conditions; realignment of employer entities due to issues such as acquisitions and mergers; failure to adjust to changing market conditions.

Addressing any or all of these factors is key in the delivery of good workplace health promotion (WHP).

Personal Health Practices

Personal health practices refer to a range of health behaviours that are integral to the day-to-day life of workers and which are inevitably brought to the workplace. These behaviours are related to physical activity, diet, sleeping patterns, driving and the use of substances, including tobacco, alcohol and a range of other legal and illegal substances. While these behaviours primarily involve personal choices on whether to comply with healthful practices, it should also be noted that they are influenced by the social and economic context within which people live their lives. To take eating behaviours as an example, a range of factors affect people's food choices at work. Affordability, the opportunity to access healthy food in or near the workplace and the existing norms of food consumption in the peer group may influence the choice to eat healthily in the workplace.

All of these behaviours are well documented in the literature and can, singly or in combination, have an effect on how an employee functions in general, and in their work role in particular. In the workplace context, the efficacy of interventions to promote a smoke-free workplace,[35] control alcohol and other drug use, and promote exercise and healthy diets in the workplace context[36,37] are all seen to have some positive effects on the health of workers. It must be noted, however, that many meta-analyses and systematic reviews of the literature indicate that the overall evidence for effectiveness is at times limited, as was seen in Webb's systematic review of workplace interventions related to alcohol problems.[38] It is apparent that more systematic and consistent research results are desirable.

Conclusion

To begin to understand workplace health and health promotion it has been necessary to understand the foundational concepts of work and health. Work needs to be understood in terms of 'decent work', which highlights the need for policy-led provision of equitable and appropriate work opportunities to be available throughout society. Social protection provides an important safety net when work is not possible and social dialogue allows for the development of good policy and practice in the workplace through communication with all of the partners in the workplace environment. This understanding of the landscape of work can then be brought to a holistic concept of health where it forms one of the key social determinants. The workplace is populated by people whose health, particularly the physical and mental health elements, can be affected by the work they do and the environments in which they do it. Personal health practices, which are brought into the workplace, also contribute to the overall health status of individuals. Overall, it is important to note the inter-relatedness of these personal characteristics with the nature and environment of work, reflecting the social determinants of health that are embedded in the physical, social, economic and political environments. The workplace itself also imposes a range of factors that have direct effects on the health of workers through the generation of diseases and injuries, which can have disabling effects. This is the somewhat multifactorial context in which the health promoting workplace needs to be understood.

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