

# Health and wellbeing in the workplace

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A whitepaper



# The benefits of investing in health and wellbeing in the workplace<sup>A</sup>



Better employee morale and engagement



A healthier and more inclusive culture



Lower sickness absence

Studies show that well-designed wellness programs have a return on investment of \$1.50 to \$3 per dollar spent over a two- to nine-year timeframe<sup>B</sup>.

Thriving and healthy workforces typically perform 2.2 times above average compared with organizations who don't invest in their employees' health and wellbeing<sup>C</sup>.

<sup>A</sup> Source: CIPD Health and Well-being at Work Survey 2018

<sup>B</sup> Source: US Chamber of Commerce "Winning with Wellness" 2016

<sup>C</sup> Source: Black Dog Institute, Australia

# Health and wellbeing in the workplace

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## Introduction

The most successful organizations recognize that a healthy workplace is a happy and productive one. Governments are starting to recognize that employers and managers have a leading role in preventing ill health and promoting good health. Individuals also recognize how important their health is; older workers need to stay fit and healthy to keep working and enjoy their latter years; younger generations are more informed on health and they expect their employers to actively provide healthy workplaces, not ones that merely give them a pay packet.

Physical and mental occupational disease and illness can be prevented. There is no excuse for workers to lose their health – for example suffer hearing damage, develop asthma or die from cancer from uncontrolled exposures at work. Working conditions should not create environments that increase the likelihood of physical or mental ill-health, such as those associated with occupational stress.



# Why the emphasis on health in the workplace now?

Frustratingly, the need to consider the health and welfare of workers is not a new concept. The UK, as one of the first industrial nations, introduced legislation as early as 1802 to protect workers health. The Health and Morals of Apprentices Act 1802, required cotton mill employers to clean the mills twice a year, and ensure that there were enough windows to allow fresh air into the building. Additionally, recognizing that broader social factors had an impact on health, the Act also required that 'suitable and sufficient' clothing and sleeping accommodation be provided.

Examples of enlightened employers and social philanthropists, protecting and enhancing workers lives, can be found throughout industrial history around the world. As countries have developed, legislation to protect workers has been introduced. And yet 2.78 million people still die each year from work-related accidents and diseases and a further 374 million people suffer work-related injuries and diseases<sup>1</sup>.

The hazard and consequence of poor safety is clearer and more immediate than health. A hand pulled into a machine with industrial rollers will be severely crushed. The prevention method<sup>2</sup> is also clearer – a fixed guard stopping hands getting near the rollers for instance. Health is more complex. Occupational ill-health often does not become apparent for years and maybe the result of prolonged or repeated exposures over many years or even decades. Individual susceptibility varies. Not every chef will develop contact dermatitis from handling onions but many do. Then there is the question of accountability – which restaurant job caused the exposure that led to the dermatitis? The prevention methods can also be harder to implement – can a chef work if they can't chop onions?

Our understanding with regard to health and ill-health (both occupational and non-occupational) is now better than it has ever been in history. We have research and an evidence base

on what causes ill-health and how to prevent it. The importance and benefits of good health to individuals, organizations and society are also evidenced.

'Health' is now a global public policy issue with an increased focus on disease prevention and reducing 'avoidable'<sup>3</sup> mortality. The increasing world population combined with increasing levels of chronic health conditions such as diabetes, together with an ageing population where long-latency diseases will become more common, mean that governments, society and organizations have to take proactive measures.

Increases in chronic health conditions arising from poor health lifestyles and the social determinants of health – the conditions in which people are born, grow, live, work and age and the fact that this is "shaped by the distribution of money, power and resources at global, national and local levels"<sup>4</sup> is also understood in a way that is influencing global policy. This can be seen in initiatives such as the UN's Sustainable Development Goals.

As a result health risks and health promotion within the workplace are receiving renewed focus and being considered within the global context of public health policy.

Businesses are also focussed on corporate responsibility and sustainability and their 'ethical' footprint. The rise of 'glocal' economies and social media means that businesses are being held to account for their actions in a way that was not the case a generation ago. 'Trust' is now a particular focus for business. How can they gain (and keep) the 'trust' of their customers and their workers? For the latter, health and wellbeing is now starting to be seen as a value to be protected, as part of the trust agenda. The fourth International Strategy Conference on Safety and Health at Work linked occupational health and safety, trust and a people-centred approach<sup>5</sup>:

**The approach of people-centred prevention can be succinctly expressed as follows:**

<b>Vision</b>	Build a world of trust
<b>Mission</b>	Start with the CEO and the top management in your own organization
<b>Operative goals</b>	Treat employees with respect; provide them with good compensation, benefits and an excellent work-life balance; empower people and develop take-care-structures within your own organization and beyond

The crossover in the public and work health agenda is particularly prevalent in the topic of 'wellbeing'. As governments, particularly those in high income countries focus on the public health burden they see the workplace as an effective route for the delivery of change.

<sup>1</sup> <https://www.ilo.org/global/topics/safety-and-health-at-work/lang--en/index.htm>

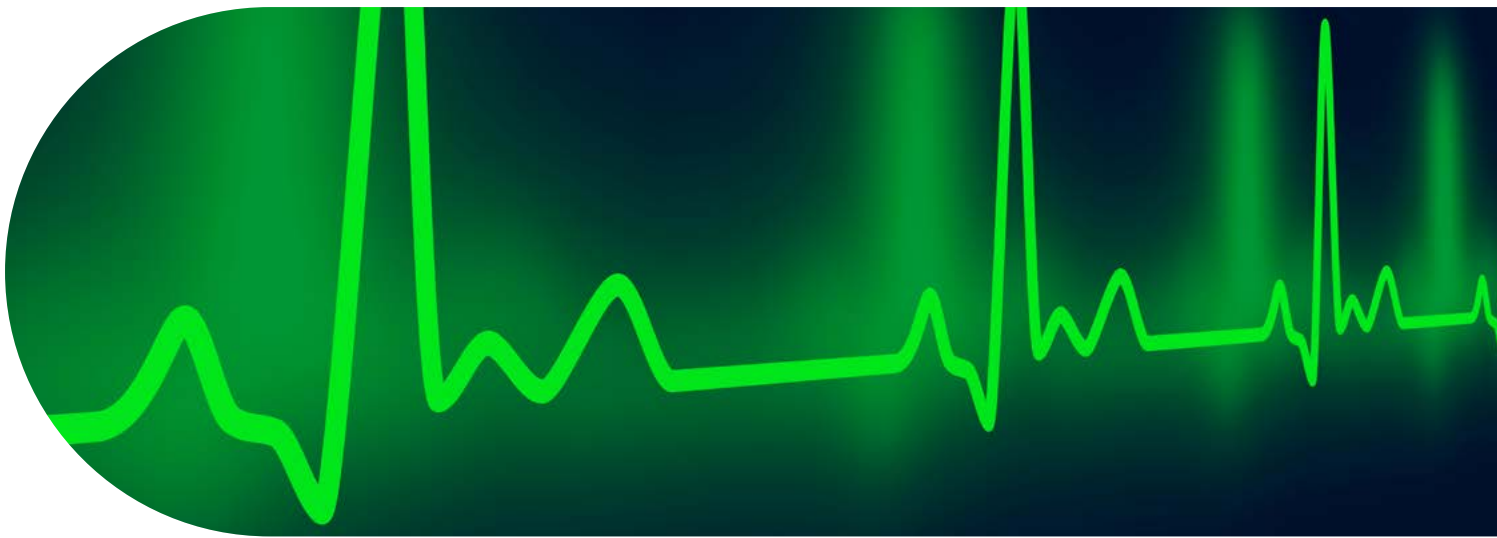
<sup>2</sup> Controls, preventative and mitigating

<sup>3</sup> Such as maternal mortality, preventable deaths of new-borns and children, epidemics and road traffic accidents

<sup>4</sup> [http://www.who.int/social\\_determinants/sdh\\_definition/en/](http://www.who.int/social_determinants/sdh_definition/en/)

<sup>5</sup> <https://www.dguv.de/isc/documentation/t2/index.jsp>

# What is wellbeing?



While there has been significant interest in the concept over the past few decades there is no single definition. The concept of wellbeing reflects that many populations, particularly those in high income countries, are moving up ‘Maslow’s hierarchy of needs’<sup>6</sup>. The basic physiological needs are met – food, water, shelter etc. State health, education and benefit systems and increased employment mean that Maslow’s ‘safety’ needs are accessible to more people. According to Maslow, it is human nature to strive to move up the hierarchy:

“Human life will never be understood unless its highest aspirations are taken into account. Growth, self-actualization, the striving toward health, the quest for identity and autonomy, the yearning for excellence (and other ways of phrasing the striving “upward”) must by now be accepted beyond question as a widespread and perhaps universal human tendency” (Maslow, 1954, Motivation and Personality, pp.xii-xiii)

It is therefore, no surprise that definitions and concepts with regard to wellbeing reflect that it is about more than physical health – it’s about how we feel; our sense of fulfilment.

“A composite measure of how good an individual feels at the physical, mental and social level”<sup>7</sup>

“The subjective state of being healthy, happy, contented, comfortable, and satisfied with one’s life”<sup>8</sup>

BS 45002-1:2018<sup>9</sup> defines ‘well-being’ as a “positive state of mental, physical and social health”

The World Health Organization’s (WHO) definition of health takes a holistic approach which incorporates wellbeing:

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”<sup>10</sup>

Wellbeing as ‘the state of being comfortable, healthy, or happy’ in multiple languages:

<b>French</b> bien-être	<b>German</b> Wohl	<b>Spanish</b> bienestar	<b>Chinese</b> 福利	<b>Japanese</b> 福利
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Whilst definitions differ, there are clear themes that emerge which reflect Maslow’s hierarchy of needs – physical and mental health; social engagement, personal fulfilment and contentment.

<sup>6</sup> Maslow, A (1954). Motivation and personality. New York, NY: Harper. ISBN 0-06-041987-3

<sup>7</sup> Szalai & Andres (1981).

<sup>8</sup> Waddell & Burton (2006)

<sup>9</sup> <https://shop.bsigroup.com/ProductDetail/?pid=000000000030362021&ga=2.122512011.1622182211.1534158466-556129407.1531298926>

<sup>10</sup> <http://www.who.int/about/mission/en/>

## Wellbeing at Work

Wellbeing in the workplace has different meanings within and across organizations and countries. This may be influenced by complex cultural and societal beliefs, attitudes, constraints and regulatory and social systems.

The International Labour Organization (ILO) states that:

“Workplace wellbeing relates to all aspects of working life, from the quality and safety of the physical environment, to how workers feel about their work, their working environment, the climate at work and work organization. The aim of measures for workplace well-being is to complement Occupational Safety and Health (OSH) measures to make sure workers are safe, healthy, satisfied and engaged at work. Workers [sic] well-being is a key factor in determining an organization's long-term effectiveness. Many studies show a direct link between productivity levels and the general health and well-being of the workforce”<sup>11</sup>

There are other definitions of wellbeing at work. The Chartered Institute of Personnel and Development (CIPD) have developed the following definition of occupational wellbeing:

“Creating an environment to promote a state of contentment which allows an employee to flourish and achieve their full potential for the benefit of themselves and their organization.”<sup>12</sup>

This definition reflects that ‘wellbeing’ is a personal, subjective state and that organizations have to create an environment and culture which empowers the worker to make positive personal lifestyle decisions, which will hopefully enhance their sense of wellbeing.

This definition is therefore strongly linked to worker engagement and creating an organization that employees will want to work for because they feel safe, are valued by their employer and feel part of a happy and supportive work community. This is part of what is often referred to as the ‘psychological contract’<sup>13</sup>; the unwritten expectations that workers and employers have about each other. The psychological contract recognizes that workers’ commitment and contentment isn’t achieved through wages alone.

Employers who pay attention to quality of life issues (their workers’ sense of wellbeing) can help secure employees’ commitment and motivation and improve productivity and retention rates. Changes in work practices are affecting some aspects of the psychological contract such as job security - employers can counter this by looking after other areas that have an impact on employees’ wellbeing. The CIPD’s ‘What’s happening with wellbeing’<sup>14</sup> paper reflects this principle by identifying five domains of wellbeing – physical, values, personal development, emotional and work/organization. This holistic approach not only reflects that these elements are overlapping but that they enable an individual to fulfil their potential, bringing us back to Maslow “...Growth, self-actualization, the striving toward health, the quest for identity and autonomy, the yearning for excellence...”.

Other terms are also used such as ‘workplace health promotion’ (used frequently across Europe (FR) Promotion de la santé au travail, (DE) Gesundheitsförderung am Arbeitsplatz, (ES) Salud en la empresa) and ‘wellness’. They all share the same basic concepts however.

## Workplace wellbeing is not occupational health and safety

The ILO definition above makes a crucial point:

“...workplace well-being is to complement OSH measures...”.

Wellbeing at work is not a core part of occupational health and safety management and must not be confused with occupational health and safety. If we consider Maslow once again, occupational health and safety can be seen as the foundation, the basic needs within the workplace which must be met first. Once these are clearly met, then you can move up the hierarchy. Workplace wellbeing can help to fulfil the self-fulfilment aspects of Maslow’s hierarchy. Where confusion often arises, is the middle section of the hierarchy. Poor occupational health (and safety) will undermine psychological needs, whilst workplace wellbeing can bolster it.

Managing occupational health and safety risks should therefore, always be managed first. This will provide a strong base and good foundation for the mid-section (psychological needs) and this will be visible through enhanced employee engagement and physical and mental health. It is onto this where additional enhancements can be made through effective wellbeing programmes. Failure to tackle and effectively manage occupational health will undermine both health and safety management and any wellbeing initiatives. If workers can choose healthy food options for lunch but inhale cancer causing dusts when working, then the organization has got its priorities wrong...and workers will see this.

<sup>11</sup> ILO (International Labour Organization). Workplace Well-being, 2009. Available at [http://www.ilo.org/safework/info/WCMS\\_118396/lang--en/index.htm](http://www.ilo.org/safework/info/WCMS_118396/lang--en/index.htm)

<sup>12</sup> CIPD, What’s happening with well-being at work? May 2007 Reference: 3869

<sup>13</sup> ROUSSEAU, D.M. (1995) Psychological contracts in organizations: understanding written and unwritten agreements. Thousand Oaks, CA: Sage.

<sup>14</sup> CIPD, What’s happening with well-being at work? May 2007 Reference: 3869

# Workplace wellbeing programmes

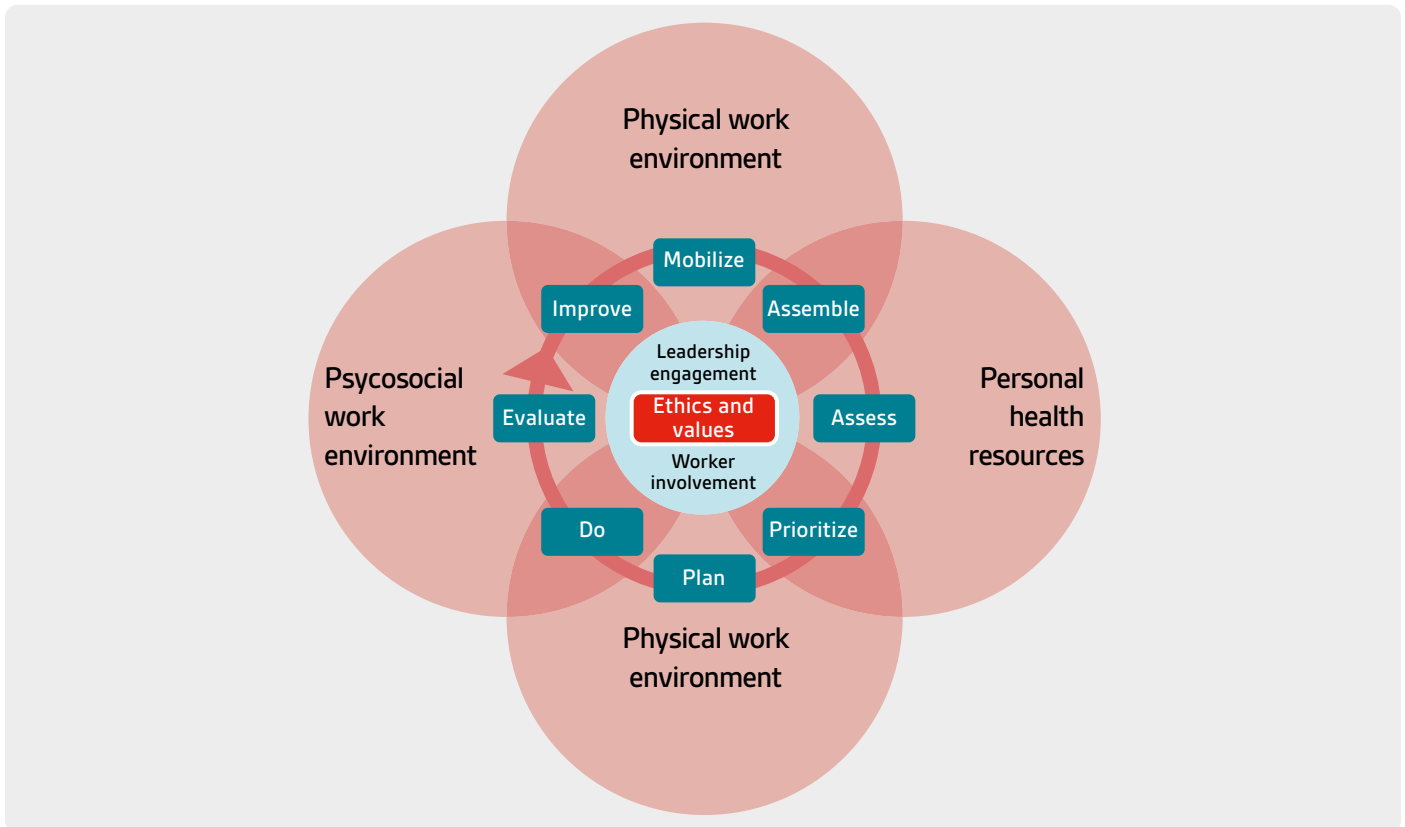
The best workplace wellbeing programmes recognize that there are inter-related elements; the individual, the work environment /job, the organization and social engagement/values. Done properly, wellbeing programmes are more than just a few 'healthy life' initiatives. They are about creating an organizational culture which promotes strong, ethical workplace relationships based on trust and respect; a collaborative and communicative management style; and a culture in which learning and development is encouraged so that people can fulfil their potential, as well as promoting good physical and psychological health, whilst enabling broader social engagement.

There is growing evidence that many workplace wellbeing programmes do not deliver any measurable benefits<sup>15</sup>, most probably because organizations fail to recognize that these interrelated elements need to be tackled together (not to mention failing on getting the 'foundations' right – good occupational health and safety). This then undermines the psychological contract. A common focus of wellbeing programmes is mental 'resilience' – training on 'how to cope'. Organizations wrongly believe that 'inoculating' their workers

against occupational stress, particularly in 'high performance' organizations will keep them working longer and make them happy. Rather, workers want and need a preventative approach which effectively manages the causes of occupational stress so that 'inoculations' are not necessary (and of course inoculations, can have side effects and don't always work!).

It is the area of mental (ill) health, where there is often the most confusion between occupational health and safety and workplace wellbeing programmes. It is simple however. Organizations should identify and prevent or manage the causes of occupational stress and what is often referred to as 'psychosocial'<sup>16</sup> hazards – which can lead to physical and mental illness. This is occupational health and safety and should be tackled first. Wellbeing programmes can enhance mental health through continuous learning, social engagement and encouraging physical exercise (all shown to improve mental health). Occupational health and safety and wellbeing programmes can also work together to educate workers on mental ill-health – this will bring about workplace and individual benefits.

## World Health Organization (WHO) healthy workplace model



<sup>15</sup> Osilla KC, van Busum K, Schnyer C, et al. Systematic review of the impact of worksite wellness programs. Am J Manag Care, 2012; 18, e68-e81

<sup>16</sup> There is no single definition of 'psychosocial' but generally encompasses the causes of occupational stress (control, security, work demands, working hours etc.), bullying, harassment and violence, shift work and fatigue Japanese 心理社会的, Chinese 社会心理



## Workplace wellbeing programmes (continued)

In fact the most effective workplace wellbeing programmes, are those which recognize the need to manage occupational health and safety. The WHO has developed a healthy workplace model<sup>17</sup> aimed at comprehensively addressing:

- work-related physical and psychosocial risks (occupational health and safety)
- promotion and support of healthy behaviours (wellbeing)
- broader social and environmental determinants (wellbeing)

This model identified 5 criteria (keys) to success:

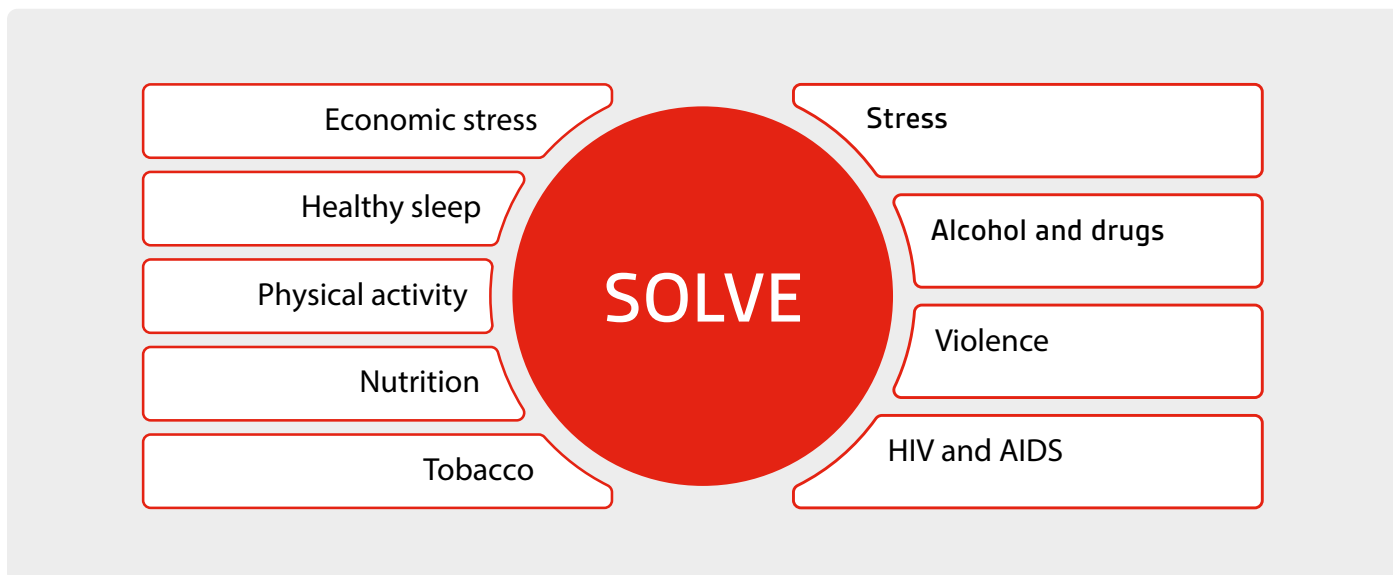
1. Leadership commitment and engagement
2. Involve workers and their representatives
3. Business ethics and legality
4. Use a systematic, comprehensive process to ensure effectiveness and continual improvement
5. Sustainability and integration

The ILO has developed the 'SOLVE'<sup>18</sup> training tool integrating wellbeing (workplace health promotion) programmes aimed at specific health issues (e.g. smoking), with occupational health and safety.

In America, the National Institute for Occupational Safety and Health (NIOSH) has developed Total Worker Health® (TWH), a holistic approach to occupational health and safety and worker wellbeing. This recognizes that work has an important function in the social determinants for health. TWH is defined as: "policies, programs, and practices that integrate protection from work-related safety and health hazards with promotion of injury and illness prevention efforts to advance worker well-being"<sup>19</sup>

This programme goes much further than other programmes and reflects the changing work environment, from new forms of employment to new technologies. It also reflects that non-work related ill-health can be adversely impacted by work, can have health and safety implications within the workplace, and, the way an organization manages ill-health (occupational or non-occupational) through sickness absence and rehabilitation policies, can have hugely positive or negative impacts on the individual and the organization.

### The ILO "SOLVE" training tool



<sup>17</sup> [http://www.who.int/occupational\\_health/healthy\\_workplaces/en/](http://www.who.int/occupational_health/healthy_workplaces/en/)

<sup>18</sup> [https://www.ilo.org/safework/info/instr/WCMS\\_178438/lang-en/index.htm](https://www.ilo.org/safework/info/instr/WCMS_178438/lang-en/index.htm)

<sup>19</sup> <https://www.cdc.gov/niosh/twh/>

# Occupational health, workplace wellbeing and ISO 45001

ISO 45001, the new global management system standard on occupational health and safety has put health - physical, mental and cognitive at its core, while continuing to drive high safety standards. The standard reflects that occupational ill-health can and should be prevented and that in doing so, it will bring measurable benefits to workers and the organization.

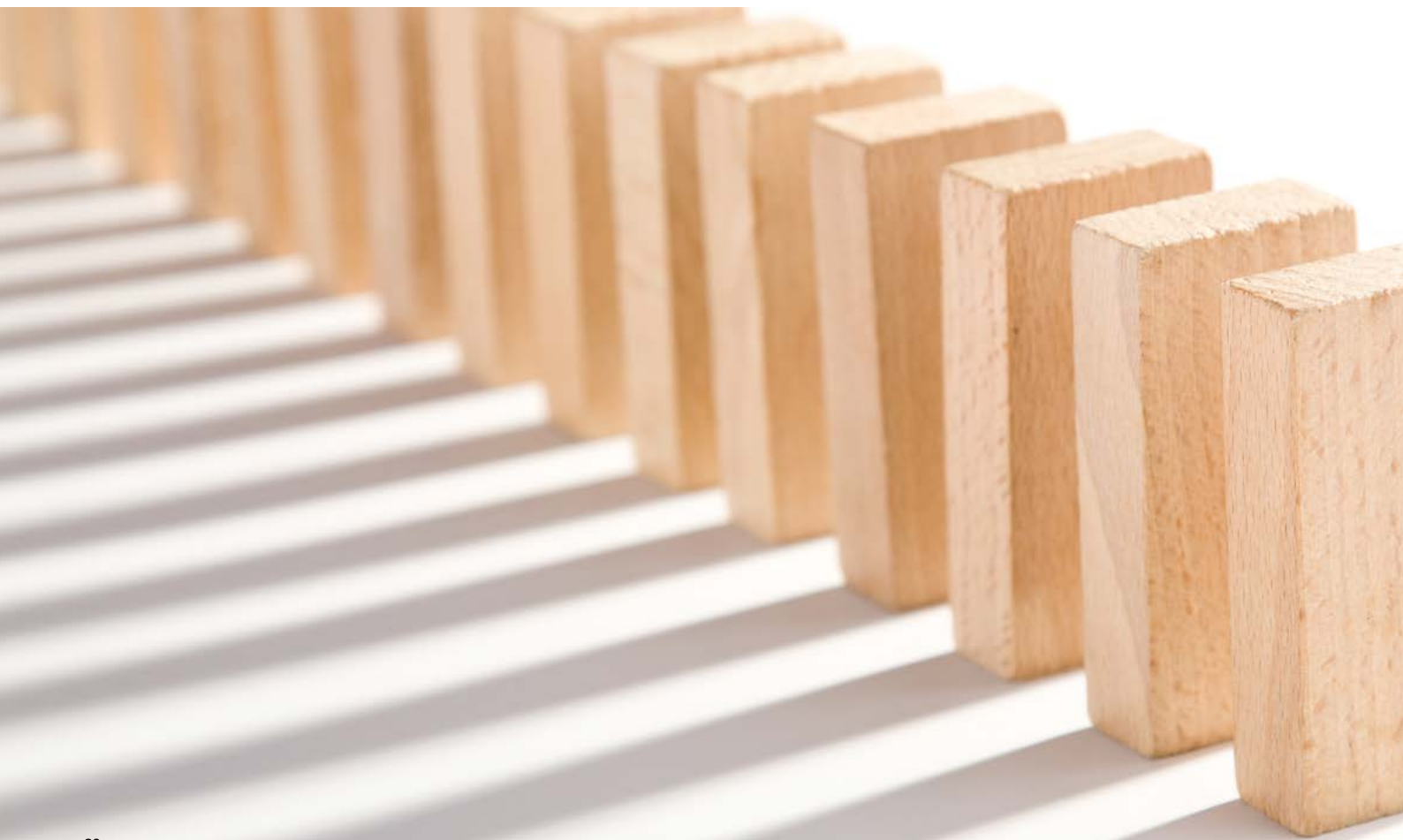
ISO 45001 explicitly requires that health hazards are identified and controlled, including those classed as 'psychosocial' (workload, work hours, bullying etc), as well as those arising from other hazards such as chemical or biological<sup>20</sup>.

ISO 45001 also reflects the principles seen in the WHO's healthy workplace model – that in order for the occupational health and safety management system to be effective it needs:

- Leadership commitment
- Involvement of workers
- Compliance with legal and other requirements
- Comprehensive processes focussed on continual improvement
- Integration with the overall strategic direction of the business

Reflecting that the focus of an organization's occupational health and safety system should be on preventing work-related injury and ill health and providing a safe and healthy workplace, workplace wellbeing is not a requirement of ISO 45001. However it does recognize that the best organizations take a holistic approach and therefore good occupational health and safety management can be integrated with worker wellbeing initiatives.

ISO 45001 therefore provides an effective global framework for managing occupational health and occupational safety. As a global standard it enables a consistent approach across countries. With its focus on culture and worker participation, it also provides organizations a best practice model for developing an effective psychological contract. Seeking accredited certification, provides independent and impartial recognition of an organizations people-centred approach. This builds trust within the organization and provides external assurance to customers, shareholders and the wider community.



<sup>20</sup> BS 45002:1:2018 Guidance on managing occupational health

## About the author

Kate Field (CMIOSH) is BSI's Global Champion for occupational health and safety (OHS). Kate acts as expert and ambassador on OHS supporting the delivery of excellence and expertise across the 193 countries BSI operates in.

With a health and safety career spanning two decades, Kate has authored regulatory and technical guidance, written articles for a range of publications and is a successful global, keynote speaker and presenter.



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## Why BSI?

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BSI has been at the forefront of developing best practice for occupational health and safety since OHSAS 18001, the world renowned health and safety management system which was developed by BSI in 1999. More recently BSI proposed the development of ISO 45001 and has run the international secretariat supporting the project committee which developed the standard.

Working with over 86,000 clients across 193 countries, BSI is a truly international business with skills and experience across a number of sectors including automotive, aerospace, built environment, food, and healthcare. Through its expertise in Standards Development and Knowledge Solutions, Assurance and Professional Services, BSI improves business performance to help clients grow sustainably, manage risk and ultimately be more resilient.



## Our products and services

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### Knowledge

The core of our business centres on the knowledge that we create and impart to our clients.

In the standards arena we continue to build our reputation as an expert body, bringing together experts from industry to shape standards at local, regional and international levels.

In fact, BSI originally created eight of the world's top 10 management system standards.

### Assurance

Independent assessment of the conformity of a process or product to a particular standard ensures that our clients perform to a high level of excellence. We train our clients in world-class implementation and auditing techniques to ensure they maximize the benefits of standards.

### Compliance

To experience real, long-term benefits, our clients need to ensure ongoing compliance to a regulation, market need or standard so that it becomes an embedded habit. We provide a range of services and differentiated management tools which help facilitate this process.

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