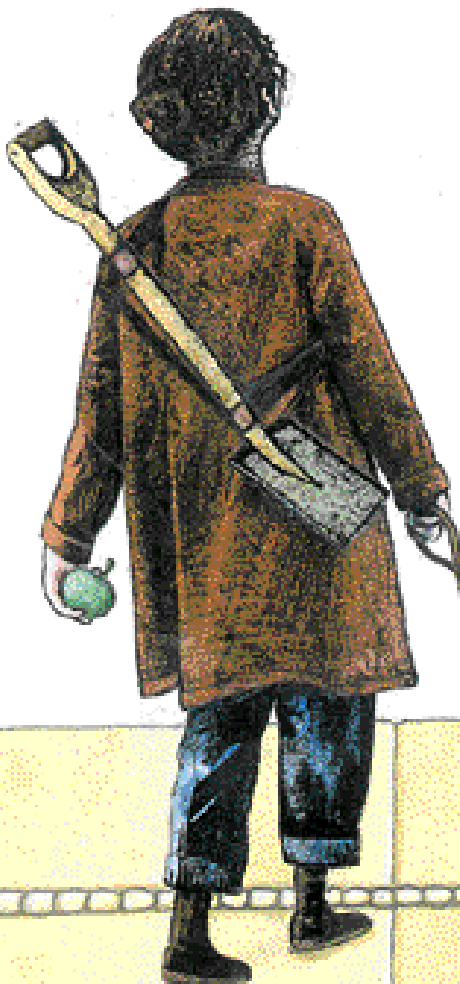


# Occupational health and safety & health promotion



**Occupational health and safety & health promotion**

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The Danish Confederation of Trade Unions (LO) has prepared this booklet about the connection between health & safety at work and health promotion. We believe that it is necessary to involve the workplace and the working environment when discussing how to promote public health. It is not enough just to talk about quitting smoking and changing dietary habits.

A good working environment plays a crucial role in terms of improving people's health. Many surveys have shown that there are extensive social inequalities in connection with health. For example, stress, repetitive work and conflicts damage health. It can be observed that people in certain professions have poorer health than in other professions, and sadly, LO's members are the ones with the highest rates of absence due to illness and the poorest quality of life. LO would like to help break this vicious circle

and even out the social inequalities.

We would also like to work with a public health concept. We believe that it is necessary that the individual members of the trade union movement become personally involved in the changes that are to take place in their working environment and their life styles.

It is possible to conduct campaigns at the workplaces, but it is necessary to integrate both occupational health & safety improvements and life style changes in the process.

The work with health promotion is an issue for the social partners to deal with. It is natural to make agreements in this field, and we believe that this aspect should be strengthened in future. Social dialogue will create mutual understanding, and thereby, both employers and employees will have a sense ownership of the changes made at the workplace.

»» Having enough time to do your job properly promotes health, because it will make you feel pleased with yourself. It generates meaning and coherence.«

# Why health promotion

»» The problem is that you can never do anything well enough. Now I'll make an effort to use my bike. My body enjoys it, and it will make me feel better. Now I should also make an effort to be a good mum, and now I must eat the right food so I don't get so fat. I am fed up with not being able to do things the way I ought to. Or maybe, it's really what other people think I should do that gets on my nerves.«

With this discussion booklet LO's affiliates would like to highlight the link between occupational health and safety and the promotion of health. Health campaigns run by the Danish Ministry of Health and others have a tendency to focus very much on the individual. The campaigns hardly mention the workplace and health and safety at work. On the contrary, the individual is expected to change his or her life style, which we think is impossible unless the workplace and the working environment are considered, too.

We take part in the debate about the promotion of health because we want to get rid of the social inequality in health. Health campaigns ai-

ming at the individual will not do that for us. Why are health campaigns so centred on the individual? Why do they not target specific groups? Why do campaigns not draw on the knowledge we have about work and the importance of the working environment for life styles?

We believe that our working life and the conditions and framework imposed by work impact substantially on the way we live our lives. For instance, one Gallup poll initiated by LO in 1999 shows that stress and high work rate in particular represent the greatest problems for app. one quarter of the LO members interviewed.

A poor psycho-social and physical

working environment is harmful to health. Especially unskilled jobs are characterised by monotonous, repetitive work, limited opportunities for development, high physical strains, unhealthy indoor climate and job insecurity .

We know that workplace disputes and conflicts create a psycho-social working environment that leads to stress and prevents people from thriving.

The fact that it is primarily unskilled and skilled workers that have the lowest quality of life is evidence of social inequality. They are the ones who die too young or are hospitalised. It is also the group with the lowest level of education that has the most unhealthy life style.

We think that there is a connection between the kind of work people do and the way they live their lives.

In this discussion booklet we will

try to turn things round and ask the question: What will promote health? A question that might be asked in the workplaces could be: “What do you do at your workplace to promote the well-being and welfare of your employees?”

LO has a strategy that is based on the idea of the developing workplace. Do employees have some level of control over their job responsibilities? Does what people do in their jobs make sense? Is the work interesting and varied? Does the enterprise make room for all kinds of employees, even those who are not top-performers? Does the enterprise try to retain those employees that fall ill? If it an enterprise can answer these questions positively, it is a workplace where employees will thrive and which they find attractive, and here sick rates will not be high.

QUESTION IN THE DEBATE:

**Is everything a matter of free choice and personal responsibility?**



Several of the surveys made by the Danish National Institute of Occupational Health in fact show that where working conditions are good and employees thrive, employees will be healthy, too.

We suggest that an improvement of the working environment combined with a change of life style may contribute to the realisation of the Government's public health programme which runs until 2008.

It is necessary to integrate working environment and change of life style if campaigns are to be run in the workplaces.

Before we prepared this booklet the themes have been debated by LO's background group on health promotion, e.g. at a health conference held in November 2000 where the group submitted its ideas on what will promote health and what will promote illness. The considera-

tions of the group have been included in this booklet. The quotes stated are taken from the conference mentioned.

*Marie-Louise Knuppert*  
*LO Confederal Secretary*

# What do we understand by health?

A definition of health only based on the absence of illness does not tell us much about what creates health. Our concept of health involves the goal of creating well-being, joy of life and job satisfaction. The workplaces must be further developed so that everyone can remain active on the labour market throughout their lives and be provided with sufficient challenges both professionally and personally. That is what we have been working for in the Danish trade union movement for the last twelve years, and we have developed several tools to help bring about the developing workplace.

If the individual's working life is good, he or she will have the energy needed to change an unhealthy life style.

Health promotion in the workplace must build on the total effect of the efforts of employers, employees, and society to promote health and well-being in the working population. Health promotion in the workplace requires that the individual has some control over his or her work.

We know a good deal about what creates health, and even more about what damages health.

## QUESTION IN THE DEBATE:

**Promoting health or preventing illness - is this the same thing or two different things? What is the effect of the perspective/where to focus?**

**If we operate with a definition of health which only understands health as the absence of illness, it is a very narrow concept which is too restrictive in terms of both content and visions. It has been said that for the Danish population tobacco, food, exercise, etc. represent the most problematic health issues. The hard but necessary question is: Why is that so? What are these factors symptomatic of? A life of surplus? A life of deprivation?**



» Maybe we should pause a little to reflect on our lives. We chase after all sorts of things - exciting things - looking for experiences and being so busy that we forget to live in the present.«



# What promotes health?

Must a society with so much material wealth as Denmark also have all the conditions for creating health, too? Material wealth does not in itself seem to promote health. On the contrary, Danish employees are affected by stress because of too much work pressure, and performance and efficiency requirements that are too high. The lack of well-being is seen in the rising number of cases of depression. More and more people are experiencing bullying and harassment in the workplace.

We would like to make some suggestions for the promotion of health. We do not claim that our reply is exhaustive. Our objective is to contribute to a debate about ways of promoting health.

We think that health depends on the opportunity to be in contact with other people and thus to be part of a social network. Having a job belongs in this category. We do not live as individuals only, but also as members of a community. That is so whether or not we are included

in or excluded from that community. We have to relate to others and to the community all the time.

Unemployment has been demonstrated as the social condition which is most harmful to the health of the individual. Unemployed men die the youngest in terms of average mortality rates. Precisely the state of being unemployed and excluded from the community is very injurious to health.

We also think that health depends on the degree of autonomy that one has – i.e. real control over your own life and choices. If you become mentally unbalanced, there is a sense of loss of autonomy and in severe cases, also loss of self-esteem. Loss of individual autonomy and control is common to most cases of depression. At the same time the accelerating pace – the speed – of social life and in the workplaces allows us very little room to catch up, so to speak, with ourselves, and our souls, too, for that matter.

## QUESTION IN THE DEBATE:

**Do we as individuals ask too much from life and fall ill in our efforts to live up to our expectations? Or are there factors in the social structure that prevent us from organising our life according to our needs?**

»» All our material wealth also makes people work extremely hard. Many people hold down two jobs. Some do overtime to make more money to buy even more things. It would promote health if we reorganised our lives and demanded a little less from ourselves. Our demands are extremely high.«



# Does working promote health?

A good job offers responsibility, because an individual who is required to assume responsibility will be an important part of the whole. Responsibility both requires and makes development possible, at the professional as well as the personal level. To assume responsibility, the individual must have some influence over his or her job. Influence is an important factor when it comes to promoting well-being and lowering the stress levels.

This should not be confused with the employer's responsibility to organise work in such a way as to promote safety and health in the workplace. It is important that there is an ongoing dialogue in the workplace so that work is developed and health promoted.

Back-up from the management and fellow employees may lower the strain accompanying heavy responsibility, and is a prerequisite in a developing workplace where making mistakes and learning from them is one of the ways in which employees achieve development and learn-

ing. If control is too extensive, nobody learns anything - mostly because everyone is busy avoiding making mistakes.

Historically speaking, many workplaces have been characterised by monotonous and repetitive work with little chance for employees of any influence. Just think of textile mills, slaughterhouses, the fishing industry, the cleaning industry, etc. These workplaces may not offer much chance of developing personal and vocational skills unless something is done to break up the monotonous work and create jobs with varied work processes.

We know that active, developing work also makes people more active in their spare time, i.e. there is some sort of connection between private life/free time and work. Therefore, the individual should be allowed to use more than one side of him- or herself in their job. And that means that we must demand the elimination or severe restriction of monotonous work.

» We know that it is important that management supports and respects employees, and that also goes for co-workers. It is essential to have a job with responsibility. Employers should not monitor what you are doing all the time. If you hate going to work in the morning, and continue to do so for any length of time, you'll fall ill. That is why a good job is crucial if you are to have a good life, and consequently a high quality of life throughout your life.«



# What other factors affect our health?

Health is connected with a good psycho-social and physical working environment. But it is also connected with many extraneous conditions, that is, conditions beyond the control of the individual. It might be a healthy external environment. It might be healthy houses built in healthy materials so as to avoid problems with the indoor climate. But also houses in areas where negative impacts such as heavy traffic, dust, smoke, smells, etc. are eliminated or minimised.

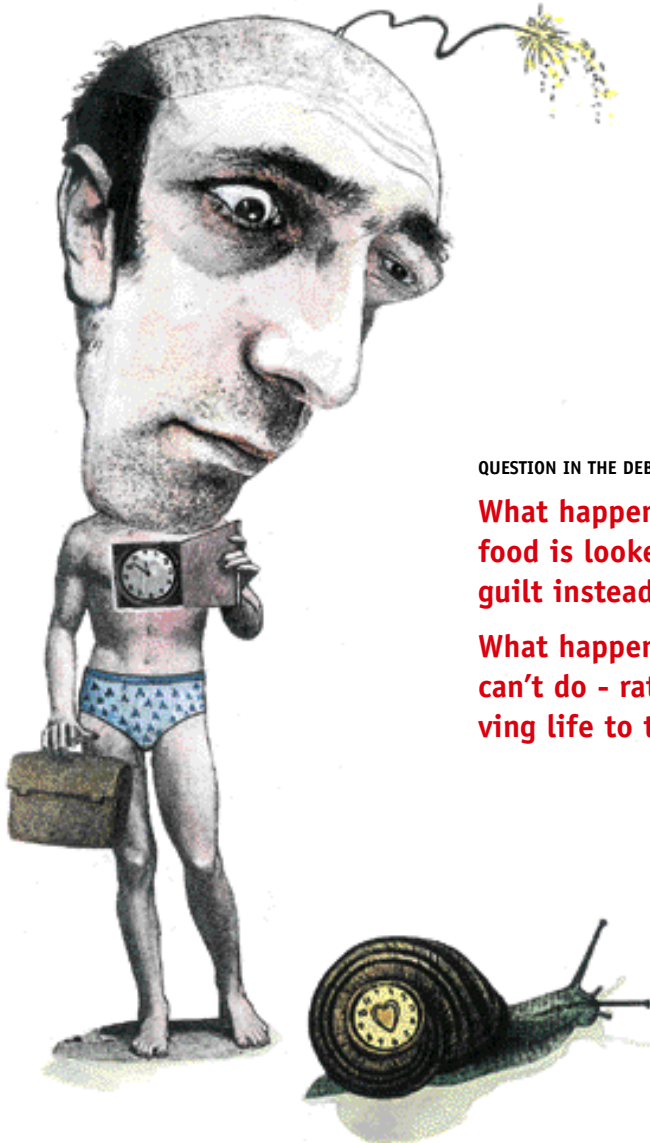
Of course, health is also about the way we produce our food, and our food culture as a whole. Here, we are thinking both of the ability and the will to spend money on decent food as well as the real possibility of being able to choose healthy foods. Food is no longer considered to be a necessity which should also be enjoyed – on the contrary, we have to get “absolution” every time we have eaten fatty foods. At the same time eating disorders are abundant, especially among young women, but now also increasingly among young men.

As we have seen it in many other industries, the agricultural and food industries are characterised by intensive production. Tim Lang, one of the world’s leading food policy experts, says that we now have to pay for low-cost food. We are paying in terms of the consequences

to health, the ecological damage and the cultural disturbance. Part of the price we are paying is apparently that food in itself can trigger feelings of guilt instead of being the natural gathering point and a source of joint pleasure.

Health is also connected with the individual’s psychological and social equipment to face the world, with the individual’s sense of self-esteem being the major part of it. Irrespective of who we are, the psychological foundation must be sound. We need to have confirmation of our self-esteem throughout childhood and youth to be able to accept ourselves. In this way individuals learn to listen to and trust their own signals and feelings and on this basis find their own balance both in registering and accepting own needs and in trying to achieve gratification. A life-long process where each of us must be aware of the way in which we see our own chances of coping with life. One thing that is very important for health is that individuals see themselves not as victims, but as people who are able to act.

»» The way our labour market is organised is madly frustrating. Some people are working their socks off, while those who are unemployed but would like to get a job fall apart. Their sense of self-esteem falters, and it is very difficult to find room for them in the labour market. There is so little tolerance. If we could use each other's strengths and stop being so efficient, take more time to do our work, it would be good for our health.«



QUESTION IN THE DEBATE:

**What happens when something as vital as food is looked upon with scepticism and guilt instead of desire and joy?**

**What happens when focus is on what you can't do - rather than on joy of life and living life to the full?**

# What is harmful to health?

A poor psycho-social and physical working environment harms health. A high pace of work, ill-defined demands at work and a heavy work load will produce stress. Working on your own may result in anxiety.

In recent years, there has been a tendency for monotonous and repetitive work to be transformed into work with more responsibility for the individual and the work group. However, often the power to influence the process does not accompany the responsibility, as the work pace is increased. The result is that there is less room to develop professional pride and to concentrate on particular challenges.

Unfortunately, some service industries have started to organise the work in such a way that it becomes highly monotonous, for instance in call-centres, IT workplaces and large-scale industrial kitchens.

Generally speaking, we know that conflicts and problems of cooperation in the workplace will lead to a poor psycho-social working environment and result in stress and lack of welfare. If the psychological strains continue for some time, the end-result may be a depression.

If the demands at work do not accord with the resources of the individual, the demands must be lowered or the individual must be upgraded.

The general pattern in the labour market today is that people work hard and for long hours, and this applies to both genders. If the work could be shared with those who are not active in the labour market and are finding it difficult to perform 100 per cent, both the high pace of work and the stress level could be lowered.



» In many workplaces there is a negative culture. Everything sucks. It is a kind of moaning culture. If you can break that pattern and turn things round and make staff and management take joint positive action, health would be promoted.«



# Who knows about health?

In recent years, the body has become the physical symbol of self-control, will-power, and strength of character. Perfection is strived for, and the philosophy of life that we should learn to live with the body we have been given has become almost old-fashioned, because as long as it is possible to do something about your body, why not do it? The vision of a better life has been reduced to a project involving the perfect body.

In the debate about health policy the messages often lose track of the interaction between body and soul, and between the individual and the environment. And although politically we also want equality in health, things are going in the opposite direction. Social inequality is increasing and the health services are under heavy attack.

An interesting observation is that people's own assessment of their health may give a fairly good forecast of later death, illness and reduced performance as well as exclusion from the labour market. Nevertheless, medical scientists often seem to think that they have a monopoly of knowing what is good and healthy for the population and the individual. Therefore, the significant knowledge within the population of what produces well-being and welfare is disregarded.

Although there is much talk in the health services of taking the ho-

listic view of the person, research results and knowledge of importance to health and illness are often presented to the population through the media as unconnected fragments of information that people cannot really relate to their own lives.

In recent years, researchers, doctors and health politicians have been placing more and more of the blame for illness on the individual. In this sense, the system may seem fairly patronising to citizens. The message is often communicated in a moralistic tone: You shouldn't do this and you shouldn't do that! And if you do do it and fall ill, then you only have yourself to blame ...

Often the "Mary, Mary, quite contrary" effect will set in here! "Who are they to say what I can do".

We realise that research into individual factors is a necessary element in our collection of knowledge, but it is not sufficient to ensure health. In an effective health strategy all factors - including work life - must be linked up.

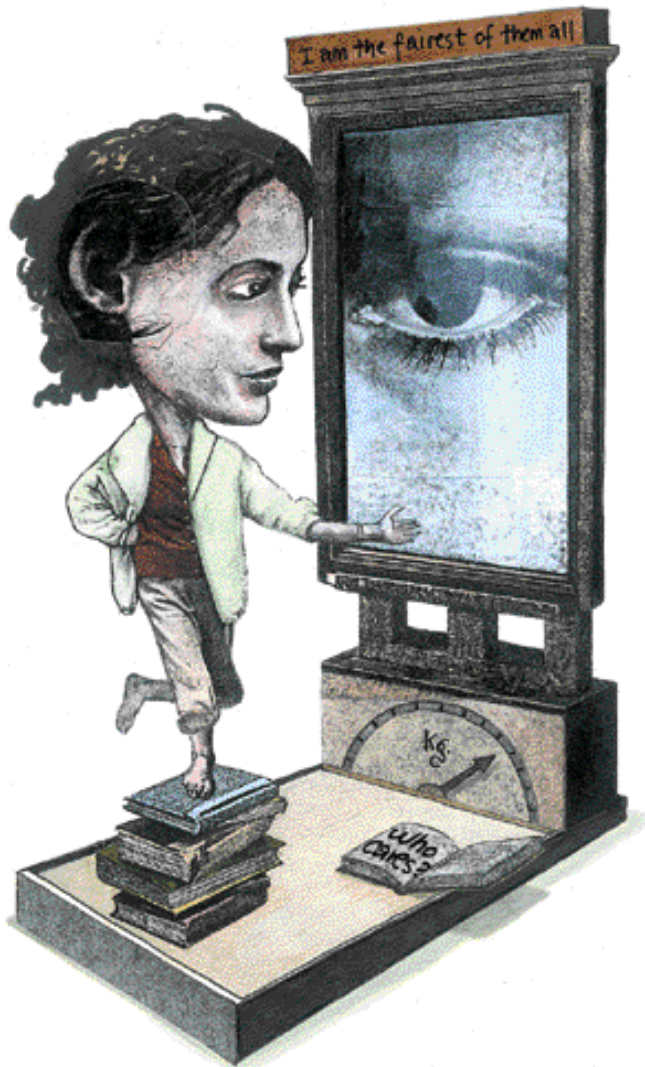
Industrial medicine is a relatively new discipline, and knowledge about the correlation between work and health/illness is still not a high-status branch of the health services. And that may be one of the reasons why the interaction between life style, well-being and working environment is not being identified.

»» The focus is on the body. People are becoming more self-centred, there are many sports enthusiasts, but they practice their sport as individuals rather than in teams. People have become more lonely. Why the desire to focus so much on the body?«

QUESTION IN THE DEBATE:

**Will control of the body generate more health?**

**All sorts of diseases are researched. Why is there not also research into the factors that create health?**



# Promotion of health – how?

As such, knowledge does not create well-being and popular health. We agree that knowledge is a necessary part of the basis on which the individual can make his or her personal choices. And of course it is always important to consider how the individual is informed of the knowledge that is available and how it is used.

As we see it, health-promoting initiatives should draw on a wide range of means. Here, the workplace plays an important role, and not least the workplace culture. If it is to make a real difference, working environment and life style must be coupled. Existing knowledge may be disseminated both verbally and in writing. The face-to-face communication might take place at, for instance, after-work meetings, while the trade union newsletters targeted at particular groups could be used as another means of communication. Besides the communication of knowledge the methods that would be suitable for generating change of conduct in a specific workplace should be identified.

Examples of factors that are important for health are a developing workplace, good relations with workmates, the management practice, family, educational and senior employee policies, improvement of working capacity and job satisfaction, the inclusive labour market, and administration of stress. The

important thing here is the process: that employees are involved and that the results are more than words on paper, but part of everyday life in the workplace. And it is crucial that quit-smoking and healthy-diet programmes, etc. be administered on a voluntary basis. A good way to start is to get people in the workplace to define what they want to change in their working environment and in their habits. It is the active ones that can produce change. See for example “Advice” at the end of this booklet.

We think that promotion of health should be based on what the individual finds promotes health, and in the workplace a consensus about what action to take must be established. We should benefit from the experience of ordinary people rather than base everything on experts providing the solutions (technical, medical, economic). A better idea might be to have experts make their knowledge available to people and then enter into an unbiased dialogue with those who have to find and subsequently live with the solutions.

»» The worst thing is the moralising. I think that you must live your life in a constructive way and be active, and then live according to your inner voice. What does your body tell you? What do you really feel like doing? And then take pleasure in it, rather than feel guilty about it.«

QUESTION IN THE DEBATE:

**What can the workplace do to promote popular health?**  
**What initiatives can be taken in the workplace?**



# What promotes health?

The list below and the list on page 24 are the results of the responses to the questions: “What promotes health” and “What is harmful to health”. The questions were discussed at the conference held by LO in November 2000 on promotion of health.

- **Influence over one’s own job responsibilities.** Having some influence over one’s job responsibilities is an acknowledged factor in the creation of well-being in the workplace. Influence is also a stress-reducing factor, in particular when the work involves responsibility.
- **Having responsibility on the job.** Having responsibility promotes well-being because it leads to a feeling of professional and personal value.
- **Backing from management and colleagues.** Being given support and backing must be seen in connection with responsibility and control.
- **Social ranking.** This factor is connected with the discussions of whether it is socially acceptable to say that “I am a cleaning assistant” - and about what happens after you’ve said it. Several people have found that their value as somebody to talk to declines.
- **Having a good life and job, a good family and close friends.** A good life involves contact with other people and a social network, as well as having a job.
- **Allowing for differences.** The idea here is that if there is room for differences, the need to appear different from what you really are will decrease, which will be a stress-reducing factor.
- **Time and room for professional pride/concentration.** The problem here is how to get enough time to do your job properly so that you can be pleased with your work.
- **Good internal/external environment.** This is about good working conditions, but also about future possibilities. And about the external environment at all levels - locally as well as globally.
- **Sharing work.** The pattern in the Danish labour market is for people to work hard and for long hours, and for both genders to do so. If it were possible to share the work with those who are not economically active and who may be finding it difficult to become active, the stress-level and the high work pace could be reduced.

- **Active developing worklife leads to active leisure life.** There is no doubt that there is a correlation between private life/leisure and work.
- **Lowering demands for “the perfect life”.** There is a need to lower ambitions about living up to all the demands connected with “the perfect life”, in terms of health, money and material things, the demands in our private life about being the perfect parent, the demands in our working life about efficiency, etc.
- **Finding a sense of personal balance.** Learning to listen to and trust own signals and feelings, and on this basis find a sense of balance, including the ability to register and accept personal needs and try to fill them.
- **A healthy food culture – children and nutrition.** This includes both money to buy wholesome food and the availability of healthy foods. And in relation to children, there is a wish to give them healthy food, but also to give them a healthy food culture with meals as the social gathering point – at work, in school and at home.
- **Positive outlook on life.** It would be a good thing if we all became aware of the way in which we cope with life. One very important factor for health is that we do not see ourselves as victims - but as active players.
- **Self-esteem, self-assurance.** Irrespective of who you are, it is very important that your psychological foundation is sound and that you have been affirmed and accepted in your childhood and youth so that you are able to accept yourself as a person in your adult life.
- **Healthy housing.** Houses without indoor-climate problems and other harmful impacts such as traffic noise, dust, smoke, etc.
- **Life style.** It is important to exercise, especially if your job involves sedentary work. And smoking and drinking too much does not promote health.

# What is harmful to health?

- **A poor psycho-social working environment.** This may be due to co-workers, management or the organisation of the work.
- **High demands on performance and efficiency.** The work pace is fast and resources are insufficient to manage the workload. For instance in jobs where the provision of care is important, but where there is too little time.
- **Stress - results from an excessive workload.** You lose your sense of control and direction. Stress is the result of all the things you do not have time to do.
- **The demand to satisfy everyone.** Here gender may be an issue making this factor particularly relevant in women's workplaces - maybe especially people-centred workplaces.
- **Expectations and status.** When the expectations that you meet are not in accordance with the expectations you have for yourself or your work.
- **Not having anyone to share the responsibility with.** For instance, if you are a manager or a shop steward/ safety representative who often has to cope with many problems there may be nobody with whom to share your thoughts and your responsibilities.
- **Life-style factors.** Smoking, alcohol, overweight.



# Advice for the start-up phase

- Staff and management should together clarify objectives and goals. Work should also be embedded in the joint consultation committees such as the safety organisation, the works council, workers' participation committee, etc.
- Interests and needs must be made clear. Avoid hidden agendas. Build on principles of free will, motivation and agreement.
- Initiatives to promote health should be integrated in the safety and health at work activities and in staff policy.
- Make sure that the necessary resources in terms of money, staff and time are available.
- Management commitment and clarification of responsibilities and competence are necessary.
- Do not forget the middle managers.
- Everyone should know about the objectives and the goals. They should be kept informed along the way to keep up the level of commitment.
- Find out whether external assistance will be needed, e.g. from the occupational health service. Make a cooperation agreement with clear goals and conditions.
- Build on a broad section of offers - both information, training and working environment changes.
- Create a network with neighbouring enterprises, the industry, etc.
- Draw on the resources of the workplace activists.
- Avoid moralistic or fanatical approaches.
- Be aware of the balance between the responsibility of the individual and that of the workplace.

# Appendices

## Appendix 1

The surveys by the Danish Institute of Occupational Health based on questionnaires on how people themselves assess their health are the best indicators of future illness, absence, early retirement and death.

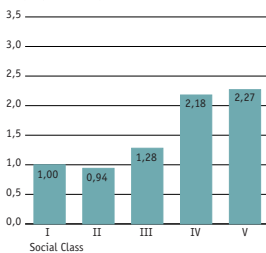
Figures 1 and 2 show self-rated health in 1990 and again in 1995. The same app. 5,000 arbitrarily selected Danish employees were questioned in 1990 and in 1995.

Social class 1 has been included for comparative purposes, and the figures in Figure 1. for the other social classes show how much more often members of these groups rate their health as poor, and in Figure 2 they show how much health is rated to have deteriorated from 1990 to 1995.

The development in this five-year period shows that from social class 1 to social class 5 the proportion of people experiencing a deterioration of their health is rising. The figures also show a growth of the social inequality in health in that period.

**Figure 1. Social class and self-rated health in Denmark**

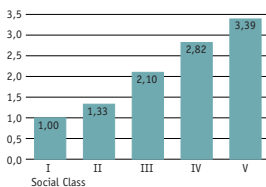
Employee Survey, 1990



Source: Danish Institute of Occupational Health

**Figure 2. Social class and deterioration of self-rated health in Denmark**

Employee Surveys 1990-1995



Source: Danish Institute of Occupational Health

## Appendix 2

Explanation of the deterioration of self-rated health after five years.

Figure 3 shows that about one sixth of the social difference in the deterioration of self-rated health can be attributed to smoking and overweight.

Figure 4 shows that about half of the social difference in the deterioration of self-rated health can be attributed to the working environment.

**Figure 3. Smoking and overweight**

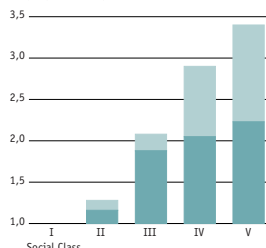
Employee Surveys 1990-1995



Source: Danish Institute of Occupational Health

**Figure 4. Working Environment**

Employee Surveys 1990-1995



Source: Danish Institute of Occupational Health



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