



The impact of health on work



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“Our work environment can have a substantial impact on our health and wellbeing... Investing time and resource into the health of our working population has clear business benefits. Informed analysis has shown that employees in good health can be up to three times as productive as those in poor health. They can experience fewer motivational problems, are more resilient to change and more likely to be engaged with business priorities”.

(Dame Sally Davies, Chief Medical Officer for England, FT Special Report 2016)

POOR HEALTH AND WORK

There is a clear business case for promoting good health in the workplace and employers are increasingly understanding the importance of helping staff to look after their health and wellbeing. However, even the most health-focused organisations cannot prevent employee ill health entirely.

Existing physical and mental health conditions can have a profound impact on a person’s ability to work effectively and some conditions require employers to make reasonable adjustments in order to help a person continue working.

SOME STATISTICS



One in four UK employees reported having a physical health condition and one in five of those with physical health conditions also reported having a mental health condition.



42% of employees with a health condition felt their condition affected their work ‘a great deal’ or ‘to some extent’.

Source: [Health and wellbeing at work: a survey of employees, 2014](#)

CHRONIC CONDITIONS

These are defined as illnesses that continue for prolonged periods and are rarely cured completely. Whilst some people with chronic health conditions can continue to work without their illness impacting on them significantly, some chronic conditions can have a profound effect on a person's ability to work.

The [Equality Act 2010](#) protects people with disabilities in the workplace from discrimination. Anybody who has a physical or mental condition that has a substantial and long-term adverse effect on their ability to carry out normal activities of daily living would be classed as disabled under this Act, although this is largely a legal decision.

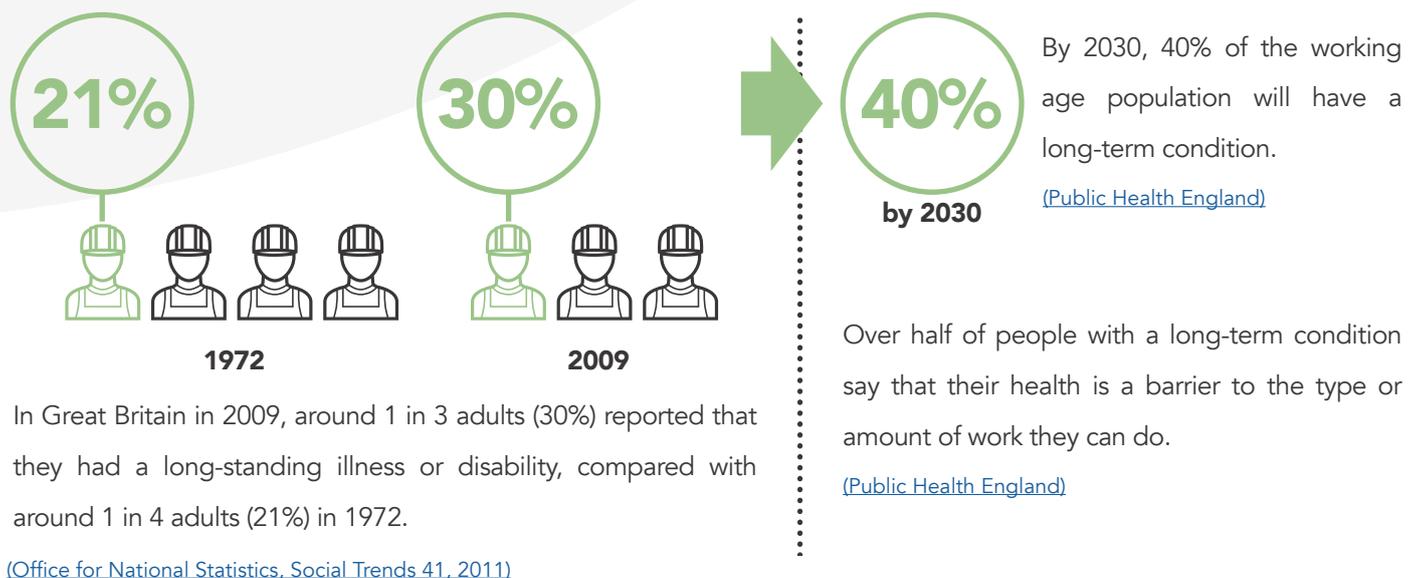
Many of the most common chronic health conditions are related to age so are likely to become more prevalent

as the population and workforce ages. Figures from [Public Health England](#) show what a significant impact the ageing population will have in the workplace:

- By 2020, it is estimated that one in three British workers will be over the age of 50 years.
- 42% of people aged between 45-64 will have a long-term health condition compared to 21% of those aged between 25-44.
- 46% of long-term absentee employees in England are aged 50 or over compared to 27% of the population overall.

The development of a thorough and robust occupational health strategy to support the health of workers is of profound importance when managing increasing numbers of people experiencing long-term health conditions.

SOME STATISTICS



Cancer



Every year almost 120,000 people of working age are diagnosed with cancer ([Macmillan](#)).



Diabetes

Since 1996, the number of people diagnosed with diabetes in the UK has more than doubled from 1.4 million to almost 3.5 million ([Diabetes UK](#)). 90% of people with diabetes have type 2 diabetes, which is related in part to lifestyle factors and obesity, and age.

Coronary heart disease



CHD is the single most common cause of death before 65 accounting for 16% male and 10% female deaths ([Heart UK](#)).

Risk factors for coronary heart disease include lifestyle factors (smoking, being overweight or physically inactive) and age (the risk of developing coronary heart disease increases with age).



Chronic obstructive pulmonary disease (COPD)

The prevalence of COPD is directly related to age and smoking, and the incidence of COPD increases considerably in the over 40's ([British Lung Foundation](#)).

SUPPORTING PEOPLE WITH CHRONIC CONDITIONS IN THE WORKPLACE

The 'Europe 2020' strategy set the target of achieving a 75% employment rate for 20-64 year-olds throughout the EU. In line with this, the European Network for Workplace Health

Promotion has made 10 recommendations for politicians, employer organisations and unions at EU and national level to improve work opportunities for people with chronic health conditions (23.5% of the working population in the 27 European member countries in 2013).

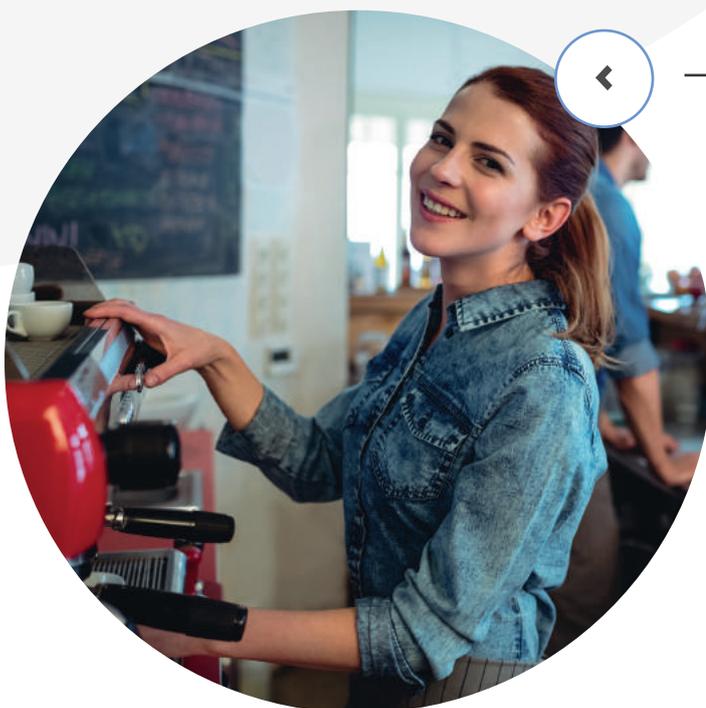
1. Focus on the prevention of chronic diseases in the workplace.
2. Detect chronic diseases at an early stage.
3. Shift the paradigm from reduced performance to retaining current and future working ability.
4. Focus on the abilities and resources of the individual and not only on limitations or restrictions.
5. Address discrimination against people with chronic diseases (e.g. reasonable adjustments).
6. Raise the importance and priority of return-to-work on the policy agenda.
7. Increase the opportunities for employment of people with chronic illness.
8. Ensure that work is rewarding and includes a positive cost-benefit ratio.
9. Ensure close and systematic cooperation of all relevant players and stakeholders involved.
10. Fill the gaps in existing knowledge, extend and maintain evidence and experience-based interventions.

THE WORKPLACE COSTS OF ILL HEALTH

Sickness absence

Working time lost to sickness absence is costly and potentially very disruptive. An estimated 137.3 million working days were lost to sickness or injury in the UK in 2016, which is equivalent to 4.3 days per worker ([ONS](#), 2016). In 2016 the overall median cost of absence per employee was £522 ([CIPD](#), 2016).

The costs of sickness absence can be **direct costs** (e.g. statutory sick pay, the costs of replacement staff and loss of output) or **indirect costs** (e.g. low morale among staff who have to carry out additional work to cover for those who are absent, the cost of managing absence, and the impact on training and development).



“Healthy staff are more productive and engaged and less likely to take time off sick, whereas the number of days lost because of absenteeism and presenteeism (working while sick and therefore less productively) increases the unhealthier employees are”.

[\(Britain's Healthiest Workplace\)](#)

Whilst the majority of absences are short-term (which can be very disruptive, particularly for smaller organisations), long-term absences are more costly to employers and can be very complex to manage. When valued employees go off work on long-term sick leave (28 days or more), their employer must balance two important elements:

- The need to support employees and allow them sufficient time to recover.
- Minimising the negative effects on the organisation of extended absence.

Support from occupational health can be very beneficial to ensure that workers are integrated back into the workplace in a safe and structured manner.

Presenteeism

Increased pressures at work and job insecurity have contributed to an increase in the number of people who come to work despite actually being too ill to function effectively. A recent survey showed that a quarter of the 39,000 workers interviewed had recently come into work despite being ill ([Robertson Cooper, 2016](#)).

The [Britain's Healthiest Workplace](#) survey in 2016 showed that presenteeism contributes the lion's share of lost working time. Whilst absence caused an average of 1% lost working time across organisations in all the sectors reviewed, presenteeism caused an average of 9.2%. This equates to an average of 2.6 days lost per employee per year due to absence compared to a startling 23.1 days of lost working days due to presenteeism.

It is tempting to think that having staff present in the workplace is of the utmost importance, however presenteeism has a significant negative impact on productivity. It may be that people who force themselves to come to work despite illness may be triggering the development of more significant issues further down the line (such as an extended period of sickness absence).

Presenteeism may be caused by a number of factors such as:

- job insecurity during times of economic uncertainty;
- fear of others not being able to cover workloads for those in more senior positions;
- concern about not being believed when calling in sick.

Staff turnover

Losing key members of staff is disruptive to business operations and can be extremely costly and time-consuming in terms of the added pressure on other staff covering workloads, recruiting and training replacement staff, and the associated costs of management time involved in this process.

REDUCING THE IMPACT OF POOR HEALTH IN THE WORKPLACE

Sustaining good health and preventing ill health

It is generally accepted that people who are mentally and physically healthy will be more productive. The culture and environment of the workplace affects employees' health, and substandard employee health

negatively affects the productivity and profitability of organisations.

Looking after the overall physical and mental health and wellbeing of the workforce through initiatives such as wellness programmes and health promotion can benefit organisations and employers:

Organisations: reduced sickness absence; improved productivity; better staff retention; a positive, happy, engaged and motivated workforce.

Workers: feeling happier, more fulfilled and supported in the workplace; enjoying better physical and mental health.

However, being 'healthy' does not simply mean being free of mental or physical illness. Particular lifestyle choices can have a profound effect on a person's health and wellbeing and, subsequently, on their ability to work productively and effectively. According to [Public Health England](#), around 40% of all deaths in England are related to everyday behaviours such as poor diets, excessive alcohol consumption, smoking and being physically inactive. To help counter this, it launched the 'One You' campaign in 2016 to try to help adults avoid diseases caused by poor lifestyle choices.



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Allowing flexible working

Well-managed flexible working arrangements (e.g. working from home or flexible working hours) can be very helpful in supporting people at work who are experiencing ill health, and can be the difference between a person going off on sickness absence or continuing to contribute to the organisation. Legally, workers only have the right to request flexible working arrangements after 26 weeks of service, although some employers are happy for staff to make a request before this time.

Early intervention

Even when a person's health condition does not mean that they are likely to be classed as disabled under the [Equality Act 2010](#), managers should be trained to recognise when a person's health condition is affecting their ability to work and, therefore, when to make an occupational health referral. Identifying challenges or trigger points in the workplace can make it easier for a person to continue working effectively, albeit it with alterations, where required.

Supporting staff with health conditions

Adhering to relevant legislation

Employers must ensure that they comply with legislation that is relevant to people with physical or mental health conditions, such as:

- the [Equality Act 2010](#), which protects the rights of people with disabilities;
- the [Management of Health and Safety at Work Regulations 1999](#), which include provision for health surveillance.

Making reasonable adjustments

In order to avoid discriminating against employees with disabilities (as defined by the [Equality Act 2010](#)), employers must consider making 'reasonable adjustments' to support employees to enable them to continue working. These adjustments might include:

- **changing work processes** (e.g. working hours, duties, targets, deadlines);
- **making physical changes to the workplace** (e.g. allocation of a parking space, rearranging furniture);
- **providing extra support** (e.g. provision of specialist equipment, extra training).

It is important for employers and line managers to seek the support of occupational health who have the required medical knowledge and understanding of the workplace to make informed decisions about a person's ability to do their job, and any adjustments that may be required to facilitate this. The proposed adjustments should then be reviewed by the employer to assess whether they can be accommodated temporarily or permanently.

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 **0845 504 1000**

 **info@healthmanltd.com**

 **www.healthmanltd.com**

Registered Office: Ash House, The Broyle, Ringmer, East Sussex, BN8 5NN

