RAND EUROPE

THE ARTS
CHILD POLICY
CIVIL JUSTICE
EDUCATION
ENERGY AND ENVIRONMENT
HEALTH AND HEALTH CARE
INTERNATIONAL AFFAIRS
NATIONAL SECURITY
POPULATION AND AGING
PUBLIC SAFETY
SCIENCE AND TECHNOLOGY
SUBSTANCE ABUSE
TERRORISM AND HOMELAND SECURITY
TRANSPORTATION AND INFRASTRUCTURE
WORKFORCE AND WORKPLACE

This PDF document was made available from www.rand.org as a public service of the RAND Corporation.

Jump down to document

The RAND Corporation is a nonprofit research organization providing objective analysis and effective solutions that address the challenges facing the public and private sectors around the world.

Support RAND

Browse Books & Publications

Make a charitable contribution

For More Information

Visit RAND at www.rand.org

Explore RAND Europe

View document details

Limited Electronic Distribution Rights

This document and trademark(s) contained herein are protected by law as indicated in a notice appearing later in this work. This electronic representation of RAND intellectual property is provided for non-commercial use only. Unauthorized posting of RAND PDFs to a non-RAND Web site is prohibited. RAND PDFs are protected under copyright law. Permission is required from RAND to reproduce, or reuse in another form, any of our research documents for commercial use. For information on reprint and linking permissions, please see RAND Permissions.

This product is part of the RAND Corporation technical report series. Reports may include research findings on a specific topic that is limited in scope; present discussions of the methodology employed in research; provide literature reviews, survey instruments, modeling exercises, guidelines for practitioners and research professionals, and supporting documentation; or deliver preliminary findings. All RAND reports undergo rigorous peer review to ensure that they meet high standards for research quality and objectivity.

TECHNICAL REPORT

Health and wellbeing at work in the United Kingdom

Emmanuel Hassan, Christopher Austin, Claire Celia, Emma Disley, Priscillia Hunt, Sonja Marjanovic, Ala'a Shehabi, Lidia Villalba van Dijk, Christian van Stolk

Prepared for the English Department of Health

RAND EUROPE

The research described in this report was prepared for the English Department of Health. The opinions expressed in this study are those of the authors and do not necessarily reflect the views of the English Department of Health.

The RAND Corporation is a nonprofit research organization providing objective analysis and effective solutions that address the challenges facing the public and private sectors around the world. RAND's publications do not necessarily reflect the opinions of its research clients and sponsors.

RAND® is a registered trademark.

© Copyright 2009 The Work Foundation

All rights reserved. No part of this book may be reproduced in any form by any electronic or mechanical means (including photocopying, recording, or information storage and retrieval) without permission in writing from The Work Foundation.

Published 2009 by the RAND Corporation
1776 Main Street, P.O. Box 2138, Santa Monica, CA 90407-2138
1200 South Hayes Street, Arlington, VA 22202-5050
4570 Fifth Avenue, Suite 600, Pittsburgh, PA 15213-2665
Westbrook Centre, Milton Road, Cambridge CB4 1YG, United Kingdom
RAND URL: http://www.rand.org
RAND Europe URL: http://www.rand.org/randeurope
To order RAND documents or to obtain additional information, contact
Distribution Services: Telephone: (310) 451-7002;
Fax: (310) 451-6915; Email: order@rand.org

Executive summary

The Work Foundation led a partnership with RAND Europe and Aston Business School undertaking the research and analysis to support the Boorman review. RAND Europe led the study on whether health workplace interventions could be useful to mitigate health risk factors and to reduce the work-related costs associated with poor health and wellbeing in British workplaces and the NHS in England. This section highlights some of the main findings of the research.

Health and wellbeing remain key issues in British workplaces

Despite the downward trends in fatal and non-fatal injuries in Great Britain over past decades, evidence shows that health and wellbeing at work remain key issues. For instance, work-related illness due to stress, anxiety and depression are on the rise. In Great Britain, during 2007/08 an estimated 2.1 million people suffered from an illness that they believed was caused or made worse by their current or past work; 229 workers suffered fatal injuries at work; and 299,000 self-reported injuries occurred. Finally, 34 million working days were lost overall (1.4 days per worker), 28 million due to work-related ill-health and 6 million due to workplace injury.

Poor health and wellbeing at work lead to significant individual, organisational, economic and societal consequences due to sickness absence

Poor health and wellbeing issues at work can be damaging to both individuals and their immediate family, and eventually to the community and society they live in. The Health and Safety Executive estimates the costs to individuals of workplace accidents and work-related ill-health to be between £10.1 and £14.7 billion in Great Britain. These costs include loss of income, extra expenditure of dealing with injury or ill-health, and subjective costs of pain, grief and suffering.

The consequences of poor health and wellbeing at work are costly to employers. There is a lot of information on absenteeism, both in terms of the number of days lost and their associated cost to employers themselves. The Health and Safety Executive estimates the costs to employers of workplace accidents and work-related ill-health to be between £3.9 and £7.8 billion in Great Britain. These costs include sick pay, administrative costs, damage from injuries and non-injuries, recruitment costs, and compensation and insurance costs. There are estimates that work-related illness was responsible for 27.6 million working days lost in 2007/08 in Great Britain, representing 1.15 days lost on average per worker. Besides this, there are estimates that work-related injuries were responsible for 6.2 million days lost during the same year, representing 0.22 days lost on average by each worker.

In the financial year 2006/07 an average of 9.3 working days were lost per staff year to sickness absence across the whole civil service in the United Kingdom. There are nevertheless important differences across departments in term of sickness absence, ranging from 3.3 to 12.4 average working days lost per staff member.

In addition to the individual and organisational consequences of health and wellbeing issues at work, there are non-negligible consequences for society as a whole. The Health and Safety Executive estimates the costs to society of workplace accidents and work-related ill-health to be between £20.0 and £31.8 billion in Great Britain. These costs comprise loss of output, medical costs, costs to the Department for Work and Pensions of administering benefit payments, and Health and Safety Executive and local authority investigation costs.

Workplace health and wellbeing seems a particular challenge to the NHS in England

The proportion of workers reporting an illness or an injury varies across sectors, jobs and organisations. Although its results should be interpreted with caution, our logistic regression analysis has shown that working in human health activities (hospital, medical practice, dental practice and other human health activities) or in the NHS, as opposed to other activities and organisations, increases the odds of reporting a work-related illness or an injury. Moreover, NHS workers report more work-related illnesses due to stress, anxiety and depression than other workers in England.

The NHS in England shows a comparatively high average of working days lost per staff per year, i.e. 10.7 compared to the average of 9.3 in the public sector. Moreover, NHS workers seem to stay on sick leave longer than other workers.

The cost of presenteeism should also not be underestimated

There is less information available on the cost of presenteeism because it is more difficult to calculate than the cost of lost days. In addition, the cost of presenteeism is an indirect cost to employers that has remained largely invisible to them until recently. However there are estimates that presenteeism due to poor mental health leads to a loss of working time nearly 1.5 times that caused by sickness absence due to mental ill-health in the United Kingdom.

Workplace health interventions can be effective to address poor health and wellbeing

Workplace health interventions can mitigate health risk factors and reduce the work-related costs associated with poor health and wellbeing in British workplaces and the NHS. The concept of health and wellbeing at work goes beyond the mere absence of illness or disability. It should be understood as a "state of complete physical, mental and social wellbeing" (World Health Organization, 1948).

Various antecedent factors are related to the health and wellbeing of workers: work-related, lifestyle and socio-economic factors. Workplace health interventions aiming at improving health and wellbeing at work should therefore not focus only on work-related factors.

Evidence from the literature and the selected case studies show that many workplace health interventions targeting problems due to work-related antecedent factors such as low back pain, musculoskeletal disorders and mental health disorders can have positive health outcomes. The literature also suggests that interventions aimed at improving damaging lifestyle behaviours such as poor diet, smoking, alcohol abuse and lack of physical activity can be effective in terms of health outcomes. Nevertheless, few studies directly relate

workplace interventions to work-related outcomes, and the economic effectiveness of interventions varies greatly across sectors.