

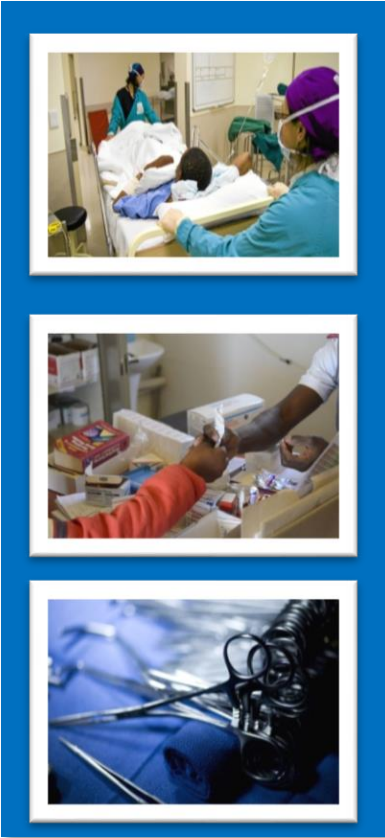
EMPLOYEE HEALTH AND WELLNESS PROGRAMS FOR HEALTH WORKERS



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PRESENTATION OUTLINE



- **INTRODUCTION**
- **AIM AND OBJECTIVES**
- **METHODOLOGY**
- **RESULTS**
- **CONCLUSION AND RECOMMENDATIONS**

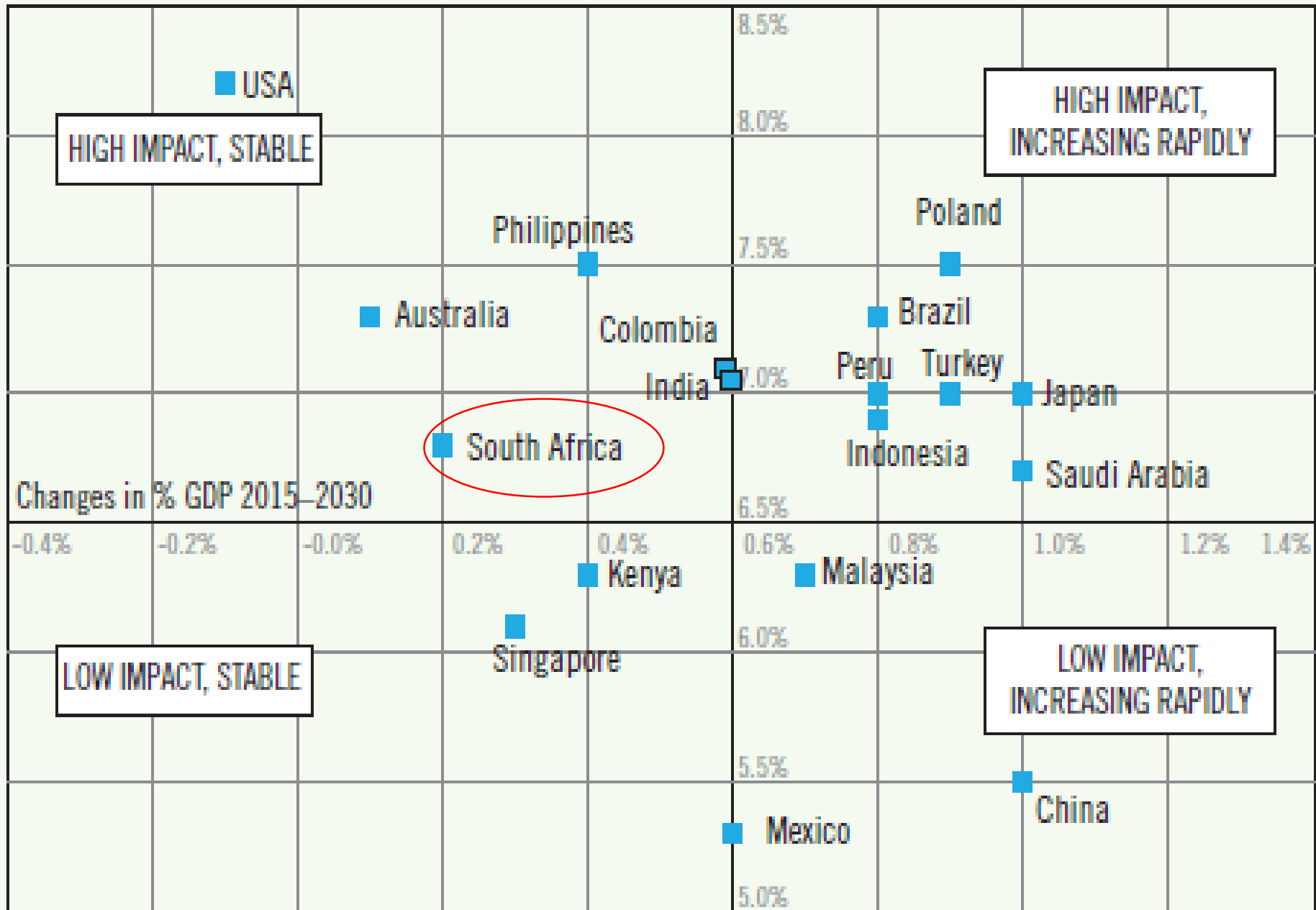
INTRODUCTION

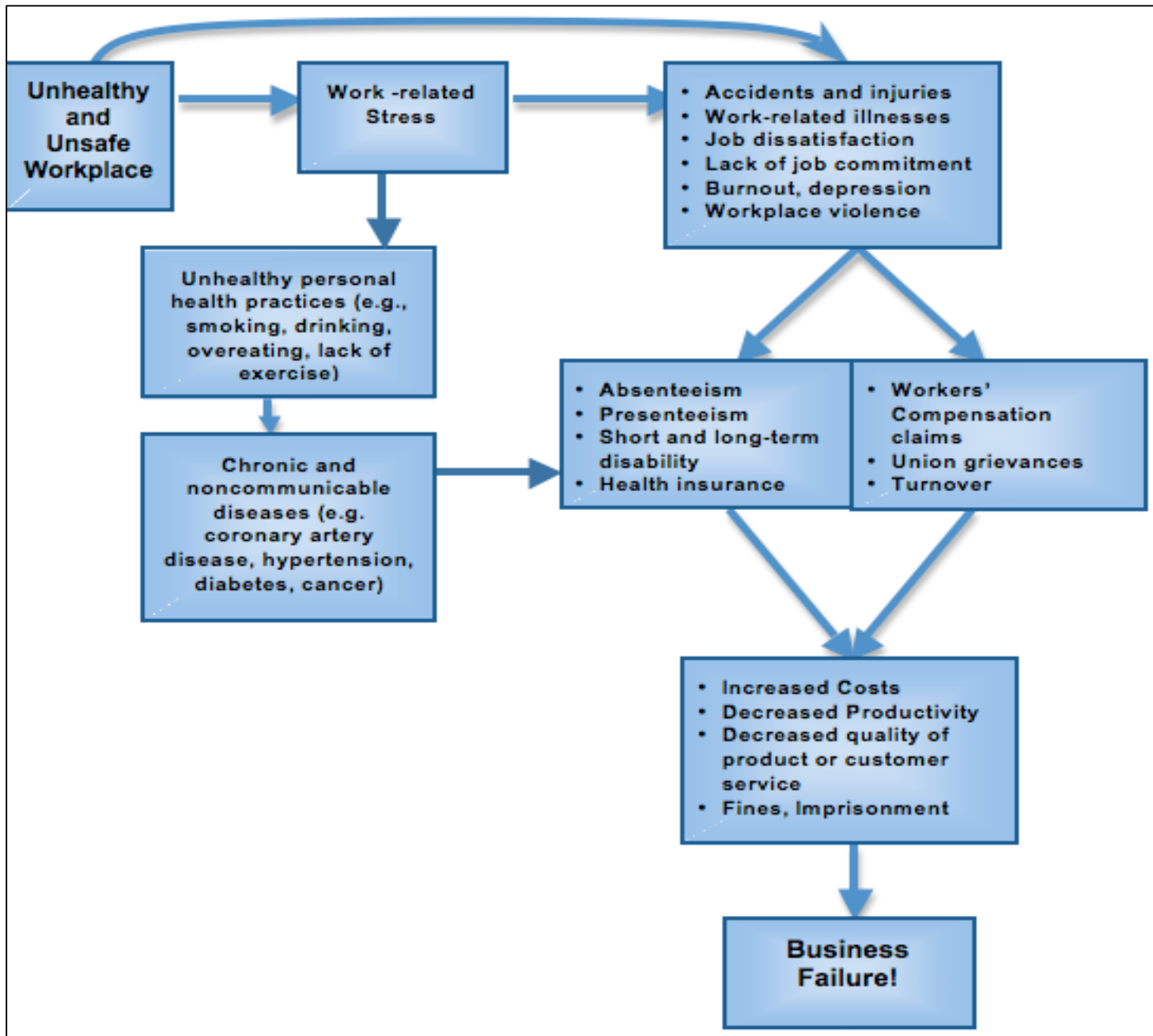
- Employee wellbeing has been recognised as a critical strategic intervention for wellness by both the National and Provincial Departments of Health.
- A healthy workforce results in a more productive employee with less absenteeism, fewer accidents, lower health care demands, and greater overall savings by reducing the incidence of disease and disability¹.



Table ES1 Total Economic Impact in % of GDP Due To Absenteeism, Presenteeism, and Early Retirement

	2015			2030		
	Early retirement due to ill health	Absenteeism + presenteeism	Total absenteeism + presenteeism + early retirement	Early retirement due to ill health	Absenteeism + presenteeism	Total absenteeism + presenteeism + early retirement
Australia	2.9%	4.4%	7.3%	3.0%	4.5%	7.5%
Brazil	2.2%	5.1%	7.3%	2.7%	5.4%	8.1%
China	2.1%	3.3%	5.4%	2.7%	3.7%	6.4%
Colombia	2.3%	4.6%	6.9%	2.7%	4.9%	7.6%
India	2.5%	4.6%	7.1%	2.9%	4.8%	7.7%
Indonesia	2.4%	4.6%	6.9%	3.0%	4.8%	7.7%
Japan	3.2%	3.8%	7.0%	3.9%	4.1%	8.0%
Kenya	1.9%	4.4%	6.3%	2.2%	4.6%	6.8%
Malaysia	1.8%	4.5%	6.3%	2.2%	4.9%	7.1%
Mexico	1.8%	3.5%	5.3%	2.4%	3.5%	5.9%
Peru	2.2%	4.8%	7.0%	2.8%	5.0%	7.8%
Philippines	2.4%	5.1%	7.5%	2.6%	5.2%	7.8%
Poland	3.0%	4.6%	7.5%	3.5%	5.0%	8.4%
Saudi Arabia	0.7%	5.7%	6.4%	1.0%	6.7%	7.7%
Singapore	2.2%	3.2%	5.4%	2.3%	3.4%	5.7%
South Africa	2.1%	4.7%	6.8%	2.2%	4.9%	7.0%
Turkey	1.8%	5.2%	7.0%	2.4%	5.5%	8.0%
United States	3.3%	5.0%	8.2%	3.0%	5.1%	8.1%





LEGISLATIVE AND POLICY REQUIREMENTS

ACT/POLICY	FUNCTION
The Constitution of the Republic of South Africa	To ensure that everyone has a right to an environment that is not harmful to their health and wellness
Occupational Health and Safety Act (OHS) 1993	Ensures a healthy and safe environment in factories and working places
Compensation for occupational injuries and diseases act (COIDA) 1993	Provides for medical cover and compensation of occupational injuries or diseases in all work places
Medicines and Related Substances act 1965 as amended	Provides for the dispensing of scheduled substances at work
National Health Act of 2002	Provision of OHS services
Public Service Act and Regulation 1994 section 41	Management of HIV and AIDS in the workplace
Medical Scheme Act No 131/1998	Ensures that employees have access to medical benefits
Employee Equity Act No 55/1998	Ensures all employees have access to medical benefits
Codes of Good Practice on HIV/AIDS and Employment Act	Ensures prevention of discrimination based on HIV/AIDS
Basic Conditions of Employment Act 75/1997	Regulates the relationship between employees, trade unions and employers
Labour Relations Act No 66/1995	Prevents unfair labour practices
Mental Health Care Act No 17 of 2002	Outlines the procedures for the management of mental disorders

INTRODUCTION

- Wellness programs assist employees with health related challenges and psychosocial stressors which affect work performance.
- These factors combined with unhealthy lifestyle choices are risk factors for the development of chronic diseases, and absenteeism ¹.



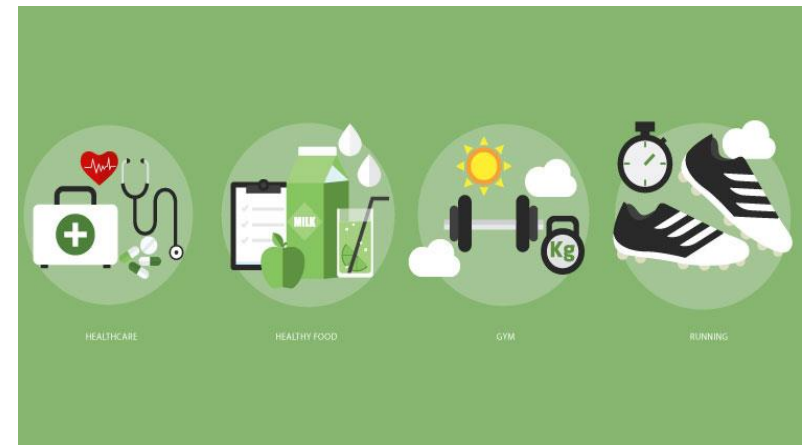
PROBLEM STATEMENT

- Work is central to people's well-being.
- Many studies show that nurses, are overweight and obese.
- Obesity has become a challenge among public sector workers.
- The results of teachers who agreed to be weighed, showed that 87% were overweight or obese.
- An employee wellness program, calls for effective interventions to protect and promote health at the workplace.



PROBLEM STATEMENT

- Lifestyle diseases linked to obesity, diabetes and cardiovascular disease lead to early death or retirement, high absenteeism, and low productivity, costing the country 6.87% of GDP⁵.
- Many wellness programs address only certain aspects of workers health which creates a gap in treating employees holistically.



AIM AND OBJECTIVES

Aim

To investigate employee health and wellness which cater for the needs of health workers in two tertiary/ central hospitals within Gauteng Province.

Objectives

1. To determine the profile of health care workers
 - Demographic profile
 - Clinical profile and associated risk factors
2. To understand the pattern of sick leave and absenteeism



METHODOLOGY

Study setting: Two hospitals within Gauteng Province.

Study Population: Health workforce at the two study sites.

Sample size: n =600; (Stratified Random sampling)

Study Design: Cross sectional study

Study period: 01 April 2019 until 30th June 2019

Data Collection: Secondary data from two departments: HR and OHS

Variables:

- **Independent** : demographic, clinical, occupational and social risk factors for health.
- **Dependent:** absenteeism

Data Analysis: Descriptive & Inferential statistics

METHODOLOGY

ETHICAL CONSIDERATIONS

The study was approved by

- The ethics committee of the University of Pretoria
- Hospital management
- PRC
- NHRD



RESULTS

Characteristics	Result
Age (years) (N=583) <i>Median (IQR)</i>	37 (30-47)
Gender (N=600) <i>No. (%)</i>	
Female	450 (75)
Male	150 (25)
Department (N=578) <i>No. (%)</i>	
Nursing	290 (50)
Doctors	61 (10)
Radiography and Radiology	40 (7)
Allied	34 (6)
Admin	34 (6)
Other	124 (21)
Years Worked (N=314) <i>Median (IQR)</i>	4 (2-11)

RESULTS

- 54% of staff members: between 31- 50 years of age
- Clinical history: 181 (30%) reported taking chronic medication
 - Hypertension (55, 30%)
 - Diabetes (24, 13%)
 - HIV (21, 12%)
 - Mental disorders (10, 5%)
 - Asthma and allergies (8, 4%)
 - Hypercholesteraemia (3, 2%)
 - Other (60, 34%)

RESULTS

Screening tests *	N (%)
Urine dipsticks (N=592)	
Leucocytes	18(3)
Blood	14(2.3)
Protein	7(1.2)
Glucose	1(0.2)
ketones	1(0.2)
BP (N=576)	
>140/90 mm hg	124(22)
HGT: random (N=204)	
6-8	28(13.7)
8-10	12(5.8)
>10	36(17.6)
BMI (N=543)	
25-30 kg/m ²	162(29.4)
30-35 kg/m ²	116(21.1)
>35 kg/m ²	119(21.6)
TB screening (N=600)	
Positive	24(4)

*conducted only if consented

RESULTS

Characteristics	P Value
	χ^2
Demographics	
Age (N=583)	0.3
Gender (N=600)	1
Department (N=578)	0.3
Years worked (N=314)	0.046
Medical and Occupational History	
Prior occupational Exposure (N=592)	1
Chronic Disease medication (N=592)	0.7
Screening Tests	
Urine Dipsticks (N=592)*	1
BP (N=576)**	0.12
TB screening positive (N=592)	0.28
Overweight and obesity (N=543)***	0.09
Risk Factors	
Currently smoking (N=592)	0.003
Alcohol intake (N=592)	0.057
Regular exercise (N=592)****	0.089
Family history (N=592)*****	0.6
Hypertension (N=592)	0.018
Diabetes (N=592)	1
Systolic BP (N=576)*****	0.37

RESULTS

Characteristics	Unadjusted			Adjusted		
	OR	P value	95% confidence Interval	OR	P value	95% confidence Interval
Demographics						
Age (N=583)	1.3	0.36	0.7-2.3	0.49	0.22	0.15-1.5
Gender (N=600)	1	1	0.19-5	0.57	0.6	0.05-6
Years worked (N=314)	1.7	0.046*	1-3.19	2.4	0.088	0.87-7.09
Medical and Occupational History						
Chronic Disease medication (N=592)	0.84	0.65	0.4-1.7	4.6	0.16	0.52-41
Screening Tests						
BP (N=576)	0.3	0.127	0.8-1.3	0.14	0.13	0.01-1.8
TB screening positive (N=592)	0.53	0.24	0.18-1.54	0.74	0.7	0.16-3.3
Overweight and obesity (N=543)	0.92	0.85	0.4-2.07	1.3	0.615	0.46-3.69
Risk Factors						
Currently smoking (N=592)	0.24	0.000*	0.11-0.52	0.3	0.035*	0.12-0.92
Alcohol intake (N=592)	0.46	0.039*	0.22-0.96	0.72	0.49	0.29-1.8
Regular exercise (N=592)	3	0.08	0.83-13.7	2.8	0.25	0.47-16.5
Family history (N=592)	0.79	0.568	0.35-1.7	1.3	0.53	0.5-3.7
Hypertension (N=592)	0.36	0.006*	0.17-0.75	0.12	0.075	0.11-1.2
Systolic BP (N=576)	0.44	0.270	0.10-1.8	4.11	0.31	0.26-6.3

*statistically significant at α P<0.05

DISCUSSION

- Risk factors linked to poor productivity and the impact of lifestyle on employee health
 - Smoking
 - Hypertension
 - Alcohol intake
 - No. of years worked
- An employee health and wellness program
 - Serves the needs of employees
- Employees
 - Need to be assisted to produce at their optimum levels.



DISCUSSION

- 72% of staff members were overweight and obese, 4% smokers, 13% diabetic and 30% hypertensive, which are all important risk factors for cardio-metabolic diseases.
- Although a large proportion of staff members are overweight and obese, only 33% were screened for diabetes.
- This suggests that all staff members should be regularly screened for diabetes and counselled for intake of healthy diets and regular physical activities.
- Interestingly, the study also found that the presence of 11 staff members whose BMI were less than 18 kg/ m^2 , which needs further investigations.



LIMITATIONS

- The main limitation of this study is its restricted scope due to secondary data and self-reported information on risk factors.
- This study only explored a few factors. More detailed insight into workplace health and wellness programs are needed to address the burden of diseases amongst health workers.



RECOMMENDATIONS

- The presence of risk factors for cardio-metabolic diseases and their association with productivity (measured as sick leave), highlighted the importance of institutionalising employee wellness programs catering to the health needs of workers.
- This study was conducted as a baseline to develop an understanding of the health of healthcare workers and Employee Health and Wellness Programs for workers employed by the GDoH and to develop more comprehensive programs.



RECOMMENDATIONS

- Interventions such as smoking cessations programs must be implemented amongst others to target risk factors.
- Smart technologies and interventions are required to enhance and support program advancement and development.
- Multi-sectoral collaborative efforts would be required for long term sustainability.



CONCLUSION

- Health workers are key to service delivery within the health system.
- Reduce overall healthcare costs by addressing risk factors
- It is hoped that by caring for our caregivers we are able to make an impact on worker morale, productivity and health outcomes.



ACKNOWLEDGEMENTS

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