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Original Research Article

Workplace health promotion in health care settings in Finland, Latvia, and Lithuania

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ABSTRACT

Background and objective: Health care workers (HCWs) have a great background to promote their health – not only their professional knowledge on health but often also special equipment in their work environment. However, it is unclear if HCWs can use such infrastructure to promote their own health as well as what is their motivation to change their own lifestyles. Thus, the aim of the article was to describe workplace health promotion (WHP) situation in health care settings in Finland, Latvia, and Lithuania.

Materials and methods: A questionnaire survey of 357 workers from health care sector in three European countries was conducted. Participants were asked to indicate various WHP activities/facilities/programs organized at their workplaces, WHP needs, opportunities to initiate changes related to the healthiness of their workplaces, and readiness to change their lifestyles.

Results: Participants from three European countries differed in their WHP needs and in their responses on various activities/facilities/programs implemented at the institutions. Workers from Finnish institutions had the greatest opportunities to make initiatives relevant to their workplaces' healthiness, while Lithuanian workers were least provided with such opportunities. Furthermore, the results showed that there were differences of readiness to change among the workers from the three countries.

Conclusions: HCWs recognized various WHP activities, facilities and programs organized at their workplaces; however, their needs were notably higher than the situation reported. WHP situation differed between the three European countries.

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1. Introduction

Health care workers (HCWs) are considered to be a key group in health promotion. HCWs can play an important role in increasing awareness among patients and clients regarding lifestyle changes due to the fact that they have the necessary education on healthy lifestyles and health promotion and can reach a substantial number of people in need of lifestyle changes [1].

HCWs' own lifestyle habits and attitudes toward healthy behavior have influence on their practice and activity in promoting healthy lifestyles [2–4]. HCWs serve as role models for patients. A numerous studies have established a link between health behaviors of physicians and their interactions with patients. However, HCWs frequently do not "practice what they preach". Despite considerable knowledge about health and healthy lifestyles, HCWs do not report healthier lifestyle than general population.

Research indicates that HCWs have unhealthy habits. According to various scientific data, HCWs smoke and consume alcohol; they may also be characterized by insufficient exercise and unhealthy diet [5–7]. Survey of US adults showed that compared to non-HCWs, health care workers reported more desirable behaviors only for several outcomes: HCWs were more likely to have a personal physician, to have a check-up within 2 years, to have exercised within 30 days, and to deny recent heavy or binge drinking. However, for many behaviors, HCWs demonstrated no difference in the likelihood of the outcomes [8]. Data from US National Health Interview Survey concluded that 35% of HCWs, both from medical offices and clinics/hospitals, were obese [9]. Literature review of lifestyle behaviors and preventive health care among physicians summarized that physicians, like the general population, need to work on improving their diets and increasing physical activity. They are often subjected to prolonged sleep deprivation, and many neglect their own health care and do not take appropriate preventive measures. It is revealed that physicians are notoriously bad patients. One third of Australian residents do not have a GP, and an equivalent proportion of young Irish doctors have not been to see a physician (either their own GP or a walk-in clinic) in the past 5 years [5]. A systematic review of studies of doctors' health concluded that doctors have similar rates of chronic illness and have the same preventive health needs as the general community. It refers to the need to improve doctors' access to health care [10]. Survey on health behavior and a number of lifestyle variables among HCWs in Iraqi revealed that only about one third of them had regular medical check-ups. Nearly two thirds of HCWs reported negative behavior as coping measures for stress relief (i.e. social withdrawal, over-eating, violence, smoking, or taking sedatives). Less than one fifth of HCWs were practicing regular sport [2]. A health examination among 1737 female members of trade union of public employees, 59% of whom were women employed in the Danish social welfare and health care sector, found an increased prevalence of heavy smokers, overweight and obesity, and long-term sick leave compared to other employees at the same income level [11].

Work at health care sector is related to wide range of occupational risk factors including psychosocial, ergonomic, chemical, biological and physical risks. Long working hours, shift work, stress, limited access to healthy and regular food, sedentary jobs – these are only some of the work factors, which characterize work at health care sector. Such occupational hazards can influence employees' health risk behavior. According to a number of research health risk behavior is one of the ways to cope with stress. Occupational stress can promote health risk behavior or impede to reduce or dispose of such behavior [6,7,12]. For instance, research of nurses showed that smoking was indicated as a way to cope with tense situations at work. Stress was also named by nurses as an impediment to quit smoking as well as a factor, which increased the risk to start smoking again [6,13]. A lot of studies revealed burnout, reality shock, intention to leave and less commitment to work among nurses [6,14,15].

One of the ways to improve health behavior and health status of HCWs is workplace health promotion (WHP). According to the definition stated in Luxembourg Declaration, WHP is "the combined efforts of employers, employees and society to improve the health and well-being of people at work which can be achieved through a combination of improving the work organization and the working environment, promoting active participation, encouraging personal development" [16]. We based our study on this definition because it covers a variety of aspects that are important when analyzing workers' lifestyles. Luxembourg Declaration on WHP enables an interdisciplinary approach and stresses on the importance of joint initiatives including education and policy activities. WHP can be implemented with the help of specially designed programs (opportunities available to employees at the workplace or through outside organizations to begin, change, or maintain health behaviors) and environmental support (improving various facilities at and nearby the workplace that help protect and enhance employee health) [17].

The Second European Survey of Enterprises on New and Emerging Risks asked establishments about measures for health promotion among employees. The results revealed that specific budget for health and safety measures and equipment was set each year by 41% of establishments. The most frequently reported one (35% of establishments) was raising awareness of the prevention of addictions (smoking, alcohol, drugs), followed by raising awareness of nutrition (29%) and the promotion of sports activities outside working hours (28%) [18].

Health promotion hospitals (HPH) functions as one of the contemporary strategies to improve quality in health care. It is interesting to mention that in the past, projects carried out within the HPH network were characterized by a more traditional focus on health promotion interventions for patients and to a lesser extent for staff. The focus of the HPH projects is now enlarging, and health promotion strategies include the issue of staff health, which is not only important because of the direct effect on health professionals' health, but also because of the link between staff health and satisfaction and patient outcome and satisfaction [19]. But the process of extending and incorporating these activities at a broader level has been slow.

Research indicates that the effectiveness of WHP depends not only on employers (to what extent do they create

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