What is the most important indicator of a healthy workplace? According to the World Health Organization, a healthy workplace is “one in which workers and managers collaborate in a continual improvement process to protect and promote the health, safety and well-being of all workers and the sustainability of the workplace.” A healthy organizational culture encourages authentic employee decision-making about how health, safety, and wellness programs are designed and implemented. The program process itself contributes to the promotion of health, safety, and well-being in the workplace.

Why participatory programs work better than top-down programs

What does it mean to have an authentic participatory process for health, safety, and wellness? It means that non-managerial employees are involved in all phases of program development: problem identification, intervention design, implementation, and evaluation. This contrasts with a “top-down” program in which subject matter experts design a program without directly involving employees in each of these phases. Without this involvement, the resulting program can lack any real attention to the effects of job demands and the broader work environment, which can negatively impact employee participation. When employees participate in designing and implementing programs they also learn new skills, obtain social support, and (most importantly) gain new confidence to change unhealthy behaviors and working conditions. They also bring their knowledge of the root causes driving poor health or safety, enabling the organization to shape solutions that are effective, acceptable, and sustainable. Field research supports the effectiveness of participatory programs for addressing complex health and safety problems, reducing health care costs, pain symptoms, injuries, claims, and lost days.

How to implement a participatory program?

Although there is emerging evidence supporting the need for participatory programs, few practical tools exist to help employers implement this approach in practice. To meet this need, CPH-NEW conducted a two-year, research-to-practice study to field test a set of participatory program materials with four New England employers. The materials were subsequently refined and are now available as the Healthy Worksite Participatory Program Toolkit: www.uml.edu/cphnewtoolkit. This toolkit provides program start-up guides for management and program facilitators, an organizational readiness self-assessment survey, and a step-by-step intervention planning guide for use by worker and management committees. The program is designed with two main features in mind:

Integration of occupational safety and health with health promotion
The rationale for integrated program content has been published and recognizes that both ergonomic risk factors and so-called “personal” or “lifestyle” risk factors are affected by physical, psychosocial, and organizational features of work. Workplace health improvement programs that do not address job demands and the working environment in combination with behavior changes will not be perceived as credible and effective.

Participatory approach and process
The participatory approach recognizes the benefits of employee involvement and decision making for enhancing job control and self-efficacy. The CPH-NEW process is based on a
dual-committee program structure, whereby a line-level Design Team identifies root causes of health, safety and wellness concerns and develops, then proposes, interventions to a management level Steering Committee. The Steering Committee provides organizational resources, feedback and communications for selecting, implementing, and evaluating proposed interventions.

What we learned from the field tests: The proof is in the process

Employers using these research-to-practice materials reported many positive program outcomes.

- Employees learned how to present health and safety solutions to management, demonstrating that they can think critically and weigh/present multiple options.

  “[The IDEAS intervention planning tool] enables you to make a proposal for presentation to management. It made us more equipped to answer some of their questions we were able to provide more background information.” --Office worker and Design Team member

- New interventions integrated health protection with health promotion, improving both the work environment and the health behaviors of individual employees.

  “The ideas proposed went way beyond my expectations and if they are followed through with, they will greatly benefit many people.” –Human Resources Manager and Steering Committee member

- Communication and understanding was strengthened between management and line workers.

  “If this group was not around our ideas would not be heard as much and less would be accomplished.”
  --Maintenance technician and Design Team member

In field tests, the participatory program structure and process was essential for empowering line-level workers to engage fully with management in the continuous improvement of health, safety, and wellness. Workers were able to discuss their concerns in a safe environment, think broadly and deeply about comprehensive solutions, and then present their ideas in a credible format for company managers to consider⁵. In short, the program process is as important as the content for promoting health, safety, and wellbeing in the workplace.

References:

CPH-NEW, a Center for Excellence to Promote a Healthier Workforce of the National Institute for Occupational Safety and Health, is a joint initiative of the University of Massachusetts Lowell and the University of Connecticut. CPH-News & Views is a semi-monthly column written by Center researchers on emerging topics related to healthy workplaces. These comments reflect the thoughts of individual researchers and do not represent conclusive research summaries, nor do they necessarily reflect a consensus among all Center personnel. We welcome your responses and discussion. Please send all questions and comments to CPHNEW@uml.edu.