

BUILDING CAPACITY FOR WORKPLACE HEALTH PROMOTION

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Background

Building capacity has become an important issue for health promotion, identified as one of the five actions in the World Health Organisation's Bangkok Charter for promoting health in a globalised world (WHO, 2005). In this study the focus is on building capacity through workforce development and in particular the workforce within public sector workplaces, as the public sector is responsible for the employment of a sizable section of the labour force (18% of labour force in Ireland in 2006 (ILO, 2010). There is a case to assess the public sector in terms of its capacity for workplace health management. Psychosocial risk factors and associated illnesses are significant in the sector.

Research Aims

The principal aim of the study was to measure capacity for and activity within workplace health promotion and occupational health in public sector workplaces in Ireland.

Methods

The study utilised a survey. The sampling frame consisted of all Public Sector workplaces in Ireland, defined in this study in accordance with criteria established by Humphreys (1983, 1986) as described by Humphreys & Gorman (1987). In the absence of access to a comprehensive listing of contact details for public sector in the public domain, a database was assembled for the purposes of the study. Data was extracted from administrative sources, leading to a listing of 510. The study aimed to map the sector in terms of a listing of contact details, and then sample from this listing. The size of the subsection within the sector, the complexity of agencies and the number of employees in each sector varied considerably, creating significant challenges within the resource constraints of the study. The approach taken was to treat each subsection separately, deciding how best to sample from that subsection in a way that best ensured representation. A final sample of 229 was achieved, and a response rate of 29.9% was obtained. A questionnaire was devised to meet the main aim of the study and included questions regarding the qualifications/training undertaken by those with responsibility for health, an assessment of workplace policies, practices, health promotion and occupational health activity, and perceived supports and priorities for health improvement.

Progress to Date

The findings of the study demonstrate that while there are people with dedicated roles in health and safety matters, and public sector organizations appear to be highly compliant with their responsibilities around risk assessment, personnel with dedicated workplace health promotion roles are few in number. Allowing for the limitations set by the low response rate, the study demonstrates that capacity for comprehensive workplace health promotion is limited and requires investment and development. To some extent this is acknowledged, as respondents identified health promotion as a training need, implying a willingness to build capacity in the area.

An interest in mental health promotion reflects the pattern of psychosocial risks in the sector, indicated that there is a need for training and support to develop initiatives that take organizations beyond policy. Capacity building in respect of workplace health promotion involves supporting and assisting workplaces to assess need, plan, implement and evaluate comprehensive interventions that address the complexities of these problems and their outcomes.

Dissemination

Research findings are to be disseminated to all members of the national network for workplace health promotion, HSE West and NUIG Occupational Health programmes.