

## Creating Synergistic Approach To Combat Lifestyle Related Diseases And Improved Quality Of Life Through Workplace Physical Activity And Wellness Intervention Program

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### **Abstract**

In the 1970s, workplace health promotion programmes started to emerge as an adjunct to occupational health and safety initiatives. Workers were encouraged to participate in programmes designed to encourage physical activity, healthy eating, and smoke-free living. The health of the employee is very paramount to an organization as it determines the level of functionality of the employee and his ability to go about his duties. This paper examines the possibility of creating synergistic approach to combat lifestyle related diseases that have crippled several potentials in the workplace and improve quality of life through workplace physical activity and wellness intervention programme.

**Keywords:** Synergistic approach, lifestyle related diseases, quality of life, workplace physical activity and wellness intervention program

### **Introduction**

The workplace plays a significant role in the life of every worker knowingly and unknowingly, therefore the attendant dynamics to sustain the workplace processes should involve the health condition of the workplace users. Workplace wellness intervention programme is an integral part of a healthy and successful workplace for efficient work output and respect to humanity. And one of the cardinal points of focus in the intervention programme is the adoption of workplace environment that encourages physical activity to combat lifestyle related diseases and improve quality of life.

### **Workplace and its Dynamic Environment**

The workplace as a setting for health promotion deserves special attention, because adults spend more time at the workplace than in any other location (Capra & Williams, 1993). Clark (2010) findings show that United Kingdom employees spend up to 60% of their time in the workplace. The workplace directly influences the physical, mental, economic and social well-

being of workers and in turn the health of their families, communities and society. It offers an ideal setting and infrastructure to support the promotion of health of a large audience (Chu et al, 2000). Workplace is another environment where workers' experience about life and response to its exigencies are formed. Therefore, employers are uniquely positioned to influence health for the better, by offering workplace health promotion programmes. Wellness promoted at the organization level has many benefits expected to manifest themselves at the physical, mental and societal level (Csiernik, Macdonald, Durand, Cameron & Rylett, 2005); including reducing medical costs (Baicker, Cutler, & Song, 2010), chronic illness incidence and severity (Heinen & Darling, 2009), absenteeism, and increasing work performance (Mills, Kessler, Cooper, & Sullivan, 2007).

### **Need for Workplace Wellness Intervention Program**

According to Olubukola and Festus (2013), the majority of Nigerian employers have yet to embrace a comprehensive worksite health promotion strategy, falling short of the 75% target included in the *Healthy People 2010* goals (Partnership for Prevention, 2009). Although prevention is increasingly a public policy priority, workplace health promotion currently has limited support in practice in Nigeria. There is a dearth of studies focusing on initiating participation or tailoring the promotion messages to the members of an organization. In order to facilitate the development of workplace intervention programme, information that includes employees' perceptions of health needs and programmes effectiveness is vital. In Nigerian government establishments (e.g. university), the age and length of service of workforce ranges from 18 to 65 years for academic staff and 18 to 60 years for non-academic staff. Certain physical activities have been recommended to ensure employees' and retired employees' quality of life during and after active service or while working and quantity of life both while in service and after service or retirement.

### **Employees' Lifestyle vs Quality Of Life**

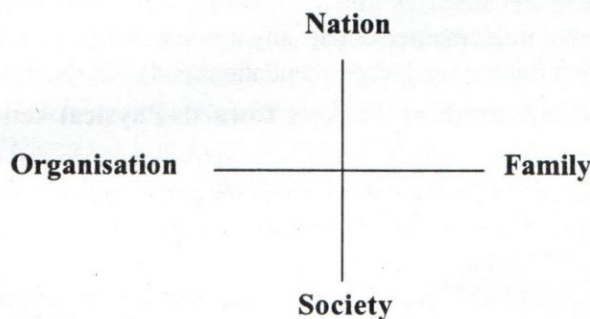
The concept of lifestyle is based upon such factors as individual's personality, cultural heritage, family, education, income environment and occupation. A person's lifestyle is a pattern of such individual's behaviour; knowing how an individual behaves in one area of his life provides a strong indication of what he might do in other segments of his life (Burada, 1994). The individual's lifestyles and health habits constitute what he does and what he fails to do, ranging from smoking, physical inactivity or sedentary lifestyles, alcohol consumption, nutritional habit, sexual behaviour etc. The World Health Organisation (1998) reports that there is a strong negative relationship between peoples' mortality rates and lifestyles practices. This has serious negative consequences on the nation's health status and survival. The World Health Organisation (2002) rated the Nigerian health care system as one of the worst five in the world, that is, it places Nigerian health care system in the 187th position out of 191 member countries of World Health Organization. The reason is that there is growing incidence of non-communicable diseases like hypertension, coronary heart diseases, diabetes, obesity, cancer and stress-related diseases among Nigerians due to unhealthy lifestyles. The report states that 3.5 million of Nigerians have mild hypertension,



1.2 million have moderate and 0.5 million have severe hypertension. The prevalence of cardiovascular diseases, obesity, diabetes and other health-related problems due to unhealthy lifestyle is generally estimated at 8-10% for rural and 10-12% for urban communities in Nigeria.

Quality of life should not be confused with the concept of standard living, which is based primarily on level of income, wealth and employment, but also the built environment, physical and mental health, education, recreation and leisure time, and social belonging (Gregory, Johnston, Pratt, Watts, & Whatmore, 2009). In the context of this paper, quality of life entails living with little or no disease, incurring less medical cost, being productive and making meaningful contributions to better one's life and others in the society. Quality life entails living a healthy life. This requires being healthy in one's physical, mental, and social aspects of life. Making meaningful contributions to the enhancement of enabling environment and maintaining progressive efforts towards good living should be a point of emphasis in dealing with the issue of quality of life.

Quality of life could be a long term or short term healthy plan but it is a major concern of every organization. The neglect of employees' quality of life directly or indirectly affects the sustainable development of the organization and family involved and the society and the nation which the individual belongs. The nation and the society are affected vertically while the organization and the family are affected horizontally.



Employees' lifestyle and quality of life model (Jaiyesimi, 2015)

**Challenges facing Employees' Worksite Physical Activity in Nigeria**

Olubukola and Festus (2013) identified the following challenges facing employees' worksite physical activity in Nigeria:

**1. Lack, Inadequate and Poor Implementation of Workplace Physical Activity and Sport Programmes and Policies**

Physical activity is meant to be part of workplace health promotion programme. Workplace physical activity policies are yet to be fully implemented in Nigerian workplaces. The workers are exposed to a lot of health problems including non-communicable diseases as a result of lack, inadequate and poor implementation of workplace physical activity and sport programmes and policies.

## **2. Lack or Inadequate Fitness Centres in Workplaces**

On-site fitness centres are appropriate avenues for workers to be physically active in their workplaces if properly arranged and managed before and after work or during break time. Only very few employers can boast of providing fitness centres for their workers. A workplace fitness centre with adequate equipment, good orientation, and time can enable the workers utilize it to be physically active.

## **3. Lack or Inadequate Workplace Physical Activity and Sport Programmes**

Physical activity and sport programmes are organized in some sectors such as educational institutions in the form of intramural and extramural sport and leisure or recreational sport programmes. Only few workplaces organize competitions on physical activity and sport for its workers. The sport competition offers the workers though not all the opportunity to be physically active.

## **4. Lack or Poor Implementation of Research Findings and Recommendations about Physical Activity, Sport and Lifestyle Related Diseases by Employers and Employees**

Many researches have been conducted on the effects of physical activity and sport on prevention of lifestyle related diseases with their findings and recommendations, but the recommendations are not implemented or partially implemented by both employers and employees. The research findings and recommendations end up in the shelves of libraries.

## **5. Lukewarm or Negative Attitude of Workers Towards Physical Activity and Sport**

Some workers see physical activity as a stressful activity and do not see themselves engaging in physical activities. Some of the workers see participation in physical activities as a waste of time. They do not see engagement in physical activity during leisure hours as worthwhile. Eze (1998) found that most workers have little or no time for recreational activities. Again, Chigbata (2007) also reported that academic staff have negative attitude towards recreational involvement.

## **6. Workers' Ignorance of the Benefits of Physical Activity and Sport In Relation To Lifestyle Related Diseases**

Sometimes, people fail to do what they are supposed to do due to ignorance. Most of the workers are ignorant of the benefits associated with regular participation in appropriate physical activity especially in the prevention of lifestyle related diseases. Most of the workers do not know that physical activity helps in the prevention of cardiovascular diseases and other non-communicable diseases.

## **7. Lack or Inadequate Physical Activity and Sport Experts in Workplaces**

A physical activity and sport expert instructs, prescribes and supervises appropriate physical activities and exercise to people to keep fit and stay healthy. Unfortunately most workplaces do not have these physical activity experts who are employed to assist other employees to be physically active.



### **Physical Activity as a Remedy to Lifestyle-Related Diseases for the Workforce**

Physical inactivity has been identified as the fourth leading risk factor for global mortality. Physical inactivity levels are rising in many countries with major implications for the prevalence of non-communicable diseases and the general health of the population worldwide (WHO, 2010). Physical inactivity is estimated as being the principal cause of approximately 21 - 25% of breast and colon cancer burden, 27% of diabetes, and approximately 30% of ischemic heart disease burden (WHO, 2009). It is estimated currently that of every 10 deaths, 6 are attributable to non-communicable conditions.

Shephard (1997) states that physically active workforce tend to report less illness and recover more quickly from illness, experience less work absence, experience lower staff turnover, are more productive, have fewer industrial injuries, and report higher levels of satisfaction with their work. Physically active employees are less likely to suffer from major health problems, less likely to take sick leave and less likely to have accident at work (Dishman, Oldenburg, O'Neal & Shephard, 1998). More than 60% of adults and over two-thirds of young people globally are not sufficiently active to protect their health (Adults and young people constitute the workforce of any nation) (WHO, 2006). Worksite physical activity and fitness programmes provide a mechanism for reaching large numbers of adults (U.S. Department of Health and Human Services, 2010).

Physical activity has been consistently associated with enhanced quality of life (Rejeski & Mihalko, 2001). Life ought to be lived in good duration and quality. Duration is easier to measure than quality. But both tend to increase and decrease together. Nigerians' quality of life, like the duration, is far below average (Ogedengbe, 2011). The quantity and quality of life in developing countries like Nigeria is low when compared to developed countries such as United States of America. A healthy lifestyle such as involvement in physical activity contributes to an individual's quantity and quality of life. An individual can experience quantity of life without quality of life, and also quality of life without quantity of life. Both quantity and quality of life of Nigerians are important and physical activity has a role to play in achieving them.

Employees spend greater part of their time in their workplaces. Hence, workplace is a good place for inculcation of health promotion behaviours such as adherence to physical activity in the workers. Physically active employees are productive and healthy workforce. For adults aged 18–64 years, the recommended physical activity, according to WHO (2010) include leisure time physical activity (for example: walking, dancing, gardening, hiking, swimming), transportation (e.g. walking or cycling), occupational (i.e. work), household chores, play, games, sports or planned exercise, in the context of daily, family, and community activities. For adults aged 65 years and above, the recommended physical activity by WHO (2010) include leisure time physical activity (for example: walking, dancing, gardening, hiking, swimming), transportation (e.g. walking or cycling), occupational (if the individual is still engaged in work), household chores, play, games, sports or planned exercise, in the context of daily, family, and community activities. With a well-coordinated and supervised workplace physical activity programme, workers can be physically active while in their workplaces, and after work, there living a quantity and quality of life.



### **Elements of Workplace Physical Activity and Wellness Intervention Programme**

- 1. Programme and Policy:** A unified and comprehensive workplace physical activity policies and programmes should be provided and implemented by employers. It should have legislative back-up by the National Assembly. Accessible, adequate and standard physical activity and sport facilities and equipment should be provided, and in good condition for workers. Competitive physical activity and sport programmes should be designed for workers. Sport competitions can be organized in the forms of inter-unit, inter-department, inter-state, inter-local government sport competition, among others. Besides, employees should be advised and encouraged to participate in physical activity during leisure.
- 2. Infrastructural Design:** The architectural design or plan of every workplace should have provisions for physical activity and sport facilities, and the execution of the design must be ensured by workplace physical activity intergovernmental monitoring team. Workplaces that have lifters should provide staircases for workers to use sometimes.
- 3. Incentives:** Physical activity (e.g. cycling, trekking, etc.) allowances should be paid to workers who cycle or trek to place of work.
- 4. Physical Fitness Screening:** Physical fitness facilities should be put in place in workplaces and should be utilized by workers. The fitness centres should be under the control of sport scientists for proper guidance.
- 5. Play and Fitness Day:** A day should be set aside every month as "Physical Activity Day" for all employees on which they must report to work with their sport attire for proper supervision and monitoring of the type, frequency, intensity and duration of the physical activities. A day should be mapped out for workers to trek to and from work from at least 1 kilometre to the workplace. This could be achieved by ensuring that the car park is at least 1 kilometre to the workplace.
- 6. Workshop and Seminar:** Workshops and seminars should be organized to sensitize workers on the benefits of physical activity in relation to prevention of lifestyle related diseases. Workers should be sponsored to attend conferences and workshops on physical activity which are organized outside their work setting

### **Creating Synergistic Approach**

Synergistic approach involves stakeholders from non-governmental organisations (NGOs), government, the private sector and the employees working together to ensure that policies, guidelines and tools are readily available to inform and assist in the promotion of workplace wellness program. Organisations that invest in workplace wellness programmes require easy, innovative evaluation strategies, since randomised controlled trials and cohort studies are not feasible economically and are often impractical in workplace settings. Companies must do more than pay lip-service: for example, where companies run screening programmes to identify those with, or at high risk of lifestyle related diseases, there must then be processes in place to help these individuals to take control of their lifestyles and conditions. Governments can play their



part by providing incentives through tax breaks, matched health benefit contributions and stricter legislation on workplace health and safety. A further suggestion is an international workplace health body, which could provide guidelines for programmes that address regional strategies with specific priorities. Companies based in developing countries have the potential to be proactive in targeting lifestyle related diseases before they become an epidemic.

### Conclusion

The future of every nation depends on the sustainability of the economic power and the base of this sector is the capacity building of the workforce through improved quality of life. Without well-managed and funded workplace physical activity and wellness intervention programme established as part of organization operational policy in both public and private establishments, the future of the workforce of any economy is under potential threat of imminent collapse. The fight against lifestyle related diseases requires joint force (synergistic approach) of the stakeholders (NGOs, government, private sector and the employees) for effectiveness and efficiency of the programme and policy.

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