Well-being at work: creating a positive work environment

Literature Review

European Agency
for Safety and Health
at Work

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Acronyms and abbreviations

Term	Definition
ANACT	Agence Nationale pour l'amélioration des conditions de travail (French National Agency for the Improvement of Working Conditions)
APV	Arbejdspladsvurdering (workplace assessment)
BAuA	Bundesanstalt für Arbeitsschutz und Arbeitsmedizin (Federal Institute for Occupational Safety and Health)
BKK	Bundesverband der Betriebskrankenkassen (Federal Association of Company Health Insurance Funds)
CDMCs	Construction design and management coordinators
CNAMTS	Caisse Nationale de l'Assurance Maladie des Travailleurs Salari (French National Health Insurance Agency for Wage Earners)
COM	Commission of the European Communities; European Commission
CSR	Corporate social responsibility
EC	European Commission
ELINYAE	Hellenic Institute for Occupational Health and Safety
ENWHP	European Network of Workplace Health Promotion
ESF	European Social Fund
EU	European Union
EU-15	European Union, 15 Member States before 1 May 2004: BE, DK, DE, EL, ES, FR, IE, IT, LU, NL, AT, PT, FI, SE and United Kingdom (see country codes table for two-letter country codes)
EU-25	European Union, 25 Member States after 1 May 2004: BE, CZ, DK, DE, EE, EL, ES, FR, IE, IT, CY, LV, LT, LU, HU, MT, NL, AT, PL, PT, SI, SK, FI, SE and UK
EU-27	European Union, 27 Member States after 1 January 2007: EU-25 plus BG and RO
EU-OSHA	European Agency for Safety and Health at Work
Eurostat	European statistics — the Statistical Office of the European Communities
EWCO	European Working Conditions Observatory
EWCS	European Working Conditions Survey
Great Britain	The term used for the island containing the adjacent nations of England, Scotland and Wales
HII	Health Impact Index

Term	Definition
HPS	Health Promotion Switzerland
HR	Human resources
HRM	Human resource management
HSA	Health and Safety Authority
HSE	Health and Safety Executive
HSL	Health & Safety Laboratory
IHM	Integrated health management
ILO	International Labour Organization
INQA	Initiative Neue Qualität der Arbeit (New Quality of Work Initiative)
INSHT	Instituto Nacional de Seguridad e Higiene en el Trabajo (Spanish National Institute of Safety and Hygiene at Work)
KRAMS-factors	Diet, smoking, alcohol, exercise, stress (in Danish: kost, rygning, alkohol, motion, stress)
NGO	Non-governmental organisation
NRCWE	National Research Centre for the Working Environment
MSDs	Musculoskeletal disorders
ODA	Olympic Delivery Authority
OECD	Organisation for Economic Co-operation and Development
OHMM	Occupational Health Maturity Matrix
OSH	Occupational safety and health
PEROSH	Partnership for European Research in Occupational Safety and Health
RDW	Dutch Vehicle Licensing Authority
RTW	Return to work
SECO	State Secretariat for Economic Affairs
SHE	Safety, health and environment
SLIC	Senior Labour Inspectors' Committee
SME	Small and medium-sized enterprise
SUVA	Swiss National Accident Insurance Fund

Term	Definition
SWEA	Swedish Work Environment Authority
SWEM	Systematic work environment management
TC-OSH	Topic Centre for Occupational Safety and Health
THL	Finnish National Institute for Health and Welfare
United Kingdom	The countries of England, Scotland and Wales together with the province of Northern Ireland form the country officially known as 'The United Kingdom of Great Britain and Northern Ireland' or simply the United Kingdom
WAW	Wellbeing at work
WHO	World Health Organization
WHP	Workplace health promotion
WHPEG	Workplace Health Promotion Expert Group

Country codes

Two-letter code	Country
AT	Austria
BE	Belgium
BG	Bulgaria
CH	Switzerland
CY	Cyprus
CZ	Czech Republic
DE	Germany
DK	Denmark
EE	Estonia
EL	Greece
ES	Spain
FI	Finland
FR	France
HU	Hungary
IE	Ireland

Two-letter code	Country
IS	Iceland
IT	Italy
LV	Latvia
LT	Lithuania
LU	Luxembourg
MT	Malta
NL	Netherlands
NO	Norway
PL	Poland
PT	Portugal
RO	Romania
SE	Sweden
SI	Slovenia
SK	Slovakia
UK	United Kingdom

1. Introduction

The work environment, as has been noted constantly over the past two to three decades, is consistent in the changes that have taken place and continue to take place within it. One of the contributing factors to these changes is that countries across the world are more accessible because different modes of travel, some of them relatively inexpensive, are available and borders are opening across continents and between neighbouring countries. Given this, migration rates, especially from less developed to more developed countries, continue to rise. Along with increasing migration, overall globalisation, the development of new technologies, the move from manufacturing to service-based economies, the ageing workforce and population, an increase in the number of women in the workforce, and the transformation of work patterns have led to a workforce where psychosocial risks have increased in priority. There is a need to keep employees healthier, which in turn could increase the length of time spent in the workforce and thereby assist with some of the factors mentioned above, such as the ageing workforce. Occupational safety and health (OSH) addresses the safety and health of the workforce; while the 'health' aspect is as relevant as the 'safety' aspect in ensuring workplace wellbeing, at times this may not be reflected in the policies within organisations.

However, the concept of wellbeing in the context of the workplace has different meanings within and across organisations and countries. This may be influenced by cultural and societal processes and constraints and also in how the concept has developed over time. Some researchers and stakeholders prefer the simple approach, such as focusing only on the mental wellbeing of workers, but others, including those at an international level, accept that the term is multifaceted and will incorporate work and personal characteristics. For example, the International Labour Organization (ILO) notes that:

Workplace Wellbeing relates to all aspects of working life, from the quality and safety of the physical environment, to how workers feel about their work, their working environment, the climate at work and work organisation. The aim of measures for workplace well-being is to complement OSH measures to make sure workers are safe, healthy, satisfied and engaged at work. Workers [sic] well-being is a key factor in determining an organisation's long-term effectiveness. Many studies show a direct link between productivity levels and the general health and well-being of the workforce [1].

Another definition of wellbeing at work (WAW) in the literature has a stronger focus on what the employee could achieve when supported by the organisation, i.e. 'creating an environment to promote a state of contentment which allows an employee to flourish and achieve their full potential for the benefit of themselves and their organisation' [2].

A few definitions have arisen from within the European Union (EU), but one used by the European Working Conditions Observatory (EWCO) incorporates productivity: 'Well-being at work means safe, healthy and productive work in a well-led organisation by competent workers and work communities who see their job as meaningful and rewarding, and see work as a factor that supports their life management' [3]. This definition expands the WAW concept to include 'life' and thus non-work elements, thereby highlighting that WAW may not necessarily be confined to the work environment. The development of this definition is explored further in Section 2.5.2

Another definition to be considered from a European perspective explores the links between workplace wellbeing, productivity and population wellbeing. It notes that WAW should not be confined to what occurs at work, as the traditional lines that separated work from non-work actions are blurring with the (re)organisation of the workplace, such as through telecommuting. This model that is being developed is working from the principle that 'well-being is a summative concept that characterises the quality of working lives, including occupational safety and health (OSH) aspects, and it may be a major determinant of productivity at the individual, enterprise and societal levels' [4].

As the ILO's and the European definitions show, there is a focus on the link between wellbeing and productivity and this link is reflected in the literature to a greater extent [5]. One theory, that a happy worker is a productive worker, is promoted extensively. This is supported by changing trends in the workforce, including the search for work 'actualisation', which in turn is assisted by increasing choice of where one could work [5]. These are some of the factors that will be explored in this report.

## 1.1.	Scope and aim of the report

The term 'wellbeing at work' (WAW), or a loose translation thereof, has been widely used within the literature over the years and there is broad agreement that it is very influential, in terms of both the health of workers and the productivity and profitability of business [6–10]. WAW has also gained academic recognition and is the subject of extensive international research [6] [11]. However, although it is a well-established term, to date a single definition has not been found that is universally agreed [11]. Country-specific definitions are still the norm [12].

The aim of this present research was to assess the status of WAW across the European Union (EU) Member States to consolidate a European definition of wellbeing at work. Specifically, the European Agency for Safety and Health at Work (EU-OSHA) commissioned its Topic Centre for Occupational Safety and Health (TC-OSH) to determine how the WAW concept is approached at the national, European and international levels. This included an assessment of the terms and synonyms used; the definitions agreed; the components that WAW covers (e.g. OSH, occupational health services, workplace health promotion (WHP), return to work); legislation, policies, strategies, programmes and/or other initiatives in place; which players are involved and who takes a lead; the success stories/examples from the Member States; and any other issues or concepts that may be relevant.

## 1.2.	Method

Three main ways were used to gain information on the concepts of WAW:

1. stakeholder involvement in the form of the outcome from the third EU-OSHA Workplace Health Promotion Expert Group (WHPEG) Meeting [13], as well as a later request to the members;

2. a request from EU-OSHA to the focal points([1]) National OSH Authorities; and

3. desk-based research.

### 1.2.1.	The stakeholder involvement

The stakeholder involvement comprised meetings held by EU-OSHA's working groups: WHPEG and the Prevention and Research Advisory Group (PRAG). A draft project proposal was presented at the PRAG meeting in September 2011, followed by a discussion of WAW at the WHPEG meeting in November 2011. At the meeting, the WHPEG members worked within groups to draw out and compile terms and phrases that were relevant for their respective countries.

1.2.2. The questionnaire

Based on the responses gained from the WHPEG discussion in November 2011, a questionnaire was drafted and sent to the Agency for comments before finalising. This questionnaire was sent to the WHPEG members, to validate their responses from the November meeting and for them to add any additional information that they deemed necessary, and to EU-OSHA's focal points, to obtain their perspectives on the definitions and information on policy, programme and practice that were available

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([1]) The focal points are nominated by the government in each of the Member States as EU-OSHA's official representative in that country. The focal points are typically the competent national authority for safety and health at work and are primary contributors to the implementation of the EU-OSHA's work programmes. Each focal point manages its own tripartite network comprising government bodies and representatives from worker and employer organisations. This network provides input to the EU-OSHA's work and is the mechanism for disseminating products and information to national stakeholders. In addition, the focal points are active in the planning and implementation of EU-OSHA campaigns as well as nominating national experts to the agency's groups and seminars (http://osha.europa.eu/en/oshnetwork/focal-points).

in their respective countries. Accordingly, the questionnaire, presented as Annex 1, was sent to the EU-27 Member States, in addition to Iceland, Norway and Switzerland.

The response from the Member States was good, but some countries did not provide responses (Bulgaria, Malta, Norway, Portugal, Slovenia and Sweden). However, the literature was reviewed to determine if any material related to the concept in these countries was available.

1.2.3.   The literature

Desk-based research was used to assess the literature published throughout the EU on the subject of WAW to gain an insight into how the concept was being implemented and developed in each country and to identify similarities and differences.

The information and data reviewed in the report were sourced from structured databases, e.g. EU statistical databases, and from peer-reviewed journals, peer-reviewed research and reports. The authors also used grey literature ([2]) to facilitate the assessment of reports and research that may not have been covered during searches of established electronic databases and to allow a broader, more comprehensive assessment of WAW.

The structured literature search involved the following comprehensive databases, in addition to the *Work and Stress* journal: OSH-ROM, OSH Update, Ergonomics Abstracts and Psychological Abstracts (PsycInfo). The search involved the use of the main term 'wellbeing at work', which was cross-referenced with the following terms. These terms were selected because they impact on WAW within organisations, as the researchers have found in previous assessments of this area:

- Changing world of work
- Fatigue
- Flexible working hours
- Forms of work organisation
- Health promotion
- Healthy lifestyle
- Ill health and accidents
- Industrial diseases
- Intensity of work
- Lack of control
- Mental health disorders
- Mental wellbeing
- Monotonous work
- Musculoskeletal disorders
- Occupational illness
- Organisation of work
- Participation
- Performance monitoring and rewards
- Physical wellbeing
- Psychiatric disorders
- Psychological and organisational hazards
- Psychosocial work demands
- Rehabilitation
- Return to work

([2]) Grey literature is authoritative primary scientific report literature in the public domain, often produced in-house for government research laboratories, university departments or large research organisations, and yet often not included by major bibliographic commercial database producers.

- Role ambiguities
- Role conflicts
- Social support
- Social wellbeing
- Stress
- Task rotation
- Work and workers
- Work environment
- Work–life balance
- Work motivation
- Work processes
- Workload
- Workplace facilities.

The initial search realised 303 abstracts (Table 1). The abstracts were reviewed for their relevance, such as discussions on policy, prevention and practices applied within the work environment, or discussion of the concept at the EU or country level. The full articles were requested where relevant, but not many full papers were identified that were appropriate for this particular project.

Table 1: Initial structured database searches for WAW in Europe

Database	Search (*)	Results
OSH-ROM	1	44
OSH-ROM	2	134
OSH Update	1	35
OSH Update	2	20
Ergonomics Abstracts		50
Psychological Abstracts (PsycInfo)		20

(*) Search 1 for OSH-ROM used a cross-term of European Union and the United States. Search 2 used a cross-term of individual EU countries because Search 1 did not realise any articles relating to individual countries such as the Netherlands, Sweden etc. Search 1 for OSH Update was restricted to four of the databases within OSH Update; Search 2 increased the number of databases accessed to six and used a broader term of workplace health and wellbeing.

In addition to the structured search, the Google search engine was used to identify any other relevant information. The search terms used were taken from the questionnaire responses for each country. These searches identified various papers and reports, some of them from the grey literature, that are used in the present report.

The literature review is presented at Annex 5.

1.3.   Limitations of the research

This report assessed the concept of WAW across the EU Member States and three other countries within Europe to determine its homogeneity across Europe. However, as the material is defined by the respondents, it should not be seen as leading to definitive perspectives on and concepts of WAW within Europe. The concept continues to evolve and is influenced by various inherent and extraneous factors. This report should be viewed as one assessment of a concept that will change as countries within Europe change and adjust their focus to the work environment.

1.4.   Structure

The report includes an analysis of the questionnaire responses and a literature review, as outlined in Sections 8.4 and 8.5.

The report is structured as follows:

Chapter 1: Introduction

Chapter 2: The concept of wellbeing at work

Chapter 3: A country perspective on wellbeing at work in Europe

Chapter 4: Applying wellbeing at work in the EU: exploring case studies

Chapter 5: Discussion and conclusions

Chapter 6: References

Chapter 7: Glossary

Chapter 8: Annexes

Annex 1: Questionnaire

Annex 2: Further reading - general

Annex 3: Overview tables of the concepts by countries

Annex 4: Summaries of the responses of the focal points and Workplace Health Promotion (WHP) expert group

Annex 5: Literature review of countries

2. The concept of wellbeing at work (WAW)

Wellbeing at work is a complicated concept, which depends on physical, emotional and social factors, both inside and outside the workplace. It involves many different roles (e.g. occupational health, occupational safety, human resources (HR) services, senior management, line management, health services, trade unions and labour inspectors), each having a different motivation for improving and promoting WAW. Different occupations and workplaces will have their own particular WAW requirements and priorities; the needs of a lorry driver may be very different from those of a shop worker. Furthermore, the outcomes of WAW initiatives, i.e. employee wellbeing, are very subjective and an initiative that works well for one lorry driver may be of little or no benefit to another lorry driver. These complexities make WAW very hard to define and measure, but research has been carried out to develop a better understanding of the concept and to gain a consensus on the subject [6] 14–17.

It is important to note that the term 'wellbeing' as it relates to individuals is multifaceted, inclusive of the *hedonic* approach to achieve 'happiness' and the *eudaimonic* approach in order to attain 'self-realisation' [18–20]. Some researchers have advocated that wellbeing should be accepted as multifaceted, incorporating elements from both the hedonic and eudaimonic approaches [20]. Moreover, these two approaches are seen to be distinct from physical health [18] [19].

While most of the research has used the term 'wellbeing at work' as the top-level concept that consists of different aspects, research based on the Gallup polls in the USA has led those researchers to propose that WAW should be assessed through five elements that all lead into overall WAW [21]: (1) social wellbeing – having strong and loving relationships; (2) community wellbeing – this is realised when organisations invest in their employees, who in turn invest in their communities; (3) financial wellbeing – organisations could help employees achieve this element when they provide financial advice that contributes to successful money management, and thereby feelings of financial security; (4) physical wellbeing – organisations could assist by incentivising healthy behaviours, such as providing healthy food, which in turn contribute to the good health and increased energy of employees; and (5) career wellbeing – achieved through the development of employees who are then more likely to engage customers, as they like their jobs.

These initial discussions illustrate that the concept continues to evolve and may continue to do so as organisations and societies change.

2.1. Why focus on WAW?

While WAW is the preferred option for all organisations, in reality workers may at some point in time suffer from illnesses, feel unsatisfied or not see their job as meaningful and rewarding. Work could improve workers' physical and mental health, their self-esteem and overall quality of life [22], but conversely it could have adverse effects on the aspects mentioned above [23]. The negative impacts on employees and organisations include ill health at work, which could manifest as job strain [24], which could be a contributor to heart disease [24–28]. Poor health increases sickness absence and presenteeism levels in organisations [29]. These are conditions that could 'remove' employees from the organisation, which may in turn limit the organisation's growth. More importantly, it is important to accept that wellbeing is not necessarily the absence of mental illness [20]; it incorporates not only mental and physical states, but the emotional and social facets of workers' being [30].

Conversely WAW could improve an organisation's long-term performance [30], its productivity [30], the commitment of employees [30] and its brand [30], facilitate improved retention [30], as well as higher resilience of employees [30], reduce sickness absence levels [30] and the number of accidents [30], and thereby assist in a positive work environment [32].

2.2. Factors influencing WAW

The following section outlines three approaches of the various elements that contribute to WAW. These approaches are by no means definitive, but they allow overviews of the different perspectives involved in the concept and illustrate its breadth and dynamism.

2.2.1.   One positive approach: a psychologically healthy workplace

There are various factors that could impact on wellbeing when at work, and some of these are shown in Figure 1: work–life balance, employee involvement, health and safety, employee recognition, employee growth and development, and communication.

The model highlighted in Figure 1 includes OSH as one of the factors that contribute to employee wellbeing, thereby acknowledging the importance of this dimension to the workplace. This type of 'positive approach' could lead to a *positive work environment*; i.e. one with engaged employees who are passionate about their work, which is reflected in the pride and professional attitude with which they interact with clients and the supportive and collaborative relationships they have with work colleagues [32].

Figure 1: The psychologically healthy workplace

Source: © 2008 American Psychological Association. Used with permission. For more information about APA's Psychologically Healthy Workplace Program, visit http://www.apaexcellence.org/ [33].

In this model, communication links with all the other elements, showing the need for dialogue in moving processes forward. These elements in turn link with *employee wellbeing* and *organisational functioning*, which stresses the interdependence of these organisational processes and procedures on each other for growth and to achieve an active and functional environment.

2.2.2.   WAW: expanding the concept beyond the 'norm'

Various other factors that are not normally considered in the initial assessment of WAW have been shown to contribute to its improvement. One of these factors that could work to influence WAW is organisational identification [34]. Depending on the degree to which this occurs, it could have either a positive or a negative effect on an employee's wellbeing [34]. Other factors include social capital, which has been shown to increase physical and emotional health [35], as well as conflict management [32]. This last factor could be linked to the perceptions of fairness and justice that are perceived within organisations. Kelloway and Day [36], in considering those issues that contribute to a healthy workplace, noted the usefulness of including the following: justice, including procedural (fairness

around procedures), distributive (individual's perception of the fairness of outcomes) and interactional (the degree of perceived fairness in the interpersonal treatment that a worker receives) [37]; workplace mistreatment consisting of verbal abuse, work obstruction and emotional neglect [38]; organisational safety in respect of an organisational culture that promotes open discussions of safety issues [39]; and the promotion of forgiveness in the workplace, as this increases pro-social relationships [40]. Research has linked ill health with some of the factors listed; for example, unfairness has been found to increase coronary events and poor mental functioning [41].

All of these factors do not operate in isolation from each other. Recognising this promotes the usefulness of a holistic approach in moving forward with the concept.

2.2.3. Workplace innovation, occupational safety and health (OSH) and WAW

The concept of workplace innovation has received an increasing amount of (academic) attention over the last few years [42] [43]. One definition acknowledges the term as those 'strategically induced and participatory adopted changes in an organisation's practice of managing, organising and deploying human and non-human resources that lead to simultaneously improved organisational performance and improved quality of working life' [43] [44]. It relates to social innovation, i.e. 'new ideas that work', at an organisational level, and is regarded as complementary to and conditional on technological innovation. Further, it deals with organisational as well as job design, and is about the renewal of work organisation, labour relations and network relations.

Pot [45] stresses that workplace innovation and OSH are not the same, and should not be confused, especially as they consist of distinct policies and approaches, with different goals and tools. Given these distinctions, while a reduction in the rates of absenteeism, work-related ill health and accidents is not the primary goal of workplace innovation, by applying organisational and job (re)design, job autonomy can be increased, stress risks and physical workload lowered, labour relations improved and continuous development of competences enforced, which might eventually enable the outcomes listed above to be met in an indirect way. This is illustrated in Figure 2.

Figure 2: WAW as the overlap of OSH and workplace innovation
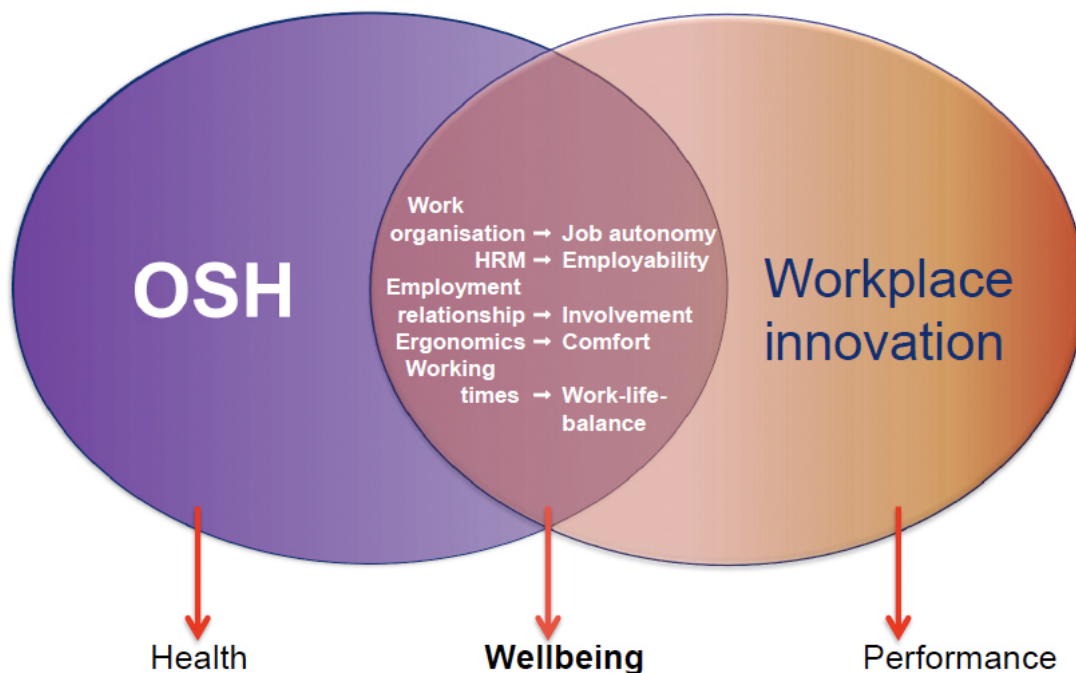
Source: Pot (2012) [45] - HRM, human resource management.

On its own, OSH management can prevent productivity loss, accidents and absenteeism, and promote worker health and wellbeing. Workplace innovation, in turn, can enhance productivity, financial results and creativity as well as worker wellbeing. Combining both OSH management and workplace innovation might therefore produce the 'best' results [44]. WAW can, therefore, be seen as an eventual and overlapping outcome of OSH and workplace innovation, which may then result in improved job autonomy, employability, involvement, comfort and work–life balance [45].

2.3. Measuring WAW

There are different ways that have been proposed to measure WAW. The information that follows is not a detailed assessment of the instruments and tools that have been developed to measure WAW, but it provides an overview of how the concept is viewed in gaining a quantitative measure of what it entails. In addition, much of the research that reports on the measurement of wellbeing uses the same or similar instruments.

The tools and instruments used to date at an organisational and individual level tend to be in a questionnaire format. They show that WAW could focus on stress factors that include organisational pressure (i.e. the workplace sources of stress) [46] and strain (i.e. anxiety and depression) [46]. Other scales move across a continuum with two principal axes covering anxiety–contentment and depression–enthusiasm, to arrive at an assessment of *affective* wellbeing. Anxiety–contentment could be shown through individuals being tense, worried or relaxed, while depression–enthusiasm could be shown through being depressed, cheerful or optimistic [47]. One review, in considering the many ways of measuring WAW, highlights the use of short tools, i.e. a one-item indicator to gauge job satisfaction, as well as a five-item indicator, the WHO's well-being index (WHO-5) [29] [48], which gathers information on psychological wellbeing, that are useful within organisations.

Other ways to measure wellbeing that are not work specific involves assessing individuals' positive mood, negative mood and life satisfaction [49]. This last measurement could be linked to the hedonic and eudaimonic aspects of wellbeing.

The measurement of WAW may need to take into account also the specific demands of any one profession, for example nursing, where emotional labour is a predictor of ill health among this group of workers [30].

At the national level, when wellbeing is measured it tends not to focus solely on one aspect; WAW is only one of the measures that would be assessed [50]. At this level, wellbeing will focus more broadly than just on the work environment; it encompasses the social, environmental and physical aspects and will lead into policy development [50].

In addition, at the national level, the objective measures tend to be arbitrary and tend not to be those used within the work environment, for example assessing life expectancy and educational achievements [51]. Moreover, when an objective measure such as income is used, it has resulted in a weak relationship between that measure and one of self-reported happiness [52], especially as happiness is seen as one indicator of wellbeing. Subjective wellbeing is used at the national level and refers to positive feelings about an individual's life and self. In the EU in 2010, it was measured through a happiness index or a life satisfaction index, thereby obtaining individuals' evaluations of the quality of their lives; allowing an external check on economic indicators; and gauging the success of policies aimed at increasing social cohesion and social inclusion [53].

Some countries have put processes in place to collect consistent and comprehensive national wellbeing measures. In the USA, 1 000 individuals are interviewed each day, while in the United Kingdom and Germany 1 000 individuals are interviewed each month. The measures are consistent across the countries: Life Evaluation, Emotional Health, Physical Health, Healthy Behaviour, Work Environment and Basic Access. These interviews allow the collection of real-time measures and provide insights into areas that could be improved, thereby leading to better health and wellbeing, increased productivity and lower healthcare costs [54–56].

It is important to note that the literature has been prolific in the last 30 years in respect of assessing the *job demands resources model* as it pertains to workers' wellbeing (i.e. job strain). The measures used have included those from Karasek's 1979 model, which contributed to the development and refinement of defined measures of decision latitude, job demands, job control and work support [57–

61]. Another model that has significantly influenced the testing of workers' wellbeing within the same period is the *effort–reward imbalance (ERI) model*, which explores the difference between the *effort* that workers put into their jobs and the *reward* that they get in return from the job or organisation [62–65]. The model posits that, when workers expend high efforts but then receive low rewards, this is likely to give rise to continual negative emotions, which will manifest as sustained stress responses. On the other hand, when the effort–reward imbalance is reversed, the worker will develop positive emotions and thereby experience wellbeing, health and survival [64].

Some of the other models that have influenced how workers are evaluated in terms of their WAW, albeit with a strong focus on 'work stress', include the *person–environment fit model* [66], which suggests that workers' skills and abilities should fit with their work environment in order to maintain their health; the *job characteristics model*, which states that job characteristics, such as skill variety and autonomy, promote 'critical psychological states' such as meaningfulness that facilitate outcomes such as higher motivation and job satisfaction, with lower levels of absenteeism [67]; and the *vitamin model*, which links job characteristics to mental health in a similar way to how vitamins function in the human body, wherein some job characteristics (e.g. salary, safety and task significance) tend to have a constant effect and improve health up to a threshold, while other job characteristics (e.g. job demands, autonomy and social support), depending on the quantity, i.e. too much or too little, may result in ill health [68].

This brief overview shows that most measures tend not to focus on any one particular area. The way this has been approached thus far has led to the conclusion that the main challenge with measuring wellbeing is that different conclusions can be obtained depending on the number of factors that are accounted for and then controlled in the analysis, as a more robust outcome would be gained from research that controls for as many factors as possible [69]. One study has noted the relevance of conducting more research to evaluate the impact of outcomes on individuals before committing to a measurement of wellbeing. This was recommended for both the work and non-work environments; from the information provided it could be accepted for the work environment [69].

The measuring of wellbeing has to rely to a large extent on individuals' subjective view of how they feel or believe they are capable of functioning or coping at any point in time, but this subjective assessment could be compared with fairly objective measures such as sickness absence rates.

In addition, there are many other factors that should be taken into consideration. Recent research outlines eight elements that should be addressed in the measurement of wellbeing. These are: (1) whether it should be seen from a *psychological, physiological or social* perspective; (2) whether it should be viewed as a *state* (time specific) or a *trait* (more enduring); (3) its *scope*, i.e. type of setting or range; (4) whether to focus on the *positive or negative aspects* or a combination of the two; (5) viewing them as indicators of *affective wellbeing and cognitive–affective syndromes*, i.e. considering feelings only or including perceptions and recollections; (6) what to assess when *measuring affective wellbeing*; (7) what to assess when *measuring syndrome wellbeing*; and (8) *examining ambivalence*, which includes the temporal aspects, at one point in time or across time [70]. All of the above should work within the context of the split in the concept, i.e. the *well* and the *being* [70] of the worker.

2.4.   Approaches at the international level

2.4.1.   *The World Health Organization (WHO) — Healthy Workplaces*

The World Health Organization (WHO) carried out a systematic review of definitions of healthy workplaces in the global literature as well as policies and practices for improving workplace health. Based on its findings, it proposed the following definition of a healthy workplace [71]:

> *A healthy workplace is one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and well-being of all workers and the sustainability of the workplace by considering the following, based on identified needs:*

- health and safety concerns in the physical work environment;
- health, safety and well-being concerns in the psychosocial work environment including organization of work and workplace culture;
- personal health resources in the workplace; and
- ways of participating in the community to improve the health of workers, their families and other members of the community.

This definition reflects how the understanding of occupational health has evolved from an almost exclusive focus on the physical work environment to the inclusion of psychosocial and personal health practice factors (Figure 3).

In October 2009, the WHO held a workshop attended by 56 experts from 22 countries to review the findings and devise a holistic framework for healthy workplaces and a model of continuous improvement [72].

Figure 3: The WHO Healthy Workplace Model: avenues of influence, process, and core principles
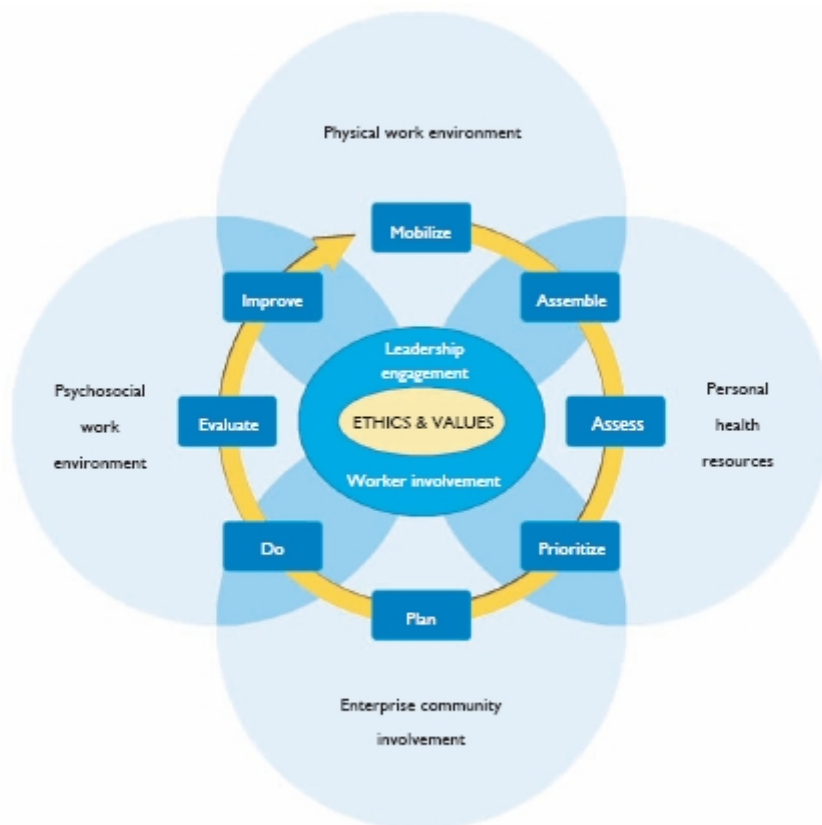
Source: WHO (2010), p. 13 [72].

2.4.2. The International Labour Organization's (ILO) SOLVE Programme

The International Labour Organization (ILO) defines workplace wellbeing as a term that relates to all aspects of working life, from the quality and safety of the physical environment to how workers feel about their work, their working environment, the climate at work and work organisation. The ILO suggests that the aim of the measures for workplace wellbeing is to complement OSH measures: to make sure workers are safe, healthy, satisfied and engaged at work [73].

The ILO's interactive educational programme, SOLVE, is designed to assist in the development of policy and action to address health promotion issues at the workplace. This programme advocates the integration of health promotion into OSH policies to address physical and psychological work-related stressors and promote healthy lifestyles, e.g. good eating, sleeping and exercise habits [73] [74].

2.5. Approaches at the European Union (EU) level

2.5.1. The EU strategy on health and safety at work

In 2002, the European Commission (EC) defined a new Community OSH strategy for the period 2002–2006 [75], based on an overall approach to WAW which took account of changes in the workplace and the emergence of new risks, especially those of a psychosocial nature. In 2007, the EC issued a new OSH strategy for the period 2007–2012 [76], which stepped up its focus to create a situation in which 'work enhances a person's health and wellbeing and in which being able to find and retain a job improves the general health of the population' [76].

The EC's strategy documents acknowledge that the implementation of current European health and safety legislation does not adequately address WAW, and the EC has stated that the European Union's policies on health and safety at work must bring about continuous improvements in the physical, moral and social wellbeing of workers. In particular, it recommends that specific measures be taken to enhance the prevention of occupational illnesses, particularly musculoskeletal disorders (MSDs), and that stress, harassment, depression and anxiety, as well as risks related to dependence on alcohol, drugs and medicines, be better addressed [75] [76].

The Commission wishes to create more 'quality work' and has identified a range of measures to assess job quality; these include the rates of accidents and occupational diseases, as well as job satisfaction and the occurrence of health problems associated with repetitive movements and work intensity [76]. It has also engaged in consultations with social partners on stress at work and has called for research to be carried out on the implications of information technology, the effects of stress, and workplace violence. Recently, the European Foundation for the Improvement of Working and Living Conditions has published a report on the trends in job quality in Europe.[3]

Further, the Commission states that more robust implementation of Community legislation is essential and recognises that WAW is dependent on a wide range of factors, including the design of work equipment and employment policy. It acknowledges, therefore, the influence of Community activities, including Community rules on the manufacturing and marketing of work equipment and chemical products, the EU's employment strategy, and Community policies and strategies on public health, transport and the environment [75] [76].

On 25 June 2007, the Council of the European Union issued a resolution which sets out a number of objectives to better integrate WAW into existing OSH frameworks [77]. It is envisaged that a focus on the wellbeing of workers, and on the specific issues within the work environment, could lead to addressing workplace ergonomics, stress at work, psychological harassment and violence at work [78].

2.5.2. EU WAW project

In 2008, the Finnish Institute of Occupational Health (FIOH) coordinated the EU WAW project, which aimed to produce a completely new European concept of WAW, based on consistent cooperation and dialogue between different partners and groups at the workplace [6]. The FIOH project compared the WAW concept in different EU countries and found that, although most countries based their concepts on the Ottawa Charter on Health Promotion [79] (which was renewed in 2005 by the Bangkok Charter

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[3] http://www.eurofound.europa.eu/publications/htmlfiles/ef1228.htm

for Health Promotion in a Globalised World) [80] and/or the Luxembourg Declaration on Workplace Health Promotion [81], there were variations in interpretation [3] [6]. It concluded that there is a need for national and European networks to bring together all the different WAW topics and proposed that the best definition of WAW is the performance of 'safe, healthy and productive work in a well-led organisation by competent workers and work communities who find their job meaningful and rewarding and see work as a factor that supports their life management' [6].

The project's report describes the WAW concept in Finland, Germany, Romania, Italy and Ireland and proposes the necessary management changes to achieve WAW. This report also presents a self-evaluation matrix that organisations can use to determine the standard of their performance and prioritise their activities to improve WAW [3]. The matrix is based on the six categories of activities and the following three-level classification of quality management: 'good practice', 'high-standard practice' and 'excellent practice'.

Based on the work carried out by FIOH, the following definition was proposed:

> *Wellbeing at work aims for comprehensive actions for promoting the better health, safety, and wellbeing of the workforce, simultaneously with the productivity and success of the company and enterprise.*

This definition includes activities that aim for the 'highest degree of physical, mental and social wellbeing of workers in all occupations' and extends beyond OSH and WHP measures.

2.5.3.   The European Network for Workplace Health Promotion

In 1997, the European Network for Workplace Health Promotion (ENWHP) launched the Luxembourg Declaration on workplace health promotion [81] to help define the concept of WAW in the European Union. ENWHP continues to promote good practice in workplace health promotion (WHP) and advocates the adoption of such practice in all European workplaces [8] [9]. ENWHP sees WHP as a modern corporate strategy that functions as an investment in the future for organisations, as it helps to prevent ill health at work as well as enhance and promote wellbeing among the workforce [81].

Between 2005 and 2007, ENWHP and FIOH worked in collaboration on a project named 'Workplace Health Promotion, National Health Policies and Strategies in an Enlarging Europe' to review WHP within the EU. They published a report entitled *Workplace Health Promotion in Europe: The role of national health policies and strategies* [10], which identified that one of the main challenges is to develop strategic directions that are shared by key stakeholders (groups of workers, enterprises, individuals and managers) for policy-making. The report concluded that the development of effective WHP programmes at national, regional and local levels requires monitoring and evaluation to optimise the approach, but acknowledged that the outcomes of WHP programmes are difficult to measure. To gain a more global picture of WHP in European countries, the report recommended that comparable information should be developed and an adequate conceptual framework to guide data collection be established [10].

2.5.4.   PEROSH: wellbeing and work

The Partnership for European Research in Occupational Safety and Health (PEROSH) sought to develop a consensus view about various aspects of WAW by undertaking a Delphi study amongst 13 member institutes from throughout Europe [82]. The study showed that, among the 13 members, WAW was considered to be a subjective state typified by optimal social functioning and dictated by many work-related factors. There was also consensus that good work has a role to play in improving physical health, and that WAW initiatives should not only prevent negative workplace factors, but also enhance positive ones. There was little multidisciplinary consensus on the definition of wellbeing and only moderate consensus that wellbeing can be measured using currently available techniques [11].

PEROSH has developed a 'Wellbeing Tree' model for informing employers about the scope of WAW.

2.5.5. The European Agency for Safety and Health at Work (EU-OSHA)

EU-OSHA has produced a variety of research assessing WAW, and this continues with this present report.

Most of the recent data to emerge from the Workplace Health Promotion Expert Group (WHPEG) meeting in November 2011 highlight that WAW incorporates WHP and OSH and enhances quality of life. The WHPEG consists of members from EU Member States, as well as representatives from social partner organisations, the EC, ENWHP, the ILO and the WHO.

Figure 4: Linking WAW to workplace programmes
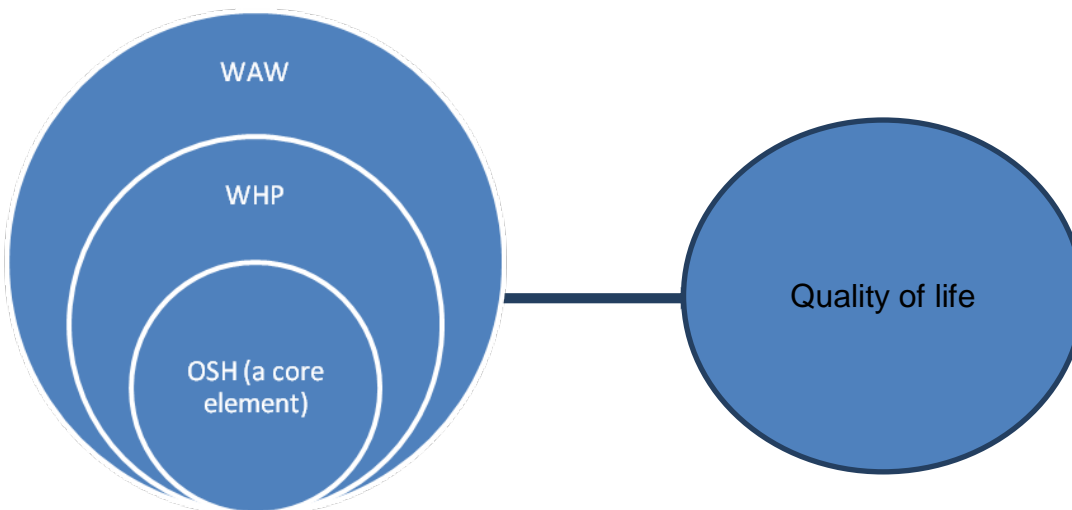
Source: EU-OSHA (2011), p. 12 [13].

2.6. Overview of the concepts and of the approaches

The material discussed in this chapter highlighted the multifaceted nature of WAW. It can be hypothesised that it is no longer appropriate to define WAW from only one perspective, based either solely on psychosocial issues or solely on mental issues, but one should take account of the practical aspects of the workplace as well, including WHP and OSH. Moreover, the concept could be viewed as holistic, dynamic and cyclical. Societies are changing and the workforce continues to change. These changes impact on the structure and other characteristics of the work environment and, therefore, the culture of organisations. These factors will be explored as the present report progresses.

3.   A country perspective on wellbeing at work in Europe

3.1. The sample

Thirty-seven questionnaires were distributed to two distinct groups: the Workplace Health Promotion Expert Group and the EU-OSHA focal points. This ensured coverage of the 27 European Union Member States as well as Iceland, Norway and Switzerland, together with the ILO, the WHO, ENWHP and the EC.

Twenty-three completed questionnaires were returned, but because of the 'looseness' of the topic some of them did not provide detailed responses to each of the questions. Annex 3 provides a synopsis of the responses, with Annex 4 outlining the focus of WAW within each specific country.

3.2. Defining WAW within Europe

This analysis allowed an initial assessment of the perception of WAW in the individual countries within Europe and the policies, programmes and work practices that they have in place to allow the development and promotion of the concept. It is important to note that these responses were provided from two specific groups and may not represent the full view of WAW within any specific EU country.

A review of the 23 questionnaire responses identified a number of similarities between the various countries and some key differences, allowing an insight into how the concept of WAW was being interpreted and implemented in the following countries: Austria, Belgium, Cyprus, the Czech Republic, Denmark, Estonia, Germany, Finland, France, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, the Netherlands, Poland, Romania, Slovakia, Spain, Switzerland and the United Kingdom.

The respondents reflected that an official definition did not exist in many of the countries (Figure 5). However, this does not mean that there was not a perception of what WAW entailed. For example, Austria used the Luxembourg Declaration regarding health promotion in the European Union [81] in moving forward with the concept.

Figure 5: Existence of official definition of WAW within European countries
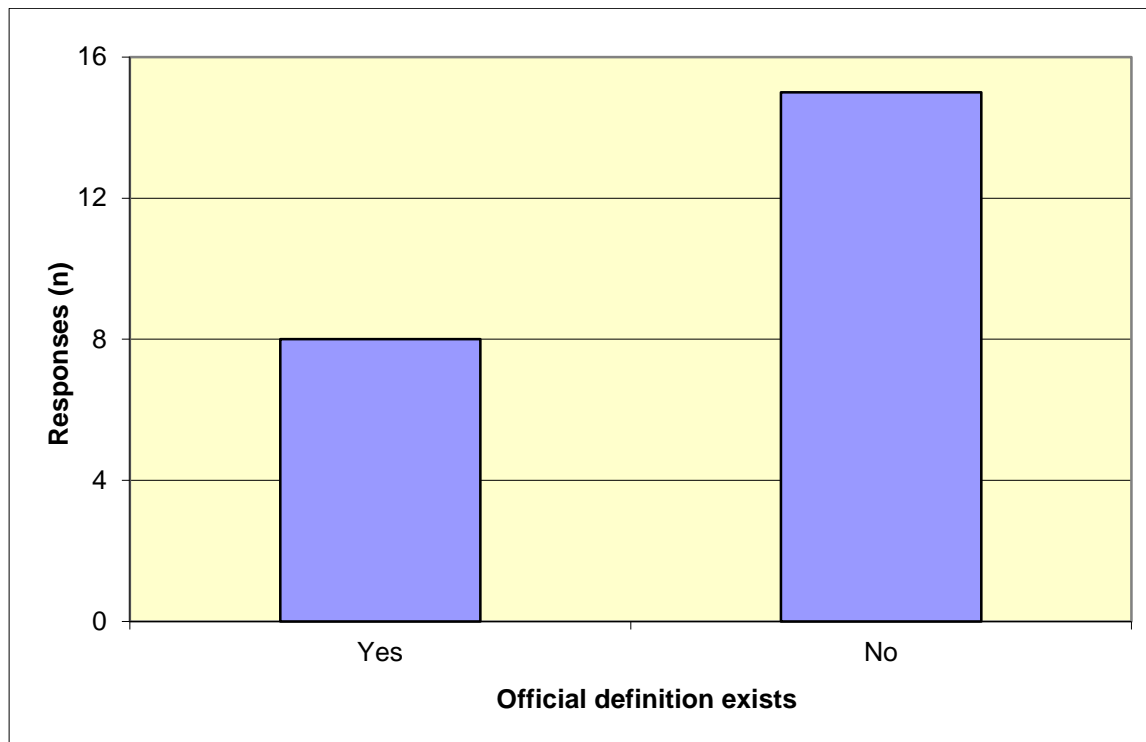
Some of the respondents reported as many as 11 different terms to describe WAW. None of the translated terms were unique to a particular country, with the most commonly used terms being:

- job satisfaction;
- good/fair working conditions;
- quality of work; and
- health at work.

Just over one-third ($n = 8$; BE, FI, IE, IT, LU, RO, SK, ES) of respondents claimed that an official definition for WAW was in place within their country. The definitions reported are shown in Table 2. In fact, the majority of definitions listed are not for WAW but for associated terms or synonyms, such as occupational health and organisational welfare. It is also not possible to verify the validity of any definitions that were provided without a source. Therefore it appears that only Belgium, Ireland and Luxembourg have truly 'official' definitions for WAW.

Some respondents that did not have an official definition at present aspired to gain one, whereas others felt that WAW could not be absolutely defined, as it needed to be flexible to address the needs of a diverse and ever-changing workforce. This seems to have been taken into account by the Irish and Belgian definitions, as they are both rather open-ended and try to set out the broad scope of the topic. A number of unofficial/working definitions are known to be in use. The Cypriot respondent reported that, although there was no official definition of WAW, an adaptation of the Luxembourg Declaration definition of WHP had been adopted. According to this, the health and wellbeing of people at work is improved by the combined efforts of employers, employees and society. Other working definitions in addition to those listed by the respondents include one proposed by Waddell and Burton, who define wellbeing as a subjective state of being healthy, happy, contented, comfortable and satisfied with one's quality of life. It includes physical, material, social, emotional ('happiness'), and development and activity dimensions [84]. Others include one by the Institution of Occupational Safety and Health (IOSH) that uses the Chartered Institute of Personnel and Development's (CIPD) definition, which sees WAW as 'creating an environment to promote a state of contentment which allows an employee to flourish and achieve his/her full potential for the benefit of themselves and their organisation' [2].

Table 2: Definitions of WAW by European country

Country	Official definition of WAW provided by respondents	Source
BE	Wellbeing: the entirety of factors regarding the circumstances under which work, as referred to in the second paragraph of Article 4 of the 1996 law on WAW, is carried out. The King may impose on the employers and workers any measures necessary for the wellbeing of the workers at work. Wellbeing measures include: work safety; protecting workers' health at work; psychosocial load caused by work, including violence, harassment and sexual harassment at work; ergonomics; work hygiene; embellishing the workplaces; and the enterprise's measures regarding the natural environment, relating to their influence on the other wellbeing measures	Law of the 04/08/1996, the law on WAW, articles 3 and 4
FI	Good management: Good management of wellbeing, work ability, mental health, safe working conditions, promoting a healthy lifestyle, and WHP	Not given

Country	Official definition of WAW provided by respondents	Source
IE	Workplace health and wellbeing is a state of being for each employee and employer which enables each individual to reach his/her full potential in the workplace by ensuring his/her work ability through the promotion of mental, physical, emotional and psychological health and wellbeing. It includes the prevention of all types of illness and disease in these areas, the promotion of workplace health activities and the rehabilitation of individuals who experience such illness and disease so as to facilitate and support their return to employment	HSA's 2008 Workplace Health and Wellbeing Strategy
IT	The term 'organisation welfare' means: the set of core cultural processes and organisational practices driving the dynamics of coexistence at the workplace by promoting, maintaining and improving the quality of life and the degree of physical, psychological and social wellbeing of the working community	Avallone and Bonaretti (2003) [83]
LU	The employer must take all measurements to ensure and improve the protection of the physical and mental health of the workers, in particular by ensuring adequate ergonomic work conditions, by avoiding as far repetitive work as possible, by organising work in a suitable way and by taking the necessary measures so that the workers are protected efficiently from the emanations resulting from cigarette smoking by others	The transposition Act of Directive 89/391/EC confers the 'legal version' of 'wellbeing at work'
RO	A happy state, good condition, rich life of the individual, organisation, enterprise, institution. Individual level: includes much more than working life (the person is at the centre of the concept of wellbeing). Organisational level: OSH management and other organisational measures such as career opportunities. Societal level: different fields including education, policy, financial issues etc.	Not given
SK	For improvement in the culture of work and working environments, the employer shall create adequate working conditions and shall attend to the appearance and arrangement of workplaces, social facilities and personal sanitation amenities	Article 151 of Labour Code
ES	Occupational health aims to achieve the highest degree of physical, mental and social wellbeing for workers regarding the characteristics and risks of the workplace, the work environment and its influence on the environment, promoting prevention, diagnosis, treatment, rehabilitation and adaptation with regard to pathology produced by	Spanish Public Health Act (Law 33/2011 of 4 October, Surgeon General (BOE

Country	Official definition of WAW provided by respondents	Source
	or related to work	10/05/2011))

Despite the lack of a consistent definition of what WAW entails, and, indeed, the majority of EU Member States seeming not to have a national definition at all, there were striking similarities in the scope of WAW (the elements that this concept includes) reported for most EU countries, in the sense that it was broad and had no predetermined boundaries. The vast majority of respondents reported that in broad terms WAW covered physical and mental health, psychosocial issues and the working environment. Physical health featured far more prominently than mental health according to the respondents from Greece, Hungary, Latvia and Poland. Lithuania was unusual, as its main focus is reported to be on social wellbeing, with some attention being paid to physical wellbeing and only minimal attention to mental wellbeing.

It is difficult to draw direct comparisons given the breadth of the scope, as most respondents were not very specific, and those that were reported the main elements rather than all of them. However, a comparison of the main elements reported provided an interesting insight into what are the WAW priorities for each country. Health promotion was reported to be included within the scope of WAW in most countries ($n = 20$; AT, BE, CH, CY, CZ, DK, EE, FI, DE, EL, IE, IT, LV, LT, LU, NL, PL, ES, SK, UK), as were psychosocial issues ($n = 20$; AT, BE, CH, CY, CZ, EE, FI, FR, DE, IE, IT, LV, LT, LU, NL, PL, RO, ES, SK, UK) and these were by far the most common responses. Musculoskeletal disorders (MSDs; $n = 14$; AT, BE, CH, CY, CZ, DE, IE, LT, LU, NL, PL, RO, ES, SK) and health surveillance ($n = 12$; AT, BE, DK, EL, HU, IE, LT, LU, NL, PL, RO, SK) were also the focus of attention in many countries, whereas return to work ($n = 8$; CH, DK, DE, HU, IE, LT, NL, UK) and lifestyle-related issues ($n = 5$; CY, CZ, EL, PL, SK) attracted less attention. Notably, training ($n = 4$; AT, FR, RO, SK) and equality ($n = 2$; IT, SK) appeared to be the focus of surprisingly little attention.

Government organisations and agencies, social partners, trade unions, insurance companies and research institutions were reported to be the leading/contributing organisations dealing with WAW. There is often more than one government organisation involved, with most countries having a department for work, a department for health and a department for social affairs dealing with WAW. A number of large companies were also reported to have significant dealings with WAW, running their own campaigns and/or helping with the development of good practice.

All of the countries surveyed had legislation relating to some elements of WAW but the majority of this legislation appeared to be based on EU directives and merely set a minimum standard. In Denmark and the United Kingdom, employers have a legal responsibility to assess their activities and implement control measures to protect their employees' safety and health (including mental health). The Belgian Wellbeing at Work Act was the only legislation which specifically covered WAW in a reasonably comprehensive manner.

Each country reported having a WAW strategy in place; some appear to be quite general whereas others target specific issues, such as mental health. The lead organisations in each country appeared to be government organisations.

Also, each country reported undertaking a number of activities to improve WAW; these ranged from campaigns to prevent negative factors, to initiatives to implement positive factors.

A number of different challenges for WAW were reported, but all of these are likely to be equally applicable for all countries. They included:

- social problems and stress due to financial crisis;
- keeping momentum in tough economic times;
- the poor health of the general population;
- getting all stakeholders to work together;
- engaging effectively with small and medium-sized enterprises (SMEs);
- influencing healthcare professionals so that work has recuperative effects;
- implementing lessons learned; and
- improving people's understanding of WAW.

3.3. Structuring WAW within Europe

The respondents were asked to provide information on the strategies, legislation, initiatives and programmes, if any, with regard to WAW that existed in their countries.

All of the respondents reported having legislation in place relating to some elements of WAW. The national legislation tended to be based on the *Framework Council Directive 89/391/EEC of 12 June 1989*, which sets a minimum standard for this, requiring employers to make an assessment of the risks to workers' safety and health, and mitigate those risks as far as possible. This national framework legislation was mostly referred to as the national 'OSH Act' (and related regulations), although some countries adopted an alternative name, such as the Dutch 'Working Conditions Act' ('Arbeidsomstandigheden') or the Danish 'Working Environment Act' ('Arbejdsmiljø'). In Belgium, this legislation is literally called the 'Act on Wellbeing of Workers in the Performance of their Work' or, in its short form, the 'Wellbeing at Work Act' ('Welzijn op het werk' in Dutch, 'Bien-être au travail' in French). This Belgian WAW Act defines that, in order to strive for WAW, measures need to be taken in seven specific domains: (1) occupational safety, (2) protecting workers' health at work, (3) psychosocial workload, including violence, harassment and sexual harassment at work, (4) ergonomics, (5) occupational hygiene, (6) embellishing the workplaces and (7) organisational measures regarding the natural environment in relation to their influence on points (1) to (6). Apart from Belgium, none of the respondents noted that they had in place explicit legislation regarding the concept of WAW in its entirety.

In addition to these national OSH framework regulations, some country respondents also mentioned national regulations with regard to working time (e.g. PL), heavy workload (e.g. PL) and the prohibition of smoking in the workplace (e.g. EL). National (and regional) Acts on public health (e.g. HU, ES), occupational health services (e.g. HU, PL), employment contracts (e.g. EE), accident insurance (e.g. CH), health insurance companies (e.g. AT, CZ) or a national prevention fund (DK) have been referred to as WAW-related legislation as well.

In the United Kingdom, the Health and Safety Executive (HSE) worked in partnership with the social partners to build upon the existing legislative framework and develop the Management Standards for work-related stress. The approach set out in these Management Standards is a preventative one that encourages employers and employees to work together to identify risk factors and then develop specific, effective and practicable solutions to minimise these risks. The Management Standards have been designed to raise competence levels, improve wellbeing and performance in the participating organisations, and capture good practice.

Each country reported having a WAW strategy ([4]) in place; some appear to be quite general (i.e. the respective national strategies in OSH and/or public health), whereas others target specific issues, such as mental health (e.g. DK, DE, PL, ES, UK), workplace health promotion (e.g. DK, DE, ES, CH, UK), demographic change (e.g. UK) or equal opportunities (e.g. SK). The lead organisations in each country appeared to be government organisations, at federal, regional and/or local level. Some country respondents (e.g. DK) referred to national monitoring schemes as well, which use employee surveys to examine various employee health indicators, including WAW.

In Germany, the federal government has published recently a national strategy on demographic change, explicitly announcing that the government will strengthen policies and strategies focusing on, amongst other things, workplace health promotion. The German Social Health Insurance System has set up national WHP targets which form the basis for investments in WHP based on a clear legal framework defining a minimum expenditure level for WHP as a part of the national healthcare budget.

The United Kingdom reported on the development of a specific, strategic and holistic approach towards the health and wellbeing of the working-age population (as shown in its strategic approach).

([4]) Strategies are plans that are intended to achieve a particular long-term aim, and could be designed and implemented by, for example, governments or organisations (public or private). They are a focused effort to achieve sustainable change.

Strategic approach in the United Kingdom

In the United Kingdom, the first government strategy to focus on the health and wellbeing of the working age population was published in 2005. *Health, Work and Well-being: Caring for our future* led the way for the appointment of a National Director for Health and Work and set out the government's vision for work to be recognised as important and beneficial to health and for the workplace to be a vehicle for health promotion. In 2008, the National Director for Health and Work, Dame Carol Black, published her review, *Working for a Healthier Tomorrow*. The report sets out the economic cost of working-age ill health and delivered a far-reaching range of recommendations to reduce this cost. The government's subsequent response accepted a number of Dame Carol's recommendations, including piloting of early intervention services to make access to work-related health support more widely available (Fit for Work Service, Employment Adviser in Improving Access to the Psychology Therapies Services, Occupational Health Advice Lines for small businesses). Recognising the growing cost of sickness absence in the United Kingdom, the Department for Work and Pensions, with the Department for Business, Innovation and Skills, commissioned an independent review of sickness absence in Britain. Dame Carol, then National Director for Health and Work, and David Frost CBE, former Director General of the British Chambers of Commerce, co-chaired the review, which was published in November 2011. A number of recommendations were made to reduce the burden and costs of sickness absence on individuals and their families, employers and the government. The government's response to the Sickness Absence Review was published early in 2013 and set the future strategic direction for health, work and wellbeing [85–87].

For more information, see http://www.dwp.gov.uk/health-work-and-well-being/resources/

Each country reported undertaking a number of initiatives and programmes to improve WAW ([5]). These ranged from campaigns to prevent negative factors (e.g. work-related stress, sickness absence) to initiatives to implement positive factors. Exemplary activities that were mentioned in the survey are:

- information and/or inspection campaigns on physical (with regard to manual handling and prevention of MSDs/back pain) and/or psychosocial (stress, burnout, harassment etc.) risks at work (e.g. DK, IE, PL, UK); however, proactive inspection is not now taking place in the UK on MSDs and psychosocial risk factors;
- national and sector agreements on different topics such as psychosocial risk prevention and periodic measurement of staff WAW (e.g. DK, FR, NL, UK);
- provision of economic incentives for companies distinguishing themselves in the field of OSH/WAW (e.g. IT);
- information campaigns on OSH-related issues during restructuring processes (e.g. EL);
- initiatives promoting and supporting return to work (RTW) after sick leave (e.g. DK, IT, LT, PL, UK);
- promotion of sustainability and corporate responsibility (e.g. LV);
- occupational health advice service centres for healthcare professionals, employers and employees (e.g. UK);
- WHP programmes, including actions such as health screening of workers on site, stop smoking programmes, promotion of healthy lifestyle, healthy diet, physical activity, mental health, first aid and work–life balance (n=20; AT, BE, CY, CZ, DK, EE, FI, DE, EL, IE, IT, LU, LV, LT, NL, PL, SK, CH, ES, UK);
- promotion of gender equality in human resource policies and practices (e.g. SK, PL);

([5]) Initiatives could be seen as direct actions to begin and encourage a process and could be started by individuals, organisations or governments. Examples of initiatives could lead to, and include, stress programmes or managing sickness absence and return-to-work (RTW) programmes. Programmes are a planned series of events or activities, and in the case of WAW may wish to achieve a specific outcome such as smoking cessation.

- organisation of 'Best Employer' competitions and other periodic contests in relation to different subjects (e.g. 'health promoting enterprise', gender equality, sustainability/corporate social responsibility (CSR), in, for example, PL, SK);
- provision of guidance and dissemination of good practices via websites, leaflets etc.;
- provision of web-based tools on OSH/WAW, often directed particularly towards SMEs.

Some notable initiatives, such as a 'National Employability Plan' and 'Vitality Packages', were reported in the Netherlands, as shown in the overview of the Dutch National Employability Plan.

Dutch National Employability Plan

The Dutch National Employability Plan ('Nationaal Inzetbaarheidsplan') is an initiative of the Foundation 'Kroon op het Werk', TNO and 'Werk Van Nu'. The aim is to support companies to set up or improve interventions related to ageing and sustainable employability. Different tools and a phased plan to support this intervention are provided through a web portal.

For more information, see http://nationaalinzetbaarheidsplan.nl

Vitality Package and Action Plan Healthy Company (2012–2014)

The Dutch government articulated its ambition to ensure that people can keep working until retirement age in a healthy, vital and productive way. This is known as the Vitality Package. Another initiative is the Action Plan 'Healthy Company', which the Ministry of Social Affairs and Employment developed together with the Ministry of Health, Welfare and Sports, with the aim of promoting vitality and health. The focus is on supporting SMEs to improve working conditions and promote a healthy lifestyle.

3.4. Promoting WAW: a country approach

The respondents were asked to comment on the activities, such as facilitating a cycle-to-work scheme, providing healthy eating guidance or a free eye test, in which their countries are involved in promoting WAW. Their comments varied and showed that EU countries are reported to be involved in a broad range of activities to promote WAW. Most of these actions are related to guidance in the field of WHP and healthy lifestyle, (n = 20; AT, BE, CH, CY, CZ, DK, DE, EE, EL, FI, IE, IT, LU, LV, LT, NL, PL, SK, ES, UK). This includes healthy eating (e.g. EE, EL, LV, PL, UK), physical activity/exercise (e.g. cycle-to-work schemes in IE and DK), stop smoking campaigns (e.g. CY, CZ, EL, IT, LV, PL, UK), drug and alcohol prevention (e.g. DK, IT, PL, UK), mental health promotion (e.g. DE, DK, IE, PL, UK) and RTW support (e.g. DK, IT, LT, PL, UK). Other exemplary activities are hearing protection programmes (e.g. EL, PL), protection programmes for the vocal organs among teachers (e.g. PL) and health examinations such as eye tests (e.g. CZ, DK, EL, IE), early detection of glaucoma (e.g. PL) and cancer screening (e.g. EL, LT). Some activities could be seen to promote 'family-friendly' policies, such as those which pay specific attention to working time (e.g. flexible working arrangements, teleworking, promoting a culture of not working after hours), aiming to ensure a proper work–life balance (e.g. PL). Such activities are promoted at the national, regional, local and/or sectoral level, and often supported and/or executed by occupational health services (e.g. RO, UK). However, apart from these initiatives at governmental and sector levels, many activities are also organised by companies themselves. This is particularly the case for large and multinational enterprises, deploying their own corporate WHP-, WAW- and CSR-related strategies, policies and programmes.

Relevant activity in Germany, the psyGA project, focuses on mental health.

PsyGA project

The project "Mental Health in the World of Work" (psyGA - Psychische Gesundheit in der Arbeitswelt) is promoted by the German Federal Ministry of Labour and Social Affairs. The Federal Association of Company Health Insurance Funds (BKK Bundesverband) is responsible for the project management. The project aims to reduce mental stress and to promote mental health in the workplace. It combines a topic oriented knowledge base with good practice and tools for practioners to promote mental health

at the workplaces: self-assessment tools, guidelines for managers and employees, an audiobook and an e-learning tool.

For more information, see: a psyGa portal http://psyga.info, guide for workers http://www.bkk.de/fileadmin/user_upload/PDF/Infomaterial/HH-Beschaeftigte_BKK_englisch_2013.pdf and guide for managers and http://www.bkk.de/fileadmin/user_upload/PDF/Infomaterial/HH-Fu__hrungskra__fte_BKK_englisch_2013.pdf

3.5. Activities on which WAW focuses

In just over half of the responding countries (*n* = 14; BE, CY, CZ, DK, EE, DE, EL, LT, LU, RO, SK, ES, CH, UK), wellbeing activities focus on all three aspects of wellbeing (physical, mental and social; Figure 6). In Estonia, while all aspects of wellbeing receive some attention, social wellbeing is targeted the least. However, most countries tend to focus on one or two areas.

Moreover, some countries devote more time to some activities than to others (Figure 7).

Moreover, some countries, such as the United Kingdom, do not distinguish between physical and mental wellbeing. There is parity and both are considered equally important as part of a holistic approach. The United Kingdom government's Social Justice Strategy links to social wellbeing. It aims to provide support and tools to transform lives. It promotes work as the most sustainable route out of poverty, whilst offering unconditional support to those who are severely disabled and unable to work. In Scotland, there is recognition of the bio-psychosocial interactions between work and health. Advice and support are given to employers in order to promote physical and mental health and wellbeing and to take into account wider issues such as flexible working, opportunities to socialise in the workplace and employee engagement.

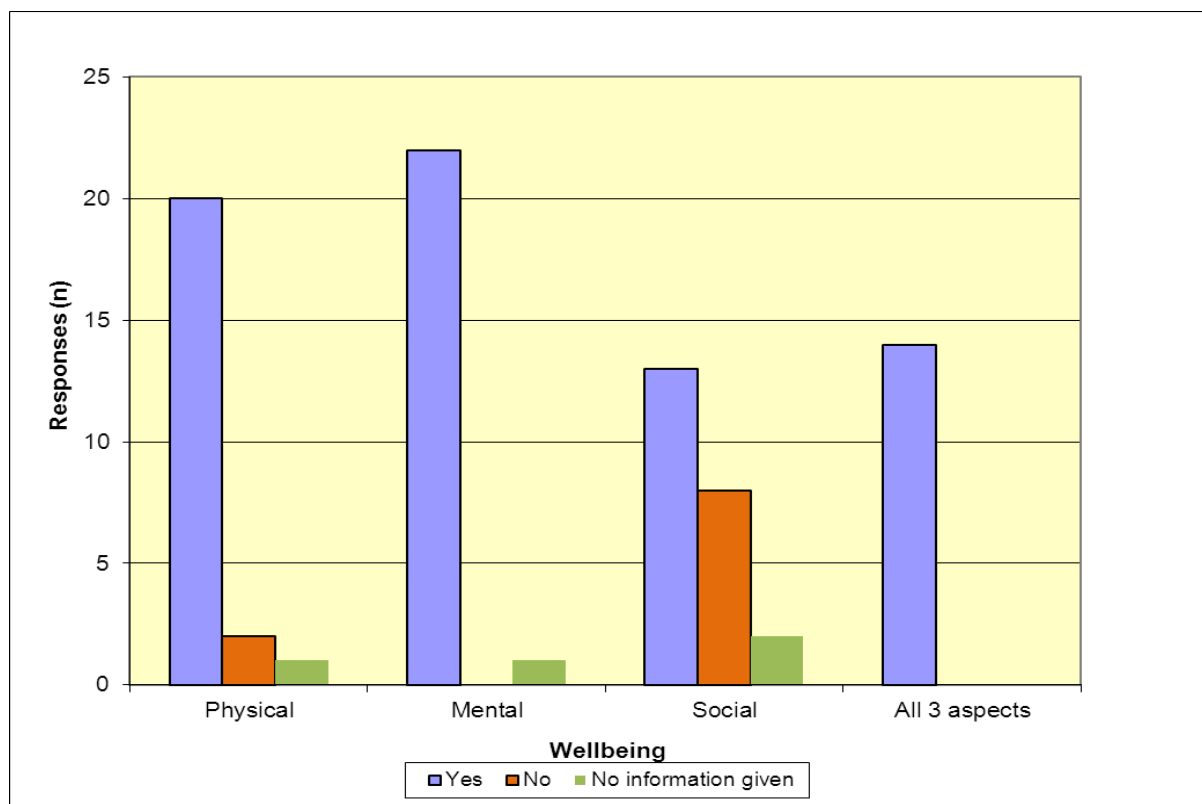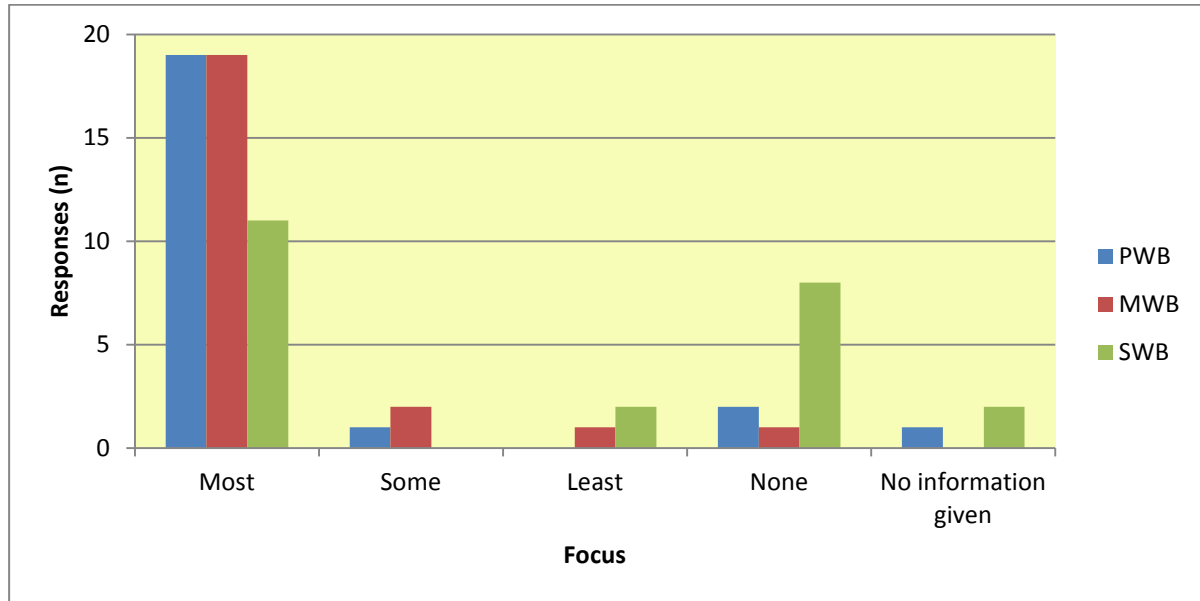**Figure 6: Focus of wellbeing activities**

Figure 7: Detailed focus of wellbeing activities (Physical, Mental, and Social wellbeing)

In Poland, activities focus on the physical wellbeing of workers and marginally on mental wellbeing. This is because the concept of WAW is understood as being closely related to OSH issues. As the Polish labour law mentions employees' social relations very briefly, employers do not feel that it is an important issue to address and they are not aware of the social wellbeing concept.

Only two countries (IT, FR) did not develop specific activities regarding physical wellbeing; all of the others tend more or less to have it as a pronounced focus. The same focus was in place for mental wellbeing, with one country (EL) not including it in its priorities. Belgium has a strong focus at present on mental wellbeing and is running a campaign in 2012–2013 on mental health at work, including those issues that relate to the organisation of work and professional relations on the shop floor.

There is no particular legislation that covers psychosocial risks in Greece, except for the general provisions about health and safety at work. Ireland's focus is on stress management and prevention of bullying so that employees do not end up with a resultant illness. Absence due to stress is now one of the biggest contributors to sick leave in Ireland. However, there is a major problem in identifying the cause of the stress, which shows links to family, social and monetary matters rather than occupation. In Slovakia, the mental wellbeing of workers has priority in healthcare, the education sector, the HORECA (hotels, restaurants and catering) sector and the retail sector. In Luxembourg, attention to mental wellbeing centres on the transport, hotel and restaurant sectors because of the psychosocial or mental issues that arise.

Some countries focus their efforts on specific sectors (i.e. healthcare, education, HORECA, retail, transport) or on specific topics (prevention of manual handling accidents, health promotion). In Luxembourg, attention to physical wellbeing mainly concerns the construction and industry sectors, because of the high rates of MSDs. In Denmark, some activities focus on only physical or mental wellbeing, while other activities, such as the large RTW project, focus on both physical and psychosocial wellbeing.

Just over half of the surveyed countries (BE, CY, CZ, DK, EE, DE, EL, LT, LU, RO, SK, ES, CH, UK) include social wellbeing in their activities, but few mention examples of the type of activities proposed. Slovakia adds lifelong learning as an important topic in its wellbeing activities, while in Luxembourg social wellbeing mainly concerns the finance sector as it is one that is highly exposed to mental distress and burnout risks.

3.6. The challenges to WAW among the Member States

The respondents were asked to list their *challenges for WAW*, and these are illustrated.

- **Economic crisis**

In four countries, the economic crisis that has existed in Europe since 2008 appears as a major challenge for WAW. For example, in Greece, WAW and health at work are very likely to create high-risk situations during a recession, i.e. a period when many workers are losing their jobs; work-related stress is increasing as a result of job insecurity, time pressure and long working hours or because of enterprises restructuring; work–life balance is in danger. Thus, the main challenge is to sustain a good level of health and wellbeing inside and outside the workplace and to develop mechanisms to prevent workers' ill health.

- **Coordination of all stakeholders**

Five countries mention the lack of coordination between the various concerned stakeholders on the issue of WAW. This is seen as a significant problem.

In that respect, it is suggested that the following improvements could occur:

- creating supportive infrastructure to involve all relevant stakeholders in sharing and disseminating good practice;
- promoting partnership and collaboration between public health and occupational health;
- getting all the players to work together to maintain and promote WAW;
- influencing healthcare professionals, especially those in secondary care, to fully acknowledge the important of WAW;
- implementing real discussion on WAW in the context of social dialogue between employers and employees.

- **Developing programmes and actions**

It was reported for some countries (*n* = 5) that there are not enough actions or programmes developed and devoted to WAW and that, moreover, good practices should be shared. This has resulted in the following suggestions:

- better dissemination of good practices in the field of mental health at work;
- implementing lessons learned and mainstreaming what has already been achieved;
- developing and making available 'how-to' guidelines and tools to promote good practice on health management at work (promotion, prevention, job retention, RTW);
- raising awareness of employers on the impact a company can have on employees' working conditions, health and performance through their organisational structure, strategy and culture; this insight would legitimise a more active role for companies in WAW.

- **Special focus on activities or sectors**

Many responding countries (*n* = 15) would like WAW to focus on certain types of workers, forms of work or companies' risks.

- SMEs/self-employed

Another challenge consists in implementing WAW programs more broadly, especially in SMEs, and increasing the number of companies that undertake WHP actions under a comprehensive concept of health.

When companies have these types of WAW activities, it is another challenge for them (especially for SMEs with limited financial reserves and uncertain positions regarding the employment market) to maintain these, when implemented, in the workplace.

- Workers

Some countries would also like WAW to focus particularly on certain types of workers, e.g. those who are more at risk, such as older workers, migrant workers, young workers and women.

- Forms of work

The changing forms of work represent a new challenge for WAW, as working flexibility and new types of contracts can create job insecurity.

- Company's attitude

Some countries recognise that employers' attitudes towards WAW can sometimes be quite negative. In some cases the term 'wellbeing at work' is hardly acceptable to employers, and even the term 'workplace health promotion' is struggling to gain a foothold. There is still a 'lack of demand' from employers on this topic.

- Specific risks

WAW will have to face some specific issues which are listed by some countries, such as MSDs and psychosocial risks.

- **The link between OSH and wellbeing**

The main challenge in some countries is not to see wellbeing as a solely psychosocial risk prevention action, but to realise that it could include physical, social and mental aspects. It is also a challenge to make sure that all stakeholders understand the concept of WAW in more or less the same way. This is especially because companies can see WAW as being in competition with other (legally required) health and safety structures. In order to ease the introduction of WAW into these companies, it could be linked to OSH, and more specifically to the approach of risk assessment and risk management. Ideally, health and safety aspects should be ensured within a WAW framework.

3.7.   Defining WAW: an individual perspective

The respondents were asked to give their opinion on *how WAW should be defined and what it should cover*. Six of the responding countries noted their acceptance of their national definition or of the EU or international definitions and did not foresee changing these. These international definitions include the Luxembourg Declaration regarding workplace health promotion in the European Union from 1997, the Barcelona Declaration for the development of good practice in the field of health promotion from 2002 and the WHO's definition used for mental health [88]).

Two respondent countries would like to see their WAW definition as mainly including mental and physical wellbeing, as these two aspects of wellbeing are seen as the core of the definition and of any required actions that should be carried out.

- The creation of a health-related definition

As an operational concept, WAW can be seen as a continual process of maintaining and improving the health and wellbeing of individuals through their workplaces, including supporting individuals to reduce the impact of ill health at work and encouraging early intervention to rehabilitate individuals who have become ill or injured. Additionally, as health and wellbeing are both determinants and outcomes of employment positions, it is suggested that any measures in this area should go beyond the workplace context.

Definition of wellbeing should encompass:

- assessment and management of health risks;
- surveillance of employees' health;
- introduction of measures at workplace for the protection and promotion of workers' health, thus contributing to WAW; and
- a special focus on workers' fulfilment.

Seven countries emphasised the need for cooperation between employers and workers when developing WAW actions at the company level, but also the need for wellbeing measures to contribute to personal integrity, sense of fulfilment, sense of support and sense of belonging for all participants.

It is important for the worker to gain recognition, as well as fulfilment of his or her needs, which can include personal, career development, work–life balance, mental health, lifelong learning and relationships with colleagues.

WAW is not only the absence of illness or disorder but a state in which every individual can fulfil his or her potential, cope with the normal stresses of life, work productively and fruitfully and make a contribution to his or her community.

4. Applying WAW in Europe: exploring case studies

The overview of case studies that are presented below shows the measures applied by organisations to achieve WAW across Europe. Examples from 11 countries are outlined and cut across organisation size and sector and, as the survey used in the present report has shown, the approaches differ by country. While the information was not collected as part of the survey described in Chapter 3, the case studies focus on the practical approaches at a country level.

The TC-OSH collected the material in parallel with that collected for this present report. The researchers used national contacts and Internet-based searches to identify material suitable to develop into case studies. Once the researchers collected the material they contacted the organisations to allow the case study to be developed and published.

- **Wellbeing in home care — Belgium**

Familiehulp is the biggest integrated service for home support in Flanders and Brussels, providing family care involving personal care, housework and psychosocial support in emergency situations. For providers of home care, the continuity of care and a motivated staff are of great importance. However, this sector is often confronted with high levels of absenteeism, and employees within healthcare often have to deal with high levels of stress and physical strain. The personnel policy of Familiehulp was initially very fragmented. The different regions were each responsible for their own personnel policies.

In 2005, the support services were made more centralised to achieve a clear policy covering the different regions, including the establishment of a uniform policy on WAW. Familiehulp started the project 'Ik wil er wel-zijn' (the Dutch name is a play on words, as it can mean either 'I want to be there' or 'I want wellbeing'). The ultimate goal for Familiehulp in using this approach was to ensure that employees feel good at work and to increase their wellbeing. The initial assessment revealed two important demands from the frontline workers: first the demand for decreased workload and stress, and second the demand for more contact with supervisors. The organisation opted to approach sick leave in a positive way, with a key role for the supervisor and by building trust in teams and workplaces. Several actions were taken, including bringing about a change in the manner of dealing with frequent sick leave, designing tasks in order to reduce the workload of frontline workers, and training supervisors.

- **A successful strategy on WAW in the biopharmaceutical sector at AstraZeneca — Bulgaria**

AstraZeneca Global is one of the world's largest pharmaceutical companies with approximately 61 000 people in over 100 countries worldwide. AstraZeneca Bulgaria is an AstraZeneca Global subsidiary located in Sofia with over 100 employees.

In January 2011, AstraZeneca Bulgaria developed a well-targeted health and wellbeing strategy for its employees alongside adequate organisational measures. The company also implemented an active corporate responsibility programme. The new health and wellbeing strategy addressed three main activities: personal energy management for better management of workplace pressure; health screening; and essential health activities including six global programmes and services. Work–life balance improvement, learning and development programmes, employee engagement and communication, human resources management and social responsibility were also addressed by the company's overall development strategies.

- **Wellbeing in Osram — Czech Republic**

Osram is one of the two leading light manufacturers in the world. The company, which is very much internationally orientated, has around 41 000 employees supplying customers in 150 countries worldwide from its 44 production sites in 16 countries. Osram Czech Republic Ltd manufactures light technologies, has about 1 000 employees and therefore ranks among the biggest employers in the region of north-east Bohemia.

Osram developed a holistic and comprehensive approach to wellbeing for its employees. It relies on several measures.

In order to decrease staff turnover, Osram implemented a policy of individual interviews between new employees and the human resources (HR) manager after six months and after one year of employment. These meetings are designed to give new employees the opportunity to discuss any issues and also to evaluate employees' time at the company and discuss possible career plans. In addition, several other measures, such as skills development and improvements of health and wellbeing, made to improve the quality of work, have had a beneficial effect on voluntary staff turnover.

Osram takes into consideration the balance between work and family life in order to support family members working in Osram (e.g. the time schedule of work shifts according to workers' needs, support is provided in getting transport to work). The company also implemented health promotion activities at the workplace.

- **Ferrero's wellbeing initiative — France**

Ferrero, the Italian gourmet foods manufacturer behind such products as Nutella and Kinder, has had a presence in Normandy since the end of the 1950s and hopes to be, above all, 'a company where it's good to work'. Ferrero launched a wellbeing initiative, led by general management and a steering committee composed of workers, aiming to develop a broad WAW strategy across three of its sites. The initiative operates on a principle of participation by all parties, including employees. The measures put into place so far are intended in various ways to improve WAW and to help prevent workplace risk generally.

Core actions included efforts to improve work–life balance, knowledge development and recognition at work, equality of opportunity and diversity, health and safety at work, health promotion and preparing for retirement, besides a social assistance group with two methods to provide help for families.

The HR department has noted that employees are impressed by the commitment with which the initiative was put in place, the changes at all levels of the company, and the attention given to welfare in the company, all of which have led to a new atmosphere at work.

- **Lasting working relationships with an employee-orientated corporate culture and good working conditions — Germany**

SThree is an international recruitment consultancy that focuses on the fields of pharmaceuticals, engineering, IT, banking, finance and accounting. Its staffing service places specialists and management personnel in both permanent and project work. The company aims to retain its employees by achieving a positive, employee-orientated corporate culture. An important starting point is the style of leadership, which is based on four pillars: respect, reward, rapport and energy.

SThree established a positive work environment through different measures. These included flat hierarchies, an open-plan sales floor and the use of first names. These all allow easier and more efficient communication. New starters complete a trainee programme and have a personal mentor assigned to them. Learning is a core value of SThree. Extensive training and further education opportunities are available throughout its consultants' careers. Knowledge exchange on national and international levels is promoted strongly. All employees receive a company pension scheme. Flexible working hours contribute to a good work–life balance and give employees the chance to react flexibly to any unexpected incident. Different lifestyle benefits are offered to all employees.

- **Heiligenfeld hospitals practise a corporate culture of 'attentiveness' — Germany**

Heiligenfeld GmbH in Bad Kissingen was founded in 1990 as a private hospital. It quickly developed into an innovative healthcare company devoted to the treatment of psychosomatic and somatic disorders. The management identified cooperation, team spirit, health, inspiration, innovation, spirituality, development, learning and leadership as the main areas through which they planned to

achieve the wellbeing of all workers. The hospital developed a comprehensive concept of 'attentiveness' with regard to ensuring the wellbeing of employees.

It maintains health activities for employees such as health promotion activities, training, courses, workshops about nutrition or stress management, and in-house wellness services. The management created a bonus system for its online store for health promotion activities. To ensure the mental health of employees, Heiligenfeld hospitals organise events for personal self-awareness such as meditation and yoga or social events such as dances or choral singing.

To achieve healthy relationships, they build good social networks inside and outside the company. It is well known that relationships are a very important factor that affects WAW. A lot of attention is placed on the development of social skills and communication skills. Employees have many opportunities to bring and present their ideas to improve work processes at the hospital. An additional mechanism that complements the efforts of the holistic wellbeing of workers is the eco-orientation of the hospital.

- **Safety and health promotion in an insurance company — Iceland**

VÍS Insurance operates in the field of property fire and traditional non-life insurance. The wellbeing approach of VÍS is based on the following highly intertwined elements: fostering good communication and enabling work–life balance and meaningful work, established OSH, and the promotion of health.

Communication is at the centre of wellbeing at VÍS: among staff; between management and staff; and between customers and staff. The yearly employee survey allows specific response to situations facilitating the evolution of wellbeing. Managers make improvements based on the survey results, and meet with their employee to discuss the findings. The organisation's recognition of workers ranges from giving them flowers to having a policy of salary bonuses and providing special training. Regular social events for employees (with their families) also enhance communication and team spirit. Part-time and flexible working schemes, as well as free psychological services, are available. The training possibilities offered emphasise lifelong learning and professional development.

The company runs several health promotion actions: ergonomic interventions targeted at indoor air quality, office furniture and office noise. Policies for relevant emergency situations (fire, aggression, volcano eruption, influenza) have been updated and distributed.

- **Psychosocial wellbeing in Omnitel — Lithuania**

Omnitel was founded in 1991. It was the first private telecommunications company in Eastern Europe, and the first telecommunications company in Lithuania. Since 1996, it has assumed leadership in the telecommunications market in Lithuania. It is one of the largest companies in the country and the largest telecommunications company in the Baltic region.

Omnitel places great emphasis on dialogue with employees, discussion of the goals and values of the company and participation in decision making. Omnitel has implemented various methods of communication with employees. It has attempted to establish a favourable environment for the family and develop initiatives to help balance work and family commitments. Omnitel is committed to providing its employees with opportunities to have good living conditions. One of the key measures is that each of the company's employees receives a welfare package. As knowledge and professionalism are two of Omnitel's valuable resources, the company focuses on continuous staff training.

- **RDW on a healthy and safe course — the Netherlands**

The Dutch Vehicle Licensing Authority (RDW) is the licensing authority for all vehicles that use public highways and ensures that all these vehicles comply with the safety and environmental requirements. RDW employs close to 1 500 staff, working at 21 sites across the country.

Until 2009, the policy on working conditions and absenteeism at RDW was formed mainly on a statutory framework, with the spotlight firmly on risk management (based on risk assessment) and on support during sick leaves through monitoring and reintegration. Fuelled by the ambition to grow RDW

into a high-performance organisation, it was decided, in 2010, to embrace the concept of 'integrated health management' (IHM). IHM is the systematic management of the health and vitality of both employees and the company. Besides promoting the vitality of individual employees, the health and vitality of the organisation is also a main objective of IHM. Several HR initiatives were set up as part of the new policy 'RDW — on a healthy and safe course'. These included a pilot project on 'The New Works', the implementation of a policy on aggression and smoking, and the introduction of an online coaching programme to increase employee vitality. With the vitality programme that is offered, RDW can flesh out and finalise RDW's proactive health policy, by facilitating individual health promotion and supporting a health-enhancing organisational culture.

- **Wellbeing at Mobivery — Spain**

Mobivery develops mobile applications (it was the first company to be recognised by Apple Inc.) and was named the best small or medium-sized employer in Spain in 2011. Mobivery was set up in 2008 with the arrival of the iPhone in Spain. Since 2011, the HR department, renamed the 'Happiness Team', has been working closely with every single member of the company. The goal is that every employee should come to work with a smile every day. This means understanding how employees think, what they need, what their concerns are, etc.

The company focuses on professional development for each employee. Mobivery speaks not of 'human resources' but of people, and aims thereby to attract the brightest and the best to the company. In addition to remuneration, benefits and stimulating work, the company sees it as its role to provide the best possible environment for its employees to realise their potential in as productive a way as possible so that they will stay with the company for as long as possible. It offers its workers flexible hours and holidays, transparency and communication, office swapping, health promotion activities and team building.

- **A holistic approach to WAW at S.C. Mentor SRL, Craiova — Romania**

S.C. Mentor SRL was set up in 1992 with Romanian private capital, in Craiova (south-western Romania), and has over 100 employees (90 % of whom are women). It represents a successful example of holistic approach to WAW in the workwear manufacture sector in Romania. In adopting this holistic approach, the company primarily had in view developing each individual's full potential at the workplace as a key factor of success for the company and at a societal level.

The development of workers' abilities and skills was addressed equally through adequate training, as well as using judicious HR management and organisational measures. An effective two-way communication system, management commitment and a gender-orientated policy for the female workers contributed to employee wellbeing. High-quality medical assistance has been ensured for the employees on a regular basis, through competent medical services. Measures such as workers' reintegration and work adjustments were taken whenever necessary, with the company covering rehabilitation costs as required.

- **Rodda — United Kingdom**

Rodda's creamery is a growing family-run business, employing around 150 workers. The company realised that what made it different was the dedication, motivation and commitment of its staff. Rodda wanted to adapt and prepare for global changes by recruiting and retaining workers who were in good health and felt good about themselves and their work environment. The HR manager who initiated the WAW programme strongly believed that employers can also make a positive impact on staying fit and healthy.

A carefully designed questionnaire assessed staff needs and, based on the results, Rodda introduced services such as in-house campaigns and actions that addressed nationwide public health campaign topics. The company utilised the expertise of the National Health Trust. Rodda provided free fruit, in addition to smoking cessation programmes and free health and wellbeing check-ups to workers. Because working hours were awkward, free newspapers were available for all staff. The management

recognised the length of service by valuable gifts and benefits. Employees and their family had access to a free 24-hour call line and to a money management advice service.

The buddy scheme helped new staff inclusion. It included also one-to-one support in training with mandatory testing, which strengthened personal development, with special attention paid to employees with disabilities. One-to-one RTW interviews emphasised the caring working culture, and greater flexibility encouraged employees to return to work.

4.1. Overview of case studies

The case studies cover 11 EU Member States and include interventions that have occurred in the private sector (Heiligenfeld hospitals, SThree), the public sector (RDW), small (Omnitel), medium-sized (VÍS insurance) and large (Osram) organisations. They are based in diverse industries from banking to manufacture to public administration (Table 3).

While the organisations pursued a raft of initiatives from work–life balance to RTW after the occurrence of ill health, the initiatives implemented by the majority of them involved training, mental health and physical health. These led to success in management and worker involvement as well as communication. These initiatives of course need to take account of the respective organisations' culture and climate to ensure that the initiative is able to deliver the required outcome. For example, Omnitel considers knowledge and professionalism two of its most valuable resources and as a result the company has a strong focus on continuous staff training. Other organisations choose to develop personal self-awareness and have organised yoga classes and choral activities. These case studies show that initiatives are varied, as organisations are varied and should be holistic in order to gain the best results, i.e. improving wellbeing.

Table 3: Case studies overview

Country	Name of the company	Size of the company	Sector	Wellbeing approach														Results		Success Factors		
				Participative approach	WHP	Job satisfaction	Training	Work-life balance	Encouraging creativity	Communication	Equal opportunities	Psychosocial factors	Mental health	Physical health	Social wellbeing	Welfare package	Return to work	Workers satisfaction survey	Awarded company	Management involvement	Workers involvement	Communication
AT	Erste Bank	Large	Banking			x	x	x				x	x	x						x	x	
BE	Familiehulp	Large	Human health activities			x	x			x		x	x	x			x			x	x	
BG	AstraZeneca	Large	Manufacture of pharmaceutical products	x	x	x	x	x		x			x	x		x		x	x		x	x
CZ	Osram	Large	Manufacture of lighting products		x	x	x	x		x		x	x	x	x			x	x	x		
DE	Heiligenfeld Hospital	Large	Hospital		x			x	x	x		x	x	x	x			x	x	x		x
DE	SThree	Large	Consultancy	x				x	x	x			x	x		x			x			
ES	Mobivery	Small	Telecommunication	x	x	x	x	x	x	x		x	x		x			x	x			x
FR	Ferrero	Large	Manufacture of food products	x	x	x	x	x		x	x	x	x	x	x			x	x	x	x	
IS	VíS	Medium	Insurance			x	x	x		x		x	x	x	x			x	x	x		x
IT	Ferrari	Large	Manufacture of motor vehicles	x	x	x	x		x	x		x	x	x	x	x		x	x	x		
LT	Omnitel	Large	Telecommunication	x	x	x	x	x	x	x	x	x	x	x	x	x		x	x	x	x	x
NL	RDW	Large	Public administration and defence	x	x			x		x		x	x	x					x	x		
RO	Mentor	Medium	Manufacture of work wear		x		x	x		x			x	x		x	x		x	x		x
UK	Rodda's	Medium	Manufacture of dairy products	x	x	x	x			x			x	x			x	x	x	x		

5. Discussion and conclusions

This report presents an assessment of the concept of WAW within the EU. This is not the first such assessment (see, for example, the work presented by other researchers [4] [6], [11]), and it adds to an understanding of how wellbeing is viewed within the work environment. This review contains perspectives from many of the EU Member States and international health and labour organisations and thereby is able to provide a fairly useful overview.

It is accepted that work is *healthy* for individuals and contributes to overall wellbeing [36]. The achievement of wellbeing is one key factor of a positive work environment. Dollard and colleagues recommend that it is important to have national surveillance of psychosocial risk factors to monitor the changing work environment and thereby improve wellbeing [89]. This macro approach shows that WAW should reach across different levels and that an assessment at the country level would feed into what occurs at the micro levels.

Annexes 3 and 4 of this report provide analysis tables and response summaries of the survey conducted among the EU Member States. Many similarities were identified and, while there may be more, it is challenging to determine them on account of the different terms used and the use of blanket terms such as psychosocial risks, instead of specifying exactly which psychosocial risks. It is also conceivable that only the main elements have been reported and the actual scope of WAW in each country may extend beyond that indicated in the analysis tables. To investigate this further, it may be beneficial to survey the various countries listing all the terms that were predefined.

The questionnaire was primarily addressed to and completed by the EU-OSHA WHPEG and focal points of the respective EU Member States, so there might be a selection bias, as most of the respondents have a specific background in OSH (e.g. by working in and representing ministries of labour or the OSH Institute) and are thus more likely to approach WAW predominantly from an OSH perspective (e.g. national OSH legislation). However, the use of a convenience sample as was used for this research does not necessarily reduce the validity of the data that are collected.

The results showed that the way the term WAW was understood, conceived, defined and approached depended not only on the country context, but also on the respondents' specific background and experiences: there might, for example, be a substantial difference in view and interpretation between a respondent with an OSH background and someone working mainly in the domain of WHP, accident/health insurance or public health. Given this, it is necessary to note that the respondents may never be able to give a complete overview of what is understood as WAW in any specific Member State; for instance, although one respondent may have noted that WAW in country X does not focus on social aspects, in fact there may be elements that exist within organisations or sectors, owing to the nature of the work involved.

In most countries, WAW was mainly interpreted as psychosocial/mental wellbeing and easily linked to WHP (however, as mentioned above, this depended on the respondent and his or her background). Belgium, for example, is a special case, as the regulatory framework in relation to OSH was/is named 'Wellbeing at Work' (in other countries it is called 'Health and Safety at Work', 'Working Conditions' or 'Working Environment'), which means that WAW in Belgium has a holistic meaning comprising several domains including safety, health, ergonomics, psychosocial issues and industrial hygiene. The focus on mental health is useful as it is proposed that health could not exist without the existence of mental health [90].

The legislative framework for WAW in each country appears to be primarily the legislation regarding OSH (based on the Framework Directive) (at least, as reported by the respondents). However, it is essential to note that WAW involves also the national public health agendas (several country respondents mentioned their national Public Health Act). This was also one of the findings of the PEROSH study: 'the response to the statement relating to the alignment of WAW and the public health agendas signifies that there is still a substantial amount of work to be done to draw these disciplines closer together' [11]. The fact that the domains of public health and WHP are involved in WAW policies as well means that not only national policies but also those at regional and local levels play a role.

The organisations/bodies involved in WAW (policies and practices) include authorities (OSH, public health), labour inspection, health/accident insurance bodies, funds related to health/safety, employer and employee organisations, OSH services, branch/sector organisations, consultancy companies,

education and training organisations, knowledge institutes (sectoral knowledge institutes, universities etc.), associations of professionals and OSH experts, and institutes developing/controlling standards in the field of health and safety.

It is important to note that stress and psychosocial risks are seen as being very influential and are considered to be the main challenges to employee wellbeing in a number of Member States. According to one study, the terms 'stress' and 'psychosocial risks' are not mentioned explicitly in most pieces of legislation, and this leads to a lack of clarity on the terminology used. While voluntary standards seek to address this, very few provide specific guidance on the process of psychosocial risk management to enable organisations to manage psychosocial risks successfully [91].

Not only is the term 'wellbeing at work' ill defined, but many of the factors by which it is assessed lack a consistent and universally accepted definition. For instance, although flexible working hours are considered to be beneficial to WAW, there are varying and sometimes counterintuitive definitions, with some interpreting it as 'individual-oriented flexibility' and others as 'company-orientated flexibility' [92]. It is important to note that WAW is not affected solely by work-related factors. Other measures include housing, education and personal security, and these all impact on individuals' overall wellbeing [90], including the sustainability of socioeconomic conditions.

5.1.   Overall conclusion

The present research shows that, for many of the countries, WAW is related to OSH, WHP, mental health, sickness absence, RTW, employability/workability and, specific to the Netherlands, the concept of vitality. This is seen in the literature as well, and indicates that the present research has generated relevant data. WAW of course relates to how work (organisations, work systems and jobs) is designed; it is about the quality of work and workplaces. It is not only about the prevention of harm to someone's health, but also about the fulfilment of one's personal goals. This report presents an overview, but the research should not be seen as static. Rather, it should lead on to further research to ensure that the dynamism of the concept is captured.

However, as noted in previous research [4], while many disciplines, and in this present research many countries, are using similar or the same factors to define wellbeing, there is still a lack of consensus about the term.

5.2.   Moving forward

From this assessment several questions arose that need to be addressed. These include: Should we separate wellbeing at work from wellbeing generally? How useful is this and what are the benefits? Moreover, how useful are the semantics and nuances in terms of languages and culture (country and organisational), as these all influence how WAW is perceived within and among EU countries?

While this report presents a brief overview of how the concept is measured at present, how useful is this measurement? Can WAW be measured? What other ways are there to assess it? Is it necessary to try to quantify the concept? Is the 'business case' appropriate or should organisations be engaging in WAW because of CSR? Moreover, what is the value of measuring WAW, especially in terms of its method, the outcome, how best to use the outcome and ensuring that evaluation is considered and implemented as part of a continuous cycle of understanding and using the concept within organisations?

As this research is assessing WAW within EU Member States, policy should be considered. But how is policy applicable and implemented in the workplace? Also, how do countries and organisations move from policy to practice, how much evidence exists of this occurring, and how much more needs to be done? It would be useful to explore what drivers and barriers to WAW are, and to see WAW concept in the context of procedures and measures.

Further, is one definition necessary, especially in terms of culture (organisational, country) and language? Is it better to focus on what works within countries and organisations? In acknowledging that country differences are essential it is important to note also that individual differences should be considered [51]. People are different and, while policy should be implemented at the macro level, once it is implemented at the micro level it is important to note that 'one size will not fit all'.

It would undoubtedly be convenient and desirable to agree a definition for WAW, as not having one presents difficulties when attempting to measure or regulate it. However, any such definition would need to be open-ended and adaptable to accommodate the ever-changing needs of the diverse working community. This inevitably would leave it open to interpretation and so is unlikely to standardise completely the way different Member States and other countries within Europe implement the concept.

5.3.   Improving WAW

This section outlines some of the approaches that could be used to improve WAW.

The stress literature has advocated the use of social support in reducing stress-related conditions such as job strain and cardiovascular disease [59] [60] and improving subjective wellbeing [53]. Also, it argues that more measurement is required to monitor changes in outcomes [89]. The survey that was conducted for this present report did not impart much information on the measurements that were in place, and it would be useful to explore how these are done at the country level. As noted earlier, two EU countries (Germany and the United Kingdom) have structured procedures to assess wellbeing [55] [56], and, while these were not work specific, they did consist of elements to monitor changes in the work environment. This process may need to be promoted to a wider extent in other EU Member States.

It is important, though, to use a variety of models and approaches to ensure that the full range of, for example, occupational illnesses and injuries, as well as the other elements that contribute to WAW that could occur among the workforce, are considered [23]. This type of comprehensive and thereby holistic approach allows the integration of work and life and so ensures workers' safety and health, and in turn national and societal wellbeing [23], by incorporating and assessing those factors that arise within these dimensions.

Of course, if workers are allowed more control in their jobs [93], are given more support at work or can make use of work–life balance policies [93], these all function to increase their wellbeing.

When implementing interventions within the work environment, these tend generally to be based on the findings from 'one-off' or dedicated work surveys, or from assessing the environment as a result of an increase in conditions such as MSDs or sickness absence. However, these types of assessments should be as inclusive as possible and ensure that any elements that could impact on workers' wellbeing are included. For example, in one organisation in Brazil, a case study approach was used to study the biomechanical hazards to which the workforce was exposed. The study led to comprehensive changes concerning the work organisation, working environment and ergonomics [94].

Another focused approach was the Olympic Delivery Authority (ODA) in the United Kingdom and its supply chain, which used a systematic approach in the management of safety and health in the 2012 Olympic and Paralympic Park and Athletes' Village [95–98]. The construction work for the project focused on six themes: Safety and Security, Equality and Diversity, Employment and Skills, Design and Accessibility, Sustainability, and Legacy. The three main areas of work covered:

- the workplace, the worker and wellbeing interventions;
- the main health hazards faced by construction workers (targeted specifically at vibration, noise, dust, hazardous substances and manual handling); and
- wellbeing initiatives to promote healthy behaviours.

In addition, the ODA used a clearly defined strategy that was updated yearly. As part of this strategy, the occupational health team adopted a 'health like safety' approach, encouraging contractors to see health risk management as part of their day-to-day activities, and something that was simple to integrate with existing safety management.

The use of measurement was an essential part of the process, and the instruments included the Health Impact Index (HII), which was a voluntary scheme used across the Park. Occupational hygienists conducted weekly two-hour site visits during which they identified any work methods or practices that exposed workers to occupational health risks. The hygienists then provided the contractor with a report on best practice in managing these risks. The Occupational Health Maturity Matrix (OHMM) was adapted from an existing behavioural safety tool and used a mixture of auditing

and questioning to establish the extent to which occupational health was integrated into normal health and safety procedures on site. The occupational hygienist was responsible for measuring each of the Tier One contractors and their supply chains against the OHMM, with the results being used to rate them on how well they were doing in respect of worker health, the health of the workplace and wellbeing. At the end of the audits, all contractors received implementation plans that enabled them to judge their own performance and make improvements as required. A formal scorecard system as well as an accident/investigation reporting arrangement (both web-enabled) was adopted, and required self-monitoring by the first-level contractors as well as the designers and the construction design and management coordinators (CDMCs). They were also required to submit monthly reports on their efforts to achieve high safety, health and environment (SHE) standards, and on any accidents, incidents and significant near misses. Evaluation procedures were in place too and included a cost–benefit analysis of the occupational health provision, which indicated that the provision of treatment services and health surveillance on site had substantial economic benefits, and was able to offset the costs of offering the services.

One web-based stress management and health promotion programme that has been conducted across several European countries shows significant benefits [99] [100]. The programme provides a health-screening tool, as well as interactive, cognitive-based and classical stress management exercises. The six-month evaluation of the programme showed the intervention group improving significantly compared with the control group in respect of their ability to manage stress, gain better sleep quality, have more mental energy, increase their concentration and enjoy improved social support.

The programme described above is one example of what has worked within one organisation and provides an intervention that may be useful for other organisations to explore.

5.4.   The promotion of WAW

The promotion and development of WAW need not necessarily incur extensive costs for organisations, and this is especially relevant to SMEs.

Wellbeing at work is a comprehensive concept and so in addition to campaigns aimed at individuals it is important to focus on those measures that are relevant at an organisational level. Organisational measures might include:

- flexible working;
- training and development;
- motivating staff, giving a sense of purpose and recognition;
- line manager training, appraisals and feedback;
- efficient and effective working processes;
- efficient and effective tools and facilities;
- employee counselling and support services; and
- equal opportunities.

One WHP, aimed at the individual level, could be as simple as encouraging employees to adhere to *seven health practices*. These practices have been shown to predict future mortality rates, morbidity and disability. They are [101]:

- sleeping seven to eight hours daily;
- eating breakfast almost every day;
- never or rarely eating between meals;
- currently being at or near prescribed health-adjusted weight;
- regular physical activity;
- never smoking cigarettes; and
- moderate or no use of alcohol.

Physical activity could be as simple as walking. Increased daily activity such as walking, and aiming for a predetermined number of steps, such as 6 000 to 10 000, will assist in improving health and thereby wellbeing [102]. Participating in even 15 minutes per day or 90 minutes per week of physical activity has been found to lower mortality and reduce the risk of cardiovascular disease [103]. These physical activities could be incorporated into workers' daily routine; even those practices in which individuals engage on the way to work could count towards WAW. Research from Denmark shows that overall mortality and morbidity is reduced when individuals cycle to work or school, thereby improving wellbeing [104].

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7. Glossary

Term	Explanation
Actualisation	The process of mobilising one's potentialities and expressing or realising them in concrete form (p. 16 [105])
Bias	Anything that produces systematic error (continuous error) in a research finding (p. 21 [106])
Bipartite body	Includes representatives from employers and workers [107]
Cognition	All forms of knowing and awareness, such as perceiving, conceiving, remembering, reasoning, judging, imagining and problem solving (p. 187 [105])
Convenience sample	A sample of subjects selected for a study not because they are representative but because it is convenient to use them (p. 48 [106])
Organisational (work) climate	The general character of the total organisational environment as perceived by those who work within it. It is an expression of the organisational culture (p. 655 [105])
Organisational culture	A distinctive pattern of thought and behaviour shared by members of the same organisation and reflected in their language, values, attitudes, beliefs and customs. The culture of an organisation is in many ways analogous to the personality of an individual (p. 655 [105])
Qualitative analysis	The non-numerical examination and interpretation of observations, for the purpose of discovering underlying meanings and patterns of relationships (p. G6 [108])
Quantitative analysis	The numerical representation and manipulation of observations for the purpose of describing and explaining the phenomena that those observations reflect (p. G6 [108])
Representativeness	The correspondence between a sample and the population from which it is drawn such that the sample accurately symbolises its population. A representative sample reproduces the essential characteristics and constitution of a population in correct proportions (p. 790 [105])
Sample	A subset of a population of interest (p. 811 [105])
Self-actualisation (self-realisation)	The realisation of that of which one is capable (p. 827 [105])
Selection bias	Bias in selecting participants or other units for research. This can occur, for example, when selecting especially motivated participants or when assigning participants to control or experimental groups (p. 825 [105])
Social dialogue	Social dialogue, as defined by the ILO, includes all types of negotiations, consultations and exchanges of information between or among government, employers' and workers' representatives on issues of common interest relating to economic and social policy. Depending on national contexts, the tripartite partners may also decide to open the dialogue to other relevant civil society actors, in order to gain a wider perspective and to achieve a broader consensus.

Term	Explanation
	Social dialogue can take several forms, including information sharing and consultation as well as tripartite negotiations and collective bargaining:
	▪ Tripartite or bipartite bodies can engage in negotiations, eventually leading to the conclusion of agreements. Some of these bodies are empowered to reach agreements that can be binding, while other bodies do not have such mandates and so serve as advisory groups to ministries, legislators and other policy- or decision-makers.
	▪ Collective bargaining is one of the core tools of social dialogue. It refers to the process of negotiations between employers' and workers' respective organisations, which aims at improving and regulating the terms and conditions of employment through collective agreements (as stated in the ILO Right to Organise and Collective Bargaining Convention, 1949 (No 98)). Key issues covered include wages, working hours, training and education, health and safety, and grievance mechanisms. The negotiations are usually intended to result in a collective agreement (p. 180 [109])
Social innovation	This includes innovative activities and services that are motivated by the goal of meeting a social need and that are predominantly developed and diffused through organisations whose primary purposes are social (p. 8 [110])
Status	The condition or status of an entity or system at a particular time that is characterised by relative stability of its basic components or elements. Although the components or elements are essentially qualitatively stable, it is possible for them also to be dynamic, as in a hyperactive state or a state of flux (p. 890 [105])
Trait	An enduring personality characteristic that describes or determines an individual's behaviour across a range of situations (p. 950 [105])
Tripartism	Tripartism entails dialogue and cooperation between governments, employers and workers in the formulation of standards and policies dealing with labour issues (p. 174 [111])
Validity	Evidence that a study allows correct inferences about the question it was aimed to answer or that a test measures what it set out to measure conceptually [112]

8. Annexes

8.1. Annex 1: Questionnaire

The Topic Centre (TC) of the European Agency for Safety and Health at Work (EU-OSHA) would like to obtain information that will assist it in assessing the status of 'wellbeing at work' across the European Union (EU) Member States. This information will cover policy, programme and practice and will be used to prepare a report, which would be relevant for decision makers, employers' organisations, workers' organisations, and OSH-related organisations. It is anticipated that the report would obtain information to consolidate a European definition of 'wellbeing at work'. To assist with this process, the TC will appreciate your assistance in completing the questions as outlined.

A. **Thinking about the current situation in your respective country, please respond to the questions listed:**

1a. What terms and synonyms are used for 'wellbeing at work' (WAW) in your country (e.g. health and wellbeing at work, quality of working life, healthy enterprises, workplace health promotion, work ability). *Please list all of the terms that are relevant.*

> It may be useful if you provide the terms in your national language that is followed by an English translation between brackets.

1b. Is there a definition for WAW in place?

> If yes, please list the definition.

> If no, please state if one is being planned, and if not, why not.

2. What does WAW (irrespective of the name that is used) cover in your country, e.g. risk assessment and management, workplace health promotion (WHP), health surveillance, return to work?

3. Which are the leading/contributing organisations dealing with 'wellbeing at work' in your country?

4. Which strategies, legislation, initiatives, programmes, if any, with regard to WAW are in place in your country?

   o **Strategies** are plans that are intended to achieve a particular long-term aim, and could be designed and implemented by, e.g. governments or organisations (public, private). They are a focused effort to achieve sustainable change.
   o **Legislation** refers to the laws in a country that are developed for a specific purpose, and with respect to 'wellbeing at work' they aim to improve on workers' wellbeing. For example, in the EU, the Council Directive 89/391/EEC of 12 June 1989 introduced measures to encourage improvements in the safety and health of workers at work.
   o **Initiatives** could be seen as direct actions to begin and encourage a process and could be started by individuals, organisations, or governments. Examples of initiatives could lead to and include stress programmes or managing sickness absence and return to work programmes.
   o **Programmes** are a planned series of events or activities, and in the case of 'wellbeing at work' may wish to achieve a specific outcome such as smoking cessation.

5. What are the activities, such as facilitating a cycle to work scheme, providing healthy eating guidance or a free eye test, in which your country is involved in promoting 'wellbeing at work'?

6.   On which of the following do the activities focus and why:

- The physical wellbeing of workers
- The mental wellbeing of workers
- The social wellbeing of workers

7.   What are the main challenges for WAW in your country?

B.   In your opinion:

- How should 'wellbeing at work' be defined and what aspects should it cover?

8.2. Annex 2: Further reading—General

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http://www.csreurope.org/pages/en/wellbeing_in_the_workplace_for_ageing_employees.html

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http://www.prospect.org.uk/campaigns_and_events/national_campaigns/worktimeyourtime/index?_ts=7375

Thompson, S. and Marks, N., *Measuring Well-being in Policy: Issues and applications*, nef, 2008. Available at: http://www.neweconomics.org/sites/neweconomics.org/files/Measuring_well-being_in_policy.pdf

8.3. Annex 3: Overview tables of the concepts by countries

Table 4: WAW scope—country overview

Country	Physical health	Mental health	Social wellbeing	Job satisfaction	Harassment	Work/life balance	Work climate	MSDs	Return to work	WHP♦	OHS✦	Psychosocial factors⤊
BE	✓	✓	✓	✓	✓	✓	✓	✓	*	✓	✓	✓
CH	✓	✓	✓	✓		✓		✓	✓	✓		✓
CZ	✓	✓	✓	✓		✓		✓		✓		✓
DK	✓	✓		✓			✓		✓	✓	✓	
DE	✓	✓	✓	✓		✓	✓	✓	✓	✓		✓
EE	✓	✓	✓							✓		✓
IE	✓	✓			✓	✓		✓	✓	✓	✓	✓
EL	✓	*	*	✓	✓	✓	✓			✓	✓	

NB: The categories of Mental wellbeing and Psychosocial factors are both included as some of the responses did not provide a 'clean' interpretation of these factors.

*✓ = exists in country, * = some element in country*

♦ workplace health promotion/management (e.g. diet, fitness, smoking)

✦ occupational health services (e.g. eye test, medical checks)

⤊ psychosocial factors, including mental health and harassment

Table 8.1: WAW scope—country overview, *cont.*

Country	Physical health	Mental health	Social wellbeing	Job satisfaction	Harassment	Work/life balance	Work climate	MSDs	Return to work	WHP♦	OHS✦	Psychosocial factors⅄
ES	✓	✓	✓	✓				✓		✓		✓
FR		✓		✓	✓		✓					✓
IT	✓	✓	✓	✓			✓			✓		✓
CY	✓	✓	✓			✓		✓		✓		✓
LV	✓	✓					✓			✓		✓
LT	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
LU	✓	✓	✓	✓		✓	✓	✓		✓	✓	✓
HU	✓	✓							✓		✓	

NB: The categories of Mental wellbeing and Psychosocial factors are both included as some of the responses did not provide a 'clean' interpretation of these factors.

*✓ = exists in country, * = some element in country*

♦ workplace health promotion/management (e.g. diet, fitness, smoking)

✦ occupational health services (e.g. eye test, medical checks)

⅄ psychosocial factors, including mental health and harassment

Table 8.1: WAW scope—country overview, *cont.*

Country	Physical health	Mental health	Social wellbeing	Job satisfaction	Harassment	Work/life balance	Work climate	MSDs	Return to work	WHP♦	OHS✦	Psychosocial factors⋏
NL	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
AT	✓	✓	✓	✓		✓	✓	✓		✓	✓	✓
PL	✓	*		✓	✓	✓	✓	✓		✓	✓	✓
RO	✓	✓	✓		✓		✓	✓			✓	✓
SK	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓
FI	✓	✓								✓		✓
UK	✓	✓	✓			✓			✓	✓		✓

NB: The categories of Mental wellbeing and Psychosocial factors are both included as some of the responses did not provide a 'clean' interpretation of these factors.

*✓ = exists in country, * = some element in country*

♦ workplace health promotion/management (e.g. diet, fitness, smoking)

✦ occupational health services (e.g. eye test, medical checks)

⋏ psychosocial factors, including mental health and harassment

8.4. Annex 4: Summaries of the responses of the EU-OSHA focal points and Workplace Health Promotion Expert Group (WHPEG)

8.4.1. Austria

1. Country	Austria
2. Term(s) for wellbeing at work (WAW)	

• 2a. Country language(s)	1. Qualität der Arbeit
	 2. Qualität der Arbeitsplätze
	 3. Arbeitnehmerschutz
	   a. Beeinträchtigungsfrei
	   b. Lern- und persönlichkeitsfördernde
	 4. Arbeitsplätze schädigungslos
	 5. Ausführbare Arbeitsplätze

• 2b. English	1. Quality of work
	 2. Quality of workplace
	 3. Protection of workers at work
	   a. Free of adverse effects
	   b. Work beneficial for learning and support as well as promotion of personality
	 4. Free of impairment
	 5. Applicable workplaces

3. Definition of wellbeing at work	WAW can be defined as the result of optimally designed work and workplaces free of malign influences ('Fehlbeanspruchung'). There are some intersections between the two concepts 'work beneficial for learning and furtherance of personality' and 'workplace health promotion' ('gesundheitsförderlich')
4. Focus of activities	The programme 'AUVA fit' aims at improving the quality of work and of workplaces. The overarching aim is to

1. Country	Austria
	reduce the level of sick absences caused by work
5. Main challenges to WAW	The improvement of wellbeing and health at work: an indispensable factor for achieving this goal is the reduction of any work-related health risk. This is also foreseen in the legal framework, the 'ASchG' ('ArbeitnehmerInnenschutzgesetz')
6. Organisations involved	• AUVA (Allgemeine Unfallversicherungsanstalt — the Austrian Workers' Compensation Board) • Centres of workplace hygienists • Austrian health insurance companies (Krankenkassen) • Fund for a Healthy Austria — Fonds Gesundes Österreich
7. Moving the process forward	

Reference: Response from AUVA (Allgemeine Unfallversicherungsanstalt — the Austrian Workers' Compensation Board; 2012).

8.4.2. Belgium

1. Country	Belgium
2. Term(s) for wellbeing at work (WAW)	
• 2a. Country language(s)	'Welzijn op het werk' (NL), 'Bien-être au travail' (FR)
• 2b. English	Wellbeing at Work
3. Definition of wellbeing at work	The Belgian Law of 4 August 1996 (transposing the Framework Council Directive 89/391/EEC of 12 June 1989 into Belgian law) is literally named the 'Law on wellbeing of workers in the performance of their work'. The Law defines 'wellbeing at work' as follows (art. 3, §1, 1°): 'the entirety of factors regarding the circumstances under which work as referred to in Article 4, second paragraph, is carried out'. Art.4. [§1. (4)]: 'The King may impose on the employers and workers any measures necessary for the wellbeing of the workers at work. The measures relating to the following are used to strive for wellbeing: 1) work safety; 2) protecting workers' health at work; 3) psychosocial load caused by work, including violence, harassment and sexual harassment at work; 4) ergonomics; 5) work hygiene; 6) embellishing the workplaces; 7) the enterprise's measures regarding the natural environment, relating to their influence on points 1 to 6'. 'Wellbeing at work' is thus defined as the ensemble of the abovementioned factors
4. Focus of activities	Focusing on the physical, as well as the mental and social, wellbeing of workers (including problems related to the organisation of work and professional relationships on the shop floor)
5. Main challenges to WAW	• Challenges in several domains, e.g. musculoskeletal disorders, mental health (psychosocial risks), chemical substances as well as occupational safety (accidents at work) and occupational diseases • Improving the wellbeing of vulnerable groups (subcontractors, migrants, older workers, temporary contracts, independent workers) • Mainstreaming wellbeing into training/education [1]
6. Organisations involved	• Key actors in the Belgian OSH dialogue: Higher Labour Council (tripartite body) and National Labour Council (bipartite body)

1. Country	Belgium
	• Federal OSH authorities and inspection service (Federal Public Service Employment, Labour and Social Dialogue) • Occupational Accident Fund, Occupational Diseases Fund • Social partners • External Services for Prevention and Protection at Work (OSH services), prevention institutes (sectoral), professional associations, research institutes and universities
7. Moving the process forward	

References: Response from Belgium's EU-OSHA's focal point (2012); [1].

8.4.3. Cyprus

1. Country	Cyprus
2. Term(s) for wellbeing at work (WAW)	
• 2a. Country language(s)	1. προαγωγή της υγείας στην εργασία 2. ικανότητα για εργασία 3. υγεία και ευημερία στην εργασία
• 2b. English	1. Workplace health promotion 2. Work ability 3. Health and wellbeing at work
3. Definition of wellbeing at work	There is no country-specific definition. The Department of Labour Inspection (DLI) adopted the definition of workplace health promotion (WHP), according to the Luxembourg Declaration of 1997. According to this Declaration, WHP is the combined efforts of employers, employees and society to improve the health and wellbeing of people at work
4. Focus of activities	• The DLI, as a national focal point and as a member of the European Network of Workplace Health Promotion (ENWHP), actively participates in various projects and initiatives of the networks aiming to disseminate information and examples of good practices related to WHP to national stakeholders and counterparts • Cyprus participated in various programmes of the above network related to lifestyle-oriented WHP, such as physical activity, healthy diet, smoking prevention and mental health at workplaces • These activities focus on all aspects of WAW, i.e. physical, mental and social wellbeing
5. Main challenges to WAW	The introduction of such WAW practices and activities using the safety and health infrastructure at the workplace; OSH legislation defines this infrastructure. This can be achieved only with the support of all national stakeholders

1. Country	Cyprus
6. Organisations involved	The Department of Labour Inspection of the Ministry of Labour and Social Insurance is the competent authority for the implementation of safety and health at work legislation. Also, to a certain extent, the Ministry of Health is involved for issues concerning public health

Reference: Response from Cyprus's EU-OSHA's focal point (2012).

8.4.4. Czech Republic

1. Country	Czech Republic
2. Term(s) for wellbeing at work (WAW)	
• 2a. Country language(s)	1. Spokojenost s prací 2. Pracovní klima 3. Kvalita pracovního života 4. Pracovní a životní rovnováha 5. Podpora zdraví na pracovišti 6. Pohoda na pracovišti 7. Zdravý podnik
• 2b. English	1. Job satisfaction 2. Work climate 3. Quality of working 4. Work–life balance 5. Health promotion at workplace 6. Wellbeing at workplace 7. Healthy enterprise
3. Definition of wellbeing at work	So far there is not an official WAW definition. The term usually covers all measures introduced by an employer in the workplace to improve the job, life satisfaction and anything that goes above and beyond the legislation
4. Focus of activities	They encompass all three (physical, mental and social WAW), but a single wellbeing measure may lead to good results (e.g. support to sports and physical activity also improves sense of mental wellbeing and generally raises feelings of content)
5. Main challenges to WAW	The most difficult conditions for maintaining WAW exist for small enterprises with small financial reserves and

1. Country	Czech Republic
	uncertain positions in the job market. SMEs prevail in the country and so a majority of workplaces have a problem in implementing WAW. It is sometimes hard to observe the requirements of law on OSH at the workplace. In such cases their knowledge of WAW is slender
6. Organisations involved	Occupational hygiene authorities, labour inspectors
7. Moving the process forward	Many employers train their workers in more than one task, in order to prevent job monotony and job fatigue. As it is not a legal duty of an employer it comes under the WAW term, the same as free eye tests for workers with a delicate electronic job or with computers. Healthy lifestyle and work education, and many other activities expressing employers' goodwill and care for their workforce that all make working life better, deserve to be classified as wellbeing at work

Reference: Response from the Czech Republic's representative on the WHP Expert Group (2012).

8.4.5. Denmark

1. Country	Denmark
2. Term(s) for wellbeing at work (WAW)	
• 2a. Country language(s)	1. Medarbejdertrivsel 2. Jobtilfredshed 3. Arbejdsglæde 4. Velbefindende 5. Mental sundhed, mentalt velbefindende 6. Sundhedsfremme på arbejdspladsen 7. Sundt arbejdsliv 8. Godt arbejdsklima 9. Udviklende arbejde
• 2b. English	1. Wellbeing at work 2. Job satisfaction 3. Job satisfaction, zest (for life) 4. Wellbeing 5. Mental health, mental wellbeing 6. Workplace health promotion 7. Healthy work, healthy work life 8. Good work climate 9. Stimulating work
3. Definition of wellbeing at work	There is no official definition, and none is planned.

1. Country	Denmark
4. Focus of activities	• The physical wellbeing of workers • The mental wellbeing of workers • The psychosocial wellbeing of workers
5. Main challenges to WAW	• To secure a healthy work life for all workers • To make sure that people understand the concept of WAW more or less in the same way
6. Organisations involved	Government organisations, research institutions
7. Moving the process forward	The national working environment strategy aims to reduce mental strain and musculoskeletal strain by 20 % by 2020 The NRCWE regularly surveys up to 50 000 employees to monitor the working environment and various employee health indicators, including wellbeing at work

Reference: Response from Denmark's EU-OSHA's focal point (2012).

8.4.6.   Estonia

1. Country	Estonia
2. Term(s) for wellbeing at work (WAW)	
• 2a. Country language(s)	1. Tervis ja heaolu tööl 2. Tööelu kvaliteet 3. Tervislikud töökohad 4. Töökoha tervisedendus 5. Töövõime 6. Hea psühhosotsiaalne töökeskkond
• 2b. English	1. Health and wellbeing at work 2. Quality of working life 3. Healthy workplaces 4. Workplace health promotion 5. Work ability 6. Good psychosocial working conditions
3. Definition of wellbeing at work	There is no widely accepted and used definition for wellbeing at work. The topic is covered by/distributed among various other topics (see 2a and 2b above) and has not yet emerged strongly as an issue in itself
4. Focus of activities	• The physical wellbeing of workers • The mental wellbeing of workers • The social wellbeing of workers – targeted the least
5. Main challenges to WAW	There is a lack of real discussion on WAW in the context of social dialogue between employers and employees. The focus on 'hard' working conditions and pay still accounts for most of the resources for all parties in the working world, so the issue of WAW is not a priority in itself

1. Country	Estonia
6. Organisations involved	- Ministry of Social Affairs - National Institute for Health Development - Labour Inspectorate - Health Board - Estonian Employers' Confederation - Estonian Trade Union Confederation
7. Moving the process forward	The National Institute for Health Development provides free training and counselling for employers on various topics: e.g. healthy eating, mental health, health promotion in the workplace. The European Social Fund (ESF) has provided funding for SMEs to carry out risk assessments, while the Labour Inspectorate provides training for managers of SMEs and OHS specialists. This training includes topics drawn from WHP and psychosocial risk management

Reference: Response from Estonia's representative on the WHP Expert Group (2012).

8.4.7. Finland

1. Country	Finland
2. Term(s) for wellbeing at work (WAW)	
• 2a. Country language(s)	• Työhyvinvointi tarkoittaa, että työ on mielekästä ja sujuvaa turvallisessa, terveyttä edistävässä sekä työuraa tukevassa työympäristössä ja työyhteisössä
• 2b. English	• Wellbeing at work means that work is meaningful and runs smoothly in a safe, health-promoting and career-supporting work environment and work community
3. Definition of wellbeing at work	Good management: good management of wellbeing, work ability, mental health, safe working conditions, promoting healthy lifestyle, WHP
4. Focus of activities	• The physical wellbeing of workers • The mental wellbeing of workers
5. Main challenges to WAW	• Occupational safety collaboration (worker participation programmes, etc.) • Actions to promote work ability • Occupational health services and participation • Occupational safety actions and processes • Developing work, work environment and know-how
6. Organisations involved	• Ministry of Social Affairs and Health • FIOH • Finnish National Institute for Health and Welfare (THL) • Universities • Tripartite cooperation • Private consulting companies

1. Country	Finland
	• Insurance companies
7. Moving the process forward	Ministry programmes on furthering wellbeing at work, a focus on mental wellbeing and mental health at work, and on supporting employees to continue working and to reduce the sickness absence levels

Reference: Response from Finland's representative on the WHP Expert Group (2012).

8.4.8. France

1. Country	France
2. Term(s) for wellbeing at work (WAW)	
• 2a. Country language(s)	1. Bien-être au travail 2. Qualité des conditions de travail 3. Promotion de la santé au travail 4. Santé mentale au travail 5. Prévention des risques psychosociaux
• 2b. English	1. Wellbeing at work 2. Quality of working conditions 3. Health promotion at work 4. Mental health at work 5. Psychosocial risks prevention
3. Definition of wellbeing at work	No real definition of wellbeing. It is often understood in France as mental health promotion or psychosocial risk prevention
4. Focus of activities	The mental wellbeing of workers.
5. Main challenges to WAW	• The development and dissemination of tools to companies • Taking into account the prevention of psychosocial risks in connection with the restructuring of companies • Streamlining the provision of training on psychosocial risks to companies at a national level
6. Organisations involved	Ministry of Labour, ANACT, social partners, CNAMTS, companies

Reference: e-mail correspondence from C. Talaya (Ministry of Labour) to O. Meunier (Ministry of Labour) on Thursday 15 March 2012 at 17.18.

8.4.9. Germany

1. Country	Germany
2. Term(s) for wellbeing at work (WAW)	
• 2a. Country language(s)	Literal translation of the term – Wohlbefinden am Arbeitsplatz
• 2b. English	• There are no direct synonyms for 'wellbeing at work'. There is some thematic overlap with the concepts of 'workplace health promotion' and 'work ability'. There is also some thematic overlap with the concept of 'mental health', which has recently gained much attention [a] • Quality of working life • WAW in the German context is defined using the concept of WHP. WHP includes the assessment of risks and resources for health but not in relation to the legal requirement of the health and safety law. WHP comprises measures which focus on the improvement of working conditions including company-based provisions in relation to lifestyle-related programmes and measures, which support employees to maintain a healthy lifestyle [b]
3. Definition of wellbeing at work	There is at present no agreed definition [a]
4. Focus of activities	• WHP • Mental health • Healthy ageing • Sustaining workability • Return to work • Satisfaction with work • Positive functioning
5. Main challenges to WAW	• WAW needs to be integrated into the OSH discourse, from which it is currently detached [a] • The promotion of wellbeing at work (resource-oriented) should be linked to the approach of risk assessment and risk management [a]

1. Country	Germany
	• The main challenge is coordination among stakeholders, outside companies and in particular micro enterprises [b]
	• Another challenge is the dissemination of good practices in the field of mental health at work [b]
6. Organisations involved	The Ministry of Health, national networks (Initiative Neue Qualität der Arbeit – INQA), Bundesanstalt für Arbeitsschutz und Arbeitsmedizin (BAuA), accident and health insurers, employers' associations (chambers of commerce), trade unions, training bodies, NGOs, labour inspection, the Ministry of Labour and Social Affairs
7. Moving the process forward	Given the current state of discussion, it would be too early to try to define 'wellbeing at work' at this time. However, a definition to be agreed upon at a later stage should cover all the aspects mentioned in item 4 [a] Relevant legislative amendments to the Occupational Health and Safety Act (Arbeitsschutzgesetz) are underway in Germany: • In paragraph 4 (General Principles), the term 'mental health' has been included: *'Work shall be designed in a way as to avoid, as much as possible, hazards to life and to physical and mental health'* (a broad/holistic definition of 'health' is used) • In paragraph 5 (Risk Management) the term 'mental stress' is now explicitly mentioned as a hazard to be considered in risk assessment and risk management [a] Working conditions should come first and lifestyle programmes should be embedded and integrated in this philosophy. Another core element is employee involvement [b]

References: [a] Response from Germany's representative on the WHP Expert Group (2012), [b] Response from the BKK Federal Association (Federal Association of Company Health Insurance Funds) (2012).

8.4.10. Greece

1. Country	Greece
2. Term(s) for wellbeing at work (WAW)	
• 2a. Country language(s)	1. Υγεία και Ευεξία στην Εργασία 2. ευ ζην
• 2b. English	1. Health and Wellbeing at Work 2. Good quality of life, wellness, or a satisfactory way of living
3. Definition of wellbeing at work	There is not a specific definition in place. Generally it is considered as 'the positive aspect of health, the general state of being or doing well at work or the good physical and mental health at work'. It also includes parameters such as 'satisfaction from the working conditions and the working environment, the existing level of work–life balance, the personal work ability and creativity etc.'
4. Focus of activities	• The physical wellbeing of workers (the main focus of activities) • The mental wellbeing of workers • The social wellbeing of workers • WHP focusing on lifestyle issues
5. Main challenges to WAW	The recession period is likely to be the main challenge to wellbeing and health at work. Many workers are losing their jobs and work-related stress is increasing as a result of job insecurity, enterprises restructuring, time pressure and long working hours. The main challenge is to sustain a good level of health and wellbeing in and out of the workplace and to maintain a good work–life balance
6. Organisations involved	Government offices and various other stakeholders
7. Moving the process forward	The Labour Inspectorate Body of Greece took part in the '2012 Psychosocial Risks Campaign' by the Committee of Senior Labour Inspectors (SLIC), and is planning information campaigns in Greece and inspection activities and information in selected occupational sectors (social services, hotels and restaurants, and transport).

1. Country	Greece
	ELINYAE (Hellenic Institute for Occupational Health and Safety) recently presented the results of research on restructuring impacts on local administration authorities. The European programme 'Progress' financed the 'Hygeia in Kallikratis' programme that aimed to support at a national level the exchange of information concerning safety and health at work during restructuring processes

Reference: Response from Greece's EU-OSHA's focal point (2012).

8.4.11.   Hungary

1. Country	Hungary
2. Term(s) for wellbeing at work (WAW)	
• 2a. Country language(s)	1. Egészség és jólét a munkahelyen 2. Egészséges munkahelyek
• 2b. English	1. Health and wellbeing at work 2. Healthy workplaces
3. Definition of wellbeing at work	There is not a specific definition in place. A definition may be outlined within the National OSH Policy, which is currently under development
4. Focus of activities	Risk assessment and management, workplace health promotion, health surveillance, return to work are more or less listed in the duties of the employer, by OSH legislation. The physical wellbeing of workers is the main focus of activities but activities also consider the mental wellbeing of workers
5. Main challenges to WAW	The poor health conditions of some of the population. The social problems arising from the financial crisis
6. Organisations involved	Government offices and a variety of NGOs, including the Association for Healthier Enterprises (EMEGY), universities, for-profit companies, the National Labour Office (Nemzeti Munkaügyi Hivatal – NMH) and the Hungarian Ergonomics Society (Magyar Ergonómiai Társaság)
7. Moving the process forward	Occupational health services are working in this field. They offer several extra services, focusing on the entire range of WHP and also carrying out public health screening tests

Reference: Response from the Hungarian representative on the WHP Expert Group (2012).

8.4.12. Ireland

1. Country	Ireland
2. Term(s) for wellbeing at work (WAW)	
• 2a. Country language(s)	
• 2b. English	1. Health 2. Workplace health and wellbeing 3. Workplace health promotion 4. Work ability 5. Wellbeing 6. Rehabilitation 7. Health surveillance 8. Health screening
3. Definition of wellbeing at work	The Health and Safety Authority's (HSA) 2008 Workplace Health and Wellbeing Strategy (available from www.hsa.ie) defines wellbeing at work as follows: 'Workplace health and wellbeing is a state of being for each employee and employer which enables each individual to reach their full potential in the workplace by ensuring their work ability through the promotion of mental, physical, emotional and psychological health and wellbeing. It includes the prevention of all types of illness and disease in these areas, the promotion of workplace health activities and the rehabilitation of individuals who experience such illness and disease so as to facilitate and support their return to employment'
4. Focus of activities	• The physical wellbeing of workers (main focus of activities) • The mental wellbeing of workers
5. Main challenges to WAW	Getting all parties to work together to maintain and promote WAW

1. Country	Ireland
6. Organisations involved	The HSA, Health Services Executive (HSE), the Department of Enterprise, Jobs and Innovation, the Department of Health, the Department of Social Protection, social partners, third-level institutions, voluntary organisations such as the Irish Heart Foundation and the Irish Cancer Society, Construction Workers Health Trust, large public and private organisations
7. Moving the process forward	In 2008, the HSA published a Workplace Health and Wellbeing Strategy and many of the recommendations are yet to be implemented

Reference: Response from Ireland's representative on the WHP Expert Group (2012).

8.4.13. Italy

1. Country	Italy
2. Term(s) for wellbeing at work (WAW)	
• 2a. Country language(s)	1. Benessere lavorativo 2. Salute/benessere organizzativa 3. Promozione della salute nei luoghi di lavoro
• 2b. English	1. Wellbeing at work 2. Organisational health/wellbeing 3. Workplace health promotion
3. Definition of wellbeing at work	The term 'organisation welfare' means: the set of core cultural processes and organisational practices driving the dynamics of coexistence at the workplace by promoting, maintaining and improving the quality of life and the degree of physical, psychological and social wellbeing of the working community (see [83])
4. Focus of activities	• The mental wellbeing of workers
5. Main challenges to WAW	• Working flexibility, new forms of contracts and job insecurity • Foreign workers, integration • New types of work (e.g. green jobs) and re-employment • Re-employment of unemployed mature people • Working age • Equal opportunities • Work–life balance
6. Organisations involved	Research institutes, institutional bodies, companies

1. Country	Italy
7. Moving the process forward	The concept of wellbeing at work should include aspects that relate to the proper management of human resources, based on a particular focus on people, appreciation and recognition of skills, currently under-represented in the Italian context

Reference: Response from Italy's EU-OSHA's focal point (2012).

8.4.14. Latvia

1. Country	Latvia
2. Term(s) for wellbeing at work (WAW)	
• 2a. Country language(s)	1. Veselības veicināšana darba vietās 2. Veselības veicināšana darbā 3. Drošas un un veselībai nekaitīgas darba vietas 4. Darbaspējas 5. Darbaspēju indekss
• 2b. English	1. Workplace health promotion 2. Health promotion at work 3. Healthy and safe workplaces 4. Work ability 5. Work ability index
3. Definition of wellbeing at work	There is not a specific definition. Wellbeing is associated with workplace health promotion
4. Focus of activities	• The physical wellbeing of workers (mainly) • The mental wellbeing of workers (in rare cases)
5. Main challenges to WAW	• Lack of understanding • Lack of examples of good practice (most of the companies that give examples are big, multinational companies, while local companies do not believe that this is also applicable to them)
6. Organisations involved	Ministry of Welfare, Ministry of Health, Riga Stradins University, Institute of Occupational Safety and Environmental Health
7. Moving the process forward	There is a level of uncertainty on whether or not a specific term should be defined, as the situation changes so

1. Country	Latvia
	quickly (a fast-changing environment due to business innovations etc.)
	Activities should be addressed in the field of dissemination of good-practice examples, as far as possible also including costs (investments) and achieved benefits
	Primarily, small companies should be the focus, as the largest ones have access to seminars, international experience etc.

Reference: Response from Latvia's EU-OSHA's focal point (2012).

8.4.15. Lithuania

1. Country	Lithuania
2. Term(s) for wellbeing at work (WAW)	
• 2a. Country language(s)	1. Psichologinis komfortas darbe 2. Minimalus stresas darbe 3. Priimtina socialinių veiksnių rizika 4. Geras psichologinis klimatas 5. Sveikata ir gerovė darbe 6. Sveikatą stiprinanti darbo aplinka 7. Sveika ir saugi aplinka 8. Sveikatai palankios darbo sąlygos 9. Socialinės garantijos 10. Sveikos darbo sąlygos 11. Į darbą kaip į šventę
• 2b. English	1. Psychological comfort at work 2. Minimum level of stress at work 3. Acceptable risk of social factors 4. Good psychological climate 5. Health and welfare at work 6. Health-promoting work environment 7. Healthy and safe work environment 8. Acceptable working conditions 9. Social security

1. Country	Lithuania
	10. Healthy working conditions
	11. Comprehensive wellbeing at work
	12. Work as festival
3. Definition of wellbeing at work	There is no definition of WAW. Most specialists have an understanding of the WAW definition, but there is not an official one
4. Focus of activities	Mostly on social wellbeing, less on physical wellbeing and the least on mental wellbeing
	In Lithuania, there is much to improve for the physical wellbeing of workers
5. Main challenges to WAW	• Employers' negative attitudes
	• Poor financial resources
	• Some employers resist changes and innovations
	• Senior workforce
	• Most workers, because of low motivation or poor knowledge, are hesitant to create better working conditions
	• The government's resistance at times, especially as it applies to changing the legislation
6. Organisations involved	The Ministry of Social Affairs and Labour, The National Labour Inspection, The Ministry of Health, The Tripartite Council, Institute of Hygiene (Occupational Health Centre), Public Health Offices (Bureau)
7. Moving the process forward	

Reference: Response from Lithuania's representative on the WHP Expert Group (2012).

8.4.16. Luxembourg

1. Country	Luxembourg
2. Term(s) for wellbeing at work (WAW)	
• 2a. Country language(s)	
• 2b. English	• Wellbeing at work
3. Definition of wellbeing at work	The Law of 11 August 2006, modifying the Law of 17 June 1994 on employees' safety and health, transposing the Framework Council Directive 89/391/EEC of 12 June 1989 into Luxembourg Law. According to the Law, art. 16: 'The employer must take all measurements to ensure and improve protection of the physical and psychological health of the workers, in particular by ensuring sufficient ergonomic working conditions, by avoiding as much as possible repetitive work, by organising work in a suitable way and by taking the necessary measures so that the workers are protected efficiently from the emanations resulting from cigarette smoking from others.' WAW covers OSH, working relations, workplace health promotion and accidents insurance
4. Focus of activities	• The physical WAW: the construction and industry sectors, because of high rates of MSDs • The mental WAW: the transport, hotel and restaurant sectors because of psychosocial or mental behaviours • The social WAW: the finance sector being highly exposed to mental distress and burnout risks
5. Main challenges to WAW	• Psychosocial factors • Social dumping • Safety dumping • Precarious labour contracts
6. Organisations involved	Employers, social partners, government offices, other stakeholders
7. Moving the process forward	• The need for a national strategy in which the targets and priorities of national actions should be set based

1. Country	Luxembourg
	on a wide participatory approach
	• Implementing the OSH approach in the public and the private sectors
	• Improving the overall coordination and collaboration between control and prevention bodies and between central and regional offices
	• Finding a better balance between reactive and proactive inspections
	• Establishing a clear technical support system and a soft law or guideline for field inspectors
	• Training and education of representatives in SMEs

Reference: Response from Luxembourg's EU-OSHA's focal point (2012).

8.4.17. The Netherlands

1. Country	The Netherlands
2. Term(s) for wellbeing at work (WAW)	
• 2a. Country language(s)	1. Arbeidsomstandigheden 2. Veiligheid en gezondheid van werknemers
• 2b. English	1. Working conditions 2. Occupational safety and health
3. Definition of wellbeing at work	The term 'wellbeing' is not incorporated in Dutch OSH legislation; other terms are used instead. In the Act of 18 March 1999, containing provisions to improve working conditions (Working Conditions Act), the following terms are used: 'Arbeidsomstandigheden' (Working conditions) and 'Veiligheid en gezondheid van werknemers' (Occupational safety and health)
4. Focus of activities	Mainly physical and mental WAW. Social WAW has not received much attention in the Netherlands
5. Main challenges to WAW	• Psychosocial risks • Risks for SMEs and the self-employed • The ageing population and workforce • New forms of work (working at different locations and times)
6. Organisations involved	• Ministry of Social Affairs and Employment (leading), Labour Inspectorate, Social and Economic Council & Labour Foundation; central consultation between the social partners and the Government takes place in the SER (Social and Economic Council of the Netherlands) and the Stichting van de Arbeid (Labour Foundation) • Employer and employee organisations

1. Country	The Netherlands
	• OSH services, branch/sector organisations, consultancy companies, education and training organisations, knowledge institutes (sectoral knowledge institutes, universities etc.), associations of professionals and OSH experts, institutes developing/controlling standards in the field of health and safety, insurance companies, etc.
7. Moving the process forward	Wellbeing could be defined using the definition that the WHO uses for mental health [88]: '*Wellbeing is not only the absence of illness or disorder but a state in which every individual fulfils his or her potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community*.' It should cover physical wellbeing, mental wellbeing and social wellbeing The focus should not specifically be on wellbeing at work. Work or work characteristics should not hinder but stimulate wellbeing of workers

Reference: Response from the Netherlands' EU-OSHA's focal point (2012).

8.4.18. Poland

1. Country	Poland
2. Term(s) for wellbeing at work (WAW)	
• 2a. Polish	1. Jakość życia zawodowego 2. Zdolność do pracy 3. Zadowolenie z pracy 4. Zdrowie w pracy 5. Ogólny stan zdrowia 6. Dobrostan psychologiczny 7. Zaangażowanie w pracę 8. Stres związany z pracą i wypalenie zawodowe 9. Równowaga praca-dom
• 2b. English	1. Quality of working life 2. Work ability 3. Job satisfaction 4. Health at work 5. General health 6. Psychological wellbeing 7. Work engagement 8. Work-related stress and burnout 9. Work–life balance
3. Definition of wellbeing at work	Poland has not adopted a single definition of wellbeing; wellbeing at work is regarded as a lack of work-related diseases (physical or mental) rather than optimal functioning in the workplace. Although issues such as promoting health or positive working environment are still on the margin of public debate, a growing interest in

1. Country	Poland
	wellbeing and health at work is observed. Slowly, public attention is shifting to positive ways in which wellbeing can be promoted. However, in general, national campaigns aimed at the improvement of working conditions tend to focus on more traditional concepts of 'health and safety' or 'job satisfaction'
4. Focus of activities	• Workplace health promotion (e.g. smoking cessation, avoidance of alcohol abuse, prevention of stress and burnout and of musculoskeletal disorders, specific risks at work and their consequences) • Risk assessment and management • Health surveillance • Improving working conditions (including psychosocial working conditions) • Preventing work-related stress, burnout and diseases
5. Main challenges to WAW	The main challenge for WAW in Poland is to shift the attention from the traditional OSH focus on work-related stress and diseases to a positive approach that will include all the important factors: physical, mental and social. Thus, this concept would not just be concerned with the lack of illness The other challenge is to implement particular WAW programmes more broadly, especially in SMEs, as existing programmes are implemented mostly in the public sector, particularly in challenging professions (e.g. teachers, nurses, miners)
6. Organisations involved	Government organisations, health services, insurance companies
7. Moving the process forward	The National Centre for Workplace Health Promotion coordinates workplace health promotion programmes, which are run by regional occupational medicine stations

References: Response from Poland's EU-OSHA's focal point (2012); [113]; [114].

8.4.19. Romania

1. Country	Romania
2. Term(s) for wellbeing at work (WAW)	
• 2a. Country language(s)	
• 2b. English	• Definition by experts from a social field: Quality of (working) life on three levels: individual, organisational, society health and wellbeing at work • Definition by health experts: Occupational health concentrates on employee performance, suitability, fitness, wellbeing and safety issues linked to health at work
3. Definition of wellbeing at work	There is a definition in the Romanian Dictionary: happy state, good condition, rich life of the individual, organisation, enterprise, institution. • Individual level: includes much more than working life (the person is in the middle of the concept of wellbeing) • Organisational level: OSH management and other organisational measures such as career opportunities • Society level: different fields including education, policy, financial issues etc. In Romania, taking into account how recently the WHP concept has been introduced (i.e. 2000), WAW is fairly unknown except for a small minority of public health and occupational health experts, working mainly in research and training. As for WHP, the Romanian approach was to fully implement the meaning given by the Luxembourg definition, with a slight change; that is, introducing professional determinants to the definition. Thus, in Romania, health promotion represents the combined effort of employees, employers and society as a whole to improve the health of people associated with professional determinants. WHP represents a collective strategy aimed at better health at work and economic growth for the company [115]
4. Focus of activities	• The physical wellbeing of workers • The mental wellbeing of workers • The social wellbeing of workers
5. Main challenges to WAW	The financial consequences of the economic crisis are the most important challenges for WAW.

1. Country	Romania
6. Organisations involved	The Institute for Quality of Working Life, Institute of Labour Protection, Labour Inspectorates, Authorities of Public Health, the National Institute of Public Health, NGOs, occupational health services, the Ministry of Health, social partners
7. Moving the process forward	To encourage the freedom to do what someone wants to do and what is needed for the best working conditions, with the highest-performance technology, in a friendly environment and with a high income (at least 10 times greater than what is established by the law)

References: Response from Romania's representative on the WHP Expert Group (2012); [115].

8.4.20. Slovakia

1. Country	Slovakia
2. Term(s) for wellbeing at work (WAW)	
• 2a. Country language(s)	
• 2b. English	1. Fair and satisfying working conditions 2. Working conditions 3. Labour protection 4. Working conditions and living conditions of employees (defined in the Labour Code, §151) 5. The culture of work and working environments
3. Definition of wellbeing at work	The following definition is given in article 151 of the Labour Code: '(1) In order to improve the culture of work and working environments, the employer shall create adequate working conditions and shall attend to the appearance and arrangement of workplaces, social facilities and personal sanitation amenities.'
4. Focus of activities	• Physical WAW is preferred by workers in sectors such as heavy industry, production, construction sites, transport • Mental WAW has priority in the healthcare, education, HORECA and retail sectors • Social WAW activities are mostly offered to employees of big companies • Lifelong learning is also an important part of WAW activities
5. Main challenges to WAW	• Demographic changes • Gender opportunities • Migration workers • Young workforce • Job sharing

1. Country	Slovakia
	- Teleworking - Domestic workers
6. Organisations involved	- Ministries (Ministry of Labour, Social Affairs and Family; Ministry of Health) - National Labour Inspectorate with its regional labour inspectorates - Public Health Authority with its regional offices - Research Institute for Labour and Family Research - Slovak National Centre for Human Rights
7. Moving the process forward	

Reference: Response from Slovakia's EU-OSHA's focal point (2012).

8.4.21. Spain

1. Country	Spain
2. Term(s) for wellbeing at work (WAW)	
2a. Country language(s)	1. Bienestar en el trabajo 2. 'Salud y bienestar en el trabajo' 3. Empresas saludables 4. Promoción de la salud en el trabajo 5. Bienestar corporativo 6. Salud en la empresa
2b. English	1. Wellbeing at work 2. Health and wellbeing at work 3. Healthy companies 4. Workplace health promotion 5. Corporate wellness 6. Health at the company
3. Definition of wellbeing at work	There is a definition of 'Salud laboral' (occupational health) in the Spanish Public Health Act (Ley 33/2011, de 4 de Octubre, General de Salud Pública (BOE 5/10/2011): 'Occupational health aims to achieve the highest degree of physical, mental and social wellbeing for workers taking into account the characteristics and risks at the workplace, the work environment, and promoting prevention diagnosis, treatment, rehabilitation and adaptation for work-related diseases'
4. Focus of activities	• The physical wellbeing of workers • The mental wellbeing of workers • The social wellbeing of workers

1. Country	Spain
5. Main challenges to WAW	• Increase the number of companies that undertake WHP actions under a comprehensive concept of health, mainly among small and medium-sized companies • Create supportive infrastructure to involve all relevant stakeholders in sharing and disseminating good practice • Actively promote intrasectoral policies and strategies for including health in all policies • Promote partnership and collaboration among public health and occupational health • Develop a strong business case based on Spanish data and models • Develop and make available 'how-to' guidelines and tools for promoting good practice on health management at work (promotion, prevention, job retention, return to work)
6. Organisations involved	The Ministry of Labour (INSHT), the Ministry of Health, health and insurance companies (mutuas), the social security body, autonomous bodies, employers' association (chambers of commerce), trade unions, universities, training bodies, municipalities, NGOs, professional associations
7. Moving the process forward	Independently of the definition, the aspects that should be covered by wellbeing at work have to include all the dimensions (physical, mental, social and emotional) and determinants of health at work and outside work. Non-discrimination, equality and inclusive workplaces are as important aspects to cover as the impact of work on life and vice versa. It is also important to fulfil both the needs of the employee and the business, and to promote interventions at individual, environment and organisational levels Possible domains of wellbeing at work could be: • Personal, career development • Environmental concerns • Home–work interface • Physical health • Mental health • Relationships

Reference: Response from Spain's representative on the WHP Expert Group (2012).

8.4.22. Switzerland

1. Country	Switzerland
2. Term(s) for wellbeing at work (WAW)	
• 2a. Country language	1. Betriebliche Gesundheitsförderung 2. Betriebliche Gesundheitsmanagement 3. Gesundheit am Arbeitsplatz 4. Psychische Gesundheit am Arbeitsplatz
• 2b. English	1. Workplace health promotion 2. Workplace health management 3. Health at the workplace 4. Mental health at the workplace 5. Organisational health development 6. Salutogenic organisational development
3. Definition of wellbeing at work	• No official definition and none planned • In general, the term WAW is hardly accepted by the Swiss enterprises and culture. The Swiss Employer's Association still maintains the position: 'employers are not responsible for using the WHO's definition of health referring to a general state of wellbeing'
4. Focus of activities	• Activities of organisations such as Health Promotion Switzerland (HPS), the State Secretariat for Economic Affairs (SECO) and the Swiss National Accident Insurance Fund (SUVA) that focus on physical and mental as well as social WAW • HPS is particularly focusing on mental WAW (mental health and stress) • SUVA focuses on physical WAW (occupational safety)

1. Country	Switzerland
	• Some cantons (the country's subdivisions) have initiated WHP programmes • A national network for mental health is about to be established, initiated by the Federal Office of Public Health, Swiss Conference of the Cantonal Ministers of Public Health, SECO, HPS and other stakeholders
5. Main challenges to WAW	• The main challenges are similar to those in countries such as Germany and Austria. The term WAW is hardly acceptable in private business. Even the term WHP is struggling to gain a foothold. Additionally, there is a lack of basic data regarding health conditions at work • Although during the past decade a wide range of measures has been implemented there is still a 'lack of demand' from the private business side • It is difficult to get WAW integrated into companies as long as it is seen as being in competition with other (legally required) health and safety structures • It needs to be communicated to companies that they do have a major impact on employees' working conditions, health and performance through their organisational structure, strategy and culture
6. Organisations involved	• The main national organisation is HPS (Gesundheitsförderung Schweiz) • The national workers' compensation insurer, SUVA, is also active in the area and provides advice to companies • Universities • Some healthcare insurers offer consulting on WHP for companies
7. Moving the process forward	A national network for mental health is about to be established, initiated by the Federal Office of Public Health, Swiss Conference of the Cantonal Ministers of Public Health, SECO, HPS and other players

Reference: Response from Switzerland's representative on the WHP Expert Group (2012).

8.4.23. United Kingdom

1. Country	United Kingdom
2. Term(s) for wellbeing at work (WAW)	
• 2a. Country language(s)	
• 2b. English	1. Health at work 2. Health and wellbeing at work 3. Workplace health promotion
3. Definition of wellbeing at work	No single definition of wellbeing at work has been adopted in the United Kingdom — the definition would depend on the context or the particular issue to be addressed by policy-makers. In an influential government-commissioned review of the link between health, work and wellbeing, wellbeing was defined as the subjective state of being healthy, happy, contented, and comfortable and satisfied with one's quality of life. It includes physical, material, social, emotional (happiness) and development and activity dimensions [84]
4. Focus of activities	• The physical wellbeing of workers • The mental wellbeing of workers • The social wellbeing of workers
5. Main challenges to WAW	• Influencing healthcare professionals, especially those in secondary care, to fully acknowledge the importance of employment for health, particularly the potential for work to have recuperative effects • Engaging effectively with SMEs • Utilising those in the public sector to influence change • Implementing lessons learned and mainstream what has already been achieved • Working with increasingly different healthcare delivery systems and other consequences of devolved government

1. Country	United Kingdom
	• Keeping momentum in tough economic times • Increasing attention on the extremities of the working-age life course — young people and older workers — where there has been little focus to date
6. Organisations involved	Government offices, trade unions, other stakeholders
7. Moving the process forward	Measuring National Wellbeing (http://www.ons.gov.uk/ons/guide-method/user-guidance/well-being/index.html) including the influences on subjective wellbeing as it has both eudaimonic and hedonic components. The results of the Measuring Wellbeing Programme will inform any further refinement of definitions and measurement approaches used in the United Kingdom

References: Response from the United Kingdom's representative on the WHP Expert Group (2012); [84].

8.5.   Annex 5: Literature review of countries

The information that follows provides an overview of wellbeing at work based on current literature for the respective countries. As there were language restrictions in conducting the literature search, it should not be expected that all of the relevant literature was identified, so some of the relevant material that has been published may not be included, but this was inadvertent.

8.5.1.   Austria

Austria performs very well in overall wellbeing, as shown by the fact that it ranks among the top 10 countries in several areas in the OECD's Better Life Index, such as jobs, community and life satisfaction [116]. In Austria, WAW is mostly linked to terms/concepts such as quality of work and quality of the workplace, and workplace health promotion (WHP). WHP has been an issue of public and political debate in Austria since 2000, when the Austrian Network on Workplace Health Promotion was established in the Upper Austrian Health Insurance Fund. In addition, the Fund for a Healthy Austria (Fonds Gesundes Österreich, FGÖ) finances projects on WHP in companies. WHP follows a salutogenic approach by addressing the maintenance of health and improving the wellbeing of employees, while still preventing ill health at the workplace. In addition, sick leave analyses, as well as the establishment of a steering committee and of 'health circles' in companies, form the core elements of WHP. Health circles are professionally guided meetings of employees with a focus to jointly develop measures relating to the promotion of health [117].

8.5.2.   Belgium

Belgium performs very well in many measures of general wellbeing, as shown by the fact that it ranks among the top 10 countries in several areas (e.g. income, housing and work–life balance) in the OECD's Better Life Index [116].

The concept of WAW in Belgium is based on a well-established national legal framework with regard to working conditions and OSH. The framework legislation is literally called the 'Act of 4 August 1996 on Wellbeing of Workers in the Performance of their Work' or, in short, the 'Wellbeing at Work Act' ('Welzijn op het werk' in Dutch, 'Bien-être au travail' in French). This Act transposes the framework Council Directive 89/391/EEC of 12 June 1989 (on the introduction of measures to encourage improvements in the safety and health of workers at work) into Belgian law. The WAW Act and its implementing Royal Decrees together form the 'Code on Wellbeing at Work'. The Code applies to every employer that employs at least one worker. The main characteristics of this WAW Code are the emphasis on prevention and the broadening of the OSH concept to WAW. WAW is defined as the ensemble of factors related to working conditions, including safety and health, psychosocial load, ergonomics and work hygiene, as well as improvement of the workplaces. The main actors in WAW are line managers, who play an important role, and managers, who are responsible for the planning, execution and evaluation of the WAW policy [6].

One term related to WAW and regularly used in the Belgian (research) context is 'quality of work'. Belgian researchers have in this regard often referred to the 'four A dimensions' as four different job-related characteristics that need to be of good quality to guarantee a good overall job quality. The As refer to the four Dutch A-words: 'Arbeidsinhoud' (job content), 'Arbeidsomstandigheden (working conditions), 'Arbeidsvoorwaarden' (employment conditions) and 'Arbeidsverhoudingen' (social relations at work) [118].

As the Belgian employment rate for older workers is far below the European target of 50 %, the issue of work sustainability (keeping workers in their current job/on the labour market until 60 years or older) is on the high priority list of Belgian policy-makers. As work sustainability is also determined by the kind of work one has to perform, there is in this regard increasing attention being given to the issues of wellbeing and quality of work [118].

8.5.3. Bulgaria

Despite a common view in Bulgaria that workplace relations are very important for the wellbeing of the workers, most of the enterprises are not concerned about this issue, with some exceptions among the large multinational companies in Bulgaria. There is a lack of public awareness of the rising issues concerning stress and violence at the workplace. Both policy-makers and employers do not pay due attention to the new health risks. Work–life balance has not been a major political issue in Bulgaria so far. Nevertheless, some legislative changes and strategy documents contain some measures that might have an impact on the reconciliation of work and family life. They are influenced by the transposition of EU directives [119].

8.5.4. Cyprus

In Cyprus the concept of health and safety is limited exclusively to the provisions of the relevant legislation rather than as a broader concept of WAW [120].

It appears that WAW is mainly related to the concept of WHP. The question of promoting workers' health is a concern for the social partners in the context of OSH. WAW is considered very important by the social partners, and is in this regard frequently discussed and included in collective agreements [121].

8.5.5. Czech Republic

In the Czech Republic WAW is regarded as the combination of measures introduced by an employer at the workplace to improve job (and consequently life) satisfaction and going beyond and above the legislative (OSH) requirements. The concept of WAW is not part of Czech legislation. In strategic documents, such as the National OSH Policy and the National Action Plan for OSH, however, wellbeing can be found in the form of targeting the policy not only on health protection but also on mental and social WAW [122].

The Czech Ministry of Health has, for example, established a specific programme, the 'company supporting health' programme. As part of this programme, companies are evaluated with regard to the fulfilment of criteria focusing on a wide range of working conditions and the work–life balance of their employees. The positive aspect of this initiative is that working aspects, which the legislation barely considers, are receiving increasing attention. It mainly concerns issues such as inappropriate work demands due to a job/skills mismatch. Furthermore, other state organisations as well as non-profit organisations and commercial agencies offer methodological guides and training focusing on the prevention of mental strain resulting from work and stress, for both non-managerial and managerial staff [123].

The medium-sized and large companies, mostly from the tertiary sector, seem to be those that list their progresses against HR (and WAW) policies in contests such as 'Employer of the Year' or 'Company of the Year'. Companies with foreign ownership tend to be more advanced than Czech companies, which are still learning new forms of management styles [124].

8.5.6. Denmark

Denmark performs exceptionally well in measures of overall wellbeing according to the OECD's Better Life Index and ranks amongst the top countries in most categories, including gender equality, jobs and work–life balance [116]. According to the European Foundation's Working Conditions Survey, Denmark, along with the other Nordic countries and the Netherlands, has led improvements in job quality and work organisation in Europe [125].

In Denmark, the workplace is considered to be the ideal arena in which to promote health [126]. Rather than merely preventing employees from becoming ill or injured as a result of their work, Denmark's ambition is for them to be healthier by going to work rather than staying at home [126]. A commonly accepted definition of workplace health promotion is that of the Luxembourg Declaration of 1997: 'WHP is the combined power of employers, workers and society overall effort to improve health and wellbeing in the working population' [81] [127]. Health promotion in the workplace tends to cover

lifestyle factors, work environment and, more recently, corporate social responsibility (CSR). CSR is being considered by more and more companies in Denmark and typical measures include:

- flexible working hours for families with children;

- pregnancy policy, absenteeism policy;

- competency development;

- prevention of burnout and stress and support for employees with medical problems (e.g. reassignment after accidents or prolonged illness) [127].

In Denmark, physical and mental health is covered by statutory (Arbejdspladsvurdering, APV — risk assessment) studies and initiatives, whereas 'KRAMS-factors' (a term that appears regularly in the literature, which covers diet, smoking, alcohol, exercise and stress) are typically addressed in privately run campaigns. In 2007, the Board of Health conducted a survey that showed that almost all companies had carried out promotional campaigns to address at least one of the five 'KRAMS-factors' [126]. However, few companies were found to have undertaken systematic and targeted campaigns and rarely was there any evaluation or follow-up, despite it now being mandatory for employers of municipal workers to measure wellbeing and employee satisfaction at work [126] [127]. This may be explained by the fact that there is currently no consensus about what WAW means and there are many different views, models and measurement tools for wellbeing in the workplace [127].

The terms 'wellbeing at work' and 'job satisfaction' appear to be almost interchangeable, with job satisfaction relating to a wide range of different elements, such as lifestyle factors (e.g. diet, exercise, smoking and alcohol), physiological factors (e.g. posture, fumes and noise) psychological factors (e.g. monotonous work and personal development), social factors (e.g. bullying, cooperation and community), existential factors (e.g. appreciation, recognition and meaningfulness) and technical factors (e.g. opportunity to do a good job and deliver professional quality, efficiency and development) [127]. The Board of Health in Denmark describes the concept of health as a condition in a subject or group of individuals characterised by physical, mental and social wellbeing [127]. Hence, there is significant overlap between the concepts of wellbeing, job satisfaction and health.

A variety of ways have been proposed to use measures of job satisfaction to predict WAW but the validity of such techniques is being questioned. The literature relating to WAW and job satisfaction discusses the following four aspects: physical and mental health **Error! Reference source not found.Error! Reference source not found.**; prevention and health promotion, including diet, smoking, alcohol etc. **Error! Reference source not found.Error! Reference source not found.**; quality and efficiency of task, i.e. workers can feel they are making a valuable contribution and are not frustrated by inefficient processes or equipment **Error! Reference source not found. Error! Reference source not found. Error! Reference source not found.**; stimulating and good work **Error! Reference source not found.Error! Reference source not found.Error! Reference source not found.**.

Wellbeing is seen as a dynamic concept, which is influenced by issues both inside and outside the workplace. This dynamism and broad scope presents a challenge to policy-makers and campaigners; discrete approaches to wellbeing can be too selective and mechanical, and do not account for all the important factors, whereas a comprehensive approach can be too broad and unfocused with the important factors being poorly defined [127].

8.5.7. Estonia

According to the European Working Conditions Survey, 59 % of Estonian employees state that their work has a negative impact on their health, which is among the highest rates in Europe. As a consequence, OSH is an area that needs policy intervention in Estonia [139]. According to the Estonian OSH Act, the employer is obliged to ensure compliance with the OSH requirements in every aspect related to the work, assess the risks in the work environment and apply preventative measures [140]. Estonian OSH legislation does not include the concept of WAW and WAW has not been thoroughly discussed in Estonia [139]. However, some indication of WAW was provided by the Estonian Action Plan for Growth and Jobs 2008–2011, where OSH matters are discussed under the remit of 'quality of working life' [140].

8.5.8. Finland

Finland performs very well in many measures of wellbeing, as shown by the fact that it ranks among the top countries in a large number of areas in the OECD's Better Life Index. In Finland, 73 % of people reported having more positive experiences in an average day (feelings of rest, pride in accomplishment, enjoyment etc.) than negative ones (pain, worry, sadness, boredom etc.). The Finnish model of work and family reconciliation stands out in international comparison because of the manner in which it provides choice to parents with young children. Finnish policy reduces barriers to employment by ensuring all families with young children have access to a subsidised childcare place [116].

The Finnish Ministry of Social Affairs and Health has started a forum for WAW. The forum provides a natural and reliable foundation for extensive cooperation by all actors. It coordinates the actions of organisations promoting WAW and, for example, disseminates good ideas and practices. The objective is to boost network cooperation and partnerships to make the actions more effective and to achieve common goals. Typical activities include campaigns, expert meetings, training, joint open settings for learning, publications, web services, guidance, relevant projects, and coordination of the various partners' activities [6].

8.5.9. France

France performs very well in many measures of wellbeing, as shown by the fact that it ranks among the top 10 countries in several areas in the OECD's Better Life Index. In general, people in France are more satisfied with their lives than the OECD's average, with 73 % of people saying they have more positive experiences in an average day (feelings of rest, pride in accomplishment, enjoyment etc.) than negative ones (pain, worry, sadness, boredom etc.) [127].

In 2009, the French Prime Minister commissioned research proposing measures to improve wellbeing and mental health in the workplace. The report lists 10 suggestions aimed at politicians and social partners but above all companies [141].

The results of the first survey on WAW were published in 2010. One of the major lessons delivered by this first barometer of wellbeing was that work differs. Some results were disturbing, others encouraging. They clearly indicated the need to act: employees were worried, and recognised the benefits of actions in terms of wellbeing [142].

8.5.10. Germany

In Germany, the legislation recognises the recommendations for modern and comprehensive health promotion made by the Ottawa Charter. The main elements for WHP are health for work groups, company health reports and health circles at workplaces based on the context of quality management [6].

Germany performs very well in many measures of wellbeing, as shown by the OECD's Better Life Index, achieving a high score on work–life balance [116].

Because the legislation was modified, the health insurance funds had more opportunities to influence activities especially in primary prevention and health promotion. Health promotion is now obligatory for health insurance funds in Germany, allowing them to spend money for health promotion and workplace health promotion activities [6].

The New Quality of Work Initiative (INQA) was launched as a joint undertaking in 2002 by the German federal government, the federal states, social insurance institutions, social partners and foundations. The aim of the project was to promote a better quality of work as a key factor for sustaining competitiveness and the innovative capacity of businesses in Germany over the long term [143].

Today, the initiative coordinates the activities of those responsible for employment issues in Germany and provides an independent platform for a constructive exchange of information and ideas on business practice. Under the auspices of the initiative, supported by the Federal Ministry of Work and

Social Affairs, political, economic, scientific and social representatives focus on the question of how to create working conditions that are both attractive to employees and economically viable for the companies [143].

8.5.11. Greece

Greece performs moderately well in measures of overall wellbeing according to the OECD's Better Life Index, scoring poorly for gender equality but above average for work–life balance and job security [116]. It is currently facing challenging times for WAW; the financial crisis has required retirement ages to increase, whilst the need to reduce unemployment appears to overshadow the need to improve working conditions and the quality of work [144].

Neither social insurance organisations nor public authorities record occupational illnesses and there are no specific policies to identify the risks [144]. The issue of absenteeism is discussed in terms of costs but no particular efforts appear to have been made to link it with issues such as work-related stress, depression, boredom on the job, lack of motivation, adverse working environments, lack of organisation or a job/skills mismatch [125]. There also appears to be a lack of policies on issues of abuse or unequal treatment at work [144].

Wellbeing at work is addressed to a certain extent by legislation on health and safety and arduous and unhealthy occupations. Examples of business-run initiatives include flexible working, employee support programmes, free medical checks and subsidised gym memberships [125]. There were challenges in finding literature relating to WAW in Greece, making it difficult to assess how the concept is being implemented in practice.

8.5.12. Hungary

Hungary performs only moderately well in measures of overall wellbeing according to the OECD's Better Life Index [116], with relatively high unemployment, long working hours, low incomes and short life expectancies. Work–life balance was reported as being average whereas health was reported as being poor [145]. A survey of Hungarian workers found that one in three believed that their work had a negative impact on their health, while more than half thought that their employer should be responsible for ensuring health and fitness in the workplace [146]. Other studies have found that a lack of job security and autonomy, and dissatisfaction with working conditions were the main obstacles to WAW in Hungary [145].

Hungary's accession to the European Union brought significant changes to the general quality of work, with the integration of Directive 89/391 and most of the other important international occupational safety and health conventions [147]. However, the legal regulations cover only those in 'organised work' and so do not apply to the self-employed and to family members [148]. It is the responsibility of occupational health specialists to establish health criteria to help create a healthy working environment [149]. According to the Act on Public Health (Act CLIV of 1997), occupational health consists of both occupational hygiene and occupational health care. The Labour Protection Act requires that occupational health services provide health insurance to every person employed in organised work [148].

The concept of wellbeing does not appear to be high on the agenda in Hungary, but there are some examples of the concept being implemented, mainly at large companies, by making improvements to the working environment and by running health promotion programmes. Wellbeing initiatives in SMEs are scarce on account of financial restrictions [147] [148].

Like many European countries, Hungary's economy has moved from one mainly based on industrial and manual work to one more reliant on a service sector. As a result, new risks to workers' health and wellbeing have emerged, but, according to a 2007 EWCO report, little effort has been made to address many of these new risk factors, particularly stress and harassment [147].

A Code on Equal Treatment and Equal Opportunities has been imposed on employers but, according to the EWCO, discrimination does occur in some organisations [149]. The EWCO also reports that much needs to be done to improve work–life balance, particularly for workers with young children, following the closure of company-affiliated nurseries [147].

The Family Friendly Workplace (Családbarát Munkahely) award was established by the Ministry of Labour and Social Affairs (Szociális és Munkaügyi Minisztérium, SZMM) to recognise employers that do support employees in reconciling work and family obligations. It aimed to ease employee stress, reduce lost working hours and prevent a decrease in working capacity [147]. The 'Vitalitas' health promotion programme is a good example of a company-run initiative. It was implemented by a large multinational company and was based on a lifestyle and needs assessment of employees, carried out by an occupational health specialist. The aim of the programme was to increase the level of employee commitment and reduce staff turnover. It included the following elements: sports promotion; stress reduction, including teaching stress reduction techniques, providing relaxation massage, setting aside a relaxation room and providing alternatives to the 'smoking room bonding and community'; and healthy food promotion [148] [149].

Within Hungary, 'National Workplace Prevention Programmes' are implemented. Among other initiatives, they include a campaign 'motivating employers and employees against harmful alcohol and drug consumption' [149].

8.5.13.   Iceland

Iceland performs very well in many measures of overall wellbeing and ranks among the top countries in several categories in the OECD's Better Life Index, with a strong sense of community, high levels of employment, good job security, above average life expectancy and below average working hours [116]. Iceland scored particularly well for jobs, health and safety but achieved a below average score for work–life balance despite having below average working hours [116].

According to the European Foundation's Working Conditions Survey, Iceland, along with the other Nordic countries and the Netherlands, has led the way in improving job quality and work organisation in Europe [125].

The Administration for Occupational Health and Safety in Iceland is very active in carrying out research into wellbeing and the factors that influence it [150][153]. Much of this research involves the use of the 'General Nordic Questionnaire for Psychological and Social Factors at work' (QPS Nordic) or adaptations of it, which is a validated and standardised questionnaire that is widely used throughout the Nordic states [154].

8.5.14.   Ireland

Ireland performs very well in measures of overall wellbeing according to the OECD's Better Life Index and is ranked amongst the top 10 countries in a number of categories, including health and safety [116].

In Ireland, a healthy workplace is considered to be one that not only prevents work-related diseases and injuries but also promotes positive healthy lifestyle practices [155]. Employee wellbeing is recognised as being fundamental to an organisation's overall performance [155][156].

The Irish government has undertaken a series of measures to improve the quality of work and employment. One such measure is the National Workplace Strategy, which involves both union and employer representatives and sets out a number of objectives, including improving management and leadership capacity; increasing employee involvement; investing in training and lifelong learning; promoting equality and diversity in the workplace; and improving the quality of working life [157]. The government has also established a National Framework Committee for work–life balance policies and advocates work-sharing schemes, flexitime and career breaks [157].

In 2008, the Irish Health and Safety Authority (HSA) published a national strategy for workplace health and wellbeing [158], which aimed to 'create a workplace culture and environment that will promote health and well-being, prevent ill health and support the rehabilitation to the workplace of those who are out of work through ill health or disability'. The strategy sets out to achieve this aim through a combination of prevention, promotion and rehabilitation interventions, based on sound research [158]. The intention is to shift the emphasis from a healthy workplace to a healthy organisation, which actively supports the needs of its workers. Key recommendations are made relating to musculoskeletal issues and ergonomics, mental health issues, noise and vibration, dermatitis, asthma,

cancer and biological agents [158]. The aspiration is to create 'a working-age population which values work for its contribution to health and well-being', as well as 'a workplace environment and culture which values employee health for its contribution to work' [158].

8.5.15.   Italy

The Italian national project on WAW includes new company policy, full application of the current legislation on health, protection in the workplace, integration of all systems (quality, safety and health, etc.), training, and quality processes (ISO 9000, SA 8000, European Certification 'model of good practice' ISO 14000) [6].

Italy performs favourably on several measures of wellbeing, as shown by the fact that it ranks close to the average in several areas in the OECD's Better Life Index [116].

8.5.16.   Latvia

Health and wellbeing problems are on the agenda in Latvia. The incentive to keep these issues on the agenda lies with the State Labour Inspectorate, which is responsible for implementation and control on labour legislation and work conditions in Latvia.

Recent investigations on working conditions and time use indicate that people in Latvia work long hours, are involved in several jobs and spend little time with their families. Discussions about the new working time arrangements are not expected; therefore, initiatives are not emerging from employers, nor are employees or trade unions engaging in joint initiatives for working time, except in some special cases (e.g. rail workers, drivers, policemen) [159].

8.5.17.   Lithuania

In Lithuania, the constitution of workers' health and wellbeing is understood in quite a narrow sense. Both the social partners and public authorities, when addressing employees' safety and health at work, mainly confine their attention to the prevention of accidents at work and occupational diseases as well as different negative physical factors persisting at the workplace [160]. The topic of WAW is thus not developed to a great extent in Lithuania [161].

8.5.18.   Luxembourg

Luxembourg has a small economy, with a strong financial and business services sector and very strict labour legislation. Because of pressure from external factors, such as the financial crisis, changing international regulation and competition, among others, the workload for employees in Luxembourg is increasing and is leading to stress for employees who are employed in good working conditions. According to the social partners, the issue of employee wellbeing appears to be increasingly important for the economy and the overall performance of companies [162].

The concept of WAW is not clearly established as such in Luxembourg, but is linked to occupational safety and health, working relationships and WHP. In this regard, initiatives are being taken in some places to promote occupational health. For example, the Ministry of Health (Ministère de la Santé) has launched a Health in Companies Prize in order to encourage companies, in a context of social responsibility and good management, to go beyond their legal requirements and take real initiatives related to WAW [163].

8.5.19.   Malta

In 2004, Malta became a member of the EU. Before it sought to join the EU, there was very little regulation of OSH in Malta. A research study carried out in 2000 (prior to EU membership) identified a number of gaps between the measures undertaken by Maltese employers and the requirements imposed by the EU regulatory framework [164]. Furthermore, it was suggested that before 2002 there

was under-reporting of occupational diseases, as diagnosis that pertains strictly to occupational conditions was frequently difficult to ascertain [164]. The need to comply with the requirements of the Acquis Communautaire resulted in the implementation of a regulatory framework that parallels the requirements set out within the structure of European law [164]. Unions are now giving more prominence to quality of employment by covering topics such as opportunities for personal development, working hours, discrimination and harassment, safety and health in their collective agreements [165].

The Occupational Health & Safety Authority (OHSA) of Malta set out a strategic plan which strives for the continuous development of an effective legislative framework, improving the effectiveness of health surveillance and developing a preventative culture that encourages holistic approaches towards healthy lifestyles. However, this does not entirely address Malta's shift towards a service economy but mainly focuses on traditional occupational hazards and pays relatively little attention to employee wellbeing [165] [166].

There appears to be little focus on work–life balance but considerable attention has been paid to violence, harassment and abuse, with laws to safeguard workers and campaigns to inform them of their rights [165].

Malta's relatively recent adoption of OSH regulations may go some way to explaining why there appears to be very little literature on the subject of WAW in Malta.

8.5.20. The Netherlands

The Netherlands performs very well in overall wellbeing, as shown by the fact that it ranks among the top countries in a large number of areas in the OECD's Better Life Index, such as jobs, life satisfaction and work–life balance [116].

The terms 'wellbeing' and 'WAW' are not incorporated into Dutch legislation in the field of working conditions and OSH. There is nevertheless growing interest in wellbeing and health (promotion) at work. WAW is, for instance, regarded as a way to approach sickness absence in a positive way, with increased attendance being a possible consequence of improved WAW. Promoting wellbeing at the workplace is, however, a sensitive issue in the Netherlands as well. It is not uncommon for companies to offer fitness facilities, but no consensus has been reached on the extent to which employers can influence what is generally seen as a person's private life by, for example, offering dietary advice or advice to stop smoking [167].

The concept of WAW in the Netherlands is not only related to the issues of absenteeism and workplace health promotion. It is also strongly linked to retaining and improving workers' employability, as well as to topics such as quality of work, work organisation, new forms of work, and social innovation/workplace innovation. The last can be defined as the renewal of work organisation and labour relations with the aim of improving the organisation's performance (vitality, productivity, quality and innovativeness), as well as the development of workers' talents and fun at work [168].

8.5.21. Norway

Norway performs exceptionally well in measures of overall wellbeing according to the OECD's Better Life Index, and ranks among the top countries in a large number of categories, including jobs, life satisfaction, and health and safety. Gender equality was one area in which Norway fared particularly well [116].

There is a long tradition of conducting research into working conditions in Norway [169] [170] and, according to the European Foundation's Working Conditions Survey, Norway, along with the other Nordic countries and the Netherlands, has led improvements in job quality and work organisation in Europe [125]. Workplace development programmes have been in place since the 1970s and social partners see job quality as an important element in the delivery of strong organisational performance [171].

In 2006, the Norwegian Government released a revised Working Environments Act, which set out to create sound working conditions and equality, with a particular emphasis on work–life balance [169].

8.5.22. Poland

Poland performs moderately well in measures of overall wellbeing, according to the OECD's Better Life Index, scoring well for safety but poorly for jobs, health and work–life balance [116]. According to the EWCO, the overall issue of quality in work and employment, as defined by EU documents, plays a rather insignificant role in declarations and initiatives undertaken by politicians, trade union leaders, employers or the representatives of the great majority of interested groups [172].

In 2003, a new 'anti-harassment' regulation was added to the Labour Code to address issues such as discrimination at work, equal employment opportunities, bullying and sexual harassment, as well as defining employers' obligations to establish and enforce appropriate social rules [172]. In 2004, regulations were introduced to improve work–life balance and, between 2005 and 2007, the programme 'Adjusting labour conditions in Poland to EU standards' was carried out to assist with that aim [172].

8.5.23. Portugal

Portugal performs moderately well in overall measures of wellbeing, according to the OECD's Better Life Index, and scores well for safety but poorly for jobs, health and work–life balance [116].

8.5.24. Romania

In Romania, taking into account how recently the WHP concept was introduced (i.e. 2000), WAW is little known except among a small minority of public health and occupational health experts, working mainly in research and training. The Romanian approach to WHP was to implement fully the meaning given by the Luxembourg definition, with a slight change: introducing professional determinants into the definition. Thus, in Romania, health promotion represents the combined effort of employees, employers and society as a whole to improve the health of people associated with professional determinants. WHP represents a collective strategy aimed at better health at work and economic growth for the company [6].

8.5.25. Slovakia

In Slovakia, OSH is regarded as an inseparable part of labour relations. The relationship between OSH and WAW became more prominent with the accession of Slovakia to the EU [173]. The growing importance of working conditions and quality of work is highlighted by the measures taken by the Slovak government as well as by trade union activities. The relationship between health and social and mental WAW, however, is still not sufficiently accepted by employers or employees. The Slovak public is becoming more aware of this issue. This is reflected by, among other things, the support that is provided by the educational system as well as in the approach towards lifelong learning. In addition, there is a growing awareness of the issue of work–life balance [174].

8.5.26. Slovenia

Slovenia performs reasonably well in most measures of overall wellbeing according to the OECD's Better Life Index, but was ranked below average for health and life satisfaction [116].

Slovenia has well-established policies regarding work–life balance and these are supported by generous statutory regulations concerning paid parental leave and the provision of publicly subsidised childcare services [175]. However according to the EWCO, these policies have been diluted since the 1990s and are now less favourable. Furthermore, the EWCO reports that few organisations provide schemes that exceed the legislative standards [175].

The main emphasis of health and safety legislation is on hazards typically associated with heavy industry rather than those found in the service sector [175]. It is reported to be common practice for employers to organise sporting events for their employees to encourage them to be active and to promote the development of social support networks [175].

8.5.27. Spain

Spain performs favourably in several measures of wellbeing, for example work–life balance issues, and ranks close to the average or higher in several topics in the OECD's Better Life Index [116].

8.5.28. Sweden

Sweden performs exceptionally well in measures of overall wellbeing according to the OECD's Better Life Index and ranks among the top countries in a number of categories, including health, life satisfaction, gender equality and work–life balance [116].

Workplace health promotion is well established and accepted in Sweden. In addition to improving lifestyle choices and working practices, health promotion is seen as an effective means to facilitate systematic improvements of social support and group coherence among employees [176]. The EU commissioned Sweden's National Institute for Working Life to be a national centre for the project 'Workplace Health Promotion' (WHP), which involved representatives from throughout Europe [177]. Research by the Swedish National Institute for Working Life [178] identified the three main factors influencing health and wellbeing as:

- psychological stress and demands;

- control; and

- social support.

According to the European Foundation's Working Conditions Survey, Sweden, along with the other Nordic countries and the Netherlands, has led improvements in job quality and work organisation in Europe [125]. However, over the last two decades, competition arising from increasing globalisation has put Swedish working life under new pressure and this has added to occupational stress [179]. Since the mid-1990s, mental ill health and low mental wellbeing have been given significant attention in Sweden and studies have shown that fatigue, sleeping problems and anxiety are becoming more prevalent [179].

In Sweden, going to work is considered to be beneficial, even for those with poor health. However, sickness presenteeism is thought to be a risk factor for future health problems, particularly as it relates to mental health conditions [180]. This conflict is currently the focus of research. The Swedish Council for Working Life and Social Research (FAS) promotes the accumulation of knowledge in matters relating to working life and the understanding of social conditions and processes [181].

In 2001, a new initiative, 'systematic work environment management' (SWEM), was introduced to improve working conditions in Sweden. Using this system, employers carry out a systematic review of their work environments and investigate any issues of an ergonomic and a physical/chemical nature as well as psychosocial conditions. According to a report by the Swedish Work Environment Authority (SWEA), by 2003, 40 % of Swedish workplaces were using the SWEM system and achieving favourable results [182]. SWEA is the central administrative authority providing guidance and general recommendations relating to the working environment and working hours [181]. More focus is now being placed on the psychosocial working environment, as the majority of Swedes expect a job to be comprehensively satisfying [183].

8.5.29. Switzerland

Although Switzerland has been enjoying economic expansion for many years, productivity is well below levels observed in leading countries. Now that global economic growth is slowing, the imperative to maximise labour productivity and to ensure that the workforce is equipped to take full advantage of the upturn in the economy has intensified still further. However, the health of Swiss workers is giving cause for concern. Approximately 1 million people live with a health problem which disables them to some degree and, on average, Swiss people are not fit for work nine days a year [184].

In Switzerland, there are two main laws governing OSH. The Labour Law covers working hours, health protection, workplace building standards and the protection of personal integrity. The Accident Insurance Law covers the prevention of occupational accidents and diseases which are caused almost

entirely by work [185]. There is not an official definition of WAW. It is commonly linked to, amongst other concepts, WHP, absenteeism management and case management (return to work).

8.5.30. United Kingdom

The United Kingdom performs very well in measures of general wellbeing according to the OECD's Better Life Index and performs reasonably well in all categories, ranking amongst the top countries for job satisfaction, the environment and safety [116].

In the United Kingdom, employers have the legal responsibility to protect the safety and health (including mental health) of their employees. The United Kingdom economy has shifted from one dominated by manufacturing to one that is much more service orientated. This has led to a broadening of the field of health and safety, and more focus is now being placed on mental health, physical health and wellbeing in general [186]. To this end, the United Kingdom government is working with trade unions to encourage better involvement and training of safety representatives in health matters and is supporting the delivery of an accreditation system for occupational health services [15].

In March 2008, Dame Carol Black's review [7] of the health of the United Kingdom's working-age population was published, and it has since proved to be very influential, being referenced in much of the recent workplace health and wellbeing literature in the United Kingdom as well as in a number of papers published in other EU countries. Dame Carol's report *Working for a Healthier Tomorrow* contradicted the popular belief that we should refrain from work when we are suffering from a health condition, by presenting evidence that, in general, being in work is good for health, while not working leads to poorer health [7]. Conversely, the recently published Foresight report on mental capital and wellbeing [187] highlighted that poor working conditions can cause stress and make mental health problems worse. The report makes a number of recommendations to help employers create working environments that are conducive to mental wellbeing.

Dame Carol's review and the responses to it have initiated a shift in attitudes and resulted in new government initiatives designed to improve the health and wellbeing of the working-age population in the United Kingdom, by supporting people in work and improving work and workplaces [15]. There is a renewed pressure on employers to provide working environments that are safe and beneficial to the health and wellbeing of their employees, and that meet the needs of workers with disabilities and/or health conditions or impairments.

The aspiration is that work in the United Kingdom should be a source of wellbeing, personal growth, fulfilment, autonomy and meaning [188]. The government is working with Business in the Community to ensure that large companies report on their employees' health and wellbeing at board level to promote employers' understanding of the economic case for investment in health and wellbeing [15]. Employers are also being encouraged to develop good corporate recruitment, retention and development practices [15]. To stimulate action on health, work and wellbeing issues in SMEs, the government has recruited 'Health, Work and Wellbeing Coordinators' to offer support and advice.

A survey of United Kingdom businesses showed that the majority had some form of wellbeing policies in place. Policies included sickness absence monitoring, access to occupational health advice, employee assistance programmes, wellness and wellbeing programmes, training and development programmes, stress management training, employee surveys and flexible working [187].

Probably the biggest shift in attitude relates to dealing with ill health; traditionally the convention has been for doctors to recommend that workers should not go to work if they feel unwell but Dame Carol's review suggests that this is not necessarily good practice [7]. A 'fit note' system has now been introduced and healthcare professionals are being encouraged to consider the types of work their patients could undertake rather than ruling them out of work altogether, to help people enter, stay in or return to work.

The government has run a series of campaigns for employers, healthcare professionals and the public to promote the health benefits of work. Some campaigns have been aimed at an organisational level, whereas others, such as a number of public health campaigns, covering topics including alcohol awareness at work, smoking cessation, healthy eating, tackling obesity and preventing chronic obstructive pulmonary disease, have been aimed at an individual level [15].

There is no specific legislation on employee wellbeing but some provisions can be found in the Health and Safety (Display Screen Equipment) Regulations 1992, the Manual Handling Operations Regulations 1992, and the principle of prevention detailed in the Management of Health and Safety at Work Regulations 1999, which requires employers to, 'wherever possible, adapt work to the individual, especially as regards the design of workplaces, the choice of work equipment and the choice of working and production methods, with a view in particular to alleviating monotonous work and work at a predetermined work rate' [78].

The main challenges for WAW practitioners and policy-makers in the United Kingdom are:

- some SMEs are yet to be convinced that WAW initiatives are beneficial for their staff and their business, so efforts will have to be made to inform, support and incentivise these businesses so that the necessary improvements can be made [188];

- the perception that people should take time off work when ill is deep rooted and the public, as well as many healthcare professionals and employers, are yet to be convinced; [15] and

- the findings of the European Foundation's Working Conditions Survey [125] showed that the United Kingdom was worse than average when it came to monotonous tasks and autonomy.

8.5.31. Literature review summary

According to a study of 'good jobs' by the Work Foundation [188], 'a particularly important feature of those countries with higher job quality is the well-established nature of their publicly funded programmes of workplace reform', many of which have attempted to marry a concern about the quality of working life to wider concerns about organisational performance, productivity and innovation. This is somewhat in line with the findings of our review about countries such as Denmark, which acknowledges that the workplace is the ideal arena in which to promote health, and therefore WAW. In Finland, a forum for WAW was established that allows cooperation between stakeholders.

Most of the countries rank very high in overall wellbeing when compared on a general index, such as the OECD's Better Life Index. Many of them have also strategic measures to improve on wellbeing, with WHP featuring prominently in these measures. Some countries, e.g. Denmark, see wellbeing as a dynamic concept, which has proven to be challenging to ensure that all the relevant issues are addressed.

Some of the countries are more advanced in how they define the concept, e.g. Belgium, and in the number of elements to include in moving the concept forward, e.g. Denmark. Some view it as a dynamic concept, e.g. Denmark and the United Kingdom, or as holistic, e.g. Belgium, and some have a very structured well-defined concept, e.g. Belgium.

Some countries had a limited focus on OSH before joining the EU, e.g. Malta, which may be one of the reasons for the lack of available literature in the public domain. The lack of literature made it difficult to get a 'true' picture of what may be happening within counties. However, the lack of said data may not necessarily imply a lack of progress in moving the concept forward in terms of policies and practices in the respective countries. In the future, it may be necessary to aim for the systematic collection of data in this area to gauge its progress and to understand if and how the concept evolves.

Some of the countries showed a consistent approach to measuring working conditions, including Denmark, Iceland, Norway and the United Kingdom, while other countries, e.g. France, have started to survey workplaces to assess WAW. In order to gain a better understanding of the concept, and to assess how it relates to other organisational factors, the use of consistent measurement allows this understanding to occur and it is useful to promote such an approach to other countries within the EU that are improving on their OSH practices.

Many of the countries tend to focus on work–life balance, e.g. Belgium, Denmark, Germany, Norway, Slovenia, Spain and Sweden, while others, such as Poland, have put steps in place to improve on work–life balance. The benefits of work–life balance to organisations include enhanced social exchange processes, increased cost savings, improved productivity and reduced turnover [189]. Finland, moreover, has a strong focus on work/family (life) reconciliation. These, in turn, could impact on WAW, so the focus on this 'people' aspect is one that benefits both organisation and employee, especially over the long term.

As with any organisation process, there is a difference in what could occur with SMEs. In this review, the financial constraints limiting the ability of SMEs to implement policies and practices were highlighted, for example within Hungary. As is usually noted when OSH is considered at an organisational level, it is important to focus on SMEs, as they constitute the largest number of business and employ the most people within the EU [190] [191]. It is important that any focus on WAW should have a strong focus on how best to improve this within SMEs.

Overall, as shown throughout this present report, wellbeing, as it pertains to the workplace, has to be viewed as a holistic concept that continues to evolve, assisted by the changes in the work environment and those that occur in society. It cannot be seen as static, especially as it needs to ensure that workers remain safe, healthy and satisfied when at work.

The European Agency for Safety and Health at Work (EU-OSHA) contributes to making Europe a safer, healthier and more productive place to work. The Agency researches, develops, and distributes reliable, balanced, and impartial safety and health information and organises pan-European awareness raising campaigns. Set up by the European Union in 1996 and based in Bilbao, Spain, the Agency brings together representatives from the European Commission, Member State governments, employers' and workers' organisations, as well as leading experts in each of the EU Member States and beyond.

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