

Module 1

Occupational Health Intervention Programs

Experiences from Norway

Hilde Grønningsæter PhD, associate professor

Trine Thoresen, assistant professor

November 2015

Buskerud and Vestfold University College

- What is Occupational Health Intervention Programs?
- Definitions and descriptions
- Health Promotion Programs: goals and objectives
- Theoretical framework: stress and coping -theory
- What we have done in Norway
- Determinants for adherence
- Success factors



Occupational Health Intervention Programs:



Occupational health intervention programs for:

- preventing jobstress and disability
- preventing absenteeism
- *increase salutogenic health and quality of life*
- *increase wellbeing and coping with stress*
- *increase job effectiveness and productivity*
- *focus on a positive lifestyle*



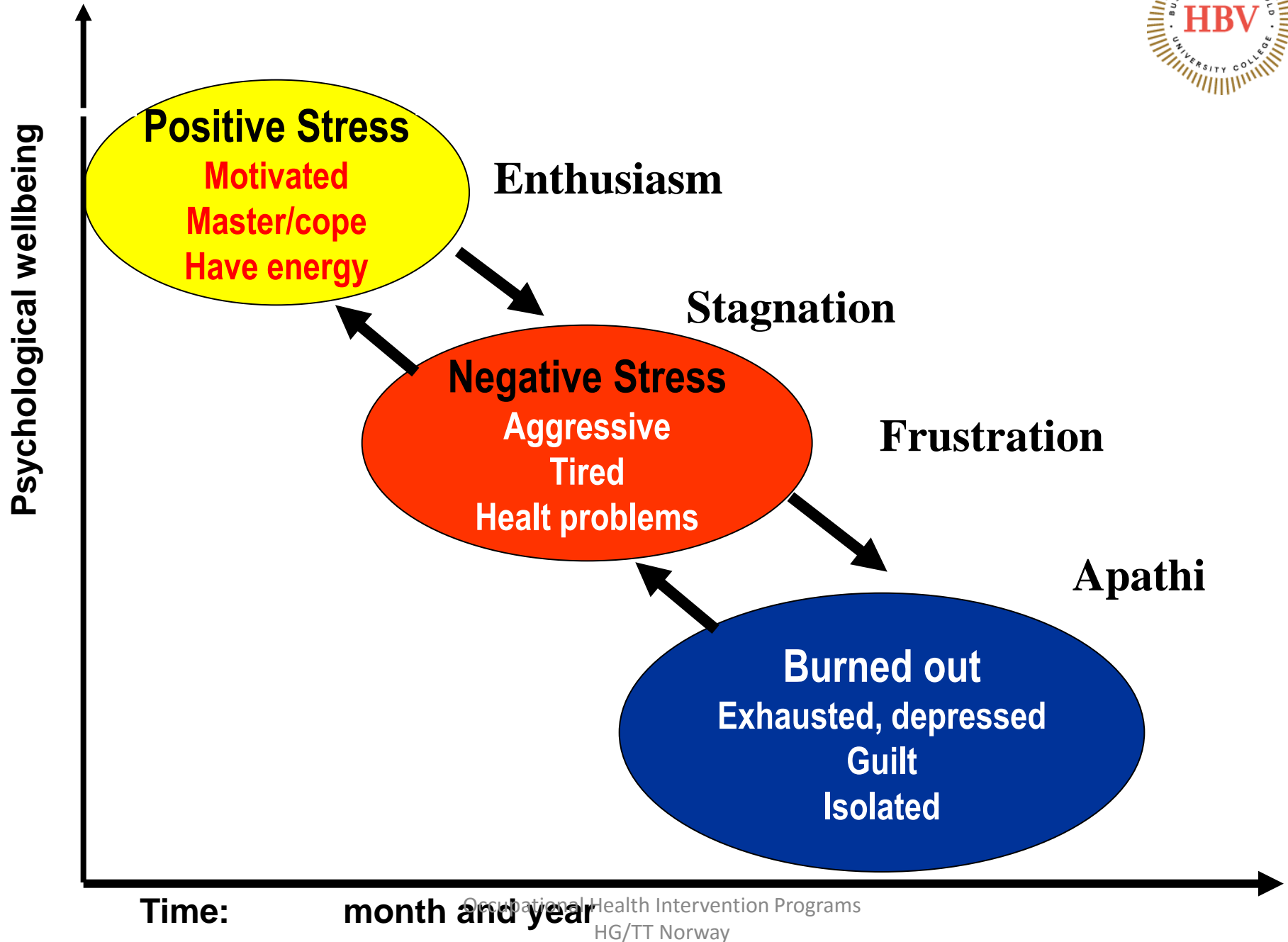
Research: reviews of the literature

Reviews of the literature on Occupational Health Programs show that:

Stress Management Programs are the **most frequent**:

- Cognitive behavioral training programs show **larger effects** than other interventions on mental health
- Physical exercise as an organizational intervention **reduces absenteeism**

(Bhui, K., Dinos, S., Stansfeld S.A., White P.D. (2012): A Synthesis of the Evidence for Managing Stress at Work: A Review of the Reviews Reporting on Anxiety, Depression, and Absenteeism.



The stress factors most often reported:

Occupational job stress factors:

- Timepressure, work load, interruptions
- Lack of autonomy, - education, - cooperation
- Lack of management

Individual stress factors

- Health problems
- Lack of coping skills
- Economy - and social problems
- Life style problems (physical inactivity, overweight, sleeping problems)
- Lack of motivation, education and competence to do something



Health Promotion Programs: goals and objectives

1. Everybody ask: What's in it for me?

- For the management: cost-effectiveness, cost-benefit?
- For the line management: increased productivity, reduced absenteeism?
- For the employee: how healthy, fit and/or slim can I be?
- For the exercise therapist: can I make a living /a job out of this

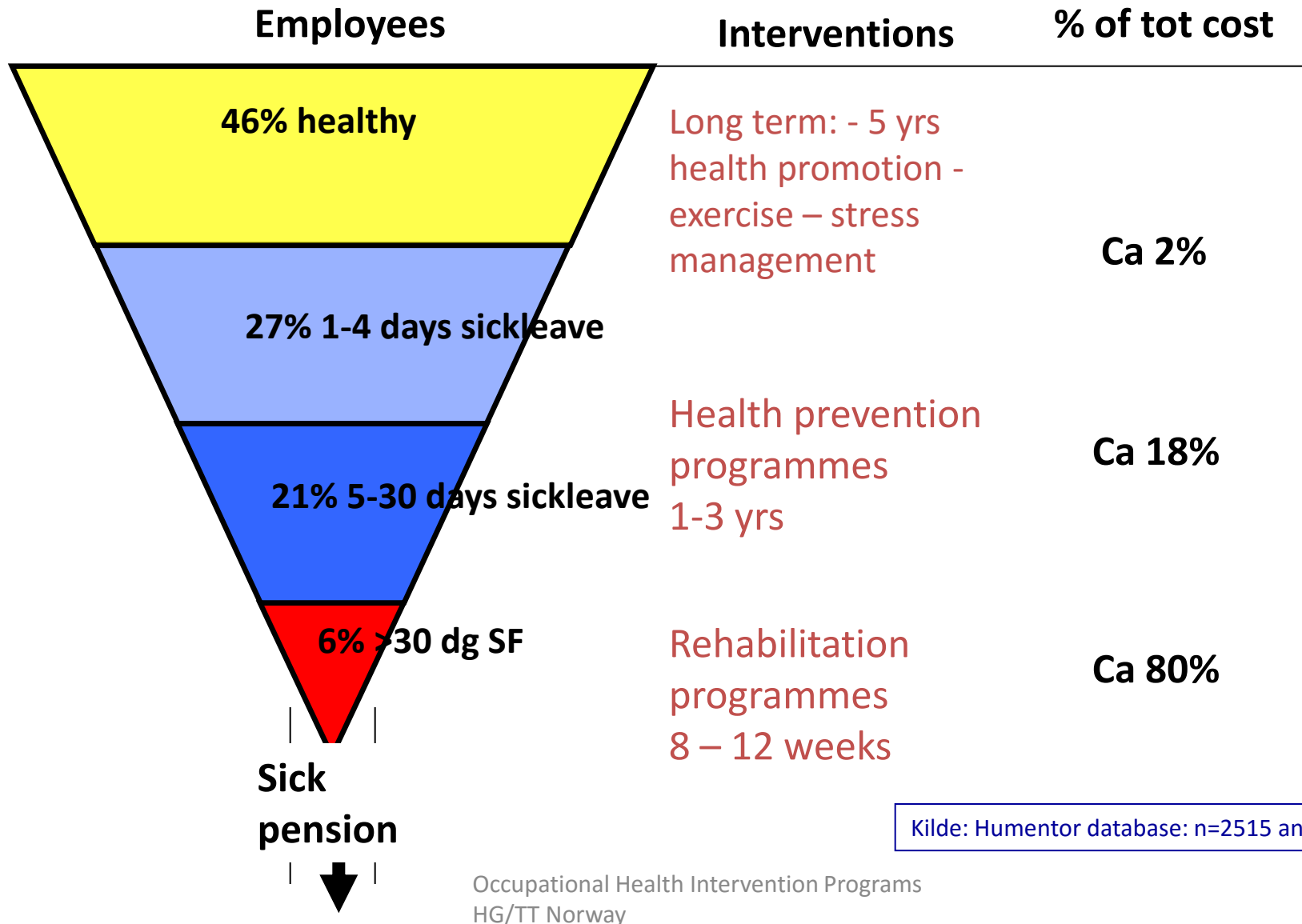


A Norwegian model



- **A Health promotion model:**
- **Conducted in enterprices, during working hours**
 - Worksite exercise programs: from 5 min - 60 min
 - General programs: muscle-skeletal pains, CHD, overweight etc
 - Mental training: relaxation, mindfulness, meditation
 - Stress management training
 - Combined programs
- **Evaluation of the projects**
- **Most successful: spesific physical and psychological combined programs**

How to select to health promotion programs?



Factors related to adherence and drop out in exercise settings

Why people drop out

The major barriers are individual

- Lack of time (69%)
- Lack of energy (59%)
- Lack of motivation (52%)

Minor individual barriers:

- Too expensive (37%)
- Injury / illness (36%)
- Feel uncomfortable (29%)
- Lacks expertise (29%)
- Afraid of injuries (26%)

Environmental barriers

- Missing centers nearby (30%)
- Lack of secure training places (24%)
- Missing babysitter (23%)
- Missing training partner (21%)
- Insufficient program (19%)
- Lacking support (18%)
- Lacking transport (17%)

(Canadian Fitness and Lifestyle Research Institute 1995)

Next challenge: how to keep the beginners?



- In average 50% of all beginners drop out of training within 6 mnths
- The variance is large between programs and groups
- There are small differences between clinical (44%) and healthy (46%) participants
- The largest drop out comes within the 2-4 first months, is less by six months, but is still decreasing

(Willis and Campbell 1992 s 19,20)(Weinberg & Gould 2011 s 420)



Why people drop out:



- **The exercise program is often based only on physiological test data**
 - not motivational or psychological factors
- **Most exercise programs are rigid and inflexible**
 - not adapted to change in order to increase motivation
- **The exercise programs are too intensive:**
 - Based on intensity, frequency, duration and quantity
- **Traditional exercise procedures do not focus empowerment**

Literature: Weinberg & Gould (2011): kap 18
Exercise Behaviour and Adherence s 420.

Drop out and adherence

Factors influencing stable exercise behavior:

- Individual factors
- Demographical factors
- Psychological factors
- Social factors
- Program factors

Litterature:

Weinberg RS & Gould, D (2011 5ed) Foundations of sport and exercise Psychology. 1995. Human Kinetics.

Willis, JD & Campbell LF.,(1992)

Exercise Psychology. Chap 1, 2, 6,7). Human Kinetics Publisher. USA

Models for behavioral change:

For understanding, explaining and changing health behavior

- Learning theory
- Health Believe Model
- Transtheoretical model (Prochaska, DiClemente & Norcross (1982))
- Social-cognitiv theory (SCT) (Bandura 1986, 1997, 2005)
- Theory of Planned Behaviour (Ajzen & Madden 1986)
- Self-Determination Theory (Deci & Ryan 1980, 2011)

Suggestions - summary

- **Instructors:** charisma , competence, leadership , empathy , professionalism
- **Exercise times:** before or after work, morning for homemakers etc.
- **Exercise location:** availability
- **Program design:** intensity , complexity , pace etc
- **Studio design:** mirrors , showers , fitness room etc
- **Infrastructure:** cleanliness, sanitation and wardrobe etc
- **Social support:** family, friends, colleagues etc + feedback and attention
- **Program variations:** adapt to the group , progression , flexibility , individual / group
- **Supplemental Program:** why exercise, how to exercise , health, fitness development etc

1. To ensure high quality in the projects
2. To ensure significant effects for the management and the employees
3. To motivate the employees to stay in the programs: long term adherence
4. To ensure transfer of competence to the enterprises

