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Promoting healthy work for workers with chronic illness: A guide to good practice

European Network for Workplace Health Promotion (ENWHP)

ENWHP www.enwhp.org

Who should use this guide?

This Guide to good practice is primarily aimed at employers and managers who are faced with the challenges and opportunities of managing workers with chronic illness and supporting them to stay at work; or to assist in the process of returning to work after a period of absence. Many workers who develop and present with chronic illnesses have a valuable contribution to make to the European workforce which should not be overlooked.

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A good practice guide on chronic illness at work

Introduction

The European Commission launched the Europe 2020 Strategy[1] in March 2010 to address the economic crisis which has had a detrimental effect on growth and social development. The strategy has several aims including the promotion of a smart, sustainable and inclusive economy which will be delivered through high level targets. These targets include: investment in research and development; reduction of emissions; increasing the number of people from specific segments continuing into higher education; and efforts to remove people from the risk of poverty. Should they be achieved, these targets could lead to an increase in employment, productivity and social cohesion.

Importantly, the particular section of the Europe 2020 strategy from which this work emerged is the target of 'achieving a 75% employment rate for 20–64 year olds throughout the EU'. However, 23.5% of the working population in the 27 European member countries reported suffering from a chronic illness and 19% stated they have long-standing health issues.[2]

Chronic illness poses a major challenge – it is the leading cause of mortality and morbidity in Europe, and has a major impact on the expectancy of life lived in good health. In addition, there is reasonable evidence that chronic disease affects earnings, ability to work, job turnover and disability.

Addressing chronic illnesses in the workplace will lead to stronger economic growth, gainful employment, less dependency on state benefits, less demands on healthcare systems and increased productivity.

The targets set out in Europe 2020 require a multi-level response and the ninth pan-European initiative of the European Network of Workplace Health Promotion offers, in part, a contribution to achieving the sustainable employment element of the overall strategy.

What is the ENWHP?

Since the European Network for Workplace Health Promotion (ENWHP) was formally established in 1996, it has been at the leading edge of developments in European workplace health promotion. By carrying out a number of joint initiatives (see Appendix A) it has developed good practice criteria for workplace health promotion (WHP) for many different types of organisation and has established infrastructures for WHP across member states (see Appendix B). The ENWHP's vision is 'healthy employees in healthy organisations'.

The ENWHP facilitates the cross-border exchange of information and the dissemination of good practice, through international and national networks and forums. The ENWHP supports an informal network of national occupational health and safety institutions, health promotion agencies, public health and statutory social insurance bodies across Europe.

The ENWHP has grown steadily and currently has members from 28 European countries. Working together, the members and partners aim to improve workplace health and wellbeing and to reduce the

impact of work-related illness on the European workforce. The ENWHP is a platform for anyone interested in improving workplace health looking to be part of a:

> " [..] network of national occupational health and safety institutes and public health institutions committed to developing and promoting good workplace health practice, which in turn contributes to sustainable economic and social development in Europe.[3] "

Why should employers participate in this campaign?

The workplace directly affects people's health because it is where people spend a lot of their time. It is the perfect setting to promote a healthy lifestyle and contribute to improved health among the workers of a company. Even more importantly, the survival of many businesses – and by extension, overall economic productivity – depends on a motivated and healthy workforce.

Faced with labour shortages and a high percentage of workers suffering from health problems and chronic illnesses, there is a good case for investing in workplace health.

Why support the campaign?

» Create a positive environment, where people enjoy working.

» Fewer sickness absences, so fewer lost workdays.

» Retain the experience and knowledge of a worker with a chronic illness or disability.

» Gain competitive advantage through a boost in productivity.

» Reduce healthcare costs and avoid the cost of termination, hiring and training a replacement.

» Avoid the potential cost of litigation, resulting from statutory protection.

What can workers gain?

» Job retention or return to work can do wonders for the mental health of chronically ill workers, by having their contribution valued. A return to work may even aid full recovery.

» Workers gain from earning their full income, which in turn leads to a better quality of life.

Benefits to society

Keeping people with chronic illness in work, and getting them back to work, can be seen as an investment in the nation's economic productivity and social cohesion.

The business case

There is a strong business case for investing in workplace health. The challenge for employers is to find a balance between meeting the targets for the business and the health needs of employees with chronic illness. Four main factors account for the majority of the burden of chronic non-communicable diseases: tobacco, poor diets, alcohol and lack of physical activity. These factors are associated with lifestyle issues which could be altered by behavioral changes and/or, the influence of workplace health promotion initiatives.[4] Any health promotion activities benefit the whole workforce but those with chronic illnesses, in particular, could also gain in health status.

There is much evidence to support the use of health promotion activities in the workplace and there are potential benefits to be gained by employers investing in workplace programmes.[5]

Table 1: Potential benefits to be gained from investment

Workplace health promotion programmes	Return on investment US Dollars ($)	Reference
Medical costs	1:2.3 to 1:5.9	Sokoll, Kramer, Bödeker (2009)[5] IGA-Report 13e
Saving on absences	1:2.5 and/or 1:4.85 to 1:10.1	Sokoll, Kramer, Bödeker (2009)[5]
Smoking cessation programmes and tobacco control	1:2	Moher et al (2005)[5]
Alcohol prevention	Difficult to assess due to numerous external factors beyond the workplace which contribute to addiction. However, current state of knowledge suggests that such prevention programmes can have a beneficial impact in reducing the number of lost working days	Rey-Riek et al (2003)[5]
Stress interventions	Positive economic benefits recorded. Some interventions introduced at high level (combination of organisational and individual level); moderate level (organisational), and low systems level (individual level)	Michie and Williams (2003)[5]

Any decision by management to invest in workplace health promotion requires careful consideration, but in making the case, the evidence presented in Table 1 should help assess potential activities.

Faced with demographic change and skill shortages, the future success for many businesses depends on a motivated, capable and healthy workforce. Their health plays a central role in many economic considerations and debates. Every company needs to meet the challenge of maintaining the health and capability of an ageing workforce while anticipating ways to adapt the workplace for those who present with chronic conditions.

The move towards short-term projects, where resources are limited and expectations are high, can lead to presenteeism or directly to absenteeism. Today's workplace is defined by the imbalance between intellectual overload and physically undemanding tasks. This over- and under-utilisation is associated with long-term illnesses such as depression, burn-out or musculoskeletal disorder, and should trigger an intervention to prevent chronic illness developing. It is important to create a mandatory, systematic and robust way to manage workplace health and to provide professional support to those at risk of disability. However, there is no one-size-fits-all approach, and success depends on implementing measures that best meet the needs of the business.

Workplace health promotion has a critical role to play in influencing the health of workers, particularly those with chronic conditions, to allow them to attain sustainable employment.
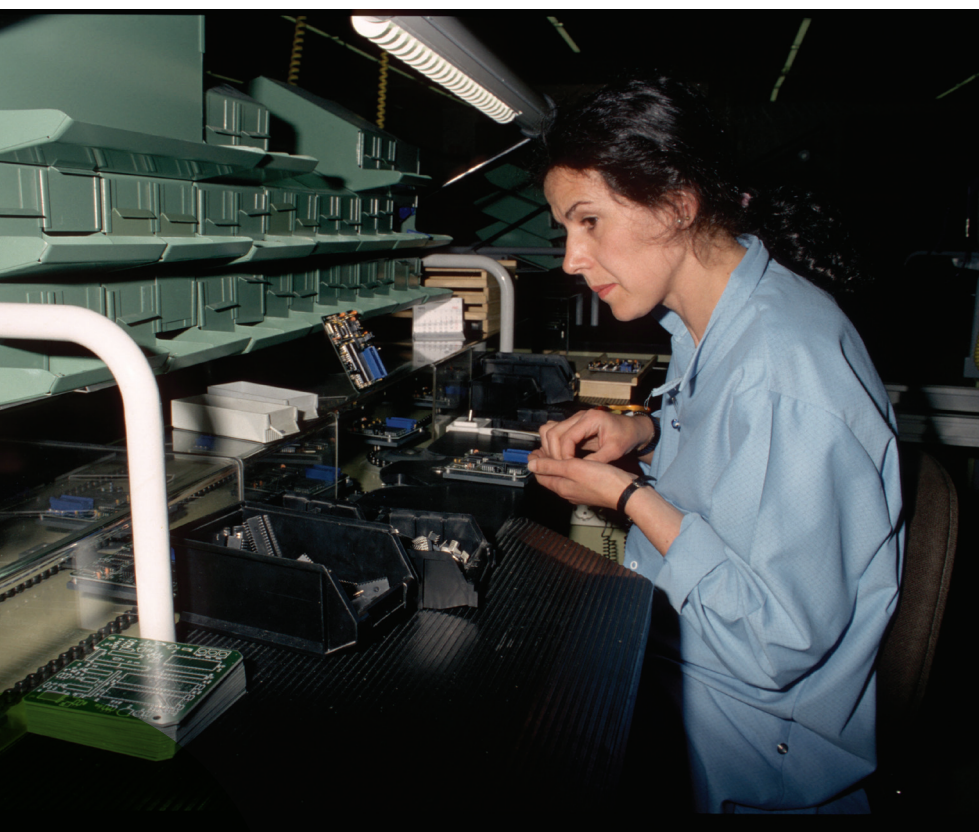
Why focus on workplace health management, return to work and chronic illnesses?

Businesses are always looking for new ways to boost productivity. In the last two decades, companies worldwide have begun to turn their attention to improving the health of their workers, as a way of gaining a competitive advantage. During this time we have seen rapid changes in the nature of work and the workplace itself. Established ways of working have had to change in response and workers today are exposed to a wide variety of risks created by the demands of industry. As an employer you are expected to have a legal duty of care to minimise the risks to workers' health and safety, and provide a safe and healthy work environment.

The state of the workforce is critical to the success of any business. Demographic trends show a decline in the number of people who will enter the workforce during the next 10 years[6]. Consequently, people will work longer to an older age, and with ageing there is often the development of chronic illnesses. However, it should be noted that some people develop chronic illnesses in early or mid-life. Regardless of age or time of onset, workers who present with chronic illnesses may present challenges for managers who need to manage levels of attendance; causing temporary transfer of workloads to colleagues which may initially be tolerated but later lead to resentment; while a subsequent lack of understanding can lead to stigmatisation; to avoid the stigma the individual may prefer to conceal

their illness which in turn will cause difficulties for managers. In addition, there are costs associated with the replacement of staff and loss of productivity.

From an employee perspective, many will welcome the opportunity to contribute to society, value the status of employment and appreciate earning an income which removes them from welfare/state benefits.

Managers should be aware that often chronic illnesses do not present as a single cause but rather a range of symptoms which contribute to a compromised health status. For managers who are required to manage employees with chronic illnesses the primary focus should be in assisting individuals to remain in work or return to work while attempting to achieve the optimal level of work performance.

Meanwhile, businesses are looking to sustainable employment strategies, including postponing retirement, as a way to offset the rising cost of health care and demographic changes. Harnessing the potential of people with disabilities and chronic illness also helps businesses striving for a creative and innovative workforce. And employment can benefit both the person and the business.

To put it more plainly, the cost of rehabilitation equates to an investment in national productivity. However, on a national level few countries have set out to design a workplace health policy and so there are usually multiple, sometimes contradictory systems which may also have significant gaps in coverage.

For example, most treat public and private sector workers differently, and access to employment services may vary according to whether the individual is unemployed or disabled.

Good practice consists of comprehensive workplace health strategies, filling the gap between employment and disability systems. Our contribution at this point is 'getting the right service to the right people at the right time', as the Organisation for Economic Co-operation and Development[7] puts it.

> "A chronic illness is defined as any illness that leads to health problems and disabilities requiring ongoing management for a period of years." Based on the World Health Organization[25] definition

What is meant by workplace health promotion, return to work and chronic illness in the context of sustainable employment

The concept of the health promoting workplace is becoming increasingly relevant as more businesses recognise that competing in a global marketplace means having a healthy workforce. But communities, organisations and social groups may have different views of what is meant by workplace health management, chronic illness and return to work. These guidelines use the following definitions, which we suggest good employers should adopt:

What do we mean by workplace health promotion?

In general, 'workplace health' is a term that is widely accepted to mean the impact work has on health and vice versa. It also means encouraging health and wellbeing in the workplace. The ENWHP defines workplace health promotion (WHP) as 'the combined efforts of employers, employees and society as such to improve the health and wellbeing of people in the working environment'. Workplace health management and promotion offers an effective approach, combining improvements in the organisation and working environment with active participation from the employees with chronic conditions. It also involves:

» an organisational commitment to improving the health of the workforce

» providing workers with appropriate information and establishing comprehensive communication strategies

» involving workers in the decision-making process

» developing a working culture based on employer and staff working together in partnership

» organising work tasks and processes so that they enhance, rather than damage, health

» making healthy choices the easy choice by putting them at the heart of the policies and practices of the organisation

» recognising that organisations have an impact on people and that this is not always conducive to their health and wellbeing.

The cost of sickness, work absence and staff turnover are key drivers for developing health improvement programmes and introducing health standards in the workplace. To be clear, even in large companies the cost of not having a proper health system, and/or poor health management system, is not reduced by being spread across a large workforce. In fact the cost of failing to address the issue can be very high and usually leads to a high rate of absenteeism. Also there may be presenteeism, where a worker comes in despite being in no fit state to work. They continue to work despite being in poor health. Not only does this lead to a drop in performance, but it also poses a risk to productivity, quality and the effectiveness of the business itself. Further examples of good workplace health promotion practice can be found at the ENWHP website: www.enwhp.org/enwhp-initiatives/9th-initiative-ph-work/models-of-good-practice.html

What is chronic illness?

Chronic health conditions are the leading cause of death in Europe and are defined by the World Health Organization as: 'All illness that means health problems requiring ongoing management for a period of years or decades'.[8] They are usually non-communicable diseases of long duration and slow progression which impact on the quality of daily life and have implications for health, social care systems and employers. Chronic diseases are linked to ageing, lifestyle and genetic predisposition.

While in wealthy developed countries debilitating chronic conditions are more commonly found in over 65-year-olds, it is by no means rare to find in those of working age. A brief outline of the economic burden, mortality, morbidity rates and related risk factors of some of the common chronic diseases throughout the EU is shown in Table 2.

Table 2: Some common chronic diseases in the EU, economic costs and related risk factors

	Mortality and morbidity rates in the EU	Cost to the economy	Related risk factors
Cancers e.g. colorectal, breast, prostate, lung and stomach	1.7 million deaths in 2008[10]	€54 billion[11]	Tobacco Alcohol
Cardiovascular diseases (CVD) e.g. heart disease, stroke, hypertension	2 million deaths[9]	€192 billion, including 110 billion on healthcare systems[9]	Tobacco use Unhealthy diet Physical inactivity Alcohol abuse
Chronic kidney disease (CKD)	10% of population affected, at least 40 million people in the EU are affected[17]		Hypertension Diabetes Obesity Smoking
Liver diseases e.g. hepatitis B, C, D, E and non-viral forms (alcoholic and autoimmune hepatitis), cirrhosis, fatty liver, liver cancer, genetic diseases (haemochromatosis, Wilson's Disease and Gilbert's Syndrome)	70,000 deaths per year from chronic liver disease[14]	Average cost in Europe €645 per-patient-per-month[15]	Alcohol consumption Obesity Saturated fat consumption
Mental health	WHO estimated that each year 33.4 million Europeans have major depression[20] Suicide from depressive disorders is the third leading cause of death among young people in Europe[21] The number of those in Europe aged 60 years and over with dementia is estimated to rise from 7.7 million in 2001 to 10.8 million in 2020. Without effective prevention and treatment, this is expected to double to 15.9 million in 2040. The increase varies between 31% and 51% in different regions[22]	Costs estimated between 3% and 4% of GNP	

Table 2: Some common chronic diseases in the EU, economic costs and related risk factors

	Mortality and morbidity rates in the EU	Cost to the economy	Related risk factors
Obesity and overweight e.g. hypertension, hyperlipidemia, cardiovascular disease and type 2 diabetes	Among the 19 Member States for which data is available, the proportion of overweight and obese people in the adult population varied in 2008–2009 between 36.9% and 56.7% for women and between 51% and 69.3% for men[18]	Excess per capita direct costs ranged from €117 to €1,873, depending on cost categories and comparison group[19]	Unhealthy eating habits Sedentary lifestyles
Respiratory diseases e.g. chronic obstructive pulmonary disease (COPD) asthma, lung cancer, pneumonia and tuberculosis	Average of 43.6 deaths per 100,000 inhabitants. Respiratory diseases are age-related with the vast majority of deaths from these diseases recorded among those aged 65 or over[12]	€100 billion including healthcare costs and lost working days[13]	Tobacco smoke Various types of air pollutants
Type 2 diabetes Microvascular disease leads to visual impairment, blindness and kidney failure. In addition, Type 2 diabetes contributes to cardiovascular disease and stroke	31 million cases (nearly 10% of the entire population of Europe)[16]	€166 billion[16]	Unhealthy eating habits Sedentary lifestyles

This list of chronic disease is representative of common conditions but far from exhaustive. Sources of information about specific chronic diseases can be found in Appendix C.

Chronic conditions have an impact on the supply of labour and subsequent level of productivity. Other implications of chronic diseases are constraints on the number of hours worked, higher job turnover, loss of earnings and difficulty in moving any higher than a certain level of seniority in an organisational structure.

What is return to work?

Trying to prevent work-related illness and injuries is a great start but not all health problems can be avoided through workplace health promotion. Sometimes absence through illness is unavoidable. In these circumstances it is important to minimise the impact any impairment or illness has on the business and the person. Disability management plays an important role in the health and safety framework. It is a proactive approach by employers to help injured or ill workers return to safe and productive work as soon as possible. A Disability Management Programme facilitates early intervention and keeps the worker engaged with the workplace.

Implementing such a programme depends on a country's social security system and disability policies. Within the programme there will be individual return-to-work plans, tailored to help workers resume appropriate job activities.

Most individuals who have an injury or illness are able to return to some kind of work while

they are still recovering, depending on the duties and responsibilities. A return to work may even contribute to recovery, reducing the risk of a long-term disability.

Indeed research shows that it also aids recovery. Therefore, both the employee and the employer have much to gain by working towards a timely and safe return. The worker benefits from earning their full income again and gains a boost to their mental health by having their contribution to the business valued. This can make a big difference towards the process of recovery. The employer benefits by minimising financial and human costs.

Preventing injuries and caring about individuals with long-term health issues not only benefits the employer and the workers, but a functioning workplace health and return-to-work programme can also help prevent an illness becoming chronic.

What employers can do to promote healthy work

The best way to improve workplace health appears to be to take a long-term approach to improving health protection and human resource management, to increase health awareness and employee involvement and promote empowerment.

The health of the workforce can be affected by the overall state of the economy. During a downturn with high unemployment, people who would normally call in sick will often come into work because they are scared of losing their job. As a result they may harm their health by ignoring symptoms. This in turn increases the risk of chronic diseases and makes disability unavoidable, resulting in long-term illnesses in the worst-case scenario. Where possible this situation should be avoided. General health and wellbeing can be preserved best in healthy social settings. The workplace directly influences people's health because it is where people spend most of their time and can be the source of illness. At work, individuals are exposed to a variety of pressures from the external demands of the task at hand, the work environment and the working conditions. People experience these pressures as stress and the health-damaging effect depends largely on their ability to cope. At the same time, good working conditions and the ability of the individual to deal with pressure helps maintain health. In this way, stress can be reduced and the individual's resources strengthened.

Introduce the following quality criteria or standards for workplace health to achieve positive long-term changes:

» The main stakeholders in the process should take responsibility.

» The Human Resources function should provide effective support for workplace health initiatives.

» The requirements for completing health documentation must be met and workers must be given access to specialist services.

» Health and safety risks must be assessed and controlled.

» There should be a systematic approach to coordinating interventions to retain workers with chronic illness or facilitate their return to work.

The management of workplace health should follow these basic requirements:

» Employers have a statutory duty and a corporate social responsibility.

» The focus of support should be individuals with chronic illness – where there is a risk that the existing work will no longer be performed – which could be dealt with at an early stage, through preventive action.

» Worker's participation is entirely voluntary and any refusal should not lead to discrimination at work.

What you can do: A six-step action plan

Successfully managing employees with chronic illnesses depends on good practice. To help you, the following section has steps which you may wish to follow.

Responsibility for managing employees varies from business-to-business depending on the size and type of company. However, as previously stated, chronic illnesses last a long time and are progressive. Accurate reporting of absences is therefore key to good management and is best addressed by installing a monitoring and reporting system, which also makes sharing information for health insurance purposes easier.

Step 1: Identify who needs help

The basic aim is to help workers as soon as possible. Your Human Resources (HR) Department should be able to help by identifying when an individual has had extended time off due to ill health. They can refer individuals for assessment by the company doctor or other medical practitioner, who will prepare a statement about the extent of any impairment. In order to be able to offer support the HR Department should pass this information (subject to the data protection laws) to whoever is going to be responsible for maintaining regular contact with the worker.

Step 2: Get in touch

When you know an individual is off work with a chronic illness or disability, get in touch as soon as possible. From the beginning it is important to encourage the person to trust their line manager (or whoever is representing the employer) when they first make contact in writing, by phone or in person.

The aim is to:

» provide the worker with basic information about the process for managing their absence

» have an open discussion with the worker about the return-to-work programme

» remind the worker of the support available, such as access to occupational health specialists

» reassure the worker that any personal information will only be passed on to those who need to know, and participation is entirely voluntary.

Talking openly and sensitively at this stage will encourage the person to feel they can return to work and will help you gain an understanding of the issues.

As a result of making contact you should be able offer the worker an initial meeting to discuss a way forward.

Step 3: Initial meeting

If the worker is willing and able, invite them to attend a meeting. This initial consultation should be in private away from work and should be attended by the employer or a representative. In order to have a useful discussion keep the focus on what everyone hopes to gain from the meeting.

For example:

» Generate, encourage and strengthen mutual trust.

» Explain the meaning and purpose of the conversation.

» Share information on your policy and practices for managing chronic illness at work, as well as providing possible next steps.

» Establish what the worker hopes to achieve and get an indication of their willingness to return to work.

» Seek written consent for personal information to be used in confidence in accordance with any data protection policies.

» Find out if there is any possibility that work is the cause of ill health.

It is important to find out what work they are able to do, the likely duration of their illness, and what can be done to help them carry on working. If necessary, Occupational Health or HR may need to contact the worker to obtain more information. This follow-up request depends on obtaining consent in Step 2.

Always remind the individual of the goals you are working towards. The conversation can be an effective way to develop a plan. You should get their consent in writing to any suggestions or next steps. Document all contact.

During this initial meeting, everyone involved should remember that the worker sets the timescale for the return to work process. Since chronic illness may not be obvious to others, the person should be treated with sensitivity and respect at all times.

Step 4: Case review

In most cases, the information collected in the initial meeting (Step 3) will not be enough to make a full assessment. You should therefore arrange a case review or an interview integration conversation, with the person's written consent, which may involve a medical investigation. This should be used to capture all relevant data and medical opinion. Again, this must be with the person's approval. You may need to seek specialist advice from various parties, such as pension and insurance providers, employment agencies, the worker's family doctor or the company doctor. The aim is to pull together enough information to understand the issues and draw up a comprehensive plan to assist the worker back to work, with the necessary support in and out of work. The plan should be endorsed by all parties.

Step 5: Develop a 'get back to work' programme

Following the case review, you and the worker should agree a binding action plan which will help them return to work. This should be a private, face-to-face conversation between all the relevant parties about the process and any requirements that need to be taken into account. In particular, you should establish what measures need to be taken, when, how, where, how much and to what extent the worker wishes to be involved at each point. Include in your plan ways to prevent, rehabilitate, and integrate the individual's long-term health issues.

Potential rehabilitation measures could include:

allowing a phased return to work, monitoring stress, providing access to occupational therapy, or medical and professional support through outpatient, day care, or hospital services.

Preventing disability recurring is another area of concern and could include providing tailored work-related health advice for older and chronically ill workers. Providing occupational health advice, medical checkups, and prevention and intervention programmes are all measures that could also easily be put in place.

Among the integration measures (changes that can be made to the workplace) you may want to look at in-house retraining or renewed qualification programmes. This could mean changing the way the individual works. For example, allowing them to telecommute instead of travelling to work. General improvements which are not in response to specific cases could include adapting the workplace (disabled access), making ergonomic adjustments and changing the work environment.

Where practical work can be adjusted for individuals, while colleagues can be trained to cope with emergencies and provide support. However, it is important that you get permission from the person with the long-term health issues first – better still, encourage them to share information about their chronic illness (as long as they are comfortable with this).

Other ways of providing rehabilitation could include identifying the person's workplace requirements in order to develop a capability and performance profile. The workplace can be remodeled according to existing needs, for

example, by introducing technical improvements. The worker can be moved to another job, so that their workload is reduced and/or working hours changed.

Once a binding action plan has been agreed, the fact-finding phase comes to an end and you can move towards putting the plan into practice. The main aim is to overcome barriers to getting the person back to work and prevent a recurrence of the illness.

Next, we focus on what happens when the person returns to work (to their original position or another) which has been modified according to their requirements, capability, and performance profile.

Everyone involved in implementing the measures agreed has a responsibility to act in a fair and transparent way. However, it may be necessary to monitor progress and check that arrangements remain appropriate.

Step 6: Keep the plan under review

Helping the individual back to work does not end with the implementation of a return-to-work plan. Reviewing the effectiveness is the last step in this six-stage process. To make sure it delivers what it is supposed to, and to provide reliable information which can be used to improve the process for other workers, you should monitor the health of the worker to see if it has improved as a result of the actions taken. By holding regular meetings or interviews, valuable insight can be gained with regard to progress and any difficulties.

A final case review should be carried out. This will give an overview of the requirements, capabilities and performance profile of each worker before and during the illness, as well as predicted future progress. In addition, this gives all parties the opportunity to share lessons learned and identify pitfalls. For maximum efficiency it is important that you keep confidential records of the entire process. It is advisable to use a paper-based system to collect data as it is easier for any further information transfer. Use of electronic data processing, however, is not excluded as long as measures are in place to prevent records being inappropriately accessed, changed, transferred, or deleted. The confidential nature of the data must be taken into consideration when storing the return-to-work file, which should be kept strictly separate from the personnel file. Only those people granted permission by the worker should be given access to the file itself.

Confidentiality is not the only requirement that poses particular demands. It is evident that dealing effectively with workers with chronic illness is a relatively complex and multi-part process, involving a number of parties. Thus, companies – at least the larger ones – are advised to sign an agreement on managing workplace health as a means to ensure the implementation, quality, privacy and trust of employees. Such an agreement should cover key issues, including how processes work, the individual's responsibilities for managing chronic illness and their voluntary participation in the workplace initiatives, data protection and documentation. The agreement should also cover a definition of the performance test.

Recommendations

The management of chronic illness in the workplace can be a complex matter due to the range of illnesses involved and the varying degrees of severity with which individuals present.

Based on the extensive investigations carried out for this ninth ENWHP initiative, the following recommendations will be of use to managers.

Reccommendations table

General recommendations	
Recommendation	Promote trusting communication and sincerity
Description	Many individuals live with a chronic condition that is not visible. Getting support depends on the individual feeling able to talk about their condition, and not hiding it for fear of the consequences, such as losing a job or being discriminated against.
Measures and programmes	
Recommendation	Assess the needs of the affected person
Description	Make sure the person with the chronic illness is fully participating in the assessment process; identify their needs and tailor the programmes accordingly.
Recommendation	Individual return-to-work plans embedded in integrated Disability Management Programmes
Description	Chronic diseases can rarely be treated in isolation, therefore any model of care should not focus on a single disease but offer a comprehensive solution. Additionally, Disability Management Programmes need to be flexible, as one part of the overall programme.
Co-operation	
Recommendation	Improvement of co-ordination and co-operation
Description	The return-to-work process needs to engage the various parties in a joint process with better co-operation between employers, employees, healthcare providers, benefit/welfare authorities and public employment services.
Recommendation	Identify and define the role of each party
Description	Clearly defined roles and responsibilities makes for more effective delivery of services and saves resources.
Recommendation	Ensure transparency
Description	Transparency is essential in ensuring the quality of services. Integrate administration and communication systems to guarantee reliable and regular communication.
Recommendation	Ensure continuity and sustainability of services
Description	The management of chronic illness necessitates long-term and sustained effort rather than a single, one-off intervention.
Research, evaluation and evidence – find out what works	
Recommendation	Monitoring of the programmes
Description	Evaluate the process against international standards.
Recommendation	Evaluation of the programmes
Description	Rigorously evaluate services and programmes (especially concerning employment and rehabilitation).

Next steps

By reading this guide, you should have gained an insight into how to support workers with a chronic illness. The six-step action plan should help individuals return to work. It should also help you keep these individuals in work and improve the overall health of your workforce.

The recommendations should be implemented at organisational level to ensure best practice for promoting healthy work for workers with chronic illness.

In conclusion, many individuals endure multiple chronic health conditions which can cause their health status to fluctuate. This may lead to periods of absences from work, and throughout this time managers have a responsibility to support individuals and other members of their team(s). To ensure managers have fulfilled their duties there is a handy check list in Appendix D. In addition, managers may wish to enhance their knowledge and skills of managing those who present with chronic health conditions so that optimal performance may be achieved.[23, 24] As a further source of assistance to managers is the list of useful websites relating to the common causes of chronic diseases in Appendix C.

Appendix A
ENWHP initiatives

With the support of the European Commission, Directorate General Health & Consumers, the ENWHP has carried out a number of important European initiatives over the past decade that have established workplace health promotion as a field of action for public health at European and national level.

Initiative		
1st	1997–1999	Quality criteria and success factors of workplace health promotion
2nd	1999–2000	Workplace health promotion in small and medium-sized enterprises
3rd	2001–2002	Workplace health promotion in the public administration sector
4th	2002–2004	The implementation of infrastructures for promoting workplace health
5th	2004–2006	Healthy work in an ageing Europe
6th	2005–2007	Disseminating good workplace health in Eastern European countries
7th	2007–2009	Move Europe – healthy lifestyles in the working environment
8th	2009–2010	Work in tune with life. Move Europe

Appendix B
Participants in this project

Promoting healthy work for employees with chronic illness: Public health and work is the ENWHP's ninth initiative. Of the 28 ENWHP members, 17 actively participated in the project. They were:

Austria
Upper Austrian Sickness Funds
www.ooegkk.at

Belgium
Prevent
www.prevent.be

Cyprus
Ministry of Labour and Social Insurance
www.mlsi.gov.cy

Denmark
The Danish Healthy Cities Network
www.sund-by-net.dk

Finland
The Finnish Institute of Occupational Health
www.ttl.fi /english/

France
French National Agency for the Improvement of Working Conditions
www.anact.fr

Germany
BKK Federal Association of Company Health Insurance Funds/Team Health Corporation for Health Management
www.bkk.de
www.teamgesundheit.de

Greece
Hellenic Ministry of Employment and Social Protection
www.yeka.gr or **www.osh.gr/kyae/whp**

Hungary
National Institute for Health Development
www.oefi.hu/english.htm

Ireland
Department of Health and Children/Work Research Centre
www.wrc-research.ie

The Netherlands
TNO Quality of Life/Work & Employment
www.tno.nl/arbeid

Norway
National Institute of Occupational Health
www.stami.no

Poland
Nofer Institute of Occupational Medicine
www.imp.lodz.pl

Romania
The Romtens Foundation
www.romtens.ro

Slovakia
Institute of Normal and Pathological Physiology
www.unpf.sav.sk

Slovenia
Clinical Institute of Occupational, Traffic and Sports Medicine
www.cilizadelo.si

UK
The Scottish Centre for Healthy Working Lives
www.healthyworkinglives.co.uk

Appendix C
Useful websites

Cancers

Macmillan Cancer Support
www.macmillan.org.uk

Marie Curie Cancer Support
www.mariecurie.org.uk

Cancer Research UK
www.cancerresearchuk.org

Rarer Cancers Foundation
www.rarercancers.org.uk

Cardiovascular diseases (CVD)

The British Heart Foundation
www.bhf.org.uk

Heart UK - The Nation's Cholesterol Charity
www.heartuk.org.uk

British Association for Cardiac Rehabilitation
www.bcs.com/pages/aff_detail.asp?AfID=1

The Stroke Association
www.stroke.org.uk/

Chronic kidney disease (CKD)

NHS
www.nhs.uk/Conditions/Kidney-disease-chronic/Pages/Introduction.aspx

The Renal Association
www.renal.org/whatwedo/InformationResources/CKDeGUIDE.aspx

Liver diseases

Drinkaware
www.drinkaware.co.uk/facts/factsheets/alcohol-and-your-liver?utm_source=msn&utm_medium=cpc&utm_term=liver%20disease&utm_campaign=Health%20Issues

British Liver Trust
www.britishlivertrust.org.uk/home/the-liver/liver-diseases.aspx

Respiratory diseases

British Lung Foundation
www.blf.org.uk/Home

Mental health

Mental Health Foundation
www.mentalhealth.org.uk

Mind
www.mind.org.uk

See Me
www.seemescotland.org.uk

Musculoskeletal problems

NHS24 Musculoskeletal Zone
www.nhsinform.co.uk/msk

Obesity and overweight

The World Health Organization
www.who.int/mediacentre/factsheets/fs311/en/index.html

www.who.int/dietphysicalactivity/media/en/gsfs_obesity.pdf

The Department for Work and Pensions
**www.dwp.gov.uk/publications/specialist-guides/
medical-conditions/a-z-of-medical-conditions/
obesity/definition-obesity.shtml**

Return to work

Get Well Soon
**www.rcseng.ac.uk/patients/get-well-soon/copy_
of_welcome-page**

Type 2 diabetes

Diabetes UK
**www.diabetes.org.uk/Guide-to-diabetes/Type-2-
diabetes**

Sickness absence management

Healthy Working Lives – recording attendance
tool
**www.healthyworkinglives.com/advice/work-
related-illness-injury/attendance-management/
tool.aspx**

Appendix D
Manager support for return to work: a check list

Table overleaf produced in partnership with the British Occupational Health Research Foundation, the Health and Safety Executive, the Chartered Institute of Personnel and Development and the Scottish Centre for Healthy Working Lives

Manager support for return to work: a check list

Employee's name: _____

Managers name: _____ **Date of fisrt absence:** _____

Competency	Sub-competency	Do (✓) Don't (✗)	Examples of manager behaviour	Date	Comments
During the employee's absense, the manager...					
			regularly communicates with the individual via telephone or email		
			regularly communicates work issues with the individual to keep them in the loop		
			focuses conversations more on the individual's wellbeing		
			is in touch with the individual's close colleagues with regards to their health		
While the employee is off		✓	encourages work colleagues and other members of the organisation to keep in touch with the individual		
			relays positive messages through family or friends		
			makes it clear that the individual should not rush back to work		
			makes it clear that the company will support the individual during their absence		
			reassures the individual that their job will be there for them when they return		
			prevents the individual from pushing him/herself too much to return to work		
Once the employee has returned to work, the manager...					
			gives the individual lighter duties/different jobs during their initial return to work		
			incorporates a phased return to work for the individual		
			remains objective when discussing return-to-work adaptations for the individual		
The intial return to work		✓	explains the return-to-work process/procedures to the individual before they return		
			explains any changes to the individual's role, responsibilities and work practices		
			meets the individual on their first day back		
			makes the individual's first weeks back at work as lowstress as possible		

Category		Behaviour						
Negative behaviours	✗	loses patience with the individual when things become difficult						
		displays aggressive actions						
		questions the individual's every move						
		goes against the individual's requests for certain adjustments to be made to their work						
		makes the individual feel like a nuisance for adding extra work to their schedule						
Managing the team	✓	asks the individual's permission to keep the team informed on their condition						
		makes the individual feel like they were missed by the organisation						
		encourages colleagues to help in the individual's rehabilitation process						
		promotes a positive team spirit						
		regularly communicates with HR/OH and keeps the individual informed						
		is proactive in arranging regular meetings to discuss the individual's condition and the possible impact on their work						
		communicates openly						
		listens to the individual's concerns						
		understands that, despite looking fine, the individual is still ill						
		appreciates the individual's wishes						
Open and sensitive approach	✓	has an open-door policy so the individual can always approach them with any concerns						
		adapts their approach to be more sensitive towards the individual						
		allows the individual to maintain a certain level of normality						
		is quick to respond to the individual via email or telephone when they have a concern						
		takes responsibility for the individual's rehabilitation						
		acknowledges the impact the individual's illness has on them						
		remains positive with the individual throughout their rehabilitation						
Legal and procedural knowledge	✓	shows awareness of their relevant legal responsibilities						
		understands the need to make reasonable adjustments by law						
		follows the correct organisational procedures						

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