

October 2021

# Evidence *summaries*

## Workplace-based interventions to promote healthy lifestyles in the NHS workforce: a rapid scoping and evidence map

- Poor health and well-being amongst NHS staff is a significant problem in UK healthcare. Research indicates that musculoskeletal and mental health conditions are major causes of sickness absence amongst staff working in the NHS. The level of violence and abuse experienced by workers in the NHS has also been identified as an important issue.
- The need to improve the health and wellbeing of staff working in the NHS has repeatedly been stated in government and NHS England publications published within the last ten years.
- We looked for existing reviews of studies conducted in any workplace setting that examined the effects or value for money of different interventions or how they were viewed by staff or how they were delivered. We then produced a descriptive map of the available research evidence.
- We found a large number of reviews on workplace-based interventions aimed at improving some aspect of health and well-being. Many reviews focused on mental health, changing lifestyle behaviours such as physical activity, and on general workplace health/health promotion. Most of the reviews that focused just on health-care staff addressed mental health issues such as stress and burnout.
- Further synthesis work on this broad issue is unlikely to be helpful or generate substantial new knowledge. Additional synthesis work may be useful if it addressed an identifiable need and it was possible to identify one of the following:
  - A specific and focused research question; it might then be appropriate to focus on a smaller number of reviews only and provide a more thorough and critical assessment of the available evidence.
  - A specific gap in the literature, i.e. an issue not already addressed by existing reviews or guidance.

This evidence summary has been produced as part of independent research funded by the NIHR Health Services and Delivery Research programme (Project ref: 16/47/11).

The views expressed in this publication are those of the authors and do not necessarily reflect those of the NIHR or the Department of Health.

## Why is this evidence needed now?

The health and well-being of staff working in the NHS is a significant issue for UK health care. Sickness absence among NHS staff is known to be higher than in other public sector organisations as well as among those in the private sector. Poor staff health and well-being has significant financial implications and also potentially impacts on quality of care, patient outcomes and safety.

Musculoskeletal and mental health conditions are major causes of ill health and sickness absence among NHS staff. The level of violence, harassment and abuse experienced by staff from several different sources has also been identified as a key issue. Research indicates that poor mental well-being can negatively affect lifestyle behaviours, and vice versa. Notably, studies have found that a large proportion of health-care staff do not themselves meet public health guidance in relation to healthy lifestyle behaviours. However, this is not solely the result of factors under the control of individuals. The negative influence that organisational-level factors can have on the lifestyle behaviours of health-care staff has been highlighted in past UK studies. This includes long working hours, inadequate break times and low staffing levels.

## Objective

To map existing reviews on workplace-based interventions to promote health and well-being, and to assess the scope for further evidence synthesis work. It was not the purpose of this piece of work to extract, evaluate and synthesise findings from individual publications.

## Identifying the evidence

We searched nine databases to identify systematic reviews on health and well-being at work. Results were limited by publication date (2000 to January/February 2019). No language or geographical limits were applied.

As we identified a large number of potentially relevant publications from the searches, reviews were screened against inclusion criteria

## Types of evidence

We identified evidence from:

- 12 reviews of reviews
- 312 other reviews (including 16 Cochrane reviews)
- There also exists National Institute for Health and Care Excellence (NICE) guidance addressing multiple issues of potential relevance

based on information in the title and abstracts of records only. However, the full text of a number of reviews of reviews identified during the selection process was retrieved in order to conduct a more detailed examination of these publications.

## Selecting the evidence

The following criteria were used to identify relevant evidence from the database searches.

**Population:** Adult employees (aged 18 years or older) in any occupational setting and in any role. Any reviews focusing solely on self-employed workers or including participants from other settings (e.g. school students) were not eligible for inclusion.

**Interventions:** Any intervention aimed at promoting or maintaining physical or mental health and well-being (however conceptualised). Interventions could also be focused on early intervention and reducing the incidence or symptoms of common mental health conditions among staff. Reviews of interventions addressing violence against staff, workplace bullying or harassment were also eligible for inclusion. Interventions could be either or both: (1) individual-level interventions, for example, initiatives focused on individual behaviour modification; (2) organisational-level interventions aimed at modifying the workplace environment, culture or ethos.

**Outcomes:** Any outcome related to the effectiveness, cost effectiveness or implementation of interventions.

**Study design:** Any form of evidence synthesis including systematic reviews, meta-analyses and realist reviews. Reviews could include primary studies of any design, or other reviews (i.e. reviews of reviews).

The reviews of reviews we included in the evidence map also met the following additional study design criteria: authors (1) searched at least two sources and (2) reported inclusion/exclusion criteria.

### Mapping the evidence

Information on key characteristics were extracted from titles and abstracts of all potentially relevant publications, including type of document, focus of the review, intervention type (where identifiable), population(s) and whether the review had a primary focus on effectiveness, costs/cost-effectiveness or implementation. Descriptive statistics (counts and percentages) for key characteristics were generated and data from the reviews and reviews of reviews were used to produce a map and high-level descriptive summary of the evidence.

### Results

We found a large number of reviews and meta-analyses, a majority of which addressed three main issues: mental health; lifestyle behaviour; general health/health promotion (see **Table**). Some key differences were identified between reviews that had a specific focus on healthcare settings (healthcare focused) and ones that did not (non-healthcare focused). Most non-healthcare focused reviews addressed lifestyle behaviour or general health/health promotion. In contrast, these issues constituted a relatively small proportion of all healthcare focused reviews and meta-analyses. Of the reviews that focused on health-care staff, almost half addressed mental health issues and stress/burnout in particular.

We found reviews of reviews that addressed workplace interventions targeting a range of physical and mental health issues. There was a considerable degree of heterogeneity between the reviews of reviews in terms of specific focus, interventions, and outcomes; they focused predominately on evidence of effectiveness and little data were reported on intervention costs or implementation issues.

**Table: Primary focus of reviews and meta-analyses**

	Non-healthcare focused	Healthcare focused	Total
Lifestyles	74	4	78
General health/health promotion	52	14	66
Mental health	48	46	94
Physical health	11	4	15
General work	9	4	13
Other	4	8	12
Work relations	3	15	18
<b>Total</b>	<b>201</b>	<b>95</b>	<b>296</b>

We also identified Cochrane reviews that addressed both physical and mental health issues. This included several Cochrane reviews related to lifestyle behaviour such as improving physical activity, decreasing sitting time at work and smoking cessation. Multiple reviews examined the effectiveness of interventions to prevent or reduce workplace stress/burnout. The National Institute for Health and Care Excellence has produced evidence-based guidance on a number of workplace health issues including the promotion of mental well-being, physical activity and smoking cessation.

On a general level, it is unclear to what extent findings from reviews of studies conducted in non-health-care settings or in other countries can be generalised to the NHS workforce. There could be factors specific to UK health-care settings that impact on the ability of staff to adopt healthier behaviours, which limit the generalisability of findings from existing reviews. In addition, we identified multiple reviews that focused on the same broad health topic, such as physical activity. It is possible that there was considerable overlap in the primary studies included across reviews (i.e. the same primary studies being included in multiple reviews), which increases the potential for bias.

## Conclusions

Workplace interventions targeting health and well-being, including the promotion of healthy lifestyle behaviours, have been reviewed extensively in the literature. Existing reviews have largely addressed effectiveness, but some have focused primarily on cost-effectiveness and/or implementation.

## Implications for further evidence synthesis work

It is doubtful that further evidence synthesis work at this stage would add substantially to the existing knowledge base. Additional synthesis work may be useful if it addressed an identifiable need, and it was possible to identify one of the following:

- A specific and focused research question arising from the current evidence map. It may then be appropriate to focus on a smaller number of reviews only, and provide a more thorough and critical assessment of the available evidence.
- A specific gap in the literature (i.e. an issue not addressed by existing reviews or guidance). It may then be possible to undertake further literature searching and conduct a new evidence review. Conducting a 'meta-review' of evidence would not be appropriate as there was a considerable degree of heterogeneity between reviews of reviews, for example in terms of focus and interventions.

Full results and further discussion of the evidence can be found in the following report<sup>1</sup> published in Health Services and Delivery Research:

<https://doi.org/10.3310/hsdr08180>

## Reference

1. Raine G, Thomas S, Rodgers M, Wright K, Eastwood A. Workplace-based interventions to promote healthy lifestyles in the NHS workforce: a rapid scoping and evidence map. *Health Serv Deliv Res* 2020;8(18) <https://doi.org/10.3310/hsdr08180>

At the time of undertaking this work we were one of three national Evidence Synthesis Centres commissioned by the NIHR Health Services and Delivery Research Programme to provide timely and contextualised access to the best evidence on topics of key importance to the NHS. For each topic we synthesise the evidence and summarise our evaluation of the quality and strength of findings. We produce targeted outputs in appropriate formats to make it as straightforward as possible for decision makers to use research evidence.