Actions which merely seek to comply with the legislation, as well as isolated, narrow-focused actions with no connection whatsoever to the strategies and policies of organizations, are increasingly being overcome. This type of actions are usually non-sustainable, dismissed together with changes or financial restrictions, and do not produce the expected results.

The inconsistency of actions which only seek to control risk factors for diseases or accidents, and which do not enhance the well-being of the participants in all its various dimensions, has been thoroughly demonstrated. Undoubtedly, such actions result in poor commitment and lack of feeling of belonging with a program by comparison to other workers.

As a function of the increase of the rates of noncommunicable diseases (NCDs), which are often preventable through the adoption of a healthier lifestyle, the workplace became a relevant setting for the purpose of improving the quality of life of workers. Within this context, however, organizations usually focus only on the “what?” and “how?” of programs. They offer health fairs, applications, coaching, work accident prevention weeks, lectures, gym facilities, etc. Yet, they are seldom concerned with the “why?”, i.e., with the reasons to invest in health programs and the employees’ desires and expectations.

The workplace is a relevant setting for health protection, health promotion and disease prevention programs. While employers are responsible for providing safe, risk-free workplaces, they also have considerable opportunities to promote individual health and a healthy work environment. Efficacious programs and policies in the workplace might reduce health risks and improve the quality of life of workers.

Integrating strategies is crucial to broaden the scope of actions aiming at more robust results in terms of health promotion and quality of work life. Integrated approaches should strategically and operationally coordinate policies, programs and practices simultaneously aiming at preventing injury and work-related diseases and improving the health and general well-being of the workforce. Policies and programs should protect the health of workers by reducing or eliminating potential exposure to occupational hazards (health protection) and promoting the health of workers.

Nevertheless, even the best structured and scientifically grounded logical models have to deal with a crucial aspect. Adopting healthier behaviors and lifestyles depends on the personal choice of individuals. Within this context, the current scenario of obesity, physical inactivity, poor diet and alcohol abuse demands daring and innovative solutions, since participants tend not to commit to many of the currently developed actions. We need strategies to promote health, and to think more ambitiously, challenge ourselves to consider various spheres of well-being, different steps in the process of changing behaviors, and all the levels of organizations to maximize the odds of success. From this perspective, success depends on the supply of broadly encompassing health programs combined with the readiness of individuals to change. All of this with the support of managers, here acting as agents of change within a well-being enhancement culture.

For many years now employers developed workplace health promotion programs as a way to deal with the increasing costs of health care, work accidents, sickness absenteeism, disability and loss of productivity. One of the main arguments which ground this practice is based on scientific evidence which shows that workplace health promotion might be associated with favorable return on investment (ROI). However, employers are becoming increasingly aware that lower costs are just one of the main benefits of workplace health promotion programs. More particularly, as programs evolved over the last decades from being exclusively centered on individuals, and frequently on isolated parts of them, to more encompassing programs developed within a culture of health and health and safety integration, employers are becoming aware of the value on investment (VOI), which leads to greater commitment to the organization (e.g., higher talent retention) and better overall business performance.

Finally, one should consider the social determinants of health, i.e., economic, social, cultural, psychological and behavioral factors which influence the development of health problems in a community. Within this context, healthcare professionals at organizations should not work in isolation, but proactively seek familiarity with such determinants and integration with the health system, enhance self-care, and integrate themselves to community efforts targeting health and quality of life.
REFERENCES


