

## Going Beyond the Job

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Employers continually seek ways to improve employee work performance as an important strategy for improving corporate business outcomes. Oftentimes in this endeavor, employers focus on job structure as a key element of this strategy. As health research extends beyond cost and the clinical dimensions into lost time and lost productivity, employers may find new ways to enhance business results.

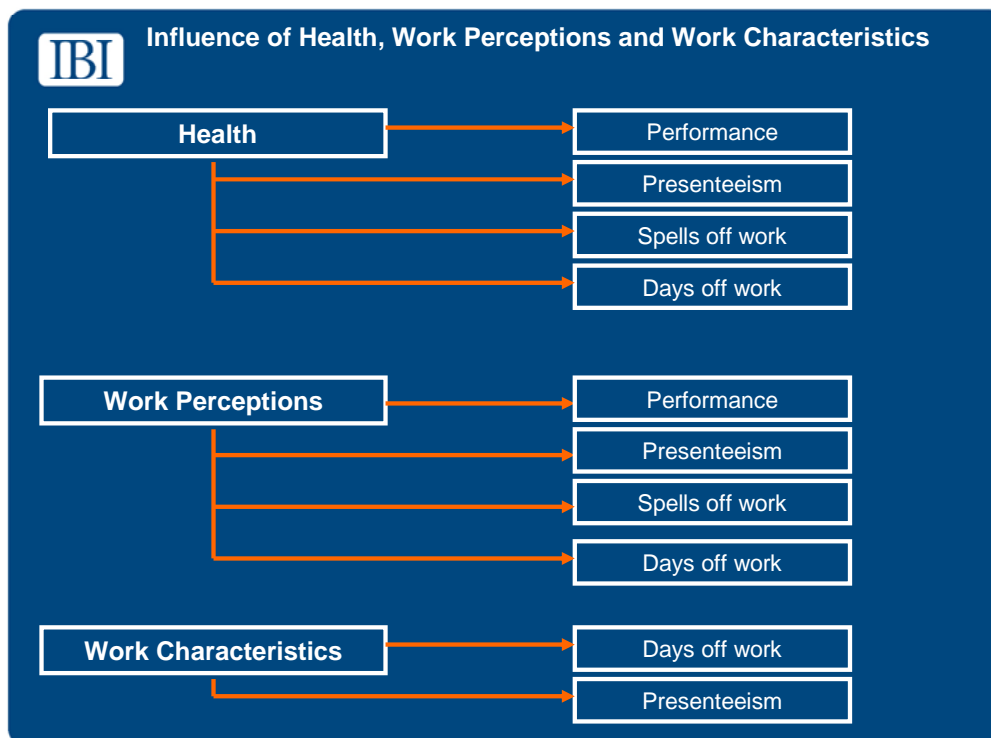
How important is health to key drivers of business outcomes compared to the structural and social dimensions of work? Researchers in the United Kingdom used self-reported data to examine how three factors -- employee health, work characteristics and work perceptions -- influence the key business outcomes of days off work, spells off work, employee performance (self-measured on a 0 to 10 scale) and presenteeism lost time (measured with the Stanford Presenteeism Scale).<sup>1</sup> The components of these three factors included:

**Health:** (1) general health, (2) mental health (3) physical health and (4) health-related quality of life.

**Work characteristics:** (1) contracted hours, (2) how often/how many extra hours are worked, (3) whether work breaks are taken, (4) availability of flexible working hours, (5) ability to work at home, (6) physical characteristics of work (e.g., lifting, standing, sitting, etc.).

**Work perceptions:** (1) relationship with management, (2) rewards and recognition, (3) workload, (4) relationship with colleagues, (5) physical environment, and (6) the degree to which work is "boring."

**What really matters?** The graphic illustrates both where there is a significant effect from the three factors on the key business outcomes and the relative degree of any effect, in descending order of importance, with all the health factors more influential than the work perceptions and work characteristics factors.



The research finds that health matters a lot for all four key business outcomes – particularly work performance and presenteeism. Work perceptions also influence all four business outcomes, but the effects are much smaller than the influence of health. Work characteristics have an even smaller influence on only two outcomes: days off work and presenteeism. Further, analysis of health scores showed that mental health rather than physical health had the largest impact on the ability to be at work.

**Commentary.** Employers always are interested in what is actionable in their search to improve business performance. The traditional employer view was that an employee's health is personal and, therefore, not the concern of the employer and out of the employer's influence. This recent research on the business impact of health extends the discussion of what is actionable for the employer into health improvement, workplace safety, stay-at-work and return to work programs.

While assessing sickness absence is important, assessing impacts on work performance is even more crucial for employers. Though beyond the scope of this research, other research shows that work culture affects health status, and health, in turn, affects absence and presenteeism. Still, once an individual's health status is established, work characteristics and work perceptions do not matter as much for absence and on-the-job performance as the person's health status. Human resource departments and occupational health personnel should focus efforts on reducing the impact of health on performance as well as on absence.

This research investigates how several factors influence key drivers of health-related productivity. The next step for employers is to better understand how chronic conditions and their co-morbidities drive health outcomes and employee performance (measured more rigorously), while accounting for characteristics of the workplace and characteristics of employees. IBI is working with a large manufacturer to design and implement such research for this next year.

Finally, employers have only recently begun to collect employee self-reported information to augment their health-related claims databases to better understand employee health, performance and productivity. Use of such self-report tools and health risk assessments (HRAs) by employers and their health partners to gather employee health information may be seriously jeopardized, however, by regulatory interpretation of the Genetic Information Nondiscrimination Act (GINA) and the ADA. GINA regulations prohibit use by health plans of financial incentives to encourage completion of HRAs that include family history. The EEOC is interpreting the ADA to limit or eliminate financial incentives for employees to participate in HRAs (and, presumably, self-report tools) that collect disability-related information. Cited examples of prohibited disability-related questions include "how often they feel depressed; whether they ever have been told that they have certain conditions, such as asthma, cancer, heart disease, or diabetes; how many different prescription medications they currently take...; or how much alcohol they drink..."

It can only be hoped that Congress will permit employers to offer financial incentives for employee participation in wellness programs (including completing HRAs and self-report tools) similar to or exceeding that currently permitted under HIPAA regulations for wellness programs. Otherwise, employers, their supplier health partners and researchers alike will lose much of the demonstrated value<sup>2,3,4,5</sup> of such proven tools as health risk assessments and self-report tools for assessing full costs of ill health, reducing healthcare costs and improving health and productivity.

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