



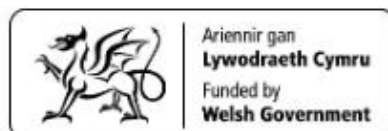
Health and Care
Research Wales
Evidence Centre
Canolfan Dystiolaeth
Ymchwil Iechyd a
Gofal Cymru

Wellness in work - supporting people in work and to return to the workforce: An economic evidence review

November 2023



Ymchwil Iechyd
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Health and Care
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Review conducted by the Bangor Institute for Health and Medical Research / Centre for Health Economics and Medicines Evaluation

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Wellness in work - supporting people in work and to return to the workforce: An economic evidence review

Report Number RR0009 (November 2023)

EXECUTIVE SUMMARY

Who is this report for?

This report is for stakeholders from the Welsh Government and Public Health Wales. These stakeholders asked the Bangor Institute for Health and Medical Research (BIHMR) / Centre for Health Economics and Medicines Evaluation (CHEME) Rapid Review team to investigate the question: What cost-effective interventions are there to support people in work and assist people to return to the workforce?

Background / Aim of report

The evidence presented in this report builds on the 2019 ['Wellness in Work'](#) report (Edwards et al., 2019). Rapid review methodology was used to identify updated economic evidence on programmes or interventions designed to enable employees to remain in and return to the workforce. In Wales, there are currently 1.48 million people in employment and 58,300 people who are unemployed. This equates to an unemployment rate of 3.8% in Wales.

This report has a broad focus to understand the economic impact of well-being within the workplace. The opening section of our report introduces the concept of well-being and discusses employment, unemployment and worklessness in Wales as well as self-employment and different types of employers. There are also sections on young people in work, old people in work, women in work, and a section about the health and social care workforce.

The main section in the report is on the economic benefits of keeping the workforce well. It focuses on the findings from our rapid review of the worldwide literature of economic evidence for workplace programmes and interventions addressing common mental health difficulties, severe mental health difficulties, smoking cessation, healthy eating, physical activity and controlling illicit drug use in the workforce.

To be included in the report, studies needed to report on economic evaluations, return on investment analyses, costing analyses, or work-related outcomes of economic interest (i.e., employment rates, sickness absence, presenteeism, work productivity). Studies were included regardless of their methodological quality as long as they met the eligibility criteria. The searches were broad to capture a wide range of different workplace interventions. The search strategy included the terms 'workplace', 'wellness at work', 'healthy workplace' and health economics terms to capture economic evaluations and costing studies such as 'cost-effectiveness', 'cost-benefit' and 'cost analyses'.

Results

Recency of the evidence base

- The databases were searched for literature published between 2017 and 2023.

Extent of the evidence base

- 76 papers were included in the rapid review. Of these, n=52 were primary studies and n=24 were reviews or systematic reviews.

- Economics studies were found relating to common mental health conditions; severe mental health conditions; influenza vaccination; illicit drug use; smoking and vaping; healthy eating and physical activity.

Key findings and certainty of the evidence

- We identified a range of economic evidence of low, medium, and high quality relating to interventions targeting well-being in the workforce.
- There is high quality evidence that interventions in the workforce for employees at risk of common mental health disorders can be cost saving for businesses and the health and social care sector.
- There is mixed evidence that interventions for employees with arthritis or other musculoskeletal conditions are cost-effective compared to usual care (treatment as usual).
- Influenza vaccination programmes are cost-effective if a high percentage of the workforce are given the vaccine. Vaccination programmes reduce the rates of absenteeism.
- There is conflicting evidence as to whether workplace smoking cessation programmes are cost-effective in reducing smoking.
- There is mixed evidence that illicit drug use by employees can be reduced with interventions such as workplace screening, self-guidance, individual placement support, and workshop support.
- There is high quality evidence on the cost-effectiveness interventions focusing on healthy eating and physical activity in the workplace. For example, sugar bans can be cost-saving for the employer due to reductions in sickness related absenteeism.
- There is moderate quality evidence that standing desks are a cost-effective way of improving work productivity.
- Taking care of the workforce is important for productivity as healthy and happy employees are more able to thrive and remain in the workforce for longer.

Research Implications and Evidence Gaps

- There is a gap in the evidence regarding productivity outcomes among older employees, but there is convincing evidence to suggest that worklessness may have detrimental effects on the well-being of older people due to missing social connections, mental stimulation, confidence, being valued and making a positive contribution to society.
- There is also a gap in the evidence regarding productivity outcomes among women of menopausal age and women with conditions such as endometriosis.
- There is a gap in the evidence regarding neurodiversity in Wales. Severe or specific learning difficulties and autism are the disabilities with the lowest employment rates in Wales. 70% of the population with autism in the UK are not in employment.

Policy and Practice Implications

- There is a need to consider the evidence presented in this report on cost-effective interventions to improve the wellness of the workforce in Wales.
- Updated policies and procedures to improve equal employment opportunities, regardless of age, gender, or disability status are needed.

Economic Considerations

- Amongst the G7 nations, the United Kingdom (UK) is performing relatively poorly in relation to returning to pre-pandemic employment rates. This is in part caused by the long elective surgery waiting lists as well as long waiting lists for outpatient appointments in the National Health Service (NHS) right across the UK, highlighting the circular relationship between health and the economy.



The Health and Care Research Wales Evidence Centre

Our dedicated team works together with Welsh Government, the NHS, social care, research institutions and the public to deliver vital research to tackle health and social care challenges facing Wales.

Funded by Welsh Government, through Health and Care Research Wales, the Evidence Centre answers key questions to improve health and social care policy and provision across Wales.

Along with our collaborating partners, we conduct reviews of existing evidence and new research, to inform policy and practice needs, with a focus on ensuring real-world impact and public benefit that reaches everyone.

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