



21st Annual Health Promotion Conference

Promoting Health and Wellbeing in the Workplace

National University of Ireland Galway

June 15th 2017



Conference committee 2017

Conference chair:

Dr. Margaret Hodgins Health Promotion Research Centre,
National University of Ireland (NUI) Galway

Committee members:

Biddy O'Neill	Department of Health
Adrienne Lynam	Health Service Executive
Paula Campbell	Association of Health Promotion Ireland
Dr. Lisa Pursell	Health Promotion Research Centre, NUI Galway
Dr. Vicky Hogan	Health Promotion Research Centre, NUI Galway
Dr. Mary Jo Lavelle	Health Promotion Research Centre, NUI Galway
Geraldine Nolan	Health Promotion Research Centre, NUI Galway
Enda Campbell	Health Promotion Research Centre, NUI Galway

Conference secretariat:

Dr. Viv Batt	Health Promotion Research Centre, NUI Galway
Larri Walker	Health Promotion Research Centre, NUI Galway

Special thanks to Mark O'Malley for organising the plenary session stretches and to our team of researchers, students and administrative staff who helped with the conference organisation leading up to, and on the day of the conference. We gratefully acknowledge the support of the Health Service Executive, Department of Health and the Association for Health Promotion Ireland for their support of the conference.



Don't forget to tweet
during the day #hprc2017

Contents

Welcome	4
Conference programme	5-7
Useful information	8
Plenary speakers' biographies	9-11
Conference chairs	12-13
Plenary session abstracts	14-16
Poster communications	17-18
Poster competition	19
Oral communication abstracts	20-49
Lunchtime activities	50
Workshops	51-53
Expert panel discussion	54
Conference evaluation	54
Delegate list	55-59
Notes	61
Contact us	62

Welcome



In collaboration with the Department of Health, the Health Service Executive, and the Association of Health Promotion Ireland, we are delighted to welcome practitioners, researchers and policymakers to meet in Galway for our 21st Health Promotion Conference 'Promoting Health and Wellbeing in the Workplace'. This event focuses on promoting workplace health and wellness through fostering a culture of health and addressing change at all levels in organisations.

This year's conference is in the context of the World Health Organization 'Healthy Workplace Framework', the 'Healthy Ireland Framework' and the current development of a 'National Healthy Workplace Framework'.

The conference explores ways of promoting health and wellbeing in workplaces, with particular emphasis on the application of a whole organisation approach.

The event presents an international and national perspective on this topic from policy, practice and research standpoints.

Welcome to Galway.

A handwritten signature in blue ink that reads "Margaret Hodgins". The signature is written in a cursive, flowing style.

Yours sincerely,
Dr. Margaret Hodgins
Chair, 2017 Health Promotion Conference Committee

Conference programme

- 08.30 Registration and coffee *Venue: Foyer, Áras Moyola, NUI Galway*
- 09.00 **Opening address:** *Venue: Lecture Theatre MY243, Ground Floor*
Minister Marcella Corcoran Kennedy, Minister of State for Health Promotion

Chair: Dr. Margaret Hodgins
National University of Ireland Galway
- 09.30 **Plenary 1:** *Venue: Lecture Theatre MY243, Ground Floor*
Promoting health in the workplace: International perspectives and shared challenges
Professor Paul Fleming, University of Southampton, UK
- 10.00 *Workplace health and wellbeing: Why it matters...*
Professor Dame Carol Black, University of Cambridge, UK

Chair: Dr. Lynda Sisson
Health Service Executive
- 10.45 Coffee break and poster competition
(Posters are available for viewing in [MY129](#) during all breaks)

- 11.15 **Research exchange (parallel presentations):**
 Theme A:
Practice of health promotion in the workplace *Venue: MY123*
 Chair: Greg Straton, Department of Health
- Theme B:
Evaluating workplace health promotion *Venue: MY124*
 Chair: Adrienne Lynam, Health Service Executive
- Theme C:
Current issues in workplace health promotion *Venue: MY127*
 Chair: Fergal Fox, Health Service Executive
- Theme D:
Perspectives on workplace health promotion and health protection *Venue: MY126*
 Chair: Dr. Patricia Heavey, Association of Health Promotion Ireland
- Theme E:
Workplace health promotion investigations *Venue: MY125*
 Chair: Dr. Mary Jo Lavelle, NUI Galway
- 12.45 Lunch, river walks and mindfulness sessions
- 14.00 **Plenary 2:** *Venue: Lecture Theatre MY243, Ground Floor*
Developing a healthy workplace framework in the Irish context
Biddy O'Neill, Department of Health, Ireland
- 14.20 *An integrated approach to promoting workplace health and wellbeing: Benefits and challenges*
Professor Anne Drummond, University College Dublin, Ireland
- 14.50 *Wellbeing - what works @ work*
Dr. Paul Litchfield, British Telecom (BT), UK
 Chair: Brian Higginson
 Health and Safety Authority
- 15.20 Tea/Coffee TO GO

- 15.30 **Workshops:**
- Workshop A:
Workplace stress from a regulatory perspective Venue: MY123
Patricia Murray, Health and Safety Authority
- Workshop B:
Bullying, ill-treatment and redress utopia Venue: MY127
Dr. Patricia Mannix McNamara and **Dr. Sarah Mac Curtain**, University of Limerick
- Workshop C:
Organisation challenges: Growing the wellbeing agenda Venue: MY124
Michelle Staunton, Chartered Institute for Personnel and Development
- Workshop D:
Building a network can be easy. The problem is how to maintain it! Venue: MY125
Dr. Roberto Moretti, Agenzia di Tutela della Salute (ATS) di Bergamo
- Workshop E:
Developing a workplace policy Venue: MY126
Dr. Helen McAvoy, Institute of Public Health in Ireland
- Workshop F:
Making the business case Venue: MY227
John Griffiths, Work2Health, Wales
- Knowledge translation session G:
Evidence of effectiveness of workplace wellbeing programmes Venue: MY129
Robert Murphy, Department of Health
- 16.30 **Plenary 3:**
Expert panel discussion Venue: MY243, Ground Floor
Chair: Dr. Margaret Hodgins
National University of Ireland Galway
- 17.00 *Concluding remarks*
Biddy O'Neill, Department of Health, Ireland
- 17.15 Conference Close.

Useful information

Wi-Fi code

The following wi-fi code is for access for all delegates (NUIGWIFI). Please note this logs out when inactive. It is also printed on your name badge

User ID	Password
9876001T	htbps4729

Lunchtime activities

In keeping with Healthy Ireland Guidelines and Health Promotion philosophy, delegates have the opportunity to choose healthy food options and take regular exercise breaks throughout the conference day.

Lunch is served in Friar's Restaurant from 12.45-14.00. All participants are invited to enjoy a riverside walk (weather permitting) or take part in a short relaxing mindfulness session before or after lunch. Look out for our conference volunteers for more details.



Afternoon workshops

When you registered online, you were asked to select a preferred workshop. Your workshop number is on your name badge. If you did not sign up to a workshop at online registration there may still be workshop places remaining. Please sign up at the registration desk.

Ask us

Need any help?
Just ASK ME!



If you have any questions throughout the day please ask our conference staff at the registration desk or student volunteers (wearing the bright orange T-shirts with "Ask Me" on the back).

Welcome address

Welcome address: Minister Marcella Corcoran Kennedy

Minister of State for Health Promotion

Minister Marcella Corcoran Kennedy has been the Fine Gael TD for Laois/ Offaly since 2011. She is Chairperson of the Oireachtas Committee on Jobs, Enterprise and Innovation since July 2014 and was previously a Member of Joint Oireachtas committees on Environment, Culture & Gaeltacht and Justice, Defence and Equality.



Plenary speakers' biographies

Professor Paul Fleming

University of Southampton, UK



Paul Fleming is Professor of Health Promotion at the University of Southampton, with a background in high school teaching and as a Health Promotion specialist. He was the founding course director of the Master's in Health Promotion at the University of Ulster, Northern Ireland where he was also Associate Dean of Life and Health Sciences. Other significant elements of his career have included being Training and Professional Development Manager of the Health Promotion Agency for Northern Ireland and Pro-Vice Chancellor for Science at the University of Canterbury in Christchurch, New Zealand.

Paul's PhD focused on reflection in Health Promotion and Public Health. He has published research papers and reports, book chapters and two co-authored books focused on healthy workplaces and evaluation of Health promotion programmes. His teaching has been primarily in the areas of Health Promotion Theory, Programme Planning and Management and Evidence-Based Practice.

Professor Dame Carol Black,
University of Cambridge, UK



Professor Dame Carol Black DBE, FRCP, FMedSci is Principal of Newnham College Cambridge and Expert Adviser on Health and Work to NHS England and Public Health England. She chairs the Board of Think Ahead, the Government's new fast-stream training programme for Mental Health Social Workers, and the RSSB's Health and Wellbeing Policy Group. She is a member of the Welsh Government's Parliamentary Review of Health and Social Care, Bevan Commission on Health in Wales, the Board of UK Active, Rand Europe's Council of Advisers, PwC's Health Industries Oversight Board and the Advisory Board of Step up to Serve. As Principal of Newnham, she is on several committees in Cambridge University, for example, the Advisory Board of the Centre for Science and Public Policy and is one of the Deputy Vice-Chancellors.

In November 2011, in the role of Co-Chair and National Director for Health and Work, she completed an independent review for the UK Government on sickness absence in Britain. The recommendations of this report are now being put in place, with for example a national Fit for Work Service. She is currently completing a further independent review for the Government of employment outcomes of addiction to drugs, alcohol and obesity and the benefits system.

Professor Black is past-President of the Royal College of Physicians, the Academy of Medical Royal Colleges and the British Lung Foundation. She is also past Chair of the Nuffield Trust for Health Policy. The Centre she established at the Royal Free Hospital in London is internationally renowned for research and treatment of connective tissue diseases. She is a Trustee of the National Portrait Gallery, of the Work Foundation, and of Uppingham School.

In February 2016 Dame Carol enjoyed the experience of being interviewed on BBC Radio's Desert Island Discs.

Biddy O'Neill

Department of Health, Ireland



Biddy O'Neill is National Project Lead in the Health and Wellbeing Programme Department of Health. She is leading on the development of the National Healthy Workplace Framework in partnership with the Department of Jobs Enterprise and Innovation under the auspices of Healthy Ireland.

Biddy has worked in Health Promotion for over twenty years, at both strategic and operational levels within the Health Service and the Department of Health. She has extensive experience in partnership working, policy and programme development and implementation. She is a keen advocate for personal development, including reflective practice and believes that facilitative leadership is key to changing workplace culture to promote health and wellbeing.

She was appointed to Assistant National Director in the Health and Wellbeing Division Health Service Executive in 2013, and seconded to the Department of Health in 2015.

She has a background in Nursing and Addiction Counselling and holds a Higher Diploma in Adult Education and an MA in Health Promotion.

Professor Anne Drummond

University College Dublin, Ireland

Anne Drummond is Professor and Head of Subject in Occupational Safety and Health (OSH) at the University College Dublin (UCD), and co-ordinates UCD's blended online Certificate programme and the MSc programme.



Anne's involvement in OSH commenced during the latter stages of her time working in general nursing. She completed her OSH education in UCD and the University of Surrey and joined the UCD Centre for Safety and Health at Work in 1995. As Director of the Centre she has been responsible for academic management and development of the Centre's OSH Continuing Professional Education Programme since the early 2000s.

She has a strong interest in teaching and learning, and held governance roles of School Head of Teaching and Learning and School Associate Dean for Teaching and Learning between 2005 and 2013. She received several UCD and national teaching awards for her work.

Her research interests are in OSH Teaching and Learning (particularly continuing professional education and OSH education) and OSH accident and disease collection, recording and surveillance systems. Her most recent research was on work-related road traffic fatalities, which examined Irish coroner data.

Dr. Paul Litchfield

British Telecom (BT), UK



Paul Litchfield has been Chief Medical Officer for BT Group plc since 2001 and has been active in the field of workplace health and disability for more than 30 years. He has been involved in numerous UK national and European initiatives to promote good physical and mental health, to improve rehabilitation back into work and to reduce the stigma of mental ill-health.

In 2015, he was additionally appointed as Chair of the UK's What Works Centre for Wellbeing. This Centre is dedicated to understanding what can be done to improve wellbeing across society. He is an inaugural member of the World Economic Forum's Global Agenda Council and has contributed to leading edge thinking on chronic disease, mental health and wellbeing in the context of an ageing society.

In 2013 and 2014, he was appointed to undertake statutory independent reviews of the Work Capability Assessment and to advise the Secretary of State for Work and Pensions. He was a co-author of the independent review for the UK Government 'Realising ambitions: Better employment support for people with a mental health condition'. In 2007, Paul was awarded the Order of the British Empire for services to Occupational Health.

Conference chairs

Plenary Chair: Dr. Margaret Hodgins

Head of School of Health Sciences, NUI Galway

Margaret is Head of School of Health Sciences and a lecturer in Health Promotion at the National University of Ireland (NUI), Galway. She was the Programme Director for the MA/Postgraduate Diploma in Health Promotion, from 2003-2013, and remains involved in teaching workplace health promotion to Health Promotion and Occupational Health students. She was Chair of the national professional association, The Association for Health Promotion Ireland from 2009-2012.



In 2011, Margaret co-edited a text, with Angela Scriven, published by Sage, 'Health Promotion Settings: Principles and Practice'. She has 22 peer-reviewed publications and has been involved in numerous research projects. She was a partner on an EU-funded project for the 'Healthy Together' project, which involved the design and evaluation of on-line training materials for employees who have a brief in health safety or employee wellbeing. This project was in collaboration with University of Reykjavik, Iceland and the University of Perugia, Italy.

Currently, she is principal investigator on the Irish Workplace Behaviour Study. This is a national study of workplace ill-treatment, replicating the British Workplace Behaviour study and funded by Institution of Occupational Safety and Health (IOSH). She is also leading on an exploration of organisational response to workplace bullying and incivility in the University sector.

Plenary Chair: Dr Lynda Sisson

Clinical Lead, Workplace Health and Wellbeing Unit, Health Service Executive

Dr Lynda Sisson MB, BCh, BAO, MPH, ACOEM, FFOMI is a graduate of Trinity College Dublin. She initially trained in general practice in Ireland before specialising in Occupational Medicine in the USA in 1996. She is American Board Certified in Occupational and Environmental Medicine and in Public and Preventive Medicine. She has a Masters' in Public Health (Epidemiology) from the University of Minnesota. Following her return to Ireland in 1998, she was involved in setting up the national Professional Competence Schemes and Assessment Processes for Poorly Performing Doctors following legislation in her role as Director of Professional Competence in the Irish Medical Council in 2007.



She is currently the Vice Dean in the Faculty of Occupational Medicine. She is a member of the committee in the Faculty of Occupational Medicine that successfully attracted a major international medical conference to Dublin for 2018 and is actively involved in the preparations for this conference.

She currently lectures in the Institute of Leadership in the Royal College of Surgeons and is a trainer for Specialist Registers in the Royal College of Physicians in Ireland.

She has many years clinical experience in both the public and private sectors including pharma, healthcare, telecommunications amongst many others but her role at present is that of National Clinical Lead in Occupational Health in the Workplace Health and Wellbeing Unit in the Health Services.

Plenary Chair: Brian Higginson

Assistant Chief Executive, Occupational Compliance and Prevention Division, Health and Safety Authority

Brian Higginson joined the Health and Safety Authority in 1999. Since then Brian has held a wide range of roles within the Authority, initially as an inspector and subsequently as regional manager, Brian is now policy lead in the areas of Agriculture and Manufacturing. He established the Special Investigation Unit within the Authority which focus on the investigation of serious accidents. Following this, Brian was Programme Manager with responsibility for the national compliance inspection program for sectors including construction, agriculture, public administration, manufacturing, healthcare, fishing, and forestry. In 2010 Brian was appointed Assistant Chief Executive, a role which now includes policy, prevention and compliance in all of these sectors as well as Market Surveillance.



Plenary session abstracts

Promoting health in the workplace – international perspectives and shared challenges

Professor Paul Fleming
University of Southampton, UK

Workplaces are dynamic environments which are affected by a range of global, national and local factors. This address seeks to explore four key themes relating to the changing context of the workplace; how the workforce is changing; changes to the nature of work for employees and employers; and how these issues affect our efforts to promote health in the workplace.

Currently, workplaces are influenced by global political, economic and social challenges and workers located in high, medium or low-income countries may be affected in different ways. The ongoing after-effects of the global economic crisis, the rise of populism, the widening gap between the 'haves' and the 'have nots' both intra- and internationally, and changing patterns of communication and consumption are but exemplars of a range of factors affecting the socio-economic context of the workplace.

Within this context, it is important that we understand how the workforce is changing, not least as baby boomers and generations X and Y meet generation Z who are now entering the workforce for the first time. The increase in proportion of older workers remaining in the workforce, the results of increased efforts to promote equity, diversity and inclusion and the shifting expectations of workers and employers all present interesting challenges to key players in the workplace.

Alongside understanding the changing workforce, it is also important that we understand the changing nature of work and working conditions. Increasing use of innovations in communication and technology, the trend towards job insecurity with increasing use of a range of contract formats, increased home working and an increasing trend towards workplace wellness programmes all have implications for the rise of the healthy workplace. This address will seek to explore the interconnectedness of the various factors contained in each of the four themes.

Workplace health and wellbeing: Why it matters...

Professor Dame Carol Black
University of Cambridge, UK

The workplace has a significant part in addressing the major problems surrounding physical and mental health and in supporting people with long term disorders, enabling as many as possible to fulfil their potential. Effective interventions can also bring tangible business benefits. Among them are reduced sickness absence, improved productivity, improved quality of service, relative reduction in the health care burden and cost, and the possibilities of extending useful working life.

Enlightened employers recognise the importance of shaping a workplace culture in which supporting and safeguarding the health and wellbeing of all members of the workforce has high priority. It is important that this culture permeates other organisations and becomes the norm. It means establishing a strong cultural lead and example in organisations, and strengthening management training in recognising and responding to the health needs of the workforce; and working more closely with other health supporting agencies, particularly Occupational Health and Primary Care.

Developing a healthy workplace framework in the Irish context

Biddy O’Neill
Department of Health, Ireland

The development of the Healthy Workplace Framework is a priority under Healthy Ireland, recognising that a healthy workforce benefits all of society and contributes to economic growth as well as improved health outcomes. One of the key elements is working in partnership with the Department of Jobs Enterprise and Innovation and other stakeholders reflecting the core principles and ethos of Healthy Ireland. The Healthy Workplace Framework is intended to be a practical resource providing flexible guidance that can be adapted to any workplace setting to facilitate and sustain healthy workplaces. The proposed framework will be underpinned by a robust evidence base and an extensive consultation process while taking account of international guidelines.

This presentation will outline progress to date, identify key milestones and set out the proposed agenda for the next phase of work. The challenges facing us in the context of the large number of Small to Medium Enterprises (SMEs) in Ireland will be considered and the issue of sustainability explored.

An integrated approach to promoting workplace health and wellbeing: Benefits and challenges

Professor Anne Drummond
University College Dublin, Ireland

The workplace is well recognised as an important setting for Health Promotion. Recent recognition of the importance of the health of the working age population, combined with plans to encourage use of the workplace as a setting for achieving a Healthy Ireland, has brought workplace health promotion into sharp focus as a priority and a key component of Irish Health Policy.

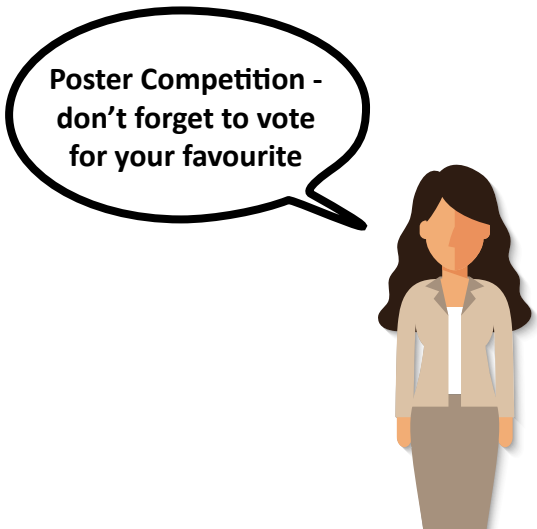
Occupational Safety and Health (OSH) legislation mandates employers to identify hazards and assess risks; to provide and manage safe work environments and processes, and to implement health protection as well as injury and illness prevention systems. In the past, workplace health protection does not always extend to health promotion. However, in recent years, the focus of OSH practise has moved beyond addressing work-related physical, chemical, biological and ergonomic hazards to recognising and mitigating the risks associated with psycho-social hazards and to promoting good health and wellbeing through organisational and lifestyle supports. Many organisations voluntarily promote worker health and wellbeing as part of corporate social responsibility. The anticipated introduction of legislation that will require public sector companies and agencies in Ireland to develop a ‘healthy workplace’ policy to promote the physical, mental and social wellbeing of employees, is set to widen the scope and increase the extent of workplace Occupational Health and Health Promotion activity.

Most organisations have, to a greater or lesser degree, management functions and systems to manage the organisation, its activities and outputs and its human resources, as well as health-related functions and systems to manage occupational and environmental health and safety issues (OSH / EHS) and promoting workplace health (WHP). International research has shown that there are significant benefits to using an approach that integrates these functions and systems to a common end. This presentation will examine both the benefits and challenges that an integrated approach to promoting health and wellbeing in the workplace brings for all stakeholders.

The business case for companies to address the wellbeing of their employees is growing stronger all the time. Some links between wellbeing, engagement and productivity are established with wellbeing as the critical sustainability factor. However, a poor understanding of what constitutes wellbeing and how to create a proportionate strategy compromises the efforts of many companies. The What Works Centre for Wellbeing has been established to address many of these issues and to provide practical evidence based guidance for businesses as well as for Government, communities and the third sector.

Developing a framework underpinned by an action grid is an essential precursor to implementing activities. That allows companies to bring coherence to what they already do in this space and to identify any gaps that exist. Most effective interventions are low cost and based on the education and training of employees and their managers. Keeping the investment costs tightly managed is critical if a return is to be made – many have made the mistake of over-extrapolating benefits which have a natural ceiling.

Determining what works is just part of the challenge. The way that programmes are implemented and the amount of effort put into preparing the ground are often the key determinants of success and failure. Maintaining impetus over a prolonged period requires constant effort but it is that long term application that finally changes culture and behaviours. The rewards can be measured in terms of business success but the less quantifiable impact on human lives may be more important.

A stylized illustration of a woman with long dark hair, wearing a light-colored blazer and a dark skirt. A speech bubble is positioned above her head, containing text.

Poster Competition -
don't forget to vote
for your favourite

Poster communications Venue: MY129

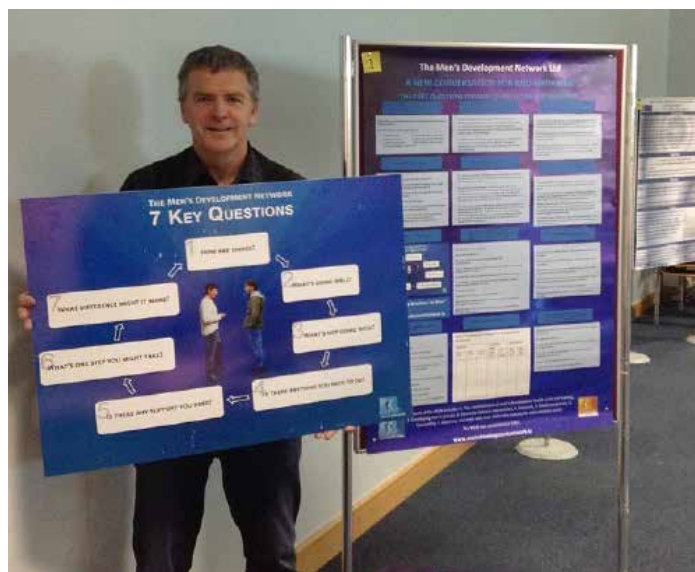
1	Yvonne Gilsenan, Health Promotion and Improvement, Health Service Executive	An evidence-based guide promoting workplace physical activity among desk-based employees in the public sector
2	Dr. Petra Nilsson, Health and Society, Kristianstad University	A key to success in workplace survey processes
3	Lorcan Brennan, The Men's Development Network Clg	Supporting health and wellbeing in work
4	Siobhan Bulfin, Niamh Tuohy, Aisling Purcell and Ann O'Reilly, Occupational Health Department, St. Vincent's University Hospital	An evaluation of 'The Working Backs Programme' developed for healthcare staff with back pain in St. Vincent's University Hospital
5	Aisling Purcell, Ann O'Reilly, Niamh Tuohy and Siobhan Bulfin, Occupational Health Department, St. Vincent's University Hospital	Audit to assess attitudes of staff to the influenza immunisation and the factors that might encourage or prohibit uptake
6	Enda Campbell, Health Promotion, National University of Ireland Galway	Sitting time among the Irish population - A concern for workplaces?
7	Louise Tully, Health Promotion Research Centre, National University of Ireland Galway	Weaning to solid infant foods among disadvantaged parents on the island of Ireland: emerging influences on practices
8	Grace O'Shea, National University of Ireland Galway	Health literacy in Healthy Cities
9	Alexandra Donohoe, DHSES, Waterford Institute of Technology	'Men on the Move' – Establishing a framework for developing effective and sustainable Health Promotion initiatives
10	Emily Lynch, University College Cork	UCC Operation Transformation 2013-2016: Evaluation of a Health Promotion programme
11	Adrienne Lynam, Fergal Fox, Sharon Parkinson, Health Service Executive	A feasibility study into the fitness for purpose of adopting the CDC Worksite Health ScoreCard in the Health Service Executive
12	David S. Evans, Louise Cullen, Laura Molloy, Adrienne Lynam, Deirdre Goggin, Health Service Executive	Cherishing our valued assets: Staff health in the Health Service Executive

13	Claire Shanahan, Discipline of Health Promotion, National University of Ireland Galway	A process evaluation of the Smarter Travel 'Marchathon' Initiative
14	Niamh Martin, Discipline of Health Promotion, National University of Ireland Galway	A process evaluation of the Marchathon Initiative
15	Kathleen Fitzpatrick, University of Limerick	Seeking redress for workplace bullying: The experiences of a sample of Irish primary school teachers
Posters from the RCSI Future Leaders Programme		
16	Aisling Purcell, John Taylor	The development and authorisation of accredita- tion standards for Occupational Health Services
17	Yvonne Gilsean, Geri Quinn	A review of the literature on physical activity and recommendations for the Irish Health Service
18	Mary Lyng, Dr. Eileen Canning, Ann Callanan, Barbara Lynch	The introduction of resource planning for EACS Programmes
19	Deborah Moriarty, Maura Cagney, Shellie Kane, Carmel Kelleher, Kathy Nolan, Noel Riordan	To test a toolkit for resource planning in OHS
20	Adrienne Lynam, Fergal Fox, Sharon Parkinson	The adaptation of the CDC Health Score Card to fit the Irish Health Service and testing of the CDC scorecard in a healthcare facility
21	Dr. Mary Mac Mahon, Sibéal Carolan	Implementation of a framework for fatigue risk assessment in a healthcare facility
22	Nodlaig Carroll, Emer Carroll, Noelle Dalton, Fiona Dardis, Sally Downing	The development of a website within HSE and a communication strategy for WHWU
23	Dr. Lynda Sisson, Dr. Zakiah Amir, Sibéal Carolan, Yvette Keating	Workforce Planning Approaches in WHWU
24	Zakiah Amir, Bernie Delaney, Freda O'Rourke	Health Surveillance Policy for Healthcare Workers
25	Anna McHugh, Dr. Zakiah Amir, Dr. Lynda Sisson	Beating Burnout – Being Kind

POSTER COMPETITION

The AHPI have sponsored a prize for the best poster presentation of research at the

Promoting Health and Wellbeing in the Workplace Conference



2016 Winner:

Mr Lorcan Brennan,
The Men's Development Network Ltd
displaying his winning poster:

'Promoting a New Conversation for
and with Men 7 Key Questions for
Wellbeing'

Delegates are asked to vote for their favourite poster based on the following criteria:

- ✓ Quality of the research content
- ✓ Relevance to the conference theme (Promoting Health and Wellbeing in the Workplace)
- ✓ Appeal of the visual display of the research

Voting is open during morning coffee in room MY129.

Please Vote!

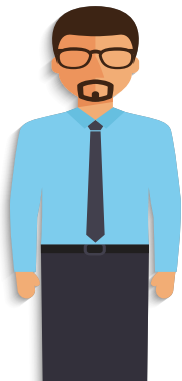


Oral communication abstracts

Room MY123	Theme A: Practice of health promotion in the workplace Chair: Greg Straton , Department of Health
11.15	<p>'Who cares for the carers?' The Galway experience of Schwartz Rounds</p> <p>Dr. Catherine Anne Field</p>
11.30	<p>Management of stress in the workplace: A national response to implementing stress management interventions</p> <p>Nodlaig Carroll</p>
11.45	<p>An examination of current meeting practice and an exploration of the concept and practicality of 'healthy meetings' as an initiative to contribute to a health promoting environment in the workplace</p> <p>Ashling Jennings</p>
12.00	<p>'A Healthy CIT': Preliminary findings from a campus-wide staff health survey in an Irish third level setting</p> <p>Andrea Bickerdike</p>
12.15	<p>Staff development talks from a wellbeing perspective</p> <p>Dr. Ása Bringsén</p>

Room MY124	Theme B: Evaluating workplace health promotion Chair: Adrienne Lynam , Health Service Executive
11.15	An economic evaluation of complex workplace dietary interventions Clare Kelly
11.30	The 'Food Choice at Work' Trial: From evaluation to practical application in everyday workplace settings Clare Kelly
11.45	The Step Challenge – An effectiveness review of a health intervention to promote walking on the commute Siobhan Hamilton
12.00	“...this is not about changing my work load or content, it is about changing how I do my work”: The personal and professional impact of facilitation skills for health and wellbeing training on youth workers in out of school settings Mairead Barry
12.15	'Farmers have Hearts': Using the Mart as a setting in which to engage male livestock farmers in a health screening intervention Diana van Doorn

If you have not signed up for a workshop check availability at the registration desk



Room MY127	Theme C: Current issues in workplace health promotion Chair: Fergal Fox, Health Service Executive
11.15	Towards an integrated workplace Health Promotion Policy for Ireland John Griffiths
11.30	The role of law in creating healthy workplaces – lessons from regulatory theory Ursula Connolly
11.45	Stressful learning: Examining the reciprocal dynamic of stress amongst educators and students in higher education Dr. Patricia Mannix McNamara
12.00	Efficacy and feasibility of reducing workplace sitting among administrative staff – The WIT-SIT Study Damien O'Connell
12.15	The development of occupational health service standards for the Irish Health Service Aisling Pursell

Room MY126	Theme D: Perspectives on workplace health promotion and protection Chair: Dr. Patricia Heavey, Association of Health Promotion Ireland
11.15	Promoting workplace wellbeing through enhanced communication practices – Benefits of participating on a WWETB Literacy Program Margaret Howard
11.30	Health and wellbeing in a HSE workplace. Learning from a two-year project in a medium-sized workplace Dr. Edel McNamara
11.45	‘Salutogenesis in the Workplace’: The role of generalised resistance resources, sense of coherence and learning Roald Pijpker
12.00	Inclusion for a student with Traumatic Brain Injury (TBI) in third level education in Ireland: An auto-ethnographic perspective Teresa Shiels
12.15	A qualitative study on the impact of sleep loss on the daily lives of working mothers Eimear McEneaney

Room MY125	Theme E: Workplace health promotion investigations Chair: Dr. Mary Jo Lavelle , Health Promotion Research Centre, NUI Galway
11.15	Finding solutions to workplace stressors in a healthcare setting using the Team Climate Inventory Dr. Maura Burke
11.30	How physically active are employees at University Limerick Hospital Group? Maire Curran
11.45	Mindfulness in the workplace Pauline Kent
12.00	Practising mindfulness in the workplace: Idiographic perspectives of mindful line managers Niamh Imbusch
12.15	Alcohol-related presentations to an emergency department Lorcán Ó Maoileannaigh



Don't forget to sign up for the lunchtime mindfulness sessions at the registration desk

Theme A: Practice of health promotion in the workplace Room MY123

'Who cares for the carers?' The Galway experience of Schwartz Rounds

Author: **Field, C.A.**

Affiliation: Discipline of Health Promotion, National University of Ireland, Galway

Background and rationale:

Healthcare professionals work in complex, challenging and potentially distressing situations. Working in healthcare carries an increased risk of burnout and can lead to increased boundaries and defences when engaging with patients. Evidence has shown burnout can result in decreased capacity to provide compassionate care to patients. The Schwartz Rounds were developed in the US to provide a forum for staff to explore the emotional aspects of work in a reflective and confidential manner. They have been shown to increase compassion and empathy and ultimately, lead to improved patient care.

Service description:

The Schwartz Rounds were introduced in 2016 as a pilot project at the University Hospital Galway, in conjunction with the National University of Ireland, Galway. Rounds, which are held monthly, are facilitated by trained facilitators and a clinical lead. Rounds are open to all hospital staff. They provide an opportunity for staff to reflect on the emotional aspects of their work through facilitated discussion.

Results:

To date, ten rounds have been held with an average attendance of 90 people. Over half of attendees are from medicine and nursing. Other attendees include allied health professionals, administration and management staff. The feedback has been overwhelmingly positive, with over 70% of attendees feeling it was relevant to their work and over 60% stating that it helped them to work better with colleagues. Other benefits noted were an increased sense of pride in work and the organisation, a focus on patient-centred care and insight into colleagues' roles.

Conclusions:

Caring for 'carers' is an important initiative in healthcare. Schwartz Rounds are a useful forum for staff to reflect and discuss the emotional aspects of their work in a structured and confidential manner.

Management of stress in the workplace: A national response to implementing stress management interventions

Author: **Carroll, N.**

Affiliation: Health Service Executive, Carrick-on-Shannon

In 2012, the HSE launched its National Policy on Prevention and Management of Stress in the Workplace, which was developed by a cross-sectorial multi-disciplinary national group. In line with National Policy, the Organisational Psychology Unit, the local HR (i.e. HSE West/North West/ Mid-West) and the National HR, designed resources and risk assessment tools to enable managers to address workplace stress.

The 2015 European Safety Campaign '*Healthy Workplaces Manage Stress*' afforded the HSE an opportunity to develop a national response to workplace stress as a psychosocial risk. The National Health and Safety Function (NHSF) recognised the need for a collaborative response and facilitated the development of a Workplace Stress Working Group (WSG). The WSG compiled of professionals from Organisational Psychology, Health and Safety, Occupational Health (OH), Employee Assistance & Counselling Services (EASC), Learning, Education and Development (LED), Health Promotion (HP&I) and HR.

The WSG endorsed existing resources and developed information material based on the Cycle of Stress Management (Identification, Prevention, Support and Assistance and Monitoring and Review). A collaborative seminar programme was compiled to provide support and disseminate tools to managers, to implement workplace stress risk assessment, take leadership roles in pro-actively managing and supporting the health and wellbeing of staff, assessing personal health behaviours and creating supportive positive work environments.

Since October 2015, sixteen accredited seminars with 748 attendees, have been delivered by experts in Organisation Psychology, H&S, EASC, OH, LED and HP&I. Evaluation feedback (70% response rate) is hugely positive. Anecdotal evidence suggests that managers are more confident in pro-actively addressing workplace stress. This is evident with the recent results of *Health Sector Staff Survey Your Opinion Counts* showing that almost 70% of staff are aware of the facilities to support stress in work. A final review of the seminars and the policy will commence in August 2017.

An examination of current meeting practice and an exploration of the concept and practicality of 'healthy meetings' as an initiative to contribute to a health promoting environment in the workplace

Author: **Jennings, A.**

Affiliation: The Asthma Society of Ireland

The workplace is an important setting in which to target the growing burden of obesity and non-communicable diseases among Irish adults. Recognising this, the Irish government have indicated a commitment to address workplace Health Promotion through the Healthy Ireland framework and the announcement of the Healthy Workplace initiative. Under the Healthy Workplace initiative, all public service employers will be required to develop and implement 'healthy workplace' policies to promote the health and wellbeing of their employees. Building on this, this study aimed to examine the potential of 'Healthy Meetings' to contribute to a health promoting environment in the workplace. A mixed methods approach was employed. An online questionnaire was used to examine current meeting practice among public sector workers. Healthy meeting guidelines were adapted from the United States and Scotland to meet the needs of the Irish workplace. Meeting organisers, recruited through the online questionnaire, were asked to review the newly adapted guidelines and comment on them through a telephone interview. Results from this study revealed a definite need and desire for healthy meeting guidelines. The findings from the qualitative analysis were used to finalise the healthy meeting guidelines to meet the needs of the Irish workplace, with the view of them being used at a National level to support Healthy Ireland and the Healthy Workplace initiative.

'A Healthy CIT': Preliminary findings from a campus-wide staff health survey in an Irish third level setting

Authors: **Bickerdike, A.**, Dinneen, J. and O'Neill, C.

Affiliation: Department of Sport, Leisure and Childhood Studies, Cork Institute of Technology

Context and background:

Higher Education Institutions (HEIs) have the capacity to enable healthy staff behaviours through their organisational policies (Okanagan Charter, 2015). In an Irish context, there is a paucity of research investigating workplace behaviours of HEI staff across a multitude of health domains. The purpose of this study was to gather such data to facilitate the strategic development of a campus Health Promotion initiative, '*A Healthy CIT*'.

Research methodology:

A 67-item web-based questionnaire was distributed to 1,705 staff members of the multi-campus Institute. This instrument explored physical activity levels, nutritional habits, sleep duration, job satisfaction, tobacco-use and general health parameters of participants. Notable validated measures included the Mental Health Index-5 (MHI-5) (Ware *et al.*, 1993), and the Alcohol Use Disorders Identification Test (AUDIT) (Babor *et al.*, 2001).

Preliminary findings:

A response rate of 16% (n=280) was attained; 60.4% (n=169) from females and 39.6% (n=111) from males. In relation to sedentary behaviour, 60.8% (n=149) of participants reported at least 4 hours' sitting time during a typical working day. A *lack of time* was cited as the most common barrier to physical activity (35.2%: n=76). Mean MHI-5 scores (possible range 0-100 with lower scores indicating greater psychological distress) were 73.9 in females (SD ± 15.8: n=138) and 76.6 in males (SD ± 16.3: n=90). Females were more likely to engage in hazardous alcohol consumption than males (χ^2 (1, n=204) =5.62, p=0.02).

Discussion:

A perceived *lack of time* to engage in physical activity (reported by 35.2%), coupled with excessive work-related sitting-time, are organisational barriers to health that warrant further investigation. Lower MHI-5 scores were observed for both sexes relative to the general population (IPSOS MRBI and Dept. of Health, 2016). Analysis of the hazardous alcohol use domain of the Audit determined that females were more likely than males to engage in this behaviour.

The findings of this institute-wide study will be of interest to both comparable HEIs and corporate organisations who wish to implement whole-organisation Health Promotion initiatives.

Staff development talks from a wellbeing perspective

Authors: **Bringsén, A.**

Affiliation: School of Health and Society, Kristianstad University

Background:

Wellbeing at work is a complex phenomenon and thus, there are many different strategies that can be used for the enhancement of co-workers wellbeing and individual development. On a yearly basis, most organisations have manager/employee dialogues, so called performance appraisal interviews or staff development talks (SDT), which sometimes includes a focus on workers wellbeing. However, little is known about managers' views and carrying through of SDTs in relation to a wellbeing perspective.

Aim:

The aim of this study was to explore managers' description of SDT implementation from a wellbeing perspective.

Method:

Fifteen managers (i.e. three women and twelve men with varying ages) at different levels of an inter-municipal corporation company participated in three focus group interviews. The participants shared their thoughts about SDTs in general and described their implementation of SDTs in particular. The results from the interviews were transcribed and analysed through conventional qualitative content analysis.

Results:

All participants found the SDTs useful for them in their role as managers of different units of the company. Clarity and concretisation were considered important but more or less challenging for them depending on the work at the unit. The results showed that the managers had different approaches characterising the planning and implementation of SDTs, which resulted in the wellbeing perspective being more or less in focus during the SDTs. The identified approaches were named operational and interpersonal.

Conclusion:

Managers different SDT approaches means that the wellbeing perspective is more or less in focus in relation to SDTs, despite the managers being located in the same company and having the same information as well as dialogue tools. Communication, reflection and sense-making among managers is needed for strengthening the wellbeing perspective in general, with adherent relation to employees having equal opportunities for SDTs characterised by a wellbeing perspective in particular.

Theme B: Evaluating workplace health promotion Room MY124

An economic evaluation of complex workplace dietary interventions

Authors: Fitzgerald, S.¹, Murphy, A.², Geaney, F.¹, **Kelly, C.¹**, and Perry, I.J.¹

Affiliation: ¹Department of Epidemiology and Public Health, University College Cork

²Department of Economics, University College Cork

Background: Obesity and obesity-related chronic diseases are associated with absenteeism in the workplace, incurring substantial costs for employers worldwide. Some employers are investing in workplace dietary interventions in an effort to curtail these escalating costs. The workplace is recognised as a priority environment to influence dietary behaviours and improve employee health. Yet, previous workplace dietary interventions have neglected to combine clinical effectiveness evidence with economic costs, thus the cost-effectiveness of workplace interventions remains unknown. Using evidence from the Food Choice at Work (FCW) study, a cluster controlled trial of a complex workplace dietary intervention, this study employs an economic evaluation of nutrition education, environmental dietary modification and combined workplace interventions.

Methods: Cost and outcome data collected from the FCW study informed this economic evaluation. Each dietary intervention (length of intervention 9 months) was compared to a control workplace. This was achieved through firstly conducting a cost-utility analysis (CUA) to measure the cost-effectiveness of the interventions in terms of quality-adjusted life-years (QALYs). Secondly, sensitivity analyses were conducted to test the robustness of the QALYs by performing three cost-effectiveness analyses (CEAs) using intervention-specific clinical measures to measure health outcomes (BMI, midway waist circumference and weight). Thirdly, a cost-benefit analysis (CBA) was employed, whereby the monetary value of absenteeism was employed to report the net benefit of the interventions compared to the control, from the employers' perspective. A probabilistic sensitivity analysis, using a Monte Carlo simulation was also performed to assess parameter uncertainty.

Results: The CUA indicated that each intervention (education (€971/QALY), environment (€98/QALY) and combined (€2,156/QALY)) was cost-effective relative to the control in terms of incremental cost-effectiveness ratios (ICERs). Uncertainty surrounding incremental costs and effects translated into decision uncertainty for the environment intervention. However, at no point between a ceiling ratio of €0 to €100,000/QALY did the education and combined interventions have a higher probability of being cost-effective than the control. The three secondary CEAs confirmed the CUA results. The environment intervention reported the lowest ICERs for: BMI (€14/kg/m²), waist circumference (€3/cm) and weight (€7/kg). The environment intervention reported the highest net benefit (€146/employee).

Conclusion: Environmental dietary modification interventions offer the most cost-effective approach for improving employee health outcomes and also provide a positive net benefit for employers. However, due to the considerable uncertainty that surrounds the existence and extent of differences in health effects between the environment intervention and the control, it is imperative that future research includes long-term outcomes to avoid capturing high initial costs of rolling out the interventions. Inclusion of long-term outcomes would also determine whether improvements in outcomes persist.

The 'Food Choice at Work' Trial: From evaluation to practical application in everyday workplace settings

Authors: Geaney, F., **Kelly, C.**, Scotto Di Marrazzo, J., Harrington, J.M., Fitzgerald, A.P., Greiner, B.A. and Perry, I.J.

Affiliation: Department of Epidemiology and Public Health, University College Cork

Background:

It is accepted that the surrounding environments in which individuals live and work influences their health behaviours and that modifying these environments at both macro and micro levels is an important catalyst for behaviour change. However, evidence on effective workplace dietary interventions is limited.

Purpose:

The comparative effectiveness of a workplace environmental dietary modification and an educational intervention both alone and in combination was assessed versus a control workplace on employees' dietary intakes, nutrition knowledge and health status.

Methods:

Based on a systematic review and pilot study in the 'Food Choice at Work' cluster-controlled trial, four large and purposively selected manufacturing workplaces in Ireland were allocated to control (N = 111), nutrition education (Education) (N = 226), environmental dietary modification (Environment) (N = 113) and nutrition education and environmental dietary modification (Combined) (N = 400) in 2013. Nutrition education included group presentations, individual consultations and detailed nutrition information. Environmental dietary modification included menu modification, fruit price discounts, strategic positioning of healthier alternatives and portion size control. Data on dietary intakes, nutrition knowledge and health status were obtained at baseline and follow-up at 7-9 months. Multivariate analysis of covariance compared changes across the four groups with adjustment for age, gender, educational status and other baseline characteristics.

Results:

Follow-up data at 7-9 months were obtained for 541 employees (64% of 850 recruited) aged 18–64 years: control: 70 (63%), Education: 113 (50%), Environment: 74 (65%) and Combined: 284 (71%). There were significant positive changes in intakes of saturated fat ($p=0.013$), salt ($p=0.010$) and nutrition knowledge ($p=0.034$) between baseline and follow-up in the combined intervention versus the control. Small but significant changes in BMI (-1.2 kg/m² (95% CI -2.385 , -0.018 , $p = 0.047$) were observed in the combined intervention. Effects in the education and environment alone workplaces were smaller and generally non-significant.

Conclusions:

Combining nutrition education and environmental dietary modification may be an effective approach for promoting healthy eating at work. The 'Food Choice at Work' intervention represents a viable model and wide-scale implementation is underway at local and national workplaces.

The Step Challenge – An effectiveness review of a health intervention to promote walking on the commute

Authors: **Hamilton, S.**, Daly, S., Finn, A and Flavin, S.

Affiliation: Smarter Travel Consultants for Workplaces and Campuses at the National Transport Authority, Green Workplaces Ltd., Dublin

Project idea:

The Step Challenge is a behavioural change initiative that acts as a stimulus to promote walking on the commute. The challenge is a team event, offered to partners of the Smarter Travel Workplaces (STW) and Smarter Travel Campus (STC) programmes. The ninth annual Step Challenge took place in September and October 2016.

Aims:

1. To increase walking on the commute in participating workplaces
2. To provide an employee-focused active travel event for programme partners
3. To encourage programme partners, that have implemented key elements of their smarter travel action plan, to continue to engage employees in their mobility management initiatives.

Objectives:

1. Use the principles/tools of community based social-marketing and Health Promotion to change behaviour in favour of walking, both on the commute and for other journeys.
2. Promote walking as a mode by linking with health benefits for employees and employers
3. To link with corporate objectives related to team-building and employee wellbeing.
4. Revise and expand the Step Challenge year on year.

Findings and originality:

The Step Challenge as a behavioural change intervention has recorded consistent changes in favour of walking since the Challenge began in 2008. Year on year, the proportion of participants reporting walking on the commute is significantly above the national average, with intention to walk post-event significantly higher than the starting point.

In 2016, there was a 217 percentage increase in the number of participants regularly walking to work as a result of the Challenge, rising from 12% of participants pre-challenge, to 26% post-challenge. Significantly 14% of car drivers intended to walk to work on a regular basis, with a further 19% intending to walk on an occasional basis, post-event.

Conclusion and Policy Implications:

Drawing from good practice in the fields of behavioural change and Health Promotion is essential to encourage people to use smarter travel modes.

***“...this is not about changing my work load or content, it is about changing how I do my work”*: The personal and professional impact of facilitation skills for health and wellbeing training on youth workers in out of school settings**

Authors: **Barry, M.**¹, Carroll, P.¹, Harold, L.¹, O’Grady, M.¹, Barry Murphy, B.², Brennan, L.³ and O’Neill, A.⁴

Affiliation: ¹Centre for Health Behaviour Research, Waterford Institute of Technology

² Independent Contractor

³ Men’s Development Network

⁴ National Youth Council of Ireland

Background:

Youth workers need to be supported to develop their interpersonal skills so they can appropriately support those with whom they work with. ‘Facilitation Skills for Health and Well-Being’ was developed in response to this need. A plan for sustaining the diffusion of the training was integrated into the training model that included a) recruitment of experienced facilitators, b) training ethos focused on the felt experience, c) the experiential learning cycle, d) appropriate residential setting, e) training duration (4* 2-day residential blocks), f) selection process for trainees (n=16) and their organisations (n=8), g) organisational supports with 1-day training for Managers (n=9) and a 1-day whole staff day within each organisation (n=70). The workers’ experience of the training, the factors that influenced their experience and the integration of their learning into their work practice was evaluated.

Results:

Grounded theory was used to analyse and triangulate data from multiple qualitative sources including: 60 reflective logs (Youth Workers n=56, Facilitators n=4), 14 interviews (Project Team n=3, Managers n=8, Youth Workers n=3), 52 vox pops with work colleagues and a focus group with the project team.

Discussion:

Youth workers underwent a transformation. The factors that contributed to their learning were the training design, the facilitators, the group and openness of the youth worker for self-discovery. Their transformation supported them to make changes within their work with how they manage themselves in a way that supports their wellbeing and enhances their contact with colleagues and young people. Diffusion into the workplace was also supported by the work environment and their managers’ openness to the training.

'Farmers have Hearts': Using the Mart as a setting in which to engage male livestock farmers in a health screening intervention

Authors: **van Doorn, D.**, Richardson, N. and Osborne, A.

Affiliation: Institute of Technology, Carlow

Context:

Irish farmers are both a 'high risk' group for CVD mortality and a 'hard to reach' group with regard to CVD preventative programmes, not least because of the unpredictable nature of farming as an occupation. The 'Farmers Have Hearts' (FHH) health screening programme met farmers at their workplace, i.e. the Mart.

Study aim:

To establish what factors prompt a so-called hard to reach group (e.g. male livestock farmers) to engage in a workplace health screening programme and if this engagement contributes to follow-up use of GP services.

Research methods:

Baseline information provided insight into the cardiovascular health status of farmers and was collected from a convenience sample (n=310) of male farmers. Consent at baseline also included permission to participate in two follow-up questionnaires by phone at Week 1 (n=224) and Week 12 (n=172), which measured engagement in the FHH and follow-up use of GP services. All data were entered into the SPSS (v22) for both in-depth descriptive and inferential statistical analysis.

Results:

The convenience of the location (68%; n= 153) and personal approach of staff (18%; n=41) were the key factors that prompted engagement in FHH. The majority of farmers (79%, n=226) were referred to their GP based on detected risk factors for CVD at baseline. At Week 12, 32% (n=72) of participants reported having visited their GP, while 64% of participants (n=110) expressed their intention to visit their GP more regularly in the future. Notably, 42% (n=72) of farmers reported that they would not have gone for a health screening were it not for FHH.

Conclusion:

Findings confirm that FHH reached a significant cohort who might not otherwise have engaged in a health screening intervention by meeting farmers on their terms and by adopting a personal approach. Furthermore, the initiative acted as a conduit for some farmers to subsequently engage with their GP.

Towards an integrated workplace Health Promotion Policy for Ireland

Authors: Wynne, R.¹ and Griffiths, J.²

Affiliation: ¹Work Research Centre, Ireland

²Work2Health, Wales

Ireland is at present seeking to develop a national framework on workplace wellbeing under the Healthy Ireland initiative. Though still in process, it is important that the framework which emerges from the current consultations learns the lessons that are available from other countries in the EU that have developed policies in this area in the past 20 years. The key themes that have emerged from these experiences have been documented by the European Network for Workplace Health Promotion, *inter alia*, in this time. These include: the need for policy to be integrated, i.e. to address Health Promotion, health and safety and return to work issues; the need to address and involve workplace actors (employers and labour representatives) in the development and implementation of policy and the need to encourage networking amongst all actors. WHP needs to be evidence based, especially at the level of individual intervention, but at the levels of workplace and the WHP system there is a need for approaches based on good practice to be adopted.

This paper outlines the main elements of what might be included in Irish policy development. It specifically draws upon practices from Scotland, Wales, Finland, Germany, the Netherlands and Slovenia to describe what a truly integrated system might look like. These would include needs based programming; the targeting of high risk and hard to reach groups; the evaluation of programme and policy impact; training and education interventions; the involvement of insurers, accreditation and award schemes and many more.

This paper outlines a vision whereby Ireland can ‘jump technologies’ in its approach to policy development and implementation and become a leading light in the development of WHP in Europe and beyond.

The role of law in creating healthy workplaces – lessons from regulatory theory

Authors: **Connolly, U.**

Affiliation: School of Law, National University of Ireland Galway

A tension exists between managerial independence in how workplaces are managed and worker wellbeing and welfare. Drawing from regulatory theory and in particular Ogus' Regulatory Pyramid, this paper argues that law acts as a vital buffer, placing obligations on employers which limit managerial discretion and encourage policies and practices that promote worker wellbeing.

The paper goes on to offer a critique of Ireland's legal regulation in this area from a regulatory theory perspective. This regulation includes legislative provisions such as the Safety, Health and Welfare at Work Act 2005 and the Organisation of Working Time Act 1997, common law negligence principles and industrial relations mechanisms.

It is argued that these provisions provide robust protection against physical injury and more importantly from the perspective of the Regulatory Pyramid, adequate sanctions for violations. Mental wellbeing however, is not similarly protected, with regulation comprising of 'soft-law' provisions such as Codes of Practice described by regulatory theory as forms of self-regulation.

The paper highlights the shortcomings of this approach, in particular in cases of stress-related injury and bullying actions. It argues that the absence of robust protections and consequently robust sanctions for breaches leads employers to deprioritise employees' mental wellbeing to the detriment of workers.

Finally, the paper argues that legal reform is needed and proposes the introduction of a dedicated provision on workplace bullying and negligently inflicted stress-related injury.

Stressful learning: Examining the reciprocal dynamic of stress amongst educators and students in higher education

Authors: **Mannix McNamara, P.**, Deasy, C. and O'Shea, S.

Affiliation: School of Education, University of Limerick

The nature and context of education has changed dramatically in recent decades, with increased prioritisation of standardisation, performance indicators and metrics being implemented often at the expense of holistic, affective and wellbeing education. Students identify experiencing higher levels of stress (Deasy *et al.*, 2016) and potential burnout. Interestingly, academics also identify similar increases in stress and burnout (O'Shea and McNamara, 2017).

This paper will detail the results of recent research employing the Copenhagen Psychosocial Questionnaire (CPQ) and the Copenhagen Burnout Inventory (CBI) in the university setting. This elucidates how student and academic wellbeing intersects in the ever-increasing performative and neoliberalist cultures of higher education. It demonstrates the reciprocal dynamic of stress that is becoming more and more evident among educators and students.

Efficacy and feasibility of reducing workplace sitting among administrative staff – The WIT-SIT Study

Authors: O'Connell, D. and Murphy, N.

Affiliation: Department of Health Sport and Exercise Science, School of Health Science, Waterford Institute of Technology

Background: Recent research evidence suggests that prolonged sitting at work may be associated with negative health effects. Desk-bound workers can spend high amounts of time sitting daily, often for long periods of time without taking breaks. The WIT-SIT Study was a three-week intervention targeted at administrative staff working in Waterford Institute of Technology who sit for the majority of their work day. The aim of WIT-SIT was to prompt participants to sit less and move more inside and outside the workplace.

Methods: Participants (n=12) wore an ActiGraph accelerometer to measure physical activity and sedentary behaviour and also completed the Occupational Sitting and Physical Activity Questionnaire. Following a week of baseline measurement, participants received a sit-stand desk, a 10-minute educational component on the benefits of reduced sitting and how to sit less and move more, and computer and mobile prompts to sit less and move more throughout the day. Light, moderate to vigorous physical activity (MVPA) and sedentary behaviour was measured during this intervention week, and for a further week without the use of the sit-stand desk. Participants completed a questionnaire post-intervention on attitudes to and acceptability of the intervention. The study was featured on the WIT website and awareness was high amongst staff.

Results: Self-reported questionnaire measurements showed a statistically significant reduction in workday sitting from baseline to Week three (mean (SD) 501(245) mins/day to 323(114) mins/day; $p=0.028$). However, accelerometer measurements indicated no significant change across the three weeks in sitting, light PA or MVPA. Post intervention, 67% of participants reported that they now break up sitting outside of work time and 50% reported that they used the stairs more often. Participants reported the most effective intervention component was the sit-stand workstation. Nine of the 12 participants (75%) suffered from muscle or joint pain, with 7 individuals reporting that sitting aggravated their existing muscle or joint-pain symptoms. All of these felt that the sit-stand workstations alleviated their symptoms. Acceptability of the sit-stand workstations was high. Overall, 92% of participants felt it was not disruptive to their co-workers and 83% reported that it improved their alertness.

Discussion and conclusions: Interrupting sitting in the workplace is feasible and effective in the short-term. All components of the intervention were effective, with the sit-stand workstation the most popular. There was no apparent reduction in worker productivity. Management support in funding workstations would be necessary to upscale this intervention. This study showed that there is considerable appetite and scope to encourage other active strategies during the working day, such as stair use and lunchtime walks.

The development of occupational health service standards for the Irish Health Service

Authors: McGuirk, M., Taylor, J. and Purcell, A.

Affiliation: Health and Safety, Health Service Executive

Context and background: Members of the HSE Leadership Development Programme were invited to join the HSE Workplace Health and Wellbeing Unit (WHWU) Standards Project Group, to assist in the development of Occupational Health (OH) service standards for safer better care. The WHWU aims to improve the health and wellbeing of staff in the Health Services and embed wellbeing into the way the HSE works. The OH service standards were developed in response to concerns that OH services required consistency and standardisation nationally.

Aim of the project: The aim of the project is to participate in the HSE WHWU Occupational Health Standards Project Group, to recommend a framework for the standardisation of OH services within the Irish Health Services.

Methodology: The WHWU followed a practice development approach using collaboration and engagement and a bottom up and top down approach, which is recognised as optimal. The Standards Project Group commenced with a review of existing international OH standards. The HIQA National Standards for Safer Better Healthcare were identified as the most suitable model on which to base these standards. A workshop was held with HIQA to seek further advice and guidance on the best approach to developing the standards.

Membership of the group includes representatives from Health and Safety, Staff Health and Wellbeing and OH services nationwide. The objectives of the group were to develop the following:

- OH specific themes within the framework
- Guides for managers and workers
- Quality Assessment and Improvement Workbooks (self-assessment)

Adhering to the HIQA Quality Assurance Framework (2016), the group was supported by an Expert Advisory Group made up of key internal and external stakeholders.

Key findings:

Interprofessional, intersectoral, integrated working – A project group which represents a wide range of OH professionals and the wider workplace health and wellbeing community is paramount to ensure shared experiences and learning.

Draw on available resources – International OH standards, HIQA Quality Assurance Framework, HIQA National Standards for Safer Better Healthcare, HSE Quality Assessment and Improvement workbooks, and HR service user panel.

Key leadership traits – Adaptability and flexibility is essential for open, effective feedback and strategy change. Collaboration of leadership styles and participation of high interest, high powered stakeholders needed to ensure project success.

Conclusion: The OH standards for the Irish Health Service was launched at the Workplace Health and Wellbeing Unit Inaugural Conference on the 19th May 2017.

Theme D: Perspectives of workplace health promotion and health protection Room MY126

Promoting workplace wellbeing through enhanced communication practices – Benefits of participating on a WWETB Literacy Program

Authors: **Howard, M.** and Keohan, D.

Affiliation: Waterford Wexford Education and Training Board (WWETB)

Workplace Health Promotion is “an ongoing process for improving work and health” (WHO, 2017) and promoting employee wellbeing. Making improvements in communication and feedback procedures, supporting and encouraging social support for employees and providing opportunities for further education have all been identified as factors that can positively affect employee mental health (ENWHP, 2011). An effective language and literacy schedule offers a way to foster growth in the above areas.

Skills for Work (SFW) is a national programme which funds training in key areas needed to operate effectively in the workplace. Courses are free, flexible and student-led, and offer nationally recognised qualifications. Waterford Adult Literacy Service (WWETB) has been providing adult literacy classes under the Skills for Work Program for eight years, which aim to enhance employee communication and IT skills.

In 2016 / 2017, WWETB provided SFW literacy and language training for two companies in Waterford (i.e. ABP Foods and Dawn Meats), which have a high cohort of employees with limited English language skills. Program feedback has identified several positive effects of this program within both the employees and the companies involved. Reported benefits include improved communication on site leading to a more productive environment, reduced need for translators and increased understanding of basic instructions. In addition, one company identified improved social interaction between work colleagues, which appears to have led to a happier work environment and a more socially cohesive workplace. This project reflects the many gains that further education, particularly literacy and language training, can contribute to workplace Health Promotion.

*Please note this is an ongoing project. More feedback is being gathered in April 2017 as the programme comes to an end.

Health and wellbeing in a HSE workplace. Learning from a two-year project in a medium-sized workplace

Authors: **McNamara, E.**

Affiliation: Health Service Executive, Dublin

The Nexus office building in Blanchardstown, Dublin 15 accommodates approximately 200 Health Service Executive and TUSLA staff from six departments, including the Health Promotion and Improvement Service (HP&I).

In early 2015, a multi-departmental 'Health and Wellbeing' committee was established in the building, led by a HP&I staff member. The committee aimed to improve social connections and wellbeing within the building and to make it a 'happier place to work'. A preliminary survey of staff was completed to ascertain their views, needs and opinions on health in the workplace.

Several events, activities and initiatives have happened during the two years since the group was established. These included: lunchtime Zumba classes, yoga, boot camps, a book club, mindfulness taster, cinema evenings, Christmas and Summer parties, Operation Transformation initiatives, the development of a Slí na Sláinte Route in conjunction with the Irish Heart Foundation, Valentine's Day Walk, Parkruns, nutrition workshops, and a supported Couch-to-5k Programme. Audio-visual equipment was funded to help drive new initiatives in 2017. Shower facilities in the building were improved following requests by the group. The committee meets every 2-3 months to evaluate initiatives and progress new ideas. A second staff survey was carried out in 2016 to gather feedback review activities.

A supported enthusiastic champion is essential to lead and drive the committee. Management support to allow staff to attend meetings is key. All departments need to be represented to get full buy-in. Key anchor staff (e.g., porters) are crucial to the promotion of events. The availability of useable space for lunchtime activities is a challenge. Some ideas will fail, but new initiatives happen organically when a culture is created within the setting. Staff engagement is challenging but social events are the most popular and can be used to promote or kick-start new activities. Administrative support is vital to support the project.

‘Salutogenesis in the Workplace’: The role of generalised resistance resources, sense of coherence and learning

Authors: **Pijpker, R.**¹, Vaandrager, L.², and Koelen, M.³

Affiliation: ¹Department of Social Science, Health and Society, Wageningen University, The Netherlands.

²Associate Professor, Department of Social Science, Health and Society, Wageningen University, The Netherlands.

³Professor, Department of Social Science, Health and Society, Wageningen University, The Netherlands.

Introduction:

In workplace Health Promotion, assets-based approaches are widely acknowledged for promoting health and wellbeing. The salutogenic framework suits these approaches as it focuses on abilities of employees and their individual, social, and organisational resources. This research tests the model “*Salutogenesis in Workplaces: Building GRRs and SOC*”. The model is based on three key concepts of the salutogenic framework: Sense of Coherence (SOC), Generalized Resistance Resources (GRRs), and learning. The SOC is in itself a health-promoting resource. A strong SOC enables employees to use their GRRs, including job control, task significance, and social relations. The GRRs and SOC hold a reciprocal relationship, which is assumed to be mediated and/or moderated by learning. The model has been partly supported by research, however, the role of learning remains unclear.

Aim:

The aim of the study is to empirically support the model. We expect positive correlations between the GRRs and SOC, and mediating and moderating effects of learning are expected to be found.

Methods:

The sample consists of Dutch employees in the healthcare sector ($n=300$). We measure the SOC by using the validated Dutch *Orientation to Life Questionnaire (SOC13)*. The GRRs are measured by using a questionnaire based on nine validated Dutch constructs, such as job autonomy. Learning is measured by using the validated *Workplace Learning Processes Questionnaire*. Linear and multiple regression analyses are performed to test the association between the GRRs and SOC. Interaction variables are created to test moderating effects that strengthen this association. Mediating effects, which weaken this association, are also examined. The study is currently being conducted and data will be analysed in May 2017. Hence, we can present the results and preliminarily conclusions.

Conclusions:

Based on the results, we hope to find how to build the GRRs and SOC, and to foster learning in the workplace.

Inclusion for a student with Traumatic Brain Injury (TBI) in third level education in Ireland: An auto-ethnographic perspective

Authors: **Shiels, T.**

Affiliation: University of Limerick

Background:

Workplace Health Promotion is defined as the combined efforts of all to improve the health and wellbeing of people. Higher education institutions need to promote health and wellbeing to ensure students reach their maximum potential. Within this context, the education environment needs to be inclusive for students with TBI. TBI is a sudden trauma to the brain, and consequently people face personal and social barriers which can decrease one's quality of life and wellbeing, and hinder their participation in the culture of third level education.

Aim:

The aim of the study is to create an understanding of what living with TBI means for me, as a TBI survivor and the unique barriers and supports I encounter, enabling my inclusion in such settings.

Results:

The analysis is situated in a social constructivist paradigm. The methodology of auto-ethnography allows me to connect my personal experience, to my social and cultural experience as a student. Three themes were identified in my narrative: Transition to a person with TBI, lack of awareness and understanding among peers, staff and wider community regarding TBI and barriers and supports. These themes were crafted into an auto-ethnography using a social critique which was analytical, creative and performative.

Discussion:

The auto-ethnography reveals that the acceptance of my identity developed self-awareness and self-efficacy, so I could participate equally in society. My reconstructed identity allows me to deal with the everyday stresses of life, and form meaningful relationships with others and gain a sense of belonging. This social support enhanced my wellbeing, and the resilience needed to self-advocate and to work productively in education. Excerpts from my auto-ethnography will be shared, and this research has recommendations for health promoting practices for the wellbeing for students with TBI with a view to create solidarity and inclusion.

A qualitative study on the impact of sleep loss on the daily lives of working mothers

Authors: **McEneaney, E.**

Affiliation: Occupational Therapy, National University of Ireland Galway

Background:

Working mothers are a population who experience sleep disruption and sleep loss on an ongoing basis. While this has been explored in several studies, there are no studies examining the impact this has on their participation in daily life activities and roles. This qualitative study aimed to explore the perceived impact of sleep disruption on the quality of performance of daily life activities, as well as participation in other life roles such as work and family life.

Method:

This study used a descriptive phenomenological design. One-to-one semi-structured interviews were carried out with five women who were working at the time of the study and had at least one child under six. A thematic analysis was carried out in order to create four major themes from the data gathered.

Results:

Sleep loss was found to impact on women in four main ways. Of particular concern was the significant impact on both performance and participation in work activities. All the participants described feeling tired in work, with an impact on their attention and ability to focus on work. Others described an increase in making mistakes, losing their patience with colleagues and a decrease in problem-solving capabilities. Two participants felt that sleep deprivation had prevented them from progressing their careers, with one saying she had not put her name forward for promotion, with tiredness contributing to this, and another saying she could not further her learning at work or stay after work to learn new techniques. In addition, the participation of working mothers in leisure, relaxation or self-care activities was seriously compromised.

Conclusion:

This study explored how sleep deprivation impacts working mothers. The considerable impact on work activities requires consideration by employers, and gives some insight into the daily challenges faced by working mothers during this period of their lives.

Finding solutions to workplace stressors in a healthcare setting using the Team Climate Inventory

Authors: **Burke, M.** and Keogh, A.

Affiliation: HRB Clinical Research Facility, Galway

Introduction:

Effective teamwork is associated with a range of positive outcomes such as a reduction in medical errors, increased patient safety, reducing work-related stress for staff and improving local team relationships. The Team Climate Inventory (TCI) measures team function and can help to identify where teams need help to be more effective. Using the TCI, this study sought to identify challenging teamwork factors and implement change to progress team function and enhance supportive working environments for team members to improve the effectiveness of the team in terms of care delivery and staff working experience.

Methods:

A cross-sectional postal questionnaire was sent to the IBD team members as defined above (n=29). The response rate was 79% (n=23). TCI was first measured in April 2016 in the team and re-assessed in a sub group (nursing) in October 2016 after a Consultant-led Virtual Biologic Clinic (introduced in June 2016) was in place for four months. Team characteristics were collected using both closed and open ended questions.

Results:

Overall the TCI team score was 3.5. There was no statistically significant difference in scores by professional group. There was a statistically significant difference in the participatory safety (PS) sub scale scores across the professional groups. Post hoc comparisons indicated that the mean score in the nursing group was significantly difference from the other groups. While the mean PS team score was 3.5, the score was significantly lower in the nursing group (2.8), with the infusion unit nursing staff reporting an even lower score average of 2.4. Qualitative analysis revealed that the staff in the infusion unit felt disconnected from other team members.

A consultant-led Virtual Biologic Clinic (VBC) was implemented in June 2016 and is held in the infusion unit. After four months the TCI was repeated within this subgroup of nurses to see if being part of the VBC had impacted on their TCI scores and perceived levels of participatory safety. The mean TCI score increasing from 3.1 to 4.0 and their mean participatory safety scores increasing from 2.4 to 3.9. Qualitative analysis revealed that the Virtual Biologic Clinic model was perceived positively in terms of providing better access to the broader team, better levels of communication and a more supportive working environment for the nursing staff involved.

Conclusion:

This research suggests that the TCI is a useful tool to consider to assess team function.

How physically active are employees at University Limerick Hospital Group?

Authors: Curran, M., Quinn-McDonogh, J., Moran, B., Brady, H., Cowan, C. and Tobin, L.

Affiliation: Waterford Wexford Education and Training Board (WWETB)

Introduction:

The benefits of an active lifestyle are extensively reported. However, research has highlighted that only a small percentage of Irish people participate in adequate levels of physical activity. Sedentary work, which affects up to 75% of employees in industrialised countries, coupled with increasing use of car is resulting in a decline in physical activity among employees. Therefore, initiatives in the workplace, in line with the Healthy Ireland (HI) policy, promoting physical activity should be explored and developed. The purpose of this study was to determine employees' current physical activity and active transport levels, readiness to change, the barriers to exercise, and to ascertain facilities required by employees to encourage an uptake of physical activity within the UL Hospitals group.

Methods:

A questionnaire was amended from the Active@Work campaign by the Irish Heart Foundation and was distributed online and onsite among all staff members of the University Limerick (UL) Hospital Group (n=3422). Efforts were made in all five sites to encourage staff to participate. Response rate was 1006 (29.4%). Quantitative and a thematic analysis were undertaken.

Results:

Primary findings indicate that 27.3% of employees are not currently physically active. 88.3% of employees travel to work by private car while only 9.8% take active transport (walk/cycle). Readiness to change was reported by 95.8%. Lack of time was highlighted as the primary barrier to exercise (65.3%). Employees identified that they would be 'extremely/fairly likely' to consider participation in physical activity should the following facilities be provided by the workplace: shower/changing facilities (87.9%), lockers/storage (88.4%), bicycle racks (57.9%) and running track around the hospital perimeter (86.3%).

Conclusions:

Consideration should be given towards developing initiatives within the UL Hospital Group that address employee physical activity levels and thereby result in promoting health and wellbeing, preventing disease and injury, improving productivity and promoting positive lifestyle behaviours.

Mindfulness in the workplace

Authors: **Kent, P.**

Affiliation: Health Promotion Unit, Sligo University Hospital

Introduction:

Stress in the workplace is one of the most prevalent and persistent issues that affect workers and is linked to employee absenteeism, diminished productivity, staff turnover, medical care expenses, short and long-term disability, accidents and legal costs. There is growing evidence to support the implementation of workplace wellbeing programmes to assist staff in stress management and anxiety.

Aim:

The primary aim of this study was to determine the effectiveness of introducing mindfulness-based stress reduction training in increasing the overall mindfulness of staff at Sligo University Hospital (SUH).

Objective:

To increase the mindfulness of SUH staff through delivering a MBSR course facilitated by a certified mindfulness instructor.

Methodology:

This study used a mixed method design to gain a better understanding on the effects of an eight week mindfulness training on staff employed in a health care setting. A sample of 17 (n=17) participated in the eight week mindfulness course. Mindfulness was measured using pre- and post- Mindfulness Attention Awareness Scale (MAAS), which is a scale that requires participants to indicate how frequently they experience what is described in each statement using a 6-point Likert scale from 1 (almost always) to 6 (almost never). Higher scores reflect greater mindfulness. Attendance was recorded by the facilitator at each session. On completion of the course, an evaluation form was administered to 13 (n=13) of the participants. Three months post-completion of the programme, 5 (n=5) of the participants engaged in a focus group.

Results:

A paired samples t-test was conducted on the pre and post MAAS and a statistically significant increase was observed ($p=0.02$). Attendance record demonstrated that 11 (n=11) of the 17 (n=17) participants achieved full attendance with 1(n=1) drop-out. The focus group participants reflected an improvement in their stress management and reflected on how mindful they have become not only in the workplace but in their personal/home life also.

Conclusion:

The results support the hypothesis that an eight-week workplace mindfulness programme can have a positive impact on stress management and mindfulness levels. However, our search demonstrated limited research in Ireland on the impact of mindfulness programmes in a workplace setting. Future research is recommended.

Practising mindfulness in the workplace: Idiographic perspectives of mindful line managers

Authors: **Imbusch, N.**, Giga, S. and Collins, A.


Affiliation: Centre for Organisational Health and Wellbeing, Lancaster University

From an organisational perspective, Mindfulness-Based Interventions (MBIs) may enhance creativity, reduce burnout, and increase error prevention (Brown *et al.*, 2007); knowing this, and given the evidence of increasing costs associated with work-related stress and mental ill health (MAPPG, 2015; Taylor and Milliar, 2016), it is understandable that organisations are using MBIs as a practical tool to promote and enhance employee health and wellbeing.

While recognising the importance of ensuring the wellbeing of their employees, employers are also experiencing performance-related benefits from MBIs, including improved task performance and job satisfaction (e.g. Dane, 2011; Dane and Brummel, 2013; Hülshager I., 2013). However, concern is expressed about (1) the workplace use of a practice which many view as spiritual (e.g. Purser and Milillo, 2015); (2) its potentially harmful effects (e.g. Hülshager, 2015); and (3) the possible incompatibility of commercial organisational culture with certain mindfulness-based behaviours, such as empathy and compassion (e.g. Miksch *et al.*, 2015).

This paper presents preliminary findings from an Interpretative Phenomenological Analysis (IPA) study of seven Irish-based managers from commercial organisations, with personal experience of mindfulness and high dispositional mindfulness scores on the Short-Form FFMQ (Bolhmeijer *et al.*, 2011). The study provides a rich, idiographic insight into their lived experiences as advocates and practitioners of mindfulness at work. Participants' personal accounts range from debating the appropriateness of using Tibetan singing bowls in team meetings, and relying on mindfulness to manage stressful encounters, to exploring their fears of how they are viewed by cynical senior leaders.

While this research broadly supports the suggestion that mindfulness has a place in supporting employees' health from a work context, the practical implications it proposes reflect the commercial, ethical and career advancement considerations which research participants have encountered through their own experiences of accessing and delivering workplace MBIs in commercial settings. Opportunities for further research are considered.



Stretch your legs
- join a lunchtime
river walk



Alcohol-related presentations to an emergency department

Authors: Ó Maoileannaigh, L.¹, McNicholl, B.², Evans, D.³ and O'Donovan, D.^{1,3}

Affiliation: ¹School of Medicine, National University of Ireland Galway

²Emergency Department Galway University Hospital

³ Public Health Department Health Service Executive West

Background:

While emergency departments (EDs) respond to many consequences of alcohol related harm, knowledge of the prevalence of alcohol related presentations in Ireland is limited, as they are not systematically recorded, and have not been published.

Methods:

We reviewed the records of everyone who presented to Galway University Hospital ED between 00.01 and 06.00am on Sundays over the year July 2015-June 2016. Presentations where alcohol was recorded in the notes were categorised by diagnosis. Demographic information, method of admission and time spent in ED were also collected.

Results:

A total of 825 patients were seen. Alcohol was recorded in the notes of 289 (35%). Of these alcohol related presentations 186 (64.3%) were male; mean age 30 years (range 15-84); 90 (31.1%) had addresses in the city; 185 (64.3%) were brought to the ED by ambulance; 32 (11.1%) were admitted to hospital; 69 (23.9%) left without being seen by a doctor; 12 (4.1%) left against medical advice; the mean length of stay in ED was 7.7 hours (range 0.5-24).

Diagnoses included:

- Intoxication: 81 (28%)
- Injury: 112 (38.8%)
- Medical conditions related to alcohol misuse: 27 (9.3%)
- Mental health: 20 (6.9%)
- Social problems: 10 (3.4%)

Discussion:

The proportion of alcohol-related attendances per night ranged from 13%-60%. We compared four Wednesday afternoons between 12.01 and 18.00pm: 11(4.2%) presentations of 258 were alcohol-related.

Alcohol-related presentations are a significant burden in this ED on Saturday nights. There are serious implications for staff. We need to study the implications of alcohol-related presentations on healthcare staff and other patients. Reducing alcohol-related harm is a national priority. Addressing the burden on EDs requires improved information systems and staff support.

Lunchtime activities

In keeping with Healthy Ireland Guidelines and Health Promotion philosophy, delegates have the opportunity to choose healthy food options and take regular exercise breaks throughout the conference day.

Lunch is served in Friar's Restaurant from 12.45-14.00. Before or after eating delegates are welcome to participate in a river walk or mindfulness session.



Organised river walks (weather permitting) of approx. 15 minutes will depart from the front entrance of Áras Moyola. Walks will start at 12.50 and 13.30.

A great way to meet new colleagues and refresh before the afternoon events.

Alternatively attend one of the Mindfulness sessions facilitated by **Carmel Sheridan**, a psychotherapist and supervisor in private practice in Galway. www.mindfulnessgalway.ie

Mindfulness is a simple form of meditation that allows us to become aware of our moment by moment experience. It helps us to allow the mind to settle, notice the beauty around us and to be kinder to ourselves.



These sessions are for both those who have already been introduced to mindfulness as well as complete beginners. The sessions will be structured around three elements: mindfulness practice, check in about the experience, and a brief talk on an important theme related to leading a mindful life.

Sessions will start at 12.50, 13.15 and 13.40 in room MY127.



Stay alert - remember to take regular stretch breaks

Workshops

Workshops will be held in the afternoon at 15.30. All delegates registered for a workshop during online registration. Your workshop number is on the bottom of your name badge. If you did not indicate a workshop preference, please check at the registration desk in the foyer for available places in the workshops.

Workshop A: Workplace stress from a regulatory perspective

Room MY123



Facilitator: **Patricia Murray**, Health and Safety Authority

What employers should do to meet their health and safety duties; how good systems of work reduce work-related stress escalating. Employers in charge of workplaces have a duty of care to their employees to act reasonably and have safe systems of work. This involves both proactive risk assessment measures, control measures embedded into the systems for risks identified and after-the-fact tertiary remedial measures. This workshop will outline these measures and give some case study examples from the perspective of health and safety regulator and organisational psychology best practice.

Rapporteur: Dr. Vicky Hogan, NUI Galway

Workshop B: Bullying, ill-treatment and redress utopia

Room MY127



Facilitators: **Dr. Patricia Mannix McNamara** and **Dr. Sarah Mac Curtain**, University of Limerick

The workshop will draw from a range of datasets that examine the issues associated with seeking formal redress for workplace bullying and ill-treatment. In particular it will draw attention to the abuses of power both formally and informally in organisations and through case studies will showcase the problematic inherent with current anti bullying policies and procedures in the workplace.

Rapporteur: Lhara Mullins, NUI Galway

**Workshop C:
Organisation challenges: Growing the wellbeing agenda**

Room MY124



Facilitator: **Michelle Staunton**, Chartered Institute for Personnel and Development

The workshop will explore how creating a culture of wellbeing can address organisational challenges such as absenteeism and presenteeism. This interactive workshop will pay particular attention to the role of the line manager in employee wellbeing.

Rapporteur: Kathy Ann Fox, NUI Galway

**Workshop D:
Building a network can be easy. The problem is how to maintain it!**

Room MY125



Facilitator: **Dr. Roberto Moretti**, Agenzia di Tutela della Salute (ATS) di Bergamo

Bergamo Workplace Health Promotion Network comprises over 100 companies and involves almost 25,000 workers since 2011. This workshop intends to explore successful and critical points to consider when building a network.

Rapporteur: Biddy O'Neill, Department of Health

**Workshop E:
Developing a workplace policy**

Room MY126



Facilitator: **Dr. Helen McAvoy**, Institute of Public Health in Ireland

There are many different types of workplace – and many different approaches to developing health and wellbeing policy! This workshop will look at some of the approaches that organisations have taken in the design of their health and wellbeing policies. Participants will explore the value and pitfalls of processes like needs assessment, quantitative and qualitative research methods and structured engagement in the co-design of health and wellbeing policies in the workplace.

Rapporteur: Dr. Catherine Anne Field, NUI Galway

Workshop F: Making the business case

Room MY227



Facilitator: **John Griffiths**, Work2Health, Wales

The critical question for advocates of workplace health promotion initiatives is “do the key gatekeepers in an organisation see workplace health promotion as a cost or as an investment?” This interactive workshop will consider the issues of cost and investment, and will seek to draw on existing data and experience to identify practical key steps that can be taken when trying to ‘win over’ those who are reluctant to commit to their organisation’s protection and promotion of staff health and wellbeing.

Rapporteur: Enda Campbell, NUI Galway

Knowledge Transfer Session G: Evidence of effectiveness of workplace wellbeing programmes

Room MY129



Facilitator: **Robert Murphy**, Department of Health

This Knowledge Transfer Session will include the presentation of evidence of effectiveness of workplace wellbeing programmes. It will discuss evidence from a review of meta-analyses and systematic reviews on the impact of programmes on health behaviours, health outcomes and organisational benefits. It will also briefly discuss key steps in the process of building workplace wellbeing programmes, and key programme features reported by international guides to increase the likelihood of programme success. It will be followed by a facilitated discussion.

Rapporteur: Dr. Claire Connolly, NUI Galway

Your workshop is printed
on your badge



Plenary session 3

Venue: Lecture theatre MY243

The Conference will conclude with a plenary session bringing key note speakers and experts in workplace health promotion together to address the issues raised by conference participants during the workshops. Rapporteurs from each workshop will pose one question to the panel and it will be followed by discussion.

The expert panel will consist of our keynote speakers.
Chair: Dr Margaret Hodgins, NUI Galway



Professor Dame Carol Black



Professor Paul Fleming



Bidy O'Neill



Dr. Paul Litchfield



Professor Anne Drummond

Conference evaluation

We ask all delegates to please complete our evaluation on Survey Monkey. This survey measures whether the conference was satisfactory and that the needs and expectations of the delegates were met. An email will be sent to you after the conference containing the survey link.

Delegate list

Title	First Name	Last Name	Job Title	Organisation
	Haley	Ahlberg	Student	University of Wisconsin Stevens Point
Dr.	Hiyam	Alriyami	PhD student	Health Promotion, NUI Galway
	Clodagh	Armitage	Physical Activity Co-ordinator	Health Service Executive
	Mairead	Barry	Lecturer	Waterford Institute of Technology
Dr.	Viv	Batt	Administrative Director	HPRC, NUI Galway
	Lorraine	Begley	Occupational Health Manager	VHI Healthcare
	Andrea	Bickerdike	Student	Cork Institute of Technology
	Thelma	Birrane	Health Promotion Officer	Health Service Executive
Prof. Dame	Carol	Black	Principal of Newnham College	University of Cambridge, UK
	Pauric	Brazil	Student	Health Service Executive
	Lorcan	Brennan	Men's Health Programme Coordinator	The Men's Development Network Clg.
Dr.	Ása	Bringsén	School of Health & Society	Kristianstad University
	Garrett	Browne	Product Development Intern	Great Place To Work
	Siobhan	Bulfin	Clinical Nurse Specialist Occupational Health	St. Vincent's University Hospital
	Lorraine	Burke	PhD Student	Health Promotion, NUI Galway
	Rachel	Burke	Cancer Prevention Officer	Irish Cancer Society
Dr.	Maura	Burke	Senior Clinical Trials Nurse	NUI Galway
	Annemarie	Byrne	Human Resources Manager	Health Service Executive
	Enda	Campbell	Workplace Health Researcher	HPRC, NUI Galway
	Evan	Canny	Student Placement	National Federation of Voluntary Bodies
	Pamela	Carney	Mediator	Breifni Integrated CLG
Dr.	Paula	Carroll	Lecturer	Waterford Institute of Technology
	Nodlaig	Carroll	Organisational Psychology Research & Development Officer	Health Service Executive
	Emer	Carroll	Health & Safety Manager	National Health & Safety Function, Health Service Executive
	Colm	Casey	Physical Activity Coordinator	Health Service Executive
	Ruth	Cassery	Learning & Development	Royal College of Surgeons in Ireland
	Kate	Cassidy	Health Promotion Officer	Health Service Executive
	Cathie	Clare	Social Care Programme Manager	NUI Galway
	Ian	Conboy	Student	Health Promotion, NUI Galway
	Ursula	Connolly	Lecturer	Law, NUI Galway
Dr.	Claire	Connolly	Retired	Health Promotion, NUI Galway
	Rebecca	Connolly	HR - HEO	Office of the Ombudsman
	Lisa	Corbett	Senior Community Nutritionist - Health Promotion	Health Service Executive
Minister	Marcella	Corcoran Kennedy	Minister of State for Health Promotion	

	Caroline	Crowe	HR Department	Merlin Park Hospital
	Maire	Curran	Physiotherapist	University Hospital Limerick
	Catherine	Daly		Institution of Occupational Safety & Health
	Marese	Damery	Health Check Manager	Irish Heart
	Saintuya	Dashdondog	PhD Student	Health Promotion, NUI Galway
	Helen	Deely	Programme Lead for Sexual Health & Crisis Pregnancy	Health Service Executive
	Kalyn	Dempsey	Student	University of Wisconsin Stevens Point
	Sam	Derwin	Health Promotion Officer	The Asthma Society of Ireland
Dr.	Kirsten	Doherty	Senior Health Promotion Officer	Dublin Midlands Hospital Group
	Aisling	Doherty	Youth & Community Engagement Worker	Jigsaw
	Carolina	Dominguez Buitrago	MA Student	Health Promotion, NUI Galway
	Alex	Donohoe	Research Assistant	Waterford Institute of Technology
	Fiona	Donovan	National Healthy Cities & Counties Coordinator	Health Service Executive
	Katie	Dowling	PhD student	Health Promotion, NUI Galway
Prof.	Anne	Drummond	Professor Occupational Safety & Health	University College Dublin
	Colleen	Fahey	Health Promotion Officer	Health Service Executive
	Simon	Fahy	IT Sligo Public Health & Health Promotion Placement Student	Health Service Executive West
	Julia	Farley	Student	University of Wisconsin Stevens Point
	Anne	Farrell	Health Promotion Officer	CIÉ Group
Dr.	Catherine Anne	Field	Lecturer	Health Promotion, NUI Galway
	Arlene	Finn	Programme Coordinator	Green Workplaces Ltd
	Elizabeth	Fischer	Student	University of Wisconsin Stevens Point
	Vivienne	Fitzmaurice	Primary Health Care Coordinator	Mayo Travellers Support Group, Health Service Executive
	Kathleen	Fitzpatrick	Teacher	
	Conaire	Fitzpatrick	Executive Officer	Department of Health
	Katy	Flanagan	Tutor	Health Promotion, NUI Galway
Prof.	Paul	Fleming	Professor of Health Promotion	University of Southampton, UK
	Jim	Flynn	Partner	Great Place To Work
	Caroline	Folan	Assistant Staff Officer	Health Service Executive West
	Yvonne	Forde	Social Care Administrator	Health Promotion, NUI Galway
	Fergal	Fox	A/GM Health Promotion DML	Health Service Executive
	Kathy-Ann	Fox	PhD Student	Health Promotion, NUI Galway
	Niamh	Gallagher	Chief Executive Officer	Drinkaware
Dr.	Mary G.	Gibbons		Health Service Executive
	Yvonne	Gilsenan	Health Promotion Officer	Health Service Executive
	Denise	Glavin	Admin Assistant	Health Promotion, NUI Galway

	Martin	Greaney	Head, Health & Wellbeing	Health Service Executive
	John	Griffiths	Consultant	Work2Health, Wales
	Christine	Gurnett	HP Dietitian	Health Service Executive
	Carmel	Halpin	Locality Health Promotion Officer	Health Service Executive
	Leona	Halton	Occupational Health Nurse	Baxter Healthcare
	Siobhan	Hamilton	Smarter Travel Consultant	Green Workplaces
Dr.	Michelle	Hardie Murphy	National Development Officer	Get Ireland Walking
Dr.	Maria	Harrington	Senior Health Promotion Officers	Health Service Executive
	Jacinta	Hastings	Chief Executive Officer	Bodywhys
	Sandra	Healy	Head of Diversity & Inclusion	Dublin City University
Dr.	Patricia	Heavey	Lecturer	Athlone Institute of Technology
	Bridget	Hesselberg	Student	University of Wisconsin-Stevens Point
	Lisa	Higgins	MA Student	Health Promotion, NUI Galway
	Brian	Higginson	Assistant Chief Executive	Health & Safety Authority
	Jeanelle	Hodgins	Health Promotion Officer	
Dr.	Margaret	Hodgins	Head of School of Health Sciences	NUI Galway
Dr.	Victoria	Hogan	Lecturer	Health Promotion, NUI Galway
	Margaret	Howard	Adult Literacy Tutor	Waterford Wexford Education & Training Board
	Debbie	Hutchinson	Communications & Information Officer	Migraine Association of Ireland
	Niamh	Imbusch	Doctoral Candidate	Lancaster University
	Ashling	Jennings	Health Promotion Officer	The Asthma Society of Ireland
	Anne-Marie	Jones	Human Resources Manager	Waterford Wexford Education & Training Board
	Laura	Kaar	Student Dietitian	Health Service Executive
	Almas	Kazmi	PhD student	Health Promotion, NUI Galway
	Dolores	Keating	Head of Pharmacy	Saint John of God Hospital, Dublin
	Deirdre	Kelly	Student	Health Promotion, NUI Galway
	Clare	Kelly	Public Health Nutritionist	Food Choice at Work/ University College Cork
	Sara	Kelly	EAP Consultant	VHI Healthcare
	Pauline	Kent	Smoking Cessation Coordinator	Sligo University Hospital
	Aine	Keogh	Inflammatory Bowel Disease Nurse Specialist	Health Service Executive
	Eamon	Keogh	Communications Manager	Health Service Executive
	Deirdre	Keohan	Adult Education Tutor	Waterford Wexford Education & Training Board
	Robert	Kiernan		Institute of Public Health
	Nurul	Kodriati	Student	Health Promotion, NUI Galway
Dr.	Mary Jo	Lavelle	Lecturer	HPRC, NUI Galway
	Maura	Lawless	Clinical Nurse Specialist	Health Service Executive
	Rachel	Leontis	MA Student	Health Promotion, NUI Galway

	Brady	Lepak	Student	University of Wisconsin Stevens Point
Dr.	Paul	Litchfield	Chief Medical Officer & Director Health, Safety & Wellbeing	BT Group plc
	Patrick	Little	Chief Executive Officer	Migraine Association of Ireland
	Norma	Long	MA Student	Health Promotion, NUI Galway
	Rosemarie	Lucero	Student	Health Promotion, NUI Galway
	Adrienne	Lynam	National Project Manager	Staff Health & Wellbeing, HSE
	Emily	Lynch	Health Promotion Project Worker	University College Cork
	Aine	Lyng	Cancer Prevention Manager	National Cancer Control Programme
	Audrey	Lyons	Senior Community Dietitian	Health Service Executive
Dr.	Sarah	Mac Curtain	Dept of Personnel & Employment Relations	University of Limerick
	Sonia	Maguire	Health Promotion Student	Health Service Executive
	Ann Marie	Mahon	Clinical Nurse Specialist	Health Service Executive
	Margaret	Malcolm	Research Assistant	HPRC, NUI Galway
	Siobhan	Mangan	Senior Health Promotion Officer	Health Service Executive
Dr.	Patricia	Mannix McNamara	Deputy Head, School of Education	University of Limerick
	Liz	Martin	Health Promotion Development Officer	Health Service Executive
	Niamh	Martin	MA Student	Health Promotion, NUI Galway
	Lynda	McGuinness	Health Promotion Officer	Health Service Executive
Dr.	Helen	McAvoy	Director of Policy	Institute of Public Health in Ireland
	Caoimhe	McClafferty		Drinkaware
	Gavin	McConvey	Business Development Manager	Action Mental Health
	Eimear	McEneaney	Occupational Therapist	NUI Galway
	Orla	McGowan	Education & Information Officer	HSE Sexual Health & Crisis Pregnancy Programme
	Trudi	McHugh	Occupational Health Advisor	Laya Healthcare
	Verna	McKenna	Lecturer	Health Promotion, NUI Galway
	Lianne	McManamon	Student	Health Promotion, NUI Galway
Dr.	Edel	McNamara	Senior Community Dietitian	Health Service Executive
	Kathryn	Meade	Health Promotion Training Officer	Health Service Executive
	Yvette	Moffatt	Occupational Health & Safety Coordinator	Royal College of Surgeons in Ireland
Dr.	Roberto	Moretti		Agenzia di Tutela della Salute (ATS) di Bergamo
	Nicola	Morley	Area Development Officer	Mental Health Ireland
	Janis	Morrissey	Acting Health Promotion & Community Presence Manager	Irish Heart
	Lhara	Mullins	Lecturer	Social Care, NUI Galway
	Anne Marie	Murphy	Health Promotion Officer	Health Service Executive
Dr.	Niamh	Murphy	Researcher/Lecturer	Waterford Institute of Technology
	Maeve	Murphy	Student	Health Promotion, NUI Galway
	Joan Ita	Murphy		Health Service Executive

	Robert	Murphy	Senior Economics Research Officer	Department of Health
	Patricia	Murray	Senior Psychologist	Health & Safety Authority
Prof.	Saoirse	Nic Gabhainn	Professor in Health Promotion	HPRC, NUI Galway
Dr.	Petra	Nilsson	PhD, Senior Lecturer in Public Health	Kristianstad University
	Geraldine	Nolan	Lecturer	Health Promotion, NUI Galway
	Lorcán	Ó Maoileannaigh	Student	NUI Galway
	Ita	O'Connell	Lecturer	Galway-Mayo Institute of Technology
	Damien	O'Connell	Health Promotion Student	Waterford Institute of Technology
	Shauna	O'Connor	Student	Health Promotion, NUI Galway
	Mary	O'Doherty	Business Manager	Health Service Executive
	Brid	O'Dwyer	Student	Health Promotion, NUI Galway
	Anne	O'Grady	Admin Support	Health Promotion, NUI Galway
	Mark	O'Malley	MA Health Promotion Graduate	
	Alan	O'Neill	Chief Executive Officer	The Men's Development Network Clg.
	Hilda	O'Neill	Senior Health Promotion Officer	Health Service Executive
	Ailish	O'Neill	Senior Health Promotion Officer	National Youth Council of Ireland
	Anne	O'Neill	Business Manager, Health & Wellbeing	Health Service Executive
	Biddy	O'Neill	National Project Lead, Health & Wellbeing	Department of Health
	Anthony	O'Prey	Health Promotion Officer: Mental Health	Offaly Local Development Co./HSE
	Caroline	Osborne	Human Resources Executive	Iarnród Éireann
	Grace	O'Shea	Research Assistant	UNESCO Child & Family Research Centre, NUI Galway
	Shirley	O'Shea	Senior Health Promotion Officer	Health Service Executive
	Aidan	O'Sullivan	Business Manager	Health Service Executive
	Caroline	Peppard	Senior Health Promotion Officer	Health Service Executive
	Kirsten	Perkinson	Student	University of Wisconsin Stevens Point
	Roald	Pijpker	MSc Student Health & Society	Wageningen University & Research
	Grainne	Powell	Health Promotion Officer	Health Service Executive
Dr.	Martin	Power	Lecturer	HPRC, NUI Galway
	Mallory	Price	Student	University of Wisconsin Stevens Point
	Aisling	Purcell	Clinical Nurse Specialist	St. Vincent's University Hospital
Dr.	Lisa	Pursell	Lecturer	Health Promotion, NUI Galway
	Geraldine	Quinn		Health Service Executive
	Catherine	Rice	MA Student	Health Promotion, NUI Galway
	Norita	Robinson	Development Manager	Institution of Occupational Safety & Health
	Bernadette	Rooney	Community Health Promotion Officer	Health Service Executive
	David	Ross	Wellness Coordinator	VHI Group Services DAC
	Caomhe	Rudden	Health Promotion Administrator	Irish Heart

	Jackie	Ruttledge	Lecturer	Institute of Technology, Tralee
	Jennifer	Ryan	Research Assistant	HPRC, NUI Galway
	Alannah	Schmitz	Student	University of Wisconsin Stevens Point
	Rosemary	Scott	Mental Health Promotion Officer	National Youth Council of Ireland
Prof.	Sallie	Scovill	Associate Professor	University of Wisconsin Stevens Point
	Claire	Shanahan	MA Student	Health Promotion, NUI Galway
	Aebhin	Sheridan		Health Service Executive
	Carmel	Sheridan	Mindfulness Facilitator	
	Teresa	Shiels	Post Graduate Student	University of Limerick
Dr.	Lynda	Sisson	Clinical Lead, Workplace Health & Wellbeing Unit	Health Service Executive
Dr.	Jane	Sixsmith	Lecturer	HPRC, NUI Galway
	Helena	Slattery	MA Student	Health Promotion, NUI Galway
	Michelle	Staunton	HR Projects & Engagement Manager	Chartered Institute for Personnel & Development
	Rozanne	Stevens		
	Helen	Stokes	General Manager	Dublin Midlands Hospital Group
	Fania	Stoney	Assessment Services	Great Place To Work
	Greg	Straton	Assistant Principal	Department of Health
	Lindsay	Sullivan	PhD student	Health Promotion, NUI Galway
Dr.	Leigh-Ann	Sweeney	Postdoctoral Researcher	HPRC, Health Promotion
	Roisin	Thurstan	Health Promotion Coordinator	Temple Street Children's University Hospital
	Joan	Tierney	Health Promotion & Improvement Officer	Health Service Executive
	Fiona	Treacy	Health Promotion Officer	Health Service Executive
	Rachael	Treanor		National Youth Council of Ireland
	Declan	Trumble	Innovation Centre	Institute of Technology Sligo
	Louise	Tully	Research Assistant	HPRC, NUI Galway
	Niamh	Tuohy	Clinical Nurse Specialist	St. Vincent's University Hospital
	Katie	Uhlenbrauck	Student	University of Wisconsin Stevens Point
	Odharnait	Ui Bhuachalla	Cancer Prevention Officer	Irish Cancer Society
	Diana	van Doorn	Research Assistant	National Centre for Men's Health, Institute of Technology Carlow
	Elena	Vaughan	PhD student	Health Promotion, NUI Galway
	Larri	Walker	Research Assistant	HPRC, NUI Galway
	Taylor	Walkington	Student	University of Wisconsin Stevens Point
	Kerry	Ward	Researcher	Health Promotion, NUI Galway
	Marian	Whyte	Medical Case Manager	Intel
	Cheyenne	Woepse	Student	University of Wisconsin Stevens Point
	Kali	Woldt	Student	University of Wisconsin Stevens Point
Dr.	Maggie	Wood	Lecturer	Galway-Mayo Institute of Technology

Notes

Contact us

Dr. Jane Sixsmith RN,HV, BSc, MA, PhD.

Director

Health Promotion Research Centre

Room 104, Áras Moyola, National University of Ireland Galway

University Road, Galway

Dr. Viv Batt, BA, PhD.

Administrative Director

Room 1-005, Health Promotion Research Centre

National University of Ireland Galway

University Road, Galway

Dr. Margaret Hodgins, MA, PhD.

2017 Conference Chair

Head of School of Health Sciences

Room 106, Áras Moyola, National University of Ireland Galway

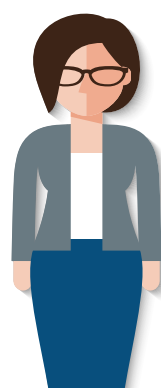
University Road, Galway

Tel.00 353 (0)91 493108

E-mail: hprc@nuigalway.ie

Web: www.nuigalway.ie/hprc

Twitter: @HPRC_NUIG, #hprc2017



Thank you for attending
our conference - see you
next year