Standard offices are killing people

Overview

Until recently, the office was considered a relatively risk-free and health-sustaining place to work. However, awareness is rising that the office is in fact quite dangerous for human health. Recent international medical studies have directly linked sitting time and mortality risk. A 2012 Australian study with more than 200,000 adult participants concludes, “Prolonged sitting is a risk factor for all-cause mortality, independent of physical activity. Public health programs should focus on reducing sitting time in addition to increasing physical activity levels.” (Archives of internal medicine, 2012)

But what are we doing to stop this alarming trend? And is it sufficient?

Summary of Findings

In July / August 2014 a research survey questionnaire was developed by Eurocres Consulting and CoreNet Global Workplace Community which was distributed among the CoreNet Global membership to understand the current status and success of workplace health initiatives in office environments as well as potential plans to improve the status quo. Based on the response of nearly 400 companies around the world, this research initiative has clearly drawn interest from a wide audience.

The results confirm scientific evidence about this unspecific urge to do more, but also highlight deep-rooted habits, which sometimes contradict scientific knowledge.
The research evaluation indicated 75% of all interviewees report an active approach by their companies, with an increasingly strong commitment in the last 5 years. Only 22% in total reported that 5 years ago their company had an actively applied strategy to improve workplace health, whereas the total figure has more than tripled to date (figure 1). This clearly indicates the trend of companies joining this active approach to improve workplace health.

While workplace health improvement strategies have now become an established trend, the survey indicates many contradictory facts remain. As a result, previous experiences will have to be considered for more successful, holistic strategies in future.

Perhaps most striking is the disproportional amount of time spent sitting – on average 75% of the time the staff is working while seated and therefore inactive. Because 90% are reportedly working more than 6 hours per day, this indicates that more than 90% of survey participants work without significant physical activity for at least 4-6 hours per day (figure 2). In fact, the average sitting time at work is 6.3 hours per day.

Although the survey conducted has highlighted significant shortcomings, which actions do companies presently implement to improve physical well-being? (figure 3)
Figure 3:
Current health improvement initiatives

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ergonomic assessment of individual workstation</td>
<td>58%</td>
</tr>
<tr>
<td>Health &quot;challenges&quot; to encourage participation &amp; team building</td>
<td>56%</td>
</tr>
<tr>
<td>Height adjustable workstations</td>
<td>56%</td>
</tr>
<tr>
<td>Employee health checks</td>
<td>53%</td>
</tr>
<tr>
<td>Provision of healthy food options</td>
<td>48%</td>
</tr>
<tr>
<td>Fitness studio / classes</td>
<td>45%</td>
</tr>
<tr>
<td>Employee rewards for healthy lifestyle</td>
<td>39%</td>
</tr>
<tr>
<td>Yoga / Pilates, etc. classes</td>
<td>35%</td>
</tr>
<tr>
<td>Standing meeting/working opportunities</td>
<td>35%</td>
</tr>
</tbody>
</table>

The survey indicated that current health improvement initiatives include well-meant activities like ergonomic assessments of individual workstations, which do not necessarily challenge long-term shifts of behaviour. Further, although health improvement classes (fitness studio / yoga / Pilates / etc.) may be beneficial, they cannot be fully integrated in the work processes and workplace environment even if they take place on-site. In fact, these initiatives are commonly restricted to employees who are willing to spend extra-time in the gym and already have decided to pursue an active life-style. Unfortunately, these employees only represent between 20 and 30% of the total company’s population.

Therefore, we propose rethinking this strategy because each of these initiatives will cost capital and operating expenses, while being typically ineffective if isolated from additional sustainable measures to change sitting habits that induce sickness. Thus, in the long run a successful workplace health improvement strategy will rely on initiatives that totally change the workplace environment. Yet, the fairly uncommon standing meeting & working opportunities (ideally integrated in a flexible activity-based-working environment) can actively address this shortfall and raise awareness and participation among all employees and help to change their mind-set.

Moreover, we strongly recommend a more detailed approach to not only what can be accomplished, but who manages this change.
Currently, workplace health improvement is mostly managed by Human Resources and indeed most participants in this recent survey support this idea. However, awareness is increasing and a sustainable strategy has to rely on coordinated responsibilities, including health & safety as well as CREM in collaboration with HR based on an essential mandate from top management (figure 4).

It’s true, we have become so sedentary that 30 minutes a day at the gym may not counteract the detrimental effects of 8, 9 or 10 or more hours of sitting (Genevieve Healy, PhD).

A study published in 2012 (Pennington Biomedical Research Centre, USA) using additional meta-data (National Health and Nutrition Examination Survey) significantly showed a strong interdependence between mortality rate and the amount of sitting at the workstation.

The mortality rate is increased by 20% (male) to 40% (female), when employees are sitting more than 6 hours. Other studies identify even larger numbers of probable mortality (2010, Journal of Epidemiology).
We pose this question: Why do 67% report (our research result) no impact in the approach of furnishing resulting from these recent scientific studies? On the contrary, 73% consider workplace health strategies as a key factor in attracting and retaining talent and over 53% of the survey participants believe they can reduce sick leave by approximately 20%. (figure 5)

This is an additional contradiction caused by inaction – all of us face a behavioural challenge.

Sick leave is clearly correlated with the physical agility of the workforce. As a result, this agility can reduce sick leaves. For example: German health insurance company DAK reported 3.1 days of sick leave per year and insured person for dorsal pain (DAK Gesundheitsreport 2014). That means: For a corporation with 1,000 employees and estimated internal cost of one employee (400 € per day or 50 € per hour) would have to count for a loss of 1.24 million € per YEAR. Since dorsal pain can be prevented by a less sedentary life-style, this is an unnecessary loss of productivity, not only for the directly affected corporations.

There were further meta-studies in 2014 identifying a different set of sickness inducing factors (Ergonomics, 2014) based on documented sick leaves. The results indicate lower odds of sick leave in office types with high personal control and higher collaboration with colleagues. Stressors are a lack of visual or acoustic privacy. This has an immediate impact on office-layout and technical measures to increase positive factors and to minimize the negative ones. Some office layouts examined in this study created a 2.5-fold increase in sick leaves.
Conclusion

We need to question an ingrained, saturated behaviour of immobility on both personal and structural levels because the status quo is expensive and unsustainable.

Initiatives to enhance the well-being of your company’s staff need diligent planning for long-term impact - not solitary quick fixes. A broad set of wide-ranging measures fully integrated within the entire workplace environment attractive for all employees should overcome marginal health improvement initiatives for the 20 to 30% of the already happy (and active) ones. Both approaches involve investments but only one will work out in the end – it’s your decision!

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