Introduction

According to the Boorman Review (1) on the National Health service in United Kingdom, the health and wellbeing status of hospital workers is linked to the performance of hospitals. Boorman observed that the worse the workers’ health status, the higher their sickness absence rate and turnover rate, and the lower the patient satisfaction. The methicillin-resistance Staphylococcus aureus infection rate and patient mortality rates also increased. In 2014, the Health and Wellbeing Team of HKEC conducted a “Work and Well-being Questionnaire” to evaluate the health status, work demands and resources of staff working in Hong Kong East Cluster of Hospital Authority.

Objectives

The main objective is to assess the current health status and work ability of the HKEC staff. Information collected would be used to develop a sustainable Workplace Health Promotion (WHP) model in the future to improve staff health and wellbeing.

Methodology

All staffs in HKEC were included in the survey. A total of 7803 questionnaires were distributed to six hospitals and ten General Out-patient Clinics through the Occupational Safety and Health Link Person system to ensure that all staff received a copy. Promotion booths in individual hospitals were organized to assist staff in filling in the questionnaire if needed. The questionnaire was adopted from the Work Ability Index (WAI) questionnaire, a well-known instrument worldwide that assesses work ability of individual workers or workforce and predicts their health risk. A WAI score was obtained, which classified the work ability for each participant into four categories (poor 2-27, moderate 28-36, good 37-43 or excellent 44-49). Another questionnaire on lifestyle factors adopted from Department of Health of Hong Kong was also used. Lifestyle factors including exercise, diet, smoking and drinking were studied.

Result

A total of 5265 questionnaires were collected and 4643 completed questionnaires were used for analysis. Among the participants, there were doctors (4.2%), nurses (33.4%), allied health professionals (10.7%), clerical/administration staff (17.1%), clinical supporting staff (17.4%) and others supporting staff (17.2%). The distribution was similar to the workforce in HKEC. The WAI range was 15-49, with a mean score of 38.59 (SD 5.10), which was at the low side of the “Good” category. For the different categories of work ability, 2.8% (128), 28.3% (1312), 52.3% (2426), and 16.7% (777) were in the groups with poor, moderate, good and excellent work ability respectively. Nurses had the lowest WAI score (37.4), whereas the others supporting staff scored the highest (39.9). The difference of WAI scores among different staff groups was statistically significant (P < 0.001). The most frequent self-reported diseases were slight mental disorder or problem (27.7%), whereas the commonest diseases diagnosed by physician were injury of limbs (26.8%). Only 17.2% and 7.5% of respondents consumed adequate portions of fruits and vegetable daily as recommended by Department of Health. Nearly half the staff did not exercise regularly. Fruit/vegetable consumption and
exercise had a positive correlation with WAI, whereas smoking and sugar intake was negatively correlated. Discussion This is the first work ability assessment ever conducted in HKEC and Hospital Authority. The valuable information obtained will help identified the workers at risk of work-related disability, and plan the future direction of health promotion at hospitals and GOPC.