

Workforce health

This opportunity is now closed

Overview

Opportunity status: Closed

Type: Programme

Opening date: 9 July 2024

Closing date: 13 December 2024 at 1:00 pm

Reference ID: 2463

The Public Health Research (PHR) Programme is accepting Stage 1 applications to their commissioned workstream for this topic.

In order to apply you will need to carefully review the:

- [Stage 1 guidance notes](/documents/phr-programme-stage-1-guidance-notes-realms/27259) (/documents/phr-programme-stage-1-guidance-notes-realms/27259)
- [PHR supporting information](/documents/phr-programme-supporting-information-realms/27261) (/documents/phr-programme-supporting-information-realms/27261)

Please consult the [NIHR Specialist Centre for Public Health \(SCPH\)](/support-and-services/research-support-service/public-health-specialist-centre) (/support-and-services/research-support-service/public-health-specialist-centre) about the design of your research as soon as possible. Successful applications generally require a long time (several months) to develop.

Webinar

We held a webinar to support applications to this funding opportunity, on 9 October 2024. A copy of the slides and recording are [available on request](mailto:phr@nihr.ac.uk) (mailto:phr@nihr.ac.uk).

1pm on 13 December 2024

Stage one deadline

Early January 2025

Notification of out of remit/non-competitive decision if unsuccessful

Early March 2025

Notification of stage one shortlisting decision

Early March to early May 2025

Stage two writing window

Mid-end July 2025

Notification of stage two funding decision

1 February/1 March 2026

Start date for funded studies

This opportunity is now closed

You can review information about this funding opportunity in our application system

[View details](#)

Research question

- What are the most effective interventions that organisations can adopt to improve the physical and mental health of the UK workforce?

There is an important relation between work and health. However, this is not restricted to the nature of the work we undertake – the actions of the organisations for which we work and the environments in which work takes place can affect our health and wellbeing. A healthy work space – wherever it is located – is where the health and wellbeing of staff is promoted, protected and managed through organisational-wide policies, programmes, activities and behaviours. Organisations can be key agents in facilitating people to lead happy, healthy and fulfilled lives.

The ability of organisations to promote and improve health is helped by certain working conditions such as the provision of good quality jobs, role autonomy, opportunities for training and development, and a good work-life balance. Organisational cultures prioritising fairness, justice, and diversity can help to foster environments that improve health, and mitigate health inequalities and social exclusion.

Yet the UK faces workplace health challenges. Workplace ill-health is estimated to cost the UK economy many billions of pounds annually. Impacts are felt by health services and by society more widely, in addition to the direct burden of morbidity experienced by those who develop health conditions linked to their work. Minor illnesses are the main cause of sickness absence, but other issues including musculoskeletal conditions and poor mental health also lead to many millions of lost working days. Some roles and some working environments precipitate and perpetuate poor health and the widening of health inequalities more than others.

Over recent years, a move to more flexible working practices has meant that the term 'workplace' increasingly refers to home and other non-traditional settings, with a need to focus on supporting staff in those varied environments. People spend a considerable proportion of their lives working, with many people also now extending their working lives. In this respect, organisations have a growing influence on the trajectory of the health of their workforce – and arguably therefore an increased opportunity and responsibility to adopt and tailor approaches to maintain and improve workers' health.

The shift in some sectors towards increased home and flexible working will impact the health and wellbeing of different groups of employees in different ways, and could contribute to an increase in health inequalities.

Successful workforce health interventions are typically implemented through committed organisational leadership and take a preventive and proactive approach. Whilst the range of studies and the volume of literature on interventions is substantial, the current evidence base is fragmented, often of poor quality, and not necessarily generalisable across different workplaces and environments. Robust evidence of what works for whom and in which workplace contexts is needed.

The PHR Programme would like to fund new research to enhance this evidence base. We are predominantly interested in the evaluation of interventions operating at a population or organisational-wide level, which should address health inequalities and the wider determinants of health. The PHR Programme recognises that interventions are likely to impact different (sub)populations in different ways, and encourages researchers to explore such inequalities of impact in their study design. For this funding opportunity, the Programme is less interested in the evaluation of individual-level interventions.

Of particular importance is an understanding of inequalities in impact of policy and access to services by people from ethnic minority backgrounds in the UK. Evaluations of interventions seeking to reduce health inequalities experienced by people from ethnic minority backgrounds are also of specific interest.

The PHR Programme recognises that this call is broad and expects researchers to be targeted in their research. Some of the research areas of interest identified in NICE guidelines and other recent relevant reports are suggested below. Please note that this list is for example only – it is not exhaustive and applicants are welcome to focus on alternative areas:

- Research on the effectiveness of workplace health interventions that target the needs of specific population groups under-served by research in this area including, for example, employees from ethnic minority groups, disabled people, people with caring responsibilities, people with long-term conditions, employees working in specific employment sectors and people extending their working lives.
- Research on interventions that aim to support women's health in the workplace including, for example, interventions related to pre-menstrual tension and menstruation, menopause, problems with breastfeeding, breast cancer.
- Research on interventions that aim to support specific occupations where there are gaps in the evidence base, such as, serving personnel and people working in the education sector.
- Research on interventions to protect and promote health and wellbeing in workers in SMEs, family businesses (for example local shops), precarious work, self-employed or other specific occupation groups outside larger organisations.
- Studies of interventions that aim to reduce the impact of musculoskeletal problems.
- Studies of interventions to reduce sedentary behaviour, including for example studies with longer-term follow up, and comparisons of different geographically-based initiatives or different types of organisations.
- Studies that aim to increase mental wellbeing over the medium-to-longer-term, for example in low-paid or low-control work environments, or high-performance, high-pressure cultures.
- Research to identify which mental wellbeing and productivity outcomes should be used in a core outcome set for future research into workforce mental wellbeing.
- Research investigating the impact of the introduction of reporting on mental wellbeing and workforce health.

- Evaluations of interventions that support entry or return to work after long-term and recurrent short-term sickness absence.
- Evaluations of interventions designed to support people known to have higher sickness absence rates including people working part-time, women, and people working in caring, leisure, and other service occupations.
- Research on the health and health inequalities impacts of: changes to job design, changes to working practices, home and hybrid working, and the effect that these changes might have on, for example, younger people, older people, different employment sectors and socio-economic groups, and the maintenance of boundaries between work and home life.
- Research on the impacts of new and emerging technologies on the physical and mental health of the workforce.
- Investigations of organisational and system-based factors which impede or assist implementation and sustainability of workplace health interventions.

Owing to the breadth and complexity of this area, the PHR Programme asks that as part of their application and with relevance to their own study, researchers clearly identify the gap in the evidence base that they are seeking to address and demonstrate how their study will close that gap. Researchers will need to state how their study will complement existing or ongoing research in their chosen area and how the outcome of their study will have tangible impact and improve decision making.

A range of study designs and outcome measures can be used. Researchers will need to clearly describe and justify their choice of target population group, and justify their chosen methodological approach. Primary outcomes must be health related. Researchers are encouraged to consider other outcome measures including the broader determinants of health and health inequalities, which should be specified and justified. Researchers will also need to specify how outcomes will be measured in the short, medium, and long term.

Understanding the value of public health interventions – whether the outcomes justify their use of resources – is integral to the PHR Programme, where resources relating to different economic sectors and budgets are potentially relevant. The main outcomes for economic evaluation are expected to include health (including health-related quality of life) and the impact on health inequalities as a minimum, with consideration of broader outcomes welcomed. Different approaches to economic evaluation are encouraged as long as they assess the value and distributive impact of interventions. Applications that do not include an economic component should provide appropriate justification.

Researchers are strongly encouraged to involve relevant employees and employers in the design and delivery of the evaluation. We welcome inclusion of such experts as costed members of the study team if appropriately justified. Researchers should demonstrate the relevance of their proposed research to key stakeholders including relevant organisations and businesses, national and local policy makers, special interest groups, charities, and community audiences.

For further information on submitting an application to the PHR Programme, please refer to the Stage 1 guidance notes and PHR supporting information. These can be found by clicking on the relevant commissioned call on the [main funding opportunities page](https://www.nihr.ac.uk/funding/?custom_in_funding-programme=9450) (https://www.nihr.ac.uk/funding/?custom_in_funding-programme=9450). This also includes closing dates and details about how to apply.

Researchers that have previously applied for [NIHR Work and Health Development and Collaboration Awards](https://www.nihr.ac.uk/work-and-health-development-awards-research-specification) (<https://www.nihr.ac.uk/work-and-health-development-awards-research-specification>) are welcome to submit applications to the PHR Programme, where there is a non-NHS intervention to evaluate and where the primary outcome is health-specific.

For evaluations of interventions and services to support the health and wellbeing, and the organisation, of the NHS and Social Care workforce please consider an application to the [Health and Social Care Delivery Research Programme](https://www.nihr.ac.uk/research-funding/funding-programmes/health-and-social-care-delivery-research) (<https://www.nihr.ac.uk/research-funding/funding-programmes/health-and-social-care-delivery-research>).

For evaluations of occupational health and return to work interventions delivered by NHS and Social Care staff at the point of treatment and care, please consider an application to our [Health Technology Assessment \(HTA\) Programme](https://www.nihr.ac.uk/research-funding/funding-programmes/health-technology-assessment) (<https://www.nihr.ac.uk/research-funding/funding-programmes/health-technology-assessment>). All proposals should adhere to the [remit of the HTA Programme](https://www.nihr.ac.uk/research-funding/funding-programmes/health-technology-assessment) (<https://www.nihr.ac.uk/research-funding/funding-programmes/health-technology-assessment>).

Supporting Information

- [tips for success in applying](https://www.nihr.ac.uk/tips-success-phr-programme) (<https://www.nihr.ac.uk/tips-success-phr-programme>)

All primary research projects are expected to establish a programme appointed Study/Trial Steering Committee and it is important that you read the [Research Governance Guidelines](/documents/research-governance-guidelines/12154) (</documents/research-governance-guidelines/12154>) before completing your application. Costs incurred by this committee should be included in the budget as appropriate.

Contact Details

- For help with your application contact phr@nihr.ac.uk (mailto:phr@nihr.ac.uk)
- For more information about the funding Programme, visit the [PHR Page \(/node/62916\)](#)
- Got a research idea and not sure how to turn it into a funding application? The NIHR Research Support Service (RSS) supports researchers in England to apply for funding, and to develop and deliver clinical and applied health, social care and public health research post award. [Find out how the RSS can help you](https://www.nihr.ac.uk/explore-nihr/support/research-support-service/) (https://www.nihr.ac.uk/explore-nihr/support/research-support-service/)