

Motivation for employers to carry out workplace health promotion

Literature review

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Executive Summary

Workplace health promotion (WHP) is the combined efforts of employers, workers and society to improve the health and wellbeing of people at work. This can be achieved by: improving the work organisation and the work environment; promoting the active participation of all stakeholders in the process, and encouraging personal development. It is important to note that WHP aims to be a complementary support for, but not a replacement of, workplace risk management. Proper risk management is an essential foundation for a successful WHP programme. Developing and sustaining a healthy work environment and workforce has clear benefits for companies and employees, but can **also lead to an improvement in social and economic development at local, regional, national and European level. This report presents the findings of a literature review that aims to identify the key** reasons, arguments and motivation for employers to carry out workplace health promotion initiatives, and discusses some of the associated challenges and obstacles. This knowledge can be used to encourage and motivate employers to start WHP.

Motivation for employers to carry out WHP

The motivation were classified as internal factors (those inside the organisation) and external factors (those outside the organisation). The main findings of the literature review were as follows:

Internal motivating factors

- There is evidence to indicate that WHP programmes and measures can have a real and significant impact on increasing productivity rates and production.
- WHP programmes have been associated with decreasing absenteeism and associated sickness disability costs.
- WHP programmes have been demonstrated to have a positive impact on presenteeism.
- Enhancing workers' health and wellbeing through WHP promotion programmes may result in enhanced levels of job satisfaction and organisational commitment among workers.
- One benefit of investing in well-structured health promotion programmes is the reduction of staff turnover and an improvement in the recruitment of new workers. There may also be an improvement in staff morale, which can also have an indirect impact on the turnover rate.
- There is growing evidence, and awareness, that poor employee health and wellbeing is linked to the increased likelihood of industrial accidents and injuries. Therefore, workplace initiatives to promote workers' health may have a beneficial indirect impact by reducing the costs incurred by companies due to occupational accidents and injuries.
- There is a growing body of evidence to indicate that many health promotion initiatives and strategies implemented in the workplace can lead to real and significant cost savings for organisations.

External motivating factors

- Research indicates that WHP, and moreover enhanced employee wellbeing, may have the indirect benefit of improving customer service and, in turn, customer loyalty.
- Companies providing WHP for their employees are seen as attractive and responsible employers. An additional benefit of enhanced corporate image is the increased visibility to potential future employees.
- Support through local and governmental initiatives may be especially important for small and medium-sized enterprises that have limited resources and in-house expertise to design and implement such programmes.

- Support programmes by insurance companies and/ or other forms of external incentive have been observed to be useful in encouraging employers to implement and, moreover, to invest in the promotion of workplace health.

Barriers and challenges

The review of the literature identified a number of factors that may have an impact on employers' engagement in WHP. These include:

Barriers

- A lack of occupational safety and health infrastructure.
- A negative perception of occupational health requirements and benefits.
- A lack of relevant skills and qualifications.
- Inadequate cooperation between key stakeholders in the process.
- Bureaucratic requirements.
- The perceived need for major financial investment in a programme.
- The misperception by employers and organisations that WHP has limited or no benefits for the company, is too time-consuming, and is not their responsibility.

WHP and the size of organisations

The size of an enterprise can influence its implementation of WHP, with smaller enterprises being less likely to implement such actions. In general, small workplaces – particularly micro firms – are widely acknowledged as a particular challenge for health promotion, due to a number of difficulties faced by such enterprises such as lack of resources and expertise. However, smaller enterprises also provide a highly advantageous context for the promotion of employee health in view of their unique social, organisational and environmental characteristics (such as approachable top management and easier communication with employees), which can be capitalised on in order to carry out successful WHP programmes.

In contrast, large organisations might have to design several different programmes in order to meet the needs of their large and diverse workforce. It is a challenge to the designer of the programme(s) to accurately determine the relative priorities for a large and diverse workforce, which can often be affected by the limits on the human, financial, spatial and time resources that are available to the organisation. In addition, the large number of employees in bigger organisations makes it challenging to obtain strong support among all levels of employees, which is critical to the success of WHP programmes.

WHP in the public versus private sector

A growing number of studies highlight the different needs and priorities of various occupational sectors, and, in turn, the varying approaches to WHP used in the private versus the public sector. It is vital to conduct a thorough analysis of the needs and properties of each individual occupational sector (and each organisation within it), and to tailor health promotion policies, practices and initiatives to the identified needs and priorities.

Recommendations

The following are recommendations aimed at policymakers on how to encourage and motivate employers to invest in and carry out WHP programmes:

- Raise awareness among employers that WHP is a valuable complement to occupational health and safety.
- Continue to highlight the business case for workplace health initiatives to the business community as health promotion is based on voluntary action on both sides.
- Provide free and readily accessible tools and toolkits to help businesses to implement WHP programmes. This may be particularly important in encouraging smaller and medium-sized companies to carry out such programmes, as they may have limited resources and relevant in-house expertise.
- Start to build the fundamental skills, qualifications and knowledge base among business leaders in relation to the promotion of workplace health.
- Support programmes by local and national government may be useful in encouraging smaller companies to carry out WHP.
- Incentives provided by insurance companies may be useful in encouraging organisations to invest in WHP programmes and actions.

Aim of the report

Promotion of health at work is one of the priorities of the Community Strategy on Health and Safety at Work 2007-12.¹ The strategy stresses that the positive effects of risk prevention policies at the workplace can be reinforced by encouraging and supporting workers to adopt lifestyles that may improve their general state of health. Employers play a crucial role in this process as health promotion at the workplace requires the combined efforts of employers, workers and society. Therefore, it is important to know what factors motivate employers to carry out workplace health promotion (WHP) measures, and to use these arguments to encourage more organisations to engage in such activities.

This report presents the findings of a literature review that aims to identify the key reasons, arguments and motivation for employers to carry out workplace health promotion initiatives, and discusses some of the associated challenges and obstacles. The primary focus of the review is to identify the external and internal factors affecting motivation at the level of the organisation. However, it also presents a number of examples of national-level initiatives encouraging employers to integrate workplace health promotion programmes into their organisations.

1. Introduction

Escalating health care costs and costs linked to absenteeism, presenteeism and employee turnover are issues of great concern to many employers and providers of health care services. Public health care costs in EU-27 countries amount to an average of 8.3% of annual gross domestic product (GDP) each year; in Switzerland, France and Germany this figure is over 10% (Eurostat, 2011). In the UK, a total of 12.8 million working days were lost to stress, depression and anxiety in 2004–2005 (HSE, 2006). In Europe, work-related stress costs (using a conservative estimate) add up to about €20 billion annually. It has been observed that preventable illness makes up more than 70% of the total cost of health care (Fries et al., 1993). Preventable illnesses often result when a number of modifiable health risk factors are not adequately addressed; examples include nutrition, weight control, physical activity, blood sugar, blood cholesterol, blood pressure, tobacco use, safety and mental wellbeing. As health is the basis for people to lead individually, socially and economically productive lives, it is clear that



efficient prevention and promotion measures are needed to improve and sustain individuals' health.

The practice of professional health promotion gained its first international recognition with the Ottawa Charter for Health Promotion in 1986. The Charter defines health promotion as 'the process of enabling people to exert control over the determinants of health and thereby improve their health' (WHO, 1986). Health promotion can be performed in various locations: for example the community, health care facilities, schools and workplaces (Tones & Tilford, 2001).

The workplace, as a setting for health promotion, deserves special attention. Workplace directly influences the physical, mental, economic and social wellbeing of workers and is an excellent setting for delivering the key messages of health and for performing health promotion, because the time an individual spends at the workplace exceeds that spent in other locations (Capra & Williams, 1993). For

¹ <http://eur-lex.europa.eu/Notice.do?checktexts=checkbox&val=443914%3Acs&pos=1&page=1&lang=en&pgs=10&nb=1&list=443914%3Acs%2C&hwords=&action=GO&visu=%23texte>

example, UK employees spend up to 60% of their time in the workplace (Clark, 2010). In addition, the workplace offers an ideal setting and infrastructure for reaching a relatively large population; social networks support behavioural change, and opportunities exist for follow-up and for monitoring and reinforcing messages (Glanz & Seewald-Klein, 1986). Working population also enables screening of and intervention on persons with no or mild disorders that forecasts higher health gain than for those with advanced diseases. In England, as part of the Government's new public health strategy, it is increasingly recognised that workplace is an 'especially promising setting' for health promotion.

1.1. What is workplace health promotion (WHP)?

Workplace health promotion was defined by the European Network for Workplace Health Promotion (ENWHP) in the Luxembourg Declaration as 'the combined efforts of employers, employees and society to improve the health and wellbeing of people at work' (ENWHP, 2007). WHP must be considered as a holistic concept that incorporates: 1) the improvement of the work organisation and the work environment; 2) the promotion of active participation of all stakeholders in the process, and 3) the encouragement of personal development (Nöhammer et al., 2009). The effects of WHP are expected to manifest themselves at the physical, mental and social level.

Workplace health promotion aims to complement, but not to replace, workplace risk management. Proper risk management is an essential foundation for a successful WHP programme. It is also important to remember that employees cannot be forced to change their health behaviours; however, through the development of a supportive work environment they can be encouraged to adopt healthy behaviours and attitudes. It is commonly agreed that the active participation of workers in WHP programmes is fundamental to the success and sustainability of such programmes over time. A holistic approach to workplace health promotion, in which both organisational and individual factors are addressed, is widely advocated as the optimal and most successful approach.

WHP broadly involves (ENWHP, 2004):

- Having an organisational commitment to improving the health of the workforce.
- Providing employees with appropriate information and establishing comprehensive communication strategies.
- Involving employees in decision-making processes.
- Developing a working culture that is based on partnership.
- Organising work tasks and processes so that they contribute to, rather than damage, health.
- Implementing policies and practices that enhance employee health by making the healthy choices the easy choices.
- Recognising that organisations can have both a positive and a negative impact on workers' health and wellbeing.

WHP interventions can result in improved working conditions for employees (Sochert, 1998). These improvements can include reduced stress as a result of optimised work organisation, and reduced physical strain due to ergonomic improvements. Moreover, research has found that participants in WHP activities have less sick leave, improved psychological wellbeing and work satisfaction, and lowered cholesterol levels (Aust & Ducki, 2004). In addition, communication within the company and social support from supervisors and colleagues are also positively affected by WHP measures (Beermann et al., 1999; Ducki et al., 1998; Friczewski, 1994; Rudow & Demuth, 1997; Slesina, 2001).

A successfully implemented WHP programme is the result of a dynamic interplay between various determinants. It is the result of action by various stakeholders both within and outside enterprises. However, one of the most important elements in the successful implementation of WHP measures is the continued commitment to them from all sides: that is, management commitment and support together with active worker involvement and participation. The success of WHP depends on its being perceived as a vital managerial responsibility, and being integrated into existing management systems. It is also of major importance to consider the skills of the employees, and to integrate them and encourage their active involvement as much as possible in planning and decision-making during all stages of the WHP implementation. Furthermore, well-planned WHP programmes combine the needs of the organisation with those of the workers. There is no standardised model for WHP; different

organisations have different cultures and needs. Therefore each organisation needs to tailor the core principles of WHP to fit its own circumstances. WHP programmes can only be successful if they are integrated into all organisational processes as a permanent component of them.

The European Foundation for Quality Management suggests that organisations address five key domains when aiming to integrate health promotion into their quality management system: leadership, policy and strategy, people, partnerships and resources, and processes (ENWHP, 1999). In accordance with these domains, the ENWHP² has outlined a number of quality criteria for good WHP practice including:

1. WHP has to have the full support of management, which ensures that it is integrated into company policy and allocated sufficient financial and material resources.
2. Throughout the whole process, employees' active participation in planning and implementation of the WHP measures is essential.
3. Employees and managers' comprehensive understanding of health is the basis of successful WHP.
4. All information relating to WHP programmes should be transparent and made available regularly to all staff.
5. WHP is a continuous task, and the impacts of health promotion measures should be carefully and regularly recorded, analysed and updated using quantified data on the basis of specific short-, medium- and long-term indicators. The conclusions drawn from this may motivate further implementation of WHP.
6. Ensuring a healthy workplace and a healthy society is every organisation's social responsibility. Thus, in order to achieve successful WHP, organisations should actively support health-related, social, cultural and welfare initiatives.

1.2. Why carry out and invest in health promotion in the workplace?

At the organisational level, a well-implemented WHP programme can lead to an improved working environment and a decrease in absenteeism. It also has beneficial effects on human resources management in terms of lower employee turnover and greater staff retention. In the long term, WHP may improve a company's image, strengthen its competitiveness and boost productivity. Overall, the company becomes more attractive to both customers and employees. Wright and Marsden (2005) reported survey data from 500 organisations; 73% of the employers believed that provisions to support and enhance employee health benefited their business as a whole, and 64% said that by promoting workplace health they save money in the long term. A number of studies have shown that every euro spent on WHP leads to a return on investment (ROI) of between €2.5 and €4.8 due to a reduction in the costs arising from absenteeism (ENWHP, 2009). In their meta-analysis of 32 original publications on costs and savings associated with WHPs in the US, Baicker et al. (2010) found that for every dollar spent on WHP programmes, medical costs on average fell by about US\$3.27 and absenteeism costs fell by about US\$2.73.

At the level of the individual worker, WHP measures and programmes may lead to greater health awareness, help to manage and reduce work-related stresses and strains, promote or enhance health-promoting behaviours, and, in turn, enhance the worker's overall health and wellbeing. For more information regarding the benefits and motivation for employees to engage in WHP measures and programmes, see EU-OSHA 'Literature review on the motivation for employees to participate in workplace health promotion'. Available at:

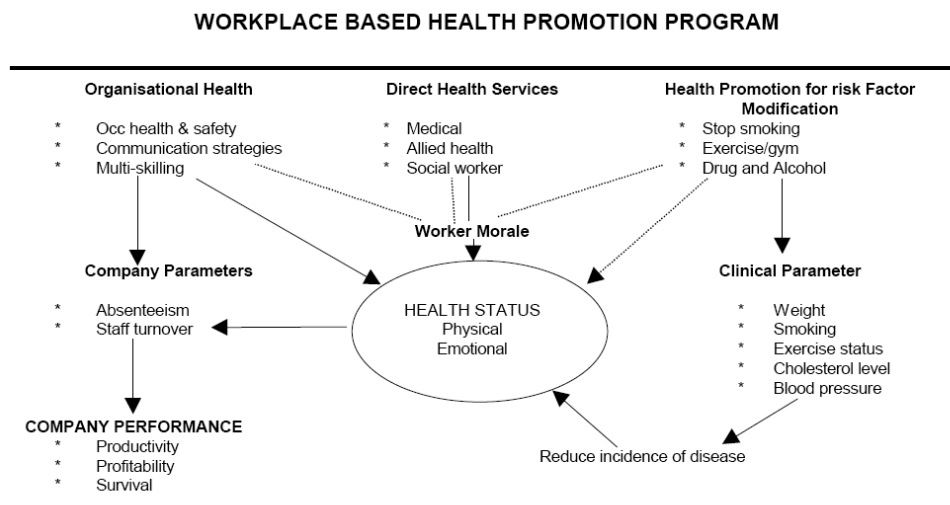
http://osha.europa.eu/en/publications/literature_reviews/motivation-employees-whp/view

² <http://www.enwhp.org/good-whp-practice/methods-tools-mogp/quality-criteria.html>

Developing and sustaining a healthy work environment and workforce not only has clear benefits for both organisation and employees, but can also lead to an improvement in social and economic development at the local, regional, national and European level.

Segal (1999) provided a model on how investment in WHP can contribute to both individual health status and company performance. The model demonstrates that workplace health promotion can have a positive effect on the physical and emotional health status of employees, leading to an improvement in several parameters relating to the organisation. The organisational parameters in the model are absenteeism and staff turnover. A decrease in these will have a positive influence on the productivity, profitability and survival of the company. The Segal model shows that WHP initiatives extend to both the individual and the organisational level.

Figure 1: WHP factors that contribute to individual health status and company performance



Source: Segal, 1999

1.3 Success factors in workplace health promotion

Factors contributing to successful implementation of WHP programmes have been identified in the literature (Bellew, 2008) and through EU-OSHA good practice examples (2012). The identified success factors include:

- Senior management support
- Workers participation throughout the programme
- Integrating WHP into occupational health and safety management, and into the organisation's operations
- Ensuring good vertical and horizontal communication at the workplace
- Implementing a holistic approach to WHP focusing on organisational changes, as well as measures targeted at the individual
- Tailoring WHP measures to individual's needs
- Applying an interdisciplinary approach that involves a wide range of experts
- Putting in place long-term measures
- Evaluating and adapting WHP programme.

2. Method of conducting the literature review

This report presents the findings of a literature review that was carried out with the aim of identifying the key motivating factors for employers to carry out workplace health promotion initiatives. The researchers used a multi-level approach for the analysis and interpretation of the review, which included both the scientific and 'grey' literature.

At this first stage of the literature review, a scoping review was conducted by four independent topic area experts. The aim of this scoping review was to conduct a preliminary review of the literature in order to identify the key topic areas that relate to the factors that motivate employers to carry out WHP initiatives. The topic areas that were identified were categorised into those that relate to external factors (outside the organisation) and internal factors (within the organisation). The preliminary list of topic areas was peer-reviewed by a panel of experts. Based on the feedback received from them, the list was refined (see the following sections).

Table 1: Identified key topic areas that relate to the factors that motivate employers to carry out WHP programmes

Internal motivating factors	External motivating factors
<ul style="list-style-type: none"> ▪ Improved production and productivity rates 	<ul style="list-style-type: none"> ▪ Improved adjustment to international standards
<ul style="list-style-type: none"> ▪ Reduced costs of accidents and occupational risk 	<ul style="list-style-type: none"> ▪ Improved customer loyalty
<ul style="list-style-type: none"> ▪ Reduced absenteeism 	<ul style="list-style-type: none"> ▪ Improved corporate image and chances of realising company's strategy
<ul style="list-style-type: none"> ▪ Reduced costs of implementation of new prevention programmes 	<ul style="list-style-type: none"> ▪ Support programmes by national or local government
<ul style="list-style-type: none"> ▪ Reduced staff turnover 	<ul style="list-style-type: none"> ▪ Support programmes by insurance companies, or other external incentives
<ul style="list-style-type: none"> ▪ Improved job satisfaction 	
<ul style="list-style-type: none"> ▪ Improved organisational culture 	
<ul style="list-style-type: none"> ▪ Improved morale and employee loyalty 	
<ul style="list-style-type: none"> ▪ Improved retention of existing employees and recruitment of new ones 	
<ul style="list-style-type: none"> ▪ Cost effectiveness: return on investment in WHP programmes 	
<ul style="list-style-type: none"> ▪ Improved effectiveness of promotion programmes, with simultaneous saving of costs 	

The aim of the second stage of the review was to conduct an in-depth review of both the 'grey' and scientific literature in relation to each of the identified topic areas. The following databases and search engines were among those used to search the academic literature in relation to factors that motivate organisations to implement workplace health promotion initiatives: Web of Knowledge and Web of Science; MEDLINE via PubMed; EBSCO (Business Source Premier); and PsychINFO and PsychARTICLES. Google and Google Scholar were used to search the grey literature. Research reports from reputable organisations/ research institutes/ professional bodies were also considered. A set of central key search terms was used to help structure the literature review. Variants of keywords were used when appropriate in order to narrow and refine the search results. Prior to conducting the analysis, inclusion and exclusion criteria were established:

- **Inclusion criteria:** evidence derived from reputable sources of information (such as peer-reviewed journals, websites of public organisations, research institutes and professional bodies).
- **Exclusion criteria:** information retrieved from commercial bodies.

Following the review of the literature, the completed analysis underwent a peer-review process to ensure that it was a comprehensive overview.

3. Motivation for employers to carry out workplace health promotion

3.1. Internal motivating factors

3.1.1. Improved production and productivity rates

Employers can benefit from workplace health programmes as they can result in increased productivity. In the United Kingdom, the 2007 sickness absence survey by the manufacturers' organisation EEF found that 90% of respondents identified lost production as the largest cost arising from employee health issues (EEF, 2007). A study conducted by Boles et al. (2004) examined the relationship between health risks and self-reported productivity, including health-related absence and impaired performance on the job. In total 2,264 employees of a large national American employer were surveyed. The study found a significant relationship between employees having a larger number of health risk factors and reported loss in productivity.

Mills and colleagues (2007) examined the impact of a multi-component workplace health promotion programme on employee health risks and work productivity. Both an intervention group and a control group were used, and data were collected before and after the health promotion programme. The programme incorporated a health risk appraisal questionnaire, access to a tailored health improvement web portal, wellness literature, and seminars and workshops focused on identifiable wellness issues. The intervention group was found to have experienced significant improvements in relation to health risk factors, workplace absenteeism and work performance as compared with the control group. The authors concluded that a well-implemented multi-component workplace health promotion programme can bring about sizeable and noteworthy changes in health risk factors and productivity rates among employees, which may yield a positive return on an organisation's investment in workplace health.

A study conducted by Burton et al. (2005) observed a relationship between employees attending the company's fitness club and both a reduced number of days of incapacity for work per annum and a reduced number of risk factors affecting employee health. Additionally, Burton et al. observed that employees who did not attend sports training sessions demonstrated a higher probability of a fall in productivity, which was related to their health, with respect to time management, physical work and limitations in production.

Musich et al. (2004) reviewed and assessed disease treatment programmes put in place by organisations, in relation to improvements in the general health status of employees and productivity rates attained by the companies. The review indicated that the largest financial benefits to the organisations, including those related to an increase in employees' health and productivity, are likely to be the result of implementing health programmes based on a holistic approach. Programmes using such an approach have a greater chance of improving the health of employees and, in turn, the resiliency of the organisation as a whole (Musich et al. 2004). Comprehensive health promotion programmes that include a combination of individual counselling, health promotion training and access to fitness facilities have been found to be more effective than those using each of these interventions alone (Matson-Koffman et al., 2005).

In conclusion, there is evidence that workplace health promotion programmes and measures can have a real and significant impact on productivity rates and production. However, the use of a holistic approach is an important factor in enhancing the positive impact of such programmes. The aim of the

following section is to explore the impact of workplace health promotion programmes on absenteeism and presenteeism: two factors that are strongly connected with productivity rates in an organisation.

3.1.2. Decreased sickness absenteeism

Sickness absence was estimated in 2009 to cost British businesses £17 billion a year (CBI, 2010). Most absence from work is an indicator of genuine illness or low employee wellbeing (Marmot et al., 1995), with clear implications for organisations in terms of loss of production, missed deadlines, client/customer dissatisfaction, strain on colleagues providing cover, the recruiting and training of temporary cover staff, and management time for solving problems.

For the employer, costs related to staff sick leave can be divided into direct costs (continued payment of wages) and indirect costs (such as loss of production, overtime of other employees, and administrative costs; Leoni & Mahringer, 2008). The most important costs of absence are, firstly, loss in productivity, followed by the cost of sick pay itself, and then the cost of staff to cover for those who are absent (CBI, 2010). In 2009, the estimated average direct cost of absence per British employee was £595, whilst the indirect costs per employee were estimated to total £465 (CBI, 2010). In Austria, the direct costs of absence have been estimated to amount to €2.1 billion, whilst the indirect costs amounted to between €3 billion and €4 billion in 2003 (Leoni & Mahringer, 2008).

The aim of workplace health promotion is to improve the health and resiliency of the workforce, thereby reducing the level of absenteeism among employees (Whitelaw et al., 2001). Thus, policies related to workplace health promotion should aim to reduce the level of sick leave (Vogt, 2010). Employers benefit from workplace health promotion through this fall in absenteeism (Conrad, 1988; Daley & Parfitt, 1996; Kirsten, 2006; Neck & Cooper, 2000). In general, reductions in sick leave (Vogt, 2010) and health care costs are likely to continue to be the most significant variables used by employers in examining the economic benefits of workplace health promotion (Chapman, 2005).

Sickness absence rates have been observed to decrease significantly as a result of workplace health promotion (Aldana et al., 2005; Ducki et al., 1998; Kirsten, 2006; Schultz et al., 2002). Some studies have indicated that absence rates could be cut by up to half by implementing workplace health measures: from 10% to 5% (Sochert, 1998); from 10.2% to 7.4% (Lück, 1999); and from 13% to 10% (Rudow & Demuth, 1997). Other research has found a decrease of 2% in absence rates (Münch, 1996). In one study, workplace health promotion programmes were responsible for decreasing disability days among blue-collar workers by 14.0% (Bertera, 1990). In another study, sick days due to musculoskeletal diseases were found to have halved and the staff turnover rate to have decreased by 40% over a period of two years as a result of workplace health promotion (Lück, 1999).

WHP programmes can result in a decrease in the costs of health care plans, and in costs related to workers' compensation and disability (Bly et al., 1986; Goetzel & Ozminkowski, 2008; Koffmann et al., 2005; Sochert, 1998; Zwetsloot & van Scheppingen, 2007). With average reductions in sick leave it is possible to find reductions in health plan costs and in workers' compensation and disability costs of approximately 25% (Chapman, 2005). Schultz et al. (2002) assessed the impact of a WHP programme on short- and long-term sick leave over a six-year period in a manufacturing company. Sickness absences were compared for programme participants and for non-participants from baseline through five years of the programme. The study found that the percentage of non-participants absent from work per day was on average higher than that of participants participating in the health promotion programme. Moreover, it was observed that for non-participants the number of sickness absence days increased significantly from baseline to year five of the programme, as compared with participants in the programme. The total amount saved by the company each year in sickness absence days for the programme participants was estimated to be US\$623,040, resulting in a savings-to-cost ratio of 2.3 per annum.

Aldana et al. (2005) assessed the financial impact of a comprehensive multi-site WHP wellness programme on absenteeism. Data were collected from 6,246 employees over a six-year period from 1997 to 2002. Participation in the programme was found to be associated with reductions in employee absenteeism. In general, workers who participated in the programme were found to miss, on average,

three fewer workdays than those who did not participate in any wellness programme. The decrease in absenteeism translated into a cost saving of US\$16.60 for every dollar spent on the programme.

In conclusion, there is a substantial and growing body of evidence to indicate the potential role of workplace health promotion programmes and their positive impact in reducing absenteeism and associated sickness disability costs. The following section will examine the potential impact of WHP programmes on employee presenteeism.

3.1.3. Presenteeism and impaired working efficiency

The main reason for workers to be absent from work is certainly ill-health. However, ill-health does not necessarily mean absence from work (Eurofound, 2010), since some employees are present at work while being unable to work at normal capacity (Vogt, 2010). This prominent phenomenon of working through illness and injury is called 'sickness presence' or 'presenteeism' (Burton et al., 2008; Dew et al, 2005). Definitions of presenteeism vary: in some studies it refers to employees going to work when they should be taking sick leave, and in others it includes all employees who are not in the best of health, sometimes in the long term. It should be discussed in association with absenteeism, as it can be present despite measured absence rates being low, and indicate hidden exposure to stress and pressures (Vogt, 2010).

The percentage of employees reporting that they had engaged in presenteeism is generally estimated to range from 50% to 70% (Eurofound, 2010). Where reasons for presenteeism are given by workers they tend to relate to a sense of duty to customers or colleagues (Eurofound, 2010), but they can also relate to financial pressures on the individual and a fear of losing their job (Claes, 2011). German data also suggest that presenteeism may be higher in smaller firms, and this may be one explanation for the observed low levels of absenteeism in such firms (Eurofound, 2010). British data indicate that of workers who turn up for work feeling unwell, 10% say that they are able to work at their normal level of productivity, 89% admit that they are less than totally productive, and 44% say that they operate at half or less of their normal productivity (Bupa, 2010).

With reference to presenteeism in employees working while suffering mental health problems (typically anxiety or depression), in 2007 the Sainsbury Centre for Mental Health estimated that impaired work efficiency due to mental ill-health costs £15.1 billion, or £605 annually for every employee in the UK, which is almost double the estimated annual cost of absenteeism (£8.1 million). Some US studies estimate that the costs of impaired employee performance due to mental health problems are nearly four to five times the costs of absenteeism (Goetzl et al., 2004).

While it is unlikely that WHP will have an impact on presenteeism in employees with acute health conditions, it may well benefit those whose health is sub-optimal in the long term. Overall, research shows that this type of presenteeism is hugely costly to employers, and workplace health promotion measures can be a useful strategy, not only to address and manage presenteeism, but also to contribute to the development of an engaged and productive workforce.

Presenteeism has been investigated considerably less than absenteeism in the scientific community, but the results of some studies are presented here. A Swedish study of 3,801 workers found that presenteeism was associated with musculoskeletal pain, fatigue and slight depression. In addition, in that study those occupational groups that experienced a high level of sickness presenteeism also reported a higher level of sickness absenteeism (Aronsson et al., 2000). Burton et al. (2005) found that perception-related risk factors (such as life dissatisfaction, job dissatisfaction, poor health and stress) were the domains most strongly associated with presenteeism. The study found that an increased number of self-reported health risk factors were related to an increased number of employees reporting work limitations. Each additional risk factor reported by a worker was found to be associated with a 2.4% reduction in productivity. Medium- and high-health risk workers were 6.2% and 12.2% less productive than low-risk individuals respectively. The study estimated that the annual cost of lost productivity due to employees in this company working while suffering from poor health was between US\$1,392 and US\$2,592 per employee. Presenteeism also has negative consequences for the individual employee. For instance, a study using longitudinal data collected from a large sample of British civil servants (the 'Whitehall Studies') found that an identified group of male 'sick presentees'

(people who self-reported as unhealthy but who had no absence from work), had twice as many cases of coronary disease as individuals with similar health conditions who had taken sick leave (Kivimäki et al., 2005).

Burton et al. (2006) conducted a study to examine whether changes in health risks were associated with changes in presenteeism (in terms of on-the-job productivity). The study found that changes in psychological health risks were strongly associated with changes in presenteeism. In general, individuals who reduced their health risks reported an improvement in productivity, whereas those individuals who gained risks or remained at a high-risk status reported a deterioration in productivity. Each increased risk factor was associated with a commensurate loss of 1.9% in productivity over time – an estimated cost of US\$950 per year per risk. Implementing WHP programmes can be an effective way to help modify or, ideally, eliminate health risk factors in workers; this, as the research demonstrates, can have an additional benefit to employers by reducing both presenteeism and absenteeism, and increasing productivity.

In conclusion, it is clear that impaired work efficiency has real and significant costs for employers. WHP programmes have been demonstrated to have a positive impact on the health of the workforce, with attendant implications for productivity. There is growing evidence to indicate a business case for integrating and implementing workplace health promotion programmes into daily business practice and policies.

3.1.4. Improved job satisfaction and organisational commitment

Workplace health promotion has been found to be associated with improvements in work satisfaction (Friczewski, 1994; Wellendorf et al., 2001), self-efficacy (Wellendorf et al., 2001) and stress indicators (Noblet & LaMontagne, 2006), including both medical parameters and psychological and physical wellbeing (Friczewski, 1994). It has previously been theorised that high levels of job dissatisfaction lead to employee withdrawal from work, and in turn, voluntary worker turnover. This section seeks to examine the evidence related to WHP measures and their impact on employee job satisfaction, and how this is associated with turnover or workers' intention to quit.

Job satisfaction refers to an employee's general attitude to his/her job, and it affects both their professional and private life. Job satisfaction, or dissatisfaction, has been linked with numerous health consequences for the individual, and affects the employees' desired behaviours in the work environment. The effects of increased job satisfaction may include:

- Increased productivity
- Reduced sickness absence
- Reduced employee turnover
- Increased motivation of employees to perform at work
- Improved relations between managers and employees.

The relationship between job satisfaction and mental wellbeing has been reported in the literature (Neerpal & Rastogi, 2008). A systematic review and meta-analysis of 485 studies was conducted by Faragher et al. (2005) with the aim of evaluating the research evidence linking self-reported measures of job satisfaction with measures of worker physical and mental wellbeing. The review found job satisfaction to be most strongly associated with psychological problems, with a modest relationship observed between job satisfaction and physical illness. The strongest relationships were found for burnout, self-esteem, depression and anxiety. The relationships found in that study suggest that the levels of job satisfaction in workers are an important factor in influencing their health.

In a study on teachers in Hong Kong, individuals who were dissatisfied with their work complained more often not only about anxiety and depressive states, but also about health problems (Chung-Lim & Wing-Tung, 2006). British scientists have drawn similar conclusions. In a study involving over 1,000 employees, they found a negative correlation between job satisfaction and depression and stress. It was also found that increased job satisfaction contributed to an improvement in the employees' general health (Wilson et al., 2004). Employees with a healthy lifestyle were more satisfied with their

job than employees who did not take care of their health. They also more often maintained the good habits developed through health-promoting programmes. A study conducted by the University of Michigan on the effects of a wellness programme on 243 employees showed that healthier employees had a better attitude to work and that their job satisfaction increased with the possibility of having access to the benefits of the programme and also with perceptions of fairness (the employees who felt that the programme was not conducted in an identical manner for all reported lower levels of job satisfaction; Kossek et al., 2001). An improvement in job satisfaction has been observed even in employees who use wellness benefits offered to them only occasionally (as compared with employees of companies not conducting WHP programmes; Maritz Research, 2008).

Bond (2004) acknowledged that if a WHP programme is balanced between organisational interventions and those directed at the individual, both the individuals and the organisation benefit. Bond demonstrated that WHP programmes can reduce sick leave, improve job performance and increase organisational commitment.

In conclusion, a vast number of scientific studies have observed a link between job satisfaction levels and worker health and wellbeing. Improving the health and wellbeing of workers through WHP programmes may enhance their levels of job satisfaction and organisational commitment.

3.1.5. Decreased intention to quit and turnover

One benefit of investment in well-structured health promotion programmes involving the whole workforce is a reduction in staff turnover and an improvement in the recruitment of new workers due to the wellness benefits on offer. They may also be associated with an improvement in staff morale, which can also have an indirect impact on the rate of turnover. A study conducted by Shields and Ward (2001) found that British nurses who reported overall dissatisfaction with their jobs had a 65% higher level of intending to quit than those who reported being satisfied with their jobs and their work.

Lambert et al. (2001) found job satisfaction to be a highly salient antecedent of intention to quit; it was found to mediate the relationship between the work environment and turnover intent. This study also found that job satisfaction was significantly influenced and shaped by elements of the work environment (namely, role conflict, task variety, financial rewards, relations with co-workers and autonomy/participation) as compared with demographic characteristics (e.g., age, gender, educational level and occupational tenure).

Firth et al. (2003) conducted a study aiming to investigate the factors predicting intention to leave a job among workers in the retail sector. Job stressors were observed to have an impact on intention to quit through perceived support from supervisors, job engagement factors (including job satisfaction and job commitment), and feelings of job stress. Both sense of commitment to the organisation and job satisfaction were found to have a significant impact on reducing an employee's intention to quit. The study found reported levels of job satisfaction to be explained by high levels of supervisory support, low levels of job stressors and low feelings of stress; reported levels of organisational commitment were explained by self-esteem, supervisory support and job satisfaction. The available evidence suggests that job satisfaction and intention to quit are inter-related constructs underpinned and influenced by psychosocial factors in the working environment. Therefore, promoting the health and wellbeing of workers within a supportive work environment through workplace health promotion may have a real impact on decreasing employee intention to quit and, perhaps, in turn reduce turnover.

A study by Van den Heuvel et al. (2005) examined the literature on the effects of a physically active lifestyle on organisational outcomes. The study found that a physically active lifestyle can have a positive impact on work-related factors such as employee turnover and work satisfaction.

In conclusion, there is evidence to suggest that investing in WHP strategies that aim to promote employee engagement and wellbeing may result in decreased levels of staff turnover and intention to quit.

3.1.6. Improved morale and employee loyalty

Workplace health promotion measures have been linked to improved employee morale and loyalty. Employee morale refers to feelings related to the job performed, and is defined by the extent to which the employee feels satisfied with their given position and the work environment (McKnight et al., 2001; Behm, 2009). This satisfaction is the foundation of an effective and supportive workplace, and a key factor in determining the organisation's success (Meagher, 2010). Employee morale consists of intrinsic motivation, type of job, job satisfaction, work meaningfulness, work commitment and work pride (Behm, 2009).

The support of the managerial staff has a potent effect on employee wellbeing, and therefore on morale. One of the most effective methods of signalling to employees that the employer cares about them is providing 'wellness' type programmes (Meagher, 2010). According to the most recent studies conducted by the organisations OptumHealth and GFK Roper Public Affairs and Corporate Communications (Karkula, 2011), following the implementation of worksite wellness programmes 73% of company employees reported improvements in the degree to which they felt that their employers cared about their health, wellbeing and welfare. Additionally, as many as 87% of the respondents felt that it was the employer who should encourage employees to lead a healthy lifestyle (Karkula, 2011).

However, it is not only such holistic programmes that contribute to improved morale. According to a report of the Canadian Fitness and Lifestyle Research Institute developed on the basis of pan-national studies in 2003 (and repeated in 2007–2008), as many as 95% of organisations offering a physical activity programme to their employees noted an improvement in morale. As for job satisfaction among employees, 86% of the companies noticed an improvement. The study covered companies employing

50 people or more (Canadian Fitness and Lifestyle Research Institute, 2005).



Employee loyalty consists of the following: employee's identification with the company; feeling responsible for the company's image and for the targets set by it; taking actions to strengthen the market position of the company; behaving honestly with respect to both co-workers and the employer; and a conviction that working in their company is the best professional choice and thus deciding to stay in the organisation (Warsaw School of Economics, 2004; Loyalty Research Center, 2009).

According to the MetLife survey (2011), a properly constructed package of additional benefits for employees (including health benefits) allows them to build and maintain their loyalty, increases their commitment to the work performed, and encourages them to stay with the organisation. This is supported by data: 71% of employees declaring satisfaction with the programme of benefits offered by their company also gave assurances about their loyalty towards the company. Moreover, for 60% of the respondents, such benefits constituted an important reason to stay with the company, and for as many as 49% of the respondents the benefits had been an incentive for taking up a job in the given company (MetLife, 2011). In the report of OptumHealth and GFK Roper Public Affairs and Corporate Communications, it is emphasised that wellness-type measures were found to be of immense importance to employees (for 82% of employees they were an incentive for staying with the company; Karkula, 2011).

In conclusion, WHP initiatives have been linked to improved employee morale and loyalty. Employees' level of satisfaction with their work and working environment is the foundation of an effective and supportive workplace, and is a key factor in determining and enhancing a company's success.

3.1.7. Enhanced organisational culture and employee retention

The implementation of safety procedures and health initiatives at work are ways in which an employer demonstrates that they care about the wellbeing of their employees, and can lead to both an enhanced organisational culture and an improvement in staff retention (CBI, 2010). A survey of attitudes and opinions of employees in the United Kingdom workforce indicated that over half of workers expect their employers to invest in health and wellbeing; despite this, only 16% said that their company had invested money in the health and wellbeing of all staff. It was found that more large companies invest in workplace health initiatives than do small and medium-sized companies (24% compared to 9% respectively). The same survey of workers found that only 15% of employees currently felt that their company had the health and wellbeing of its employees firmly embedded in its culture, and 40% did not think that their company actively promoted a healthy lifestyle (Bupa, 2010).

In conclusion, workplace health initiatives should be central to a company's culture, and when aligned with business objectives are likely to lead to the development of a healthy and resilient workforce. This, in turn, is likely to have a direct impact on productivity and production. Therefore, investing in the health and wellbeing of workers through WHP initiatives can lead to both an enhanced organisational culture and improved employee retention.

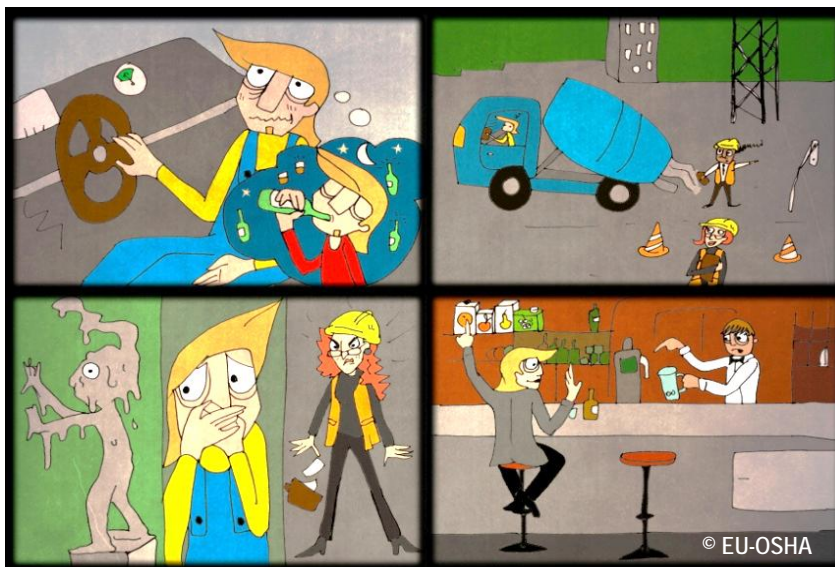
3.1.8. Reduced costs of accidents and occupational risks

There is a growing awareness and evidence base indicating that poor employee health is linked with an increased likelihood of industrial accidents and injuries (Dejoy & Southern, 1993; Schulte et al., 2007; Sorensen & Barbeau, 2004). A study conducted by Swaen et al. (2004) found several work-related stressors to be key risk factors for being injured in an occupational accident: these factors include high psychological job demands, high emotional demands, and conflicts with the supervisor and/or colleagues.

Shearn (2003) listed direct costs to employers related to employee health, which include accident and insurance premiums. Consistent with this is a small and growing movement to integrate occupational safety initiatives with worksite health promotion (Dejoy & Southern, 1993; Goetzel, 2005; Schulte et al., 2007; Sorensen & Barbeau, 2004). Employers are obliged to take measures to prevent occupational safety and health (OSH) risks, as stated in EU and national legislation. However, they should be stimulated to take this to the next level by investing in initiatives to promote health among

their employees, not only at work but also at home. Both types of initiative: mandatory OSH initiatives and voluntary WHP initiatives can be perfectly integrated.

From an examination of studies concerning the link between alcohol and/or drug abuse and the prevalence of occupational accidents, it would appear to be important to integrate these two factors into health promotion strategies as well, because they might have an important impact.



One study (Wells & MacDonald, 1999) examined the relationship between alcohol consumption patterns and car, work, sports and home accidents for different age groups. The results showed a significant relationship between alcohol consumption and the increased likelihood of car, work and sports accidents for the youngest age groups but not for the older age groups. The authors suggest that factors related to age (such as risk-taking behaviour and alcohol tolerance) might partly explain the difference in findings. Another study (Kaestner & Grossman, 1998) on the effect of drug use on workplace accidents showed different outcomes for men and women. For young adult men, there was some evidence that drug use was significantly and positively related to workplace accidents, but no systemic relationship between drug use and workplace accidents was found for young adult women. The authors explain this finding by suggesting that women work more in less hazardous occupations and have relatively low levels of drug use, so are therefore less likely to be impaired by such use. A north-eastern French study (Khlal et al., 2008) examined the roles of lifestyle factors and disabilities in occupational accidents. Surprisingly, no relationship was found between excessive alcohol consumption and occupational accidents. However, the study did find that regular use of psychotropic drugs was associated with occupational accidents for both men and women. These few studies already show some differences in findings. As it is well known that alcohol and drugs affect an individual's mental and physical state, organisations should not forget to address these lifestyle issues in workplace health promotion initiatives.

In conclusion, there is some evidence of a relationship between poor employee wellbeing and increased risk of accidents and injuries. A growing body of research indicates that the effects of psychosocial risk factors and lifestyle factors such as drug and alcohol (ab)use might influence the prevalence of occupational accidents. As occupational accidents have costs for employers, it is important for them to address factors that might lead to a decrease in their prevalence. Lifestyle factors and psychosocial risk factors can be addressed through WHP initiatives.

3.1.9. Cost-effectiveness: return on investment in WHP programmes

Workplace health promotion and disease prevention are health- and cost-effective (Pelletier, 2005; Pelletier, 2009). Most workplace health promotion initiatives show a positive return on investment, with the costs of their implementation being less than the expected savings (Sochert, 1998). Comprehensive WHP initiatives have been shown to result in a return on investment of US\$3.40 (Golaszewski et al., 1992) or US\$3 to \$6 for each dollar invested by the employer (Koffmann et al., 2005). Similar results have been found by other researchers, with cost–benefit ratios of 1:2.3 to 1:5.9 regarding medical costs (Kreis & Bödeker, 2003), a ratio of 1:3.4 (Aldana, 2001), 1:2.3 (Schultz et al., 2002) and 1:2.1 regarding sickness disability absence rates, with lower disability costs outweighing the costs of the programme by the end of the first year (Bertera, 1990) and a return on investment of up to 1:8.8 (Pelletier, 1999). Overall, the results of implementing WHP initiatives are quite similar, and evidence can be found for a reduction to the employer of medical costs and costs related to absenteeism, despite the methodological shortcomings of most of the research studies (Chapman, 2005). Interestingly, however, more than two-thirds of the research studies only examined one economic variable (such as medical costs; Chapman, 2005). This may have resulted in an underestimation of the total economic impact and return on investment by WHP measures. By taking into account the costs of health plans, sick leave and workers' compensation, as well as the costs of disability management and of workers working while suffering from ill-health, a more realistic assessment could be achieved.

The evidence indicates that employers who invest in appropriate workplace health initiatives to support the health and wellbeing of their employees have the potential to see a significant return on their investment (Bupa, 2010). For example, McDaid and colleagues conducted an economic assessment of a workplace health promotion and wellbeing programme in a white-collar enterprise with 500 employees (McDaid et al., 2011). The initial cost of the programme was £40,000. In year one of the intervention, the initial costs of the programme were outweighed by gains arising from enhanced presenteeism (that is, an improvement in the health of staff working while unwell) and reduced absenteeism, resulting in an estimated savings of £347,722 (see Table 2). From a business perspective, this represents a substantial return on the company's investment, with approximately a 1 to 9 costs–savings ratio for the organisation (Knapp et al., 2011).

Table 2: Total net costs/ pay-offs in year one from a business perspective for a company with 500 employees (2009 prices)

Cause	(£)
Intervention cost	40,000
Absenteeism (productivity losses)	-110,527
Presenteeism (productivity losses)	-277,195
<i>Total</i>	<i>-347,722</i>

Source: Knapp et al., 2011

Workplace health promotion interventions can be regarded as cost-effective, and comprehensive health promotion programmes in particular provide a good return on investment (Bertera, 1990). Multi-component interventions (e.g., those consisting of screenings for individual health risk determination, health education and counselling, as well as company-wide actions) seem to be more effective than single-component ones (e.g., those consisting only of health education and screenings for individual risk determination; Moher et al., 2005). In particular, WHP initiatives aimed at employees with high health risks generate a good return on investment, since higher costs, both direct and indirect, can be attributed to such employees (Pelletier, 2005; Pelletier, 2009).

In conclusion, a growing body of evidence indicates that many workplace health promotion initiatives can have real and significant cost savings for organisations. In particular, programmes that are multi-component and that target populations of workers with high health risks can demonstrate a return on investment for employers.

3.2. External motivating factors

3.2.1. Improved customer loyalty

Customer loyalty is hugely important to businesses, as it has the potential to increase a company's market share. The attitudes and commitment of a company's employees can influence customer loyalty. Employees who are not committed to their work may be unwilling to cooperate with customers, which may have a negative impact on customer satisfaction and loyalty (Koziol, 2009; Emmerson, 2007). One review found that as much as 40–80% of customers' levels of satisfaction and loyalty were determined by their relations with the employees, depending on economic sector (Bulgarella, 2005). WHP measures and programmes have been shown to help improve employee job satisfaction and commitment to the organisation (as discussed in section 5.1.4.).

In conclusion, WHP may have the indirect benefit to the company of improving service to customers and, in turn, customer loyalty.

3.2.2. Improved corporate image and chances to realise company strategy

Companies providing workplace health promotion for their employees are viewed as attractive and responsible employers. Employers and businesses are valuable parts of the community, and working with the community to promote employee health and wellbeing, either by building community spirit or by providing access to health promotion activities for employees and their families, can enhance corporate image. An additional benefit of enhanced corporate image is increased visibility to potential future employees, who may view the company as a desirable place to work because of its visible commitment to and investment in its employees and their families and to the community at large. This may play an important role in recruiting and retaining talented employees (Kirsten, 2006; Conrad, 1988; Daley & Parfitt, 1996; Kuhn et al., 2001; Neck & Cooper, 2000). In conclusion, WHP may play an important role in enhancing corporate image; and, in turn, be a significant advantage in recruiting and retaining talented employees.

3.2.3. Support programmes by local or national government

Government policy and initiatives can be an important method by which to motivate employers to implement WHP programmes. With the support of national or local government, WHP programmes can better align the interests of government and employers, as well as improve the health conditions of the working population as a whole. In the United Kingdom, for example, public policymakers believe that the essential element for improving workplace health is the quality of work. Therefore, since 2002, five government partners (the Department for Work and Pensions, the Department of Health, the Health and Safety Executive [HSE], the Scottish government and the Welsh Assembly government) have joined together and published various policies and standards to encourage workplace health. These include 'Guidance on the promotion of environments that promote increased physical activity' by the National Institute for Health and Clinical Excellence (NICE, 2008) and publication of the 'HSE Management Standards' by the Health and Safety Executive (Mackay et al., 2004).

The following are some examples of national European case studies of national or local government policy and initiatives to encourage or support employers to implement workplace health promotion programmes.

■ Germany

Dealing with the complex demands and strains at work, as well as promoting safety and health at work, require cooperation and concerted action. Therefore, German accident and health insurance institutions are asked to cooperate with the German Social Insurance Code in order to prevent occupational safety and health risks in enterprises and schools. The so-called 'Initiative Gesundheit und Arbeit' (IGA; Health and Work Initiative) was established by the BKK Bundesverband (German Federal Association of the BKK Health Insurance Fund) and the German Social Accident Insurance in 2002. In 2005, the AOK-Bundesverband (German Federal Association of the AOK Health Insurance Fund) joined the initiative, and in 2007 the Verband der Ersatzkassen (Association of the Ersatzkassen health insurance funds) also participated actively in the IGA.

These associations cooperate to keep employees safe and healthy, and to keep enterprises competitive. Thus, they aim to improve workers' health and safety by fostering occupational safety and health practices as well as workplace health promotion measures. Furthermore, they aim to maintain the employability of employees. Therefore, the IGA has developed effective occupational safety and health measures, and adapted them with regard to the needs of the current working world. The initiative has tried to understand the relevant backgrounds and trends, and to promote exchange between experienced experts from science, associations and the various branches of the German social insurance system.

Thus the partners are organised into a consortium and bring in their different perspectives and ways of working. In particular, three issues are being examined by the IGA: 'How do we have to organise work in order to keep employees safe and healthy?'; 'How can prevention activities become more effective?'; and 'How can companies be made aware of prevention and workplace health promotion?'. The cooperation is established for the long term, and the consortium works on 15 to 25 projects per year. However, it is not only the associations and their institutions, the health insurance companies, and the German social accident insurance institutions that benefit from the IGA. These measures also improve the health and safety of employees and strengthen their resources and competencies. The fall in rates of absenteeism and rise in productivity that result from the increase in motivated employees also benefit employers (Barthelmes et al., 2010).

In addition, the 2009 German Tax Act (Jahressteuergesetz 2009) grants employers a tax exemption of €500 and an exemption of social security contributions for activities undertaken by the employer to improve the employees' general health (Eurofound, 2010).

■ Austria

In 1988, the Austrian Ministry of Health established the so-called Forum Gesundes Österreich (Healthy Austria Forum), which was renamed the Fonds Gesundes Österreich (FGÖ; Healthy Austria Fund) in 1998. The FGÖ is based on the idea of comprehensive health; that is, physical, mental and social wellbeing (FGÖ, 2005a). The FGÖ has always served as a nationwide information and coordination platform, contact and promotion body, as well as a documentation centre for workplace

health promotion and prevention (FGÖ, 2005b). It is one of the three divisions of Gesundheit Österreich GmbH (GÖG; Health Austria GmbH), which was established in 2006 by federal law as a national research and planning institute for public health, as well as a centre of excellence and funding body for workplace health promotion (FGÖ, 2007). The FGÖ supports practical and scientific projects, and training and networking in the field of workplace health promotion. Generally, it aims to increase public awareness with regard to workplace health promotion and risk prevention by providing information, education and publicity. It has an annual budget of €7.25 million from public funds (FGÖ, 2005b) and currently deals with issues such as physical exercise, nutrition, mental health, children and adolescents, and people at work (FGÖ, 2005c). Generally, the FGÖ tries to motivate people to adopt a healthy lifestyle. In order to achieve this goal, it also aims to provide an adequate environment for employers and employees. Correspondingly, prevention and management measures aimed at both the individual and the workplace level are essential components of workplace health promotion (FGÖ, 2005d).

■ Poland

In Poland, institutions operating at various organisational levels have been made responsible for workplace health promotion. At the national level, the document defining priority tasks in the area of health promotion is the National Health Programme (Narodowy Program Zdrowia, NPZ) for 2006–2015 (Polish Ministry of Health, 2011). The main objective of the programme is ‘the improvement of health and related quality of life of the population and reducing inequalities in health’. This main objective, among others, is to be achieved through creating a health-promoting environment for life, work and study.

The organisations that deal with implementing WHP tasks in Poland include, among others, the National Institute of Public Health (Narodowy Instytut Zdrowia Publicznego, NIZP), Prof. J. Nofer Institute of Occupational Medicine (Instytut Medycyny Pracy im. prof. J. Nofera, IMP) in Łódź and the Central Institute for Labour Protection – National Research Institute (Centralny Instytut Ochrony Pracy – Państwowy Instytut Badawczy, CIOP-PIB) in Warsaw.

Another means of motivating employers to take up workplace health promotion initiatives may be financial support granted from European Fund Services (EFS) funds for the implementation of one of the specific objectives of Priority II of POKL (Polish abbreviation of the Human Capital Operational Programme) 2007–2013. This objective concerns the health improvement of workers as well as the development and implementation of preventive programmes and programmes supporting return to work (Polish Ministry of Health, 2007).

One of the more popular and effective tools in motivating employers to use health promotion measures at the workplace is social campaigns. During such campaigns, their organisers often promote and award companies taking measures to improve the working conditions and health of their employees. For many companies, it is an opportunity to increase their attractiveness and improve their market position. An example of such a campaign organised in Poland is the Polish Social Campaign ‘In care of health’, which was organised in 2008 by the Polish Human Resources Management Association (Polskie Stowarzyszenie Zarządzania Kadrami, PSZK), in cooperation with the Enel-Med Medical Centre (Polish Human Resources Management Association, 2008).

■ Czech Republic

Among the methods used in the Czech Republic to motivate employers to introduce WHP programmes are the actions of the National Institute of Public Health.³ Since 2005, this institute has organised, under the patronage of the Ministry of Health, a competition for the title of ‘Health Promoting Enterprise’. So far, 44 enterprises have won this title. The motivation of employers to adopt health promotion in the workplace typically came from the recognition of the importance of healthy workers to corporate success. The health promotion programme in the workplace was also one of the available methods of integrating the workforce, particularly in companies that had undergone considerable restructuring. One of the motivating factors for a winner of the 2010 competition to implement the programme, from the perspective of the employer, was to improve the overall health of

³ <http://www.szu.cz/>

workers and, in turn, improve production by avoiding delays in production and increasing the quality of products. As a result of the programme, employees' job satisfaction increased, the number of individuals – especially women – working on the night shift decreased, and overall the employees were more convinced about the meaningfulness of their duties.

■ Belgium (Flanders region)

In 1991 the Flemish Government formulated a 'Decision concerning health promotion' which, among other things, provided for the creation of the Institute for Health Promotion (VIG). The Institute was responsible for the coordination of health promotion in Flanders. In 1997 the government changed the Decision, and from then on VIG was a centre of expertise. The change also included the foundation of the 'LOGOs', which are regional health networks. Since 2003, VIG and the LOGOs have also included sickness prevention in their activities. In 2009 VIG became VIGeZ (Vlaams Instituut voor Gezondheidspromotie en Ziektepreventie; Institute for Health Promotion and Disease Prevention), and now includes not only workplace health promotion but also disease prevention. The main activity of VIGeZ⁴ and the LOGOs is to promote healthy lifestyles and a healthy environment in Flanders. They are active in various settings, such as the workplace.

■ France

In France, the ANACT⁵ Network (Agence Nationale pour l'Amélioration des Conditions de Travail; National Agency for the Improvement of Working Conditions) consists of ANACT – under the guardianship of the Ministry of Labour – and 26 regional associations (ARACT). The regional associations are financed by both the state and the regions. They have a mission to encourage companies to put work on the same level as other economic components such as products, markets and technologies. The network fosters the participation of all corporate stakeholders (managers, executives, employees) in the development of projects. Its aim is to help businesses to devise, promote and implement public incentive policies, tools and innovative methods. The network is active in six domains, among which workplace health promotion is a key area. Themes such as musculoskeletal disorders and psychosocial aspects of work are part of this domain. The National Contact Office for France in the European Network for Workplace Health Promotion also takes an active part in the campaigns, and in the development of knowledge and materials that can be used by European companies in their workplace health promotion activities.

■ The United Kingdom

In Northern Ireland, a pilot healthy workplace initiative 'Work Well', funded by Northern Ireland's Department of Health, Social Services and Public Safety (DHSSPS) and the Health and Safety Executive for Northern Ireland (HSENI), was launched in 2004. The initiative developed healthy workplace programmes with 20 small businesses (of 10–50 employees), and helped them assess their organisational and employee health needs, write a health action plan and implement it over a one-year period. A guidance document was then developed specially for use by small organisations. Criteria and evaluation methods were also developed to help organisations to focus easily on good practices regarding workplace health, and to target specific improvements that were attainable with the resources available (both financial and human). The outcome of the project was found to be very positive. Employers reported that 'the project has forced us to sit down and examine our practices. It has concentrated the mind.' The participating organisations reported that the motivation of employees had improved and they had an increased awareness of health issues. The organisations developed or improved a variety of policies relating to health or human resources, and the majority of the employees felt that with regard to their health their lifestyle had changed for the better (Health Promotion Agency for Northern Ireland, 2006).

In conclusion, there are number of European examples that demonstrate the effectiveness of support programmes by national and local government as a useful approach to encouraging employers to carry out and, moreover, invest in workplace health promotion programmes. Support through local and

⁴ www.vigez.be

⁵ www.anact.fr

government initiatives may be especially important for small and medium-sized enterprises, which have limited resources and expertise in designing and implementing such types of programme.

3.2.4. Support programmes by insurance companies, and other external incentives



Insurance companies also play an important part in motivating organisations to implement WHP programmes. For example, in Sweden a three-year collaborative project named 'Harmonia' was carried out in the spring of 1995. This project involved Sweden's social insurance offices, social services and primary care. The project was aimed at all women in the municipality of Partille, and was set up to improve women's working conditions and work-life balance in order to improve their health. The overall goals were to inspire staff in workplaces and in the municipalities to initiate projects

concerned with women's health and to contribute to establishing a women's perspective in public health work. The project was a great success (Thomsson & Menckel, 1997).

In Germany, the health and accident insurance institutions the Federal Association of Company Health Insurance Funds (BKK Bundesverband), the Federal Association of Local Health Insurance Funds (AOK Bundesverband), the Association of Substitute Health Funds (Verband der Ersatzkassen; vdek) and the German Statutory Accident Insurance (Deutsche Gesetzliche Unfallversicherung; DGUV) collaborated on a project called 'The Initiative for Health and Work' (Gesundheit und Arbeit; IGA) that aimed to promote health and prevent work-related health risks (Sockoll et al., 2008).

In conclusion, there have been a number of European examples of how support programmes by insurance companies, and/ or other forms of external incentive, can be useful in encouraging employers to implement and invest in the promotion of workplace health.

4. Barriers and challenges

4.1. Factors preventing employers from starting WHP initiatives

The following section aims to highlight and discuss some of the key barriers and challenges often encountered by employers and organisations in relation to implementing WHP programmes. These can include:

- The lack of an occupational safety and health infrastructure and a negative perception of the requirements of occupational health strategies can be regarded as barriers to initiating WHP in companies.
- A lack of fundamental skills and qualifications within the company may hinder the implementation of WHP interventions.
- Inadequate cooperation, bureaucratic requirements, and the perceived need for major financial investments accompanying WHP initiatives may also make implementation difficult (Karadzinska-Bislimovska et al., 2009).

Generally, the lack of obvious benefits, as perceived by the employer, can be regarded as the most common obstacle to their starting WHP. Reasons for resistance to workplace health promotion often

include the perceived lack of benefits for the company, WHP being too time-consuming, and it not being the employers' responsibility (Fine et al., 2004).

A possible problem for WHP programmes can be that only a limited and unrepresentative group of workers will be reached. Workplace health promotion programmes are found mainly in large, profitable, white-collar workplaces, with small and medium-sized enterprises (accounting for about two-thirds of the total workforce) rarely participating, even though they may have higher rates of injury and ill health (Polanyi et al., 2000).

In conclusion, factors that may prevent the initiation of workplace health promotion include: a lack of occupational safety and health infrastructure; a negative perception of occupational health requirements; a lack of relevant skills and qualifications; inadequate cooperation between key stakeholders in the process; bureaucratic requirements; the perceived need for major financial investment in a programme; and the misperception by employers and organisations that WHP has limited or no benefits for the company, is too time-consuming, and is not their responsibility. Additionally, a key challenge is that WHP programmes are most often implemented in large, profitable, white-collar organisations; only a limited number of smaller organisations implement programmes.

4.2. Sustainability of WHP actions

Generally, managers of WHP programmes should not only focus on individual measures, but also be able to shift their attention to adapting the work environment and work organisation; both prevention and management measures aimed at both individual and organisational level are essential components of workplace health promotion (Eakin et al., 2001). Additionally, in order to increase the positive effects and the sustainability of WHP programmes, employers should take into consideration the employees' aims and expectations (Nöhammer et al., 2009).

Generally, it is a problem that the effectiveness of workplace health promotion programmes is seldom evaluated, and when it is, many of the results are not published (Harden et al., 1999). Although there is a surprising amount of congruence with regard to the results of evaluation of WHP programmes, there is a lack of standardisation in the evaluation methodology (Chapman, 2005) and few scientific studies have systematically evaluated WHP measures (Aust & Ducki, 2004). Common shortcomings in studies include inadequate randomisation procedures, failure to blind participants and researchers, low compliance rates, lack of control of potential confounders, and too short intervention and follow-up periods. There is a need for evaluation studies, process evaluations and cost–benefit analyses of high methodical quality to be conducted and documented, with potential confounders being adjusted and documented. The influence of moderating contextual factors should be identified, clarified and documented, and strategies for increasing participation and compliance rates among employees need to be developed, evaluated and documented (Sockoll et al., 2008). Aust and Ducki (2004) similarly conclude that since reliable proof still has not been provided, there is a clear need for more and better studies that use a randomised control group design.

The lack of obvious benefits as perceived by the employer can be regarded as the most common obstacle, not only to starting WHP, but also for its sustainability (Fine et al., 2004). Therefore, it is of utmost importance to conduct an economic return analysis (Serxner et al., 2006). When assessing WHP, it is important to use accepted and standardised control methods (e.g. the Balanced Scorecard approach⁶), in order to demonstrate and report on how WHP can contribute to the success of the company (Köper et al., 2009).

⁶ <http://www.balancedscorecard.org/BSCResources/AbouttheBalancedScorecard/tabid/55/Default.aspx>

5. Big organisations and WHP

Compared with small and medium-sized enterprises, larger organisations have higher absence rates. Furthermore, the cost of absence per employee tends to increase with the size of the workforce. Thus, regarding absence larger organisations suffer from the highest costs per worker (CBI, 2010). Compared with organisations employing more than 250 staff, employees in companies with fewer than six employees take on average 1.3 fewer days of sick leave per year (Leoni & Mahringer, 2008). Nevertheless, small and medium-sized enterprises are more dependent on the employees' attendance at work than larger enterprises (Kuhn et al., 2001).

One of the crucial determinants for the success of WHP is commitment of the management. In large organisations there tends to be a relatively large number of managers or decision-makers. It is challenging to make sure that all managers are committed to developing a WHP programme. In addition, developing and implementing a programme in a large organisation may be a long process; it normally takes 6–18 months and can sometimes take years (O'Donnell, 2002). That demands even greater commitment from the management.

In conclusion, due to the large number of employees and the diverse nature of larger organisations, they may present associated challenges in designing and implementing WHP programmes that meet the needs of the entire workforce. In addition, the large number of employees in larger organisations also raises the challenge of obtaining strong support among all levels of employees, which is critical to the success of WHP programmes.

6. Small and medium-sized enterprises and WHP

Small and medium-sized workplaces have been widely identified as a particular challenge for health promotion and occupational health practitioners (Eakin et al., 2001). However, despite this, small businesses constitute an exciting yet challenging target of opportunity for WHP (Stokols et al., 2001).

It has been observed that the size of an enterprise influences the implementation of WHP, with smaller enterprises being less likely to implement WHP actions. In a German representative study conducted by the Institut für Arbeitsmarkt- und Berufsforschung (Institute for employment research, IAB), it was observed that only 20% of all organisations surveyed reported carrying out and supporting actions aimed at protecting and promoting the health of workers beyond the legal provisions. However, this percentage varied considerably depending on the company size and the sector. For example, 90% of the companies employing more than 1,000 people offered WHP actions (Stokols et al., 2001). A survey of business in the US found that worksites with 750 or more employees were nine times as likely to offer cancer screening programmes than companies with fewer than 100 workers, and about three times as likely to provide blood pressure control, physical fitness and weight management programmes (US Department of Health and Human Services; USDHHS, 1993). A similar finding was observed by the Association for Worksite Health Promotion (AWHP et al., 1999). A survey of Scottish workplaces found that small and medium-sized workplaces tended to have the lowest levels of health promotion activity (Docherty et al., 1999).

The results from the Small Business Wellness Survey conducted by the University of California Health Promotion Center (Stokols et al., 2001) echoed the results of previous studies; namely, the association between company size and the availability of WHP programmes. This study also revealed that markedly lower levels of WHP programmes, activities, policies and benefits were available within micro-firms (2-14 employees), as compared to companies with either 15-99 or 100-500 workers.

In general, smaller workplaces have been observed to be associated with higher levels of risk factors and hazardous working conditions (Nichols et al., 1995), a higher incidence of injury (Stevens, 1999) and of health-related problems (such as hypertension and smoking; Weisberg et al., 1999). A number of factors have been outlined that provide some key challenges and obstacles in relation to carrying out WHP in small companies (Stokols et al., 2001). These include:

- Limited time – WHP is often a low priority for management, as productivity and costs take precedence

- Companies are overstrained by safety and health regulations/ legislation
- Poor financial support – lower profit margins limit the potential funding for WHP
- Downsizing and shifts towards a part-time, temporary, or ‘contingency’ workforce
- Employee turnover and short life span of companies
- Lack of formal departments or in-house experts responsible for WHP
- Companies are constrained by the group size requirement of many health plan-sponsored WHP programmes
- The diversity and geographical dispersion of physical work settings.

In general, smaller enterprises have fewer internal resources for offering health promotion programmes and for preventing work-related harm (Eakin, 1992), and have less access to professional assistance (Champoux & Brun, 1999). They often have significant difficulty in managing occupational health and safety. This may be due to the following factors: (a) small firms are more fragile financially, which makes investment in the health and safety of the workers less attractive because the financial benefits of risk prevention and health promotion are not evident in the short term (Antonsson, 1997); (b) SME owner-managers tend to be personally responsible for nearly all management functions in their firms, and may have limited or no training in many of these areas (Lamm, 1997); (c) furthermore, as noted by some authors, SME owner-managers may have a distorted perception of their firms’ problems and wrongly believe that the status quo is acceptable (Antonsson, 1997; Eakin et al., 2001).

Eakin et al. (2001) conducted a qualitative study to examine the barriers and facilitators to implementing a free-of-charge workplace health promotion programme (‘Stress on the Job’ programme) in small enterprises (that is, business with between 25 and 99 employees). The authors found that many firms were reluctant to implement the programme for a number of reasons, including lack of time and a fear that the interventions would ‘open a can of worms’. Cost was not a barrier, because the programme was offered free of charge. Where the programme was implemented, a number of obstacles were observed during the process by those conducting it. For instance, employers were reluctant to go beyond individual education, stress-management programme components and were less interested in implementing prevention-orientated solutions as they believed they would lead to complex, time-consuming organisational solutions or might ‘stir up trouble’ among employees.

In view of their unique social, organisational and environment characteristics, smaller enterprises provide a highly advantageous context for promoting employee health (AWHP et al., 1999). Although the impression can be gained that SMEs are not able to offer workplace health promotion, these companies often show the most creative and innovative workplace health promotion interventions (Kirsten, 2006). Stokols et al. (2001) outlined a number of advantages that small businesses have in relation to workplace health promotion:

- Visible, accessible, and approachable top management
- Fewer people to accommodate
- Fewer administrative costs
- Less time and money required for communicating with employees about health and safety issues
- Easier to integrate and link health promotion objectives with business outcomes
- Interdependency among employees
- Supportive environment conducive to group participation
- Higher rates of employee participation
- Employee health improvements are more visible
- Simpler, less expensive data gathering for programme evaluation
- Large and locally accessible marketplace towards which community health agencies and organisations can direct free and low-cost services.

Part of the above studies comes from the US where small businesses are defined differently than in the EU. Therefore, transferability of some findings may be questionable.

In conclusion, the size of an enterprise can influence its implementation of WHP, with smaller enterprises being less likely to implement actions in relation to WHP. In general, small workplaces –

particularly micro firms – are widely acknowledged as a particular challenge for health promotion and for occupational health practitioners, due to a number of unique challenges and obstacles faced by such enterprises. However, smaller enterprises provide a highly advantageous context for the promotion of employee health in view of their unique social, organisational and environmental characteristics, which can be capitalised on in order to carry out successful WHP programmes.

7. WHP in the public vs. private sector

Numerous studies have been conducted in relation to the adoption of WHP in organisations in the public versus the private sector. It should be considered of key importance to differentiate the approach depending on the sector, as a policy suitable for a public organisation may not prove to be appropriate for a private enterprise. Differing needs of the two sectors are evident in an example of research into public, private and voluntary sectors in Britain (Coffey & Dugdill, 2006). This study showed that although the prioritising of health promoting activities were similar in these three sectors, the frequency of actually taking them up was different. The data indicated that fewer private companies introduced measures related to ill-health and sickness absenteeism (54% of private companies did so, compared with 86% of companies in the public sector and 64% in the voluntary sector), cigarette smoking (66% compared with 78% in the voluntary sector and 96% in the public sector), violence (12% compared with 39% in the voluntary sector and 54% in the public sector) and stress (8% compared with 17% in the voluntary sector and 50% in the public sector). These results were similar to the Scottish results of 1999 (Docherty et al., 1999).

In conclusion, there is a growing number of studies that highlight the differing needs and priorities of various occupational sectors, and, in turn, the varying approaches to WHP used in the private versus the public sector. It is of key importance to conduct a thorough analysis of the needs and properties in each individual occupational sector (and to each organisation there within); and to tailor health promotion policies, practices and initiatives to the identified needs and priorities.

8. Conclusions

In this review, both the scientific and ‘grey’ literature has been systematically evaluated. Based on this evaluation it is possible to draw the following conclusions about the motivation and barriers for employers to carry out workplace health promotion programmes. The motivation are classified as internal factors (those inside the organisation) and external factors (those outside the organisation).

Internal motivating factors

Improved production and productivity rates

There is evidence that workplace health promotion programmes and measures can have a real and significant impact on individual productivity rates and overall production. Therefore, employers can benefit from workplace health programmes through enhanced productivity and production. However, the use of a holistic approach is important in enhancing the positive impact of such programmes.

Decreased sick leave and absenteeism

Most absence is an indicator of genuine illness or low employee wellbeing, with clear implications for organisations in terms of



loss of production, missed deadlines, client/customer dissatisfaction, strain on colleagues providing cover, the recruiting and training of temporary cover staff, and management time for solving problems. There is a substantial and growing body of evidence for the potential role of workplace health promotion programmes and their positive impact in decreasing absenteeism and the costs associated with it.

Presenteeism

Research indicates that workers who turn up for work feeling unwell report that their levels of productivity are considerably reduced. While it is unlikely that WHP will have an impact on the health of employees with short-lived conditions, it may well benefit those whose health is sub-optimal in the long term. It is clear that impaired work efficiency has significant and real costs for employers. Workplace health promotion programmes have been demonstrated to have a positive impact on presenteeism. There is growing evidence to indicate a business case for integrating and implementing workplace health promotion programmes into daily business practice and policies.

Improved job satisfaction and organisational commitment

A vast number of scientific studies have shown a link between levels of job satisfaction in workers and their health and wellbeing. Research indicates that high levels of job dissatisfaction lead to employee withdrawal and, in turn, to voluntary turnover. Enhancing the health and wellbeing of employees through WHP programmes may result in enhanced levels of job satisfaction and organisational commitment.

Reduced staff turnover and intention to quit

One benefit of investment in well-structured health promotion programmes involving the whole workforce is a reduction in staff turnover and an improvement in the recruitment of new workers. There may also be an improvement in staff morale, which can have an indirect impact on the turnover rate. Investing in workplace health promotion may result in decreased levels of staff turnover and workers' intention to quit.

Improved morale and employee loyalty

Workplace health promotion initiatives have been linked to improved employee morale and loyalty. The satisfaction of employees with their work and working environment is the foundation of an effective and supportive workplace, and a key factor in determining and enhancing a company's success.

Enhanced organisational culture and employee retention

The implementation of measures relating to WHP can demonstrate that the employer cares about the wellbeing of their employees, and leads to an enhanced organisational culture and an improvement in staff retention. Workplace health initiatives are central to a company's culture and, aligned with business objectives, are likely to lead to the development of a healthy and resilient workforce. This, in turn, is likely to have a direct impact on productivity and production. Therefore, investing in the health and wellbeing of workers through workplace health promotion may lead to an enhanced organisational culture and employee retention.

Reduced costs of accidents and occupational risks

One of the direct costs incurred by organisations relates to accidents and insurance premiums. There is a growing awareness and evidence base indicating that poor employee health is linked to an increased likelihood of industrial accidents and injuries. Therefore, workplace initiatives and strategies to promote worker health may have an indirect beneficial impact on costs related to accidents and occupational risks.

Cost-effectiveness and return on investment for WHP programmes

There is a growing body of evidence that many health promotion initiatives and strategies implemented in the workplace can have real and significant cost savings for organisations. In particular, programmes that are multi-component and target high-risk worker populations can demonstrate a return on investment for employers.

External motivating factors

Improved customer loyalty

Customer loyalty is hugely important to businesses, as it has the potential to increase the company's market share. Preliminary research indicates that WHP and, in turn, enhanced employee wellbeing, may have the indirect benefit of improving customer service and, in turn, customer loyalty.

Improved corporate image and chance to realise company strategy

Organisations providing WHP for their employees are viewed as attractive and responsible employers. Employers and business are valuable members of the community, and working with the community to promote employee health and wellbeing, either by building community spirit or by providing access to health promotion activities for employees and their families, can enhance corporate image. An additional benefit of enhanced corporate image is the increased visibility to potential future employees.

Support programmes by national or local government

A number of case studies from across Europe have shown that support programmes by national or local government can be useful in encouraging employers to implement WHP actions. Support through local and governmental initiatives could be especially important for small and medium-sized enterprises, which may have only limited resources and expertise to design and implement such types of programmes.

Support programmes by insurance companies, and other external incentives

The use of support programmes by insurance companies, or other forms of external incentive, can be useful in encouraging employers to invest in and implement workplace health promotion activities.

Barriers and challenges

Factors preventing employers from starting WHP initiatives

The review of the literature identified a number of factors that can prevent the initiation of workplace health promotion. These include: a lack of occupational safety and health infrastructure; a negative perception of occupational health requirements and benefits; a lack of relevant skills and qualifications; inadequate cooperation between key stakeholders in the process; bureaucratic requirements; the perceived need for major financial investment in a programme; and the misperception by employers and organisations that WHP has limited or no benefits for the company, is too time-consuming, and is not their responsibility.

Sustainability of WHP actions

The lack of obvious benefits - as perceived by the employer - can be regarded as the most common obstacle not only to initiating WHP programmes but also to investing in their sustainability in the long term. Therefore, it is crucial to carry out continuous and ongoing evaluation of the implemented programme. This will help demonstrate where benefits (to the workers and the organisation) have been gained, and will also provide feedback on where further developments to the programme are required.

WHP and big organisations

WHP can only be effective if it is targeted at the needs of the employees. Given the number of employees in large organisations, it is difficult to meet all their needs with only one or two programmes. Thus, large organisations might have to design several different programmes in order to meet the majority of requirements and consequently to achieve a positive outcome. It is a challenge to the designer of the programme(s) to accurately determine the relative priorities, which can be affected by the limits on the human, financial, spatial and time resources that are available. The large number of

employees also makes it challenging to obtain strong support among all levels of employees, which is critical to the success of WHP programmes.

WHP and SMEs

The size of an enterprise can influence its implementation of WHP, with smaller enterprises being less likely to implement actions in relation to WHP. In general, small workplaces – particularly micro firms – are widely acknowledged as a particular challenge for health promotion, due to a number of unique challenges and obstacles faced by such enterprises – such as lack of resources and expertise. However, smaller enterprises provide a highly advantageous context for the promotion of employee health in view of their unique social, organisational and environmental characteristics, which can be capitalised on in order to carry out successful WHP programmes.

WHP in the public vs private sector

A growing number of studies highlight the differing needs and priorities of various occupational sectors, and, in turn, the varying approaches to WHP used in the private versus the public sector. It is of key importance to conduct a thorough analysis of the needs and properties in each individual occupational sector (and each organisation within it); and to tailor health promotion policies, practices and initiatives to the identified needs and priorities.

It should be noted that part of the studies comes from the US where the difference between welfare and labour policies with European countries is considerable. Therefore, caution should be taken in generalizing the findings to the EU context.

9. Recommendations

The following are recommendations aimed at policymakers on how to encourage and motivate employers to invest in and carry out WHP programmes:

- Raise awareness among employers that WHP is a valuable complement to occupational health and safety.
- Continue to highlight the business case for workplace health initiatives to the business community as health promotion is based on voluntary action on both sides.
- Provide free and readily accessible tools and toolkits to support businesses in implementing WHP programmes. This may be particularly important in encouraging smaller and medium-sized companies to carry out such programmes, as they may have limited resources and relevant in-house expertise.
- Start to build the fundamental skills, qualifications and knowledge base among business leaders in relation to the promotion of workplace health.
- Support programmes by local and national government may be useful in encouraging smaller companies to carry out WHP.
- The use of incentives provided by insurance companies may be useful in encouraging organisations to invest in WHP programmes and actions.

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