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Motivation for employees to participate in workplace health promotion

Literature Review



European Agency
for Safety and Health
at Work



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EU-OSHA would like to thank its Workplace Health Promotion Expert Group for their valuable feedback on the draft report.

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Luxembourg: Publications Office of the European Union, 2012

ISBN: 978-92-9191-811-9

doi: 10.2802/4973

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Motivation for employees to participate in workplace health promotion

Executive Summary

According to the Luxembourg Declaration, 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 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. Regarding actual participation in WHP activities, the literature suggests that the number of participants often tends to be rather low once the WHP project is actually in progress. Therefore, it is pertinent to investigate how organisations are able to motivate their employees to participate in WHP activities in both the short- and long term. At the same time it should be kept in mind that employee participation in health promotion activities is totally voluntary.

The aim of this report was to conduct a review of the available literature to identify the motivating factors for employees to participate in WHP. This knowledge can be used to improve WHP programmes and, consequently, the participation rates. The findings section of the report is divided into two key areas. The first section outlines and describes some of the key findings from the literature concerning workers' motivation to participate in WHP; and the second examines the contributory role diversity may play in worker participation and recruitment.

What motivates workers to participate in WHP?

The main findings of the literature review were as follows:

- The visible commitment of employers and senior managers to the promotion and protection of employees' health and wellbeing has been found to be linked with enhanced commitment and participation of employees in WHP initiatives.
- Active worker involvement and participation is important in the planning, implementation and evaluation of WHP programmes. Employees are more likely to participate in WHP programmes if they work for/ in organisations where employees' representatives or peers endorse and participate in such programmes.
- Tailoring WHP measures and actions to meet individual needs has been observed to be successful in enhancing the motivation of workers to participate in WHP programmes and measures. A preliminary step in developing a tailored programme for employees may be to use existing data in order to identify where priority areas or topics exist.
- Worker participation can be enhanced if the accessibility of WHP activities is considered during the design process. This includes considering: time (both the length of activities and time of day) required for employees' participation, convenience of the location of such events and the associated costs for the individual employee.
- It is important to use a holistic approach to WHP which should include organisational changes, as well as measures targeted at the individual. Having health-promoting organisational structures in place has been found to encourage employees to take individual measures more seriously and have confidence that information is credible and meaningful.
- Health screenings are seen as a key element in health promotion programmes. Individual risk reports, based on such assessments, provide feedback to employees on their relative risk for various mental and physical health conditions; and this information, in turn, may encourage workers to participate in WHP measures and actions. In general, offering health risk assessments and individual consultation on the results helps employees to understand their individual profile and enhances their motivation to become active. Confidentiality and personal data protection should be respected throughout the process.
- The use of positive messages targeted at the individual has been found to be a successful strategy for recruiting workers to participate in WHP programmes. Using both formal and informal communication channels can help to cultivate worker participation in WHP measures

and actions. However, it is important that targeted health information and communication channels should not interfere with employees' autonomy and privacy.

- The use of incentives (either material or social) has been observed to help promote employee participation. However, incentives must be handled carefully for several reasons. Enhancing intrinsic motivation through social incentives, rather than exclusively material incentives, is a more secure way of achieving long-term behaviour changes.

The role of diversity in participation in WHP

The second aim of the literature review was to determine the role of diversity in recruitment and participation of workers in WHP. The review of the literature found that:

- The groups most likely to be recruited for WHP activities are not necessarily the groups that are most likely to show sustained participation in these WHP activities.
- Male employees, employees with high educational attainment, employees in managerial positions and married employees are more likely to be recruited for WHP, whilst in contrast female employees, employees with low educational attainment, employees in non-managerial positions and unmarried employees are more likely to show sustained participation in WHP activities.
- Sustained participation increases significantly with age and female gender.
- It is important to take into account the role of diversity when designing WHP programmes, and how this may affect both the recruitment and participation rates of workers.

Key recommendations

Based on the results of the literature review, a number of key recommendations to help facilitate increased recruitment and participation of workers in WHP actions and measures were outlined:

- Actively and continuously involve employees in the design and implementation of WHP activities.
- Tailor and target WHP measures to the individual needs of employees.
- Use formal and informal communication strategies to promote WHP measures and raise employees' awareness of health issues.
- Provide employees with adequate, personal and motivating information on the WHP activities.
- It is important that WHP activities satisfy individual and social needs at the workplace.
- WHP activities and measures should be easily accessible.
- Clear leadership and continuous support by employers and senior management is essential for WHP programmes.
- Consider the role of diversity when planning WHP measures and actions.

The literature review also identified some areas in which additional research is necessary. In particular, more information is needed on how employees' motivation works in SMEs as most of the evaluated interventions are described for big enterprises; how to motivate difficult-to-reach staff such as part-time and shift workers; and what is an impact of cultural differences, especially in the EU context.

Aim of the report

Promotion of health at work is one of the priorities of the Community OSH Strategy.¹ The Community Strategy stresses that the positive effects of active risk prevention policies at the workplace can be reinforced by encouraging workers who work in a healthy environment to adopt lifestyles that improve their general state of health. Workplace-based health promotion activities are part of a healthy culture and complement proper risk management. According to the Luxembourg Declaration, 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 through a combination of: (1) improving the organisation of work and the working environment; (2) promoting active participation by employees in WHP measures; and (3) encouraging employees' personal development.² Therefore, it is important to understand what the factors are that motivate employees to participate in WHP measures and to use this knowledge both to improve health promotion programmes and to encourage more workers to participate in such activities. This report presents the findings of a literature review conducted with the aim of identifying the key reasons, arguments and motivation for workers to be involved in workplace based health promotion initiatives. The report is aimed at occupational health professionals and other experts, human resource managers, employers, work organisations and decision makers.



¹ <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2007:0062:FIN:EN:PDF>

² <http://www.enwhp.org/workplace-health-promotion.html>

Motivation for employees to participate in workplace health promotion

1. Introduction

The word 'health' is defined in the Oxford Dictionary as 'the state of being free from illness or injury'. However, the World Health Organization (WHO) defined health in its broader sense in 1946 as 'a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity'. The WHO's 1986 Ottawa Charter for Health Promotion further said that health is not just a state, but also 'a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities.'

The German philosopher Schopenhauer (1788–1860) once advocated that 'health is not everything, but without health, everything is nothing'. Schopenhauer is not the only person to consider health as being very important for a high quality of life. In fact, the European Quality of Life Survey (2007) showed that over 80% of European residents believed that health was crucial to their quality of life. However, on average, only one out of five of them rated their health as 'very good'. A more recent report from the National Examination Board in Occupational Safety and Health (NEBOSH, 2010) provided a snapshot of the happiness, health and wellbeing of Britain's working population. In this survey more than one in five reported that they were unhappy with their general health and wellbeing. Thus, it is extremely important to promote health in society. The maintenance and promotion of health can be determined by various factors. According to the WHO (2006), the main determinants of health include: the social and economic environment, the physical environment, and the person's individual characteristics and behaviours. Health promotion programmes recognise the complex determinants of health. The purpose of these programmes is to strengthen the skills and capabilities of individuals to take action, and also to address the determinants of health that are beyond the entire control of individuals: such as social, economic and environmental conditions.

1.1. Why should health promotion be carried out at work?

Health promotion can be carried out 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, because adults spend more time at the workplace than in any other location (Capra & Williams, 1993); for example, United Kingdom employees spend up to 60% of their time in the workplace (Clark, 2010). The report from NEBOSH (2010) revealed that about 40% of participants were unhappy, and almost one in ten described themselves as 'extremely unhappy' when working. Vaughan-Jones and Barham (2009) reported that in the United Kingdom over 25% of the workforce suffered from a work-limiting illness or injury, and as working ages are rising the burden of chronic disease in the working-age population is expected to increase over the next 30 years. The WHO states that the workplace 'has been established as one of the priority settings for health promotion into the 21st century', because it influences 'physical, mental, economic and social wellbeing' and 'offers an ideal setting and infrastructure to support the promotion of health of a large audience' (WHO, 2009a).

1.2. What is workplace health promotion?

The European Network for Workplace Health Promotion (ENWHP) in the Luxembourg Declaration has defined WHP as 'the combined efforts of employers, employees and society to improve the health and wellbeing of people at work' (ENWHP, 1997). WHP should be seen as a holistic concept that incorporates: (1) the improvement of the organisation of work and the work environment, (2) the promotion of active participation of all stakeholders in the process, and (3) the encouragement of personal development (ENWHP, 1997; Nöhammer et al., 2010). The effects of WHP are expected to manifest themselves at the physical, mental and societal level (Csiernik et al., 2005).

WHP aims to be a complementary support to, but not a replacement of, workplace risk management; proper risk management provides the basis for a successful WHP programme. It is also important to keep in mind that employees cannot be forced to change their health behaviours. However, through a supportive work environment they can be encouraged to adopt healthy behaviours and attitudes. It is commonly agreed that the active participation of workers is foundational to the success and

sustainability in such programmes over time. A holistic approach to WHP, where both organisational and individual factors are addressed, is widely advocated as the optimal and most successful approach.

The European Network for Workplace Health Promotion suggests that WHP broadly involves:

- 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; and
- recognising that organisations can have both a positive and a negative impact on workers' health and wellbeing.

1.3 What are 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.

1.4 How common are WHP programmes?

To date, no comprehensive survey examining the exact prevalence of WHP has been carried out in Europe. In 1992, the European Foundation for the Improvement of Working and Living Conditions (Eurofound) surveyed more than 1,400 organisations in seven EU Member States: Germany, Greece, Ireland, Italy, the Netherlands, Spain and the United Kingdom. The results showed that larger workplaces with specific health policies and budgets or active health and safety committees tended to undertake more health activities. In addition, the results indicated that up to 75% of the respondent organisations undertook specific health promotion activities rather than making changes to aspects of work organisation and job design. Since 1997, the ENWHP has initiated different annual projects to promote workplace health. Although there is a lack of comprehensive statistics to demonstrate the prevalence of WHP in Europe, there appears to be a growing trend for employers to pay more attention to employees' health. ENWHP's latest completed project, 'Work in tune with life', attracted about 2,000 enterprises (including, public administrations, schools, hospitals and small and larger organisations) to be actively involved. This trend is encouraging for workplace health promotion activists. However, surveys have shown that despite recent efforts to redirect attention towards changing environmental and organisational factors aimed at improving and protecting employees'

health, the majority of WHP activities remain focused at the level of the individual. This has been found to be especially true for small and medium-sized enterprises (SMEs; Moore et al., 2010).

1.5 What are the benefits of WHP programmes for employees and organisations?

1.5.1 Benefits for the employee

WHP programmes benefit not only the company, but also the employee. For example, Anderson and Kaczmarek (2004) found in their study that mental health programmes, as a part of health promotion in the workplace, significantly reduced depression, suicide rates and behavioural problems among employees. In addition, the study found that mental health programmes and stress management classes resulted in less domestic aggression and a more positive environment for employees. Donaldson (1993) carried out a study to determine the extent to which employee health and performance are predicted by lifestyle and stress. The results showed that physical lifestyle, and in particular exercise, buffered the adverse consequences of stress for anxiety, depression, physician visits, and company health care costs. Health screening programmes can detect illness at an early stage and reduce cost of treatment and loss of life. WHP programmes give employees a sense of ownership that makes it possible for them to take charge of their own lives and to work together in coordinated actions to improve their health. Furthermore, many of the WHP measures offered to employees also include their family members and encourage them to lead healthy lifestyles. This can help create a healthy environment for the employees, not only at their workplaces but also away from work, and enables them to stick with the healthy choices that they make. Having healthier and happier family members may also increase the quality of life for employees and their overall satisfaction with their work and their life.

Several reviews and meta-analyses have demonstrated the benefits WHP programmes have for employees. For example, Kuoppala et al. (2008) carried out a meta-analysis of 46 studies published between 1970 and 2005 and found moderate but statistically significant positive effects of WHP programmes. They found that physical exercise in particular had an impact on work ability and employees' overall wellbeing, and that 'sickness absences seem to be reduced by activities promoting a healthy lifestyle'. In the same year, another meta-analysis of 22 studies published between 1997 and 2007 showed reductions in depression and anxiety as a result of WHP programmes (Martin et al., 2009).

1.5.2 Benefits for the organisation

The benefits of WHP programmes for organisations have been well recognised. A number of studies have shown that WHP programmes can reduce sickness-related absence, improve production and the quality of services, and enhance the public image of the company. Several studies describe the organisational benefits of WHP programmes as including:

- increased productivity, which can lead to increased profits;
- decreased costs due to reduced absenteeism;
- improved human resources through better recruitment, better job retention and lower employee turnover;
- improved employee relations;
- lower level of employee stress;
- improved work environment; and
- enhanced corporate image.

For more information regarding the benefits and motivation for employers/organisations in implementing WHP measures and programmes see the EU-OSHA report 'Motivations for employers to carry out workplace health promotion'. Available at:

http://osha.europa.eu/en/publications/literature_reviews/motivation-for-employers-to-carry-out-workplace-health-promotion/view

1.6 The importance of worker participation in the success of WHP programmes

One of the main determinants of the success of WHP programmes is the active participation of employees, continuously throughout the programme. Another important criterion for WHP is to meet the needs of all employees. Thus, it is critical for employee surveys and interviews to be carried out before any activities are initiated, in order to recognise employee needs, preferences and attitudes. Developing a bottom-up communication culture and establishing effective communication channels can also facilitate the acknowledgement of employees' needs. Consultation with employees ensures that WHP activities can be aimed at any major health risks in the target population, which in turn increases the effectiveness of the activities and in the long run sustains the benefits of the programmes. Throughout the whole process, it is important that the employees are well informed on what activities will take place and what changes the organisation intends to make. Glorian et al. (1996) showed that when workers were aware of the changes that their employer had made in order to reduce exposures to occupational hazards they were more likely to participate in the activities, even when that involved a change in job description.

Even though worker participation is of crucial importance, organisations tend to face a general problem: employees who might have the greatest need to take part in such measures are not necessarily the ones who participate most and are the most active (Nöhammer et al., 2010). However, WHP programmes are only effective when employee participation and enrolment are high. Therefore, for a WHP programme to be successful it is essential to generate high levels of employee participation (Chapman, 2006), and especially to involve the employees who have higher health risks. Typically, increasing participation rates is harder for WHP programmes that have been running for some time (Bates, 2009). The start of a new programme gives the best opportunity to involve employees and to design the measures according to workers' needs.

This report presents the findings of a literature review, with the aim of identifying the key motivation for workers to be involved in workplace-based health promotion initiatives.

2 Methodology

The primary aim of the literature review was to identify the key motivation, challenges and barriers to the full and active participation of workers in 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.

The following databases and search engines were among those used to search the academic literature: Web of Knowledge and Web of Science; MEDLINE via PubMed; EBSCO (Business Source Premier); and PsychoINFO and PsychARTICLES. Google and Google Scholar were used to examine the grey literature. A set of central key search terms was used to help structure the literature review. Broad search terms (often called 'root search terms') were used to collate and review key research documents in relation to worker participation in health promotion in the aforementioned databases. More specifically, the terms 'work', 'health promotion' and 'worker / employee participation' were used. Variants of the root search terms (often termed 'free-text variants') were used, when appropriate, to narrow and refine the search results. The list of keywords and their variants was selected and refined by a panel of topic experts.

Table 1: Root search terms and free-text variants

Root search term	Free-text variant
Work	Work and employment
Health promotion	Worksite health promotion, workplace-based health promotion, workplace health promotion
Worker participation	Employee participation, worker involvement, employee involvement
Diversity	Gender, sex, young workers, older workers, culture and race
Size of enterprise	Small and medium-sized companies, large companies, multi-national companies, micro enterprises

The literature review was divided into two sections. Firstly, a review of the literature was conducted to identify the key motivators and barriers for employees to participate in WHP programmes. The first part looked at general factors relating in many cases to large organisations, and whether there were unique issues of special importance in relation to small and medium-sized companies. The second part of the review examined the role played by socio-demographic factors (such as gender, age, education, etc.) in the observed recruitment and participation of workers in WHP programmes.

Before the analysis was conducted, inclusion and exclusion criteria were established. These criteria were used to further structure the literature review.

- 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 of the topic area and the key motivators, challenges and barriers. This review was conducted by a panel of topic-area experts.

3 Review of the literature: motivation for employees to participate in WHP

The following literature review gives a summary of the reasons, arguments and motivation of employees to participate in WHP measures. The focus of the analysis is on the implementation of general WHP measures, and where possible unique issues facing small and medium-sized companies will be highlighted and discussed. A later section will outline some key factors relating to diversity in the workforce and how these factors may play a role in the recruitment and participation of workers in WHP programmes.

3.1. Senior management and supervisor commitment and leadership



Researchers and WHP experts collectively agree that senior management commitment, as well as supervisor support and leadership, are of major importance in the recruitment and participation of employees in WHP measures and programmes (e.g., Sloan & Gruman, 1988; Nöhammer et al., 2010; Weiner et al., 2009). Indeed, the support and involvement of senior management is important throughout the whole process of developing, implementing and executing a successful and effective health promotion programme (or programmes) in the workplace.

Support for, and involvement in, WHP interventions by employers and senior management should be visible and enthusiastic (Peersman et al., 1998). Shain and Kramer (2004) highlight the fact that the visible commitment of employers and senior managers in the promotion and protection of employees' health and wellbeing may result in the enhanced commitment and participation of employees in WHP initiatives.

The commitment of employers and managers can be demonstrated in the following ways: (1) continuing and supporting the allocation of necessary financial and organisational resources to WHP types of programme (Lowe, 2004; Shain & Kramer, 2004; Warshaw & Messite, 2009); (2) their visible endorsement of goals and objectives concerning health promotion (European Commission, 2003); (3) displaying exemplary health promotion and safety behaviour (Lowe, 2004; Shain & Kramer, 2004); and (4) providing an encouraging and physically safe working environment (Shain & Kramer, 2004). In a report published by the ENWHP (2001) the importance of exemplary leadership and management behaviour is highlighted. The report states: 'Exemplary leadership behaviour – e.g. recognition of good performance, willingness to accept criticism from staff, appropriate behaviour in conflicts – ensures a good working atmosphere.'

For large companies, Weiner et al. (2009) emphasise the importance of differentiating between the different stakeholders who will be affected by the WHP programme. Decision makers are usually responsible not only for taking the initial decision to implement WHP measures, but also for ensuring that the appropriate resources are allocated and support is provided. Programme implementers can be different key stakeholders within the company or even external consultants. The programme implementers' primary aim is to establish the strategy and provide information. Supervisors and employee ambassadors are also part of the group of programme implementers. They are often the ones who communicate directly with the employees, champion the daily changes, and help make the changes a reality. Programme users, in contrast, are all the employees directly involved by participating in the measures that are offered. Accordingly, target employees include not only the latter group, but also those expected to support the programme's use (implementers). These two groups may overlap in whole, in part, or not at all (Weiner et al., 2009).

Among small and medium-sized companies, there is often closer contact and interaction between employer and employees than in large organisations. This gives the employer a unique opportunity to demonstrate their involvement in the programme in everyday actions and communication, through both formal and informal channels. This closer and more informal relationship in smaller organisations may make it easier to make the involvement and participation of employees in the WHP programme more visible and transparent. However, small and medium-sized companies have more limited organisational resources, compared with larger organisations, to invest in the execution and implementation of WHP programmes. These limited resources can pose a significant challenge for small companies.

In conclusion, researchers and WHP experts agree that senior management commitment, as well as supervisor support and leadership, are important for the recruitment into and continued participation of employees in WHP measures and programmes. The visible commitment of employers and senior

managers in the promotion and protection of their employees' health and wellbeing has been found to be linked with enhanced commitment and participation of employees in WHP initiatives.

3.2. Employee involvement in WHP planning, implementation and evaluation

There is a clear consensus amongst experts that the active participation of employees can be motivated and encouraged by involving them in all stages of the WHP process. The design, implementation and evaluation of WHP programmes should be carried out with the active involvement of workers, and in consultation with trade unions from the very beginning. Brodie and Dugdill (1993) observed that the decisions of employees to participate in WHP programmes were significantly influenced by union support.

Participation can be cultured through a number of approaches; for example, setting up employee advisory boards and wellness committees, and providing union representation (Taitel et al., 2008). Henning et al. (2009) suggest that employee involvement can be cultivated by using multi-level steering committees paired with a bottom-up participatory approach for engaging them in innovative design efforts. The approach they advocate is in line with general expert advice on WHP programmes (Nöhammer et al., 2010; ENWHP, 1999). Another way of involving employees, which is especially helpful in large organisations, is the 'ambassador' approach. Ambassadors are employees within the company who are interested in health, live a healthy lifestyle, and/or have special knowledge on a topic related to the WHP programme. They are important in that they can act as champions for the WHP programme with and among their fellow workers. Observing their colleagues engaging and participating in WHP programme(s) may help encourage other workers to become more involved.

Crump et al. (1996) found that employees are more likely to participate in WHP if they work for organisations where other employees endorse and participate in such programmes. The importance of employees' acceptance of and involvement in the programme is also highlighted by Weiner et al. (2009). 'Because implementation is a team sport, problems arise when some targeted employees feel committed to implementation, but others do not' (Weiner et al., 2009). Asking workers to act as 'champions' of the programme may be a useful strategy to encourage higher levels of participation among workers.

To reward ambassadors for their commitment to the WHP programmes and efforts to encourage colleagues, organisations may choose to offer them some time off from their work duties. Hunt (2000) postulates that the 'number of hours employee representatives devote to project activities might be an important consideration in planning employee involvement in WHP programmes'. The use of an ambassador approach may be a useful and cost-effective measure among SMEs (small and medium-sized enterprises) to cultivate the active participation of workers in WHP measures and programmes, as it requires limited financial and organisational resources and relies on informal communication channels, which are highly prevalent in SMEs.

In conclusion, the review of the literature suggests that the active participation of workers can be motivated and encouraged by involving them throughout the WHP process, including planning, implementation and evaluation. Workers' involvement in the process, in turn, improves their participation in and compliance with the programme.

3.3. The use of a tailored approach: programme measures fitted to individual needs

It has been observed that tailoring WHP measures and actions to meet individual needs is a successful motivator in relation to worker participation. Individual and interpersonal aspects are important when it comes to successfully designing effective WHP measures (Nöhammer et al., 2010).

To ensure that health programmes fit the needs of employees, it is important to understand what motivates them; and, in turn, what aspects would help them to gain greater control over their health

(Wilhite, 2008). Accordingly, the requirement to target programme measures to the needs of employees (e.g., by taking into consideration data on health and sickness absence) has been included as a general quality criterion for WHP by the European Network on Workplace Health Promotion (ENWHP, 1999). A preliminary step in developing a tailored programme for employees would be to use existing data to help identify the special needs and priority areas of employees (Goetzel et al., 2001; Goetzel et al., 2008). Such data might come from health insurance firms cooperating with organisations, or be general demographic data available from the organisation's human resource department or occupational physician. For smaller companies, only a limited amount of organisational data may be available. However, it may be possible to conduct a small-scale health survey among workers in order to identify priority groups or areas of need. In this data retrieval process it is of crucial importance to safeguard the anonymity of individuals, respect data protection legislation, and always to have in mind that employee participation in WHP is totally voluntary (Nöhammer et al., 2010).

In addition to considering demographic aspects and health data that are either already available or especially collected, in order to fit a programme to employees' needs, other factors also need to be taken into account. Some examples include:

- Compatibility with job requirements is essential in order for employees to participate in any health promotion measure (Glasgow et al., 1993).
- Helping employees to integrate health promotion activities into their daily routine and giving them easy access to programme measures are also important.
- Workload, workflow and production levels might have to be taken into consideration when planning the measures (Weiner et al., 2009), to make sure that all employees are able to participate.
- Organisational WHP measures (e.g., the exchange of staff between units during times of high workload in order to reduce psychological demands) might be the perfect complement to a WHP programme, and for bigger organisations such measures may be less difficult to implement.
- Also, large organisations have more possibilities for offering WHP activities on different occasions during the day, or even before or after night shifts.
- Furthermore, organisational measures (such as company-organised child care) can alleviate the organisation of daily routines and the integration of healthy lifestyle habits.

In any event, all employees should be offered the opportunity to participate by letting them choose the options they prefer (Nöhammer et al., 2010).

In conclusion, tailoring WHP measures to meet individual needs has been observed to enhance the motivation of workers to participate. To successfully tailor a WHP programme to the needs of employees, it is important to understand what motivates employees and, in turn, what measures or programmes would help them boost their health and promote a greater sense of wellbeing.

3.4. Accessibility of WHP programme to employees

The literature suggests that participation of workers can be enhanced if the accessibility of WHP activities is actively considered as part of the design process. This may include considering;

- what are the related costs for the individual employee;
- how accessible is the venue where activities take place; and
- whether the activities are organised at a convenient time for employees to participate in them (Lovato & Green, 1990).

The accessibility of programmes and facilities was also one of the quality criteria in a review conducted by ENWHP (Muylaert et al., 2007). In one study cited in the review, it was observed that the accessibility of a WHP programme was of central importance in cultivating employees' participation (Pelletier, 2001). Shain and Suurvali (2001), also cited in the ENWHP review, highlight

that nowadays people are increasingly short of time and energy; and employees need programmes and services to come to them as much as possible, rather than the other way around.

In conclusion, the literature suggests that participation by workers can be enhanced if the accessibility of WHP measures and programmes is considered as an integral component of the design and implementation process. This process should include considering: the time (both the length of time and the time of day), required for successful and active employee participation; convenience of the location of such events; and the relevant costs to the individual employee.

3.5. Organisational changes: holistic approach

Several authors have highlighted the importance of holistic approaches to WHP programmes, and the positive impact of such approaches on the promotion of employee health and wellbeing. Proper WHP should include organisational changes in addition to individual approaches (Henning et al., 2009; Nöhammer et al., 2010; LaMontagne et al., 2004). Currently, the majority of studies and programmes continue to focus primarily on individual measures, and do not include strategies at the organisational level (Nöhammer et al., 2010; LaMontagne et al., 2004). Having health-promoting organisational structures in place makes it easier for employees to take individual measures more seriously, and, in turn, to have confidence that the information that they are given is credible and meaningful (Nöhammer et al., 2010).

In addition, designing holistic WHP approaches that are underpinned by organisational learning and organisational readiness for change has been found to be of central importance in increasing employee participation. For instance, Henning et al. (2009) highlight the importance of participatory ergonomics and the iterative design of workplace interventions. According to them, 'program start-up depends on assessing organisational readiness, gaining the full support of administrators, creating meaningful support roles for supervisors, and providing training on the basic principles of ergonomics, health promotion, and teamwork'. Henning et al. observed that organisational learning, and thus the overall success of WHP programmes, depends on good macroergonomic design of the programme itself; an example of this would be enabling employees at all levels of the establishment to monitor health promotion efforts and success with the help of tracking tools. According to Henning et al. (2009), such an approach contributes to the overall programme effectiveness and sustainability.

Weiner et al. (2009) postulate that developing successful organisational change is underpinned by the active cultivation of shared intentions and vision among employees within the organisation; and employee participation throughout all stages of the procedure is a central part of this process. Weiner et al. (2009) refer to the notion as 'change efficacy' (similar to Bandura's [1977] concept of collective efficacy), which refers to employees' shared beliefs in their collective capability to organise changes that lead to the successful implementation of WHP measures. However, Weiner et al. highlight that problems can arise when some employees and managers feel committed, while others do not.

In conclusion, organisational readiness to change may play an important part in encouraging the active participation of employees in WHP measures and programmes. The literature highlights that having health promoting organisational structures in place has been observed to encourage employees to take individual measures more seriously, and to have confidence that information is credible and meaningful.

3.6. Health screening as the basis of an individual health programme



Health screening is seen as a key element in health promotion programmes (Taitel et al., 2008). Regarding medical risk indicators, such screening may include body mass index, blood pressure and blood cholesterol level. Lifestyle risk indicators could include measures such as physical activity levels, smoking status, nutrition habits and perceived levels of stress (Taitel et al., 2008). Individual risk reports, based on such assessments, provide feedback to employees regarding their relative risk for various mental and physical health conditions. In one large study conducted in the US, approximately 60% of respondents reported taking action on their

health, based on feedback from health screening (Taitel et al., 2008). A growing body of evidence suggests that information provided to workers based on health screening may play a key role in cultivating their participation in WHP measures.

Davis et al. (1984) found that when participants knew they had scored high on a health risk factor, this was found to relate to a higher willingness to participate in a health promotion programme. The study observed that for weight loss and stress management, a high score was found to relate to significantly higher motivation to take part in relevant health promotion programmes among participants. In contrast, general health knowledge alone was found to have had only a minor influence on participants' decisions to participate in the health promotion programme or not (Davis et al., 1984). These results suggest that the implementation of health risk assessments within a WHP programme might help when it comes to motivating employees to participate. Such health screenings may also have the positive effect of allowing a targeted approach for health promotion for every single employee.

In conclusion, health screening can be viewed as a key element in health promotion programmes. Offering health risk assessments and individual consultation on the results helps employees to better understand their individual health profile and, in turn, may enhance their motivation to participation in WHP programmes and measures. However, it is very important that confidentiality and personal data protection is respected throughout the process.

3.7. Communication and information

Communication is a crucial factor when it comes to encouraging the participation of workers and their completion of a WHP programme (Wilhide & Hayes, 2008; Goetzel et al., 2008). Communication includes information flow and the way in which information is presented and received (Nöhamer et al., 2010). Lovato and Green (1990) give some examples of forms of communication that can be used for marketing a programme: posters, bulletins, articles in newsletters, and including information with pay cheques. Furthermore, the use of reminders during the course of the WHP programme has been found to be effective in increasing the retention of workers in the programme (Terry et al., 2010).

Insufficient or ineffective communication can result in low levels of participation (Glasgow et al., 1993). Organisations should establish a well-planned communication strategy for their WHP programme. Seaverson et al. (2009) found that strong and purposeful communication strategies led to a strong health-promoting culture. In addition, they observed that a strong communication strategy was related to higher participation rates among workers.

WHP programmes in large organisations have been found to be associated with less employee awareness of the programme, and lower participation rates as compared with those in smaller organisations (Hunt et al., 2000). A key challenge for large organisations may be competition between

various information campaigns within the organisation, resulting in information overload for employees. This may lead to special challenges regarding the communication of WHP matters.

A study by Nöhamer et al. (2010) found that employees emphasise the importance of not ‘having to search for the data themselves, feeling well informed, being kept up to date on the programme and being directly addressed’. The study found that positive and motivating health messages were, on average, preferred by workers and thought to be more effective. However, workers highlighted the importance of targeted health information and communication channels not interfering with their autonomy and privacy. This aspect brings up a sensitive issue that has to be approached very carefully; namely, it is important to find a way to respond to the individual needs of each employee, addressing them directly and notifying them personally. However, it is also important to respect the privacy of employees, and not to cause them harm or to affect their feelings regarding their autonomy (Nöhamer et al., 2010).

Tailored communication strategies, including using different channels of communication (such as posters and information kiosks) for approaching all personnel and raising awareness of key health issues, are one aspect of communication. At the same time, personalised emails and information workshops can be useful forms of direct communication with employees, and may be effective in raising employees’ level of awareness of key health issues and health promotion programmes offered by the organisation. This direct form of communication might achieve a significant difference in participation rates. A balance between these two approaches should be considered.

In conclusion, communication has been identified in the literature as a key factor for success in WHP programmes. The use of positive messages targeted at the individual has been identified as a successful strategy to help cultivate employee interest and participation in WHP. Using both formal and informal channels has been observed to help enhance employee participation in WHP initiatives. However, it is important to target health information.

3.8. Incentives to employees

The use of incentives, which can include material and social incentives, can be helpful in encouraging workers to participate in WHP programmes and reward them for doing so. Material incentives are, for example, money or prizes, while social reinforcement can be achieved by positive appraisal, recognition or feedback (Lovato & Green, 1990). Many studies have highlighted the positive impact of both financial and non-financial incentives on participation rates in WHP programmes (Wilhide & Hayes, 2008; Taitel et al., 2008; Seaverson et al., 2009; Nöhamer et al., 2010).

Incentives have a significant impact, not only on participation rates in WHP programmes (Wilhide & Hayes, 2008), but also on participation in health risk assessments (Seaverson et al., 2009; Taitel et al., 2008). Much of the evidence in relation to the impact of using incentives as part of a health promotion programme comes from the US, and generalising those findings to a European context should be done with some caution. It appears that using incentives may play a more influential role in non-European studies. However, it is not clear whether this is due to different health systems and the requirement to pay out higher financial benefits to employees in the US who are impacted by sickness absence and ill-health expenses, or if this is primarily due to different cultures. Some North American programmes even suggest penalties for employees who do not want to participate in health screenings and health promotion measures (Chapman, 2006; Taitel et al., 2008). This is in contradiction with European ethics and findings, which imply that any WHP measure and action should be voluntary (Nöhamer et al., 2010, EU-OSHA, 2010). Generally, it has to be taken into account that, regarding investments in WHP projects, the higher the cost of incentives the smaller the return to the employer (Chapman, 2006).

There is another factor that should be considered when offering financial incentives to employees for taking part in WHP programmes (Seaverson et al., 2009). The organisation’s intention to promote long-term behavioural change in their employees might be undermined by short-term financial incentives. This is because financial incentives can be classified as an ‘extrinsic motivator’, meaning that the change of behaviour is the result of external incentives and not based on intrinsic motivation (Bandura, 1977). Employees taking health-promoting action as a result of incentives would attribute

their behavioural change to that external remuneration. However if, during the course of a WHP programme, employees become more physically active as a result of their own internal motivation, they would attribute their behavioural change to themselves. Internal attributions are important as they are based on the individual's belief that they themselves are responsible for the change. Accordingly, internal attributions and internal motivation increase the likelihood of long-term changes in health behaviour (Weiner, 1986).

Additionally, Dowd (2002) found that financial incentives have the potential to create psychological reactance³ if the incentive is perceived as the employer trying to control the employees' behaviour (Deci, 1989). These results are in accordance with Kohn's (1999) study, which suggests that in the short term extrinsic rewards lead to compliance with the rewarded behaviour, but in the long term better compliance is shown by non-rewarded individuals.

In conclusion, the use of incentives (either material or social) could support the advertising of health promotion programmes. However, the use of incentives should be handled with care for several reasons; and it may be that enhancing intrinsic motivation within employees may be a more secure and reliable way of achieving long-term changes in behaviour.

4. Workplace health promotion in a diverse workforce: who participates, who doesn't and why?

The relative impact of WHP measures and programmes on the health and wellbeing of employees depends on the ability of organisations to encourage all segments of a diverse workforce to participate actively in WHP activities. The aim of this section is to investigate whether it is possible to identify labour market groups that have an increased risk of not taking part in WHP activities and how to increase their participation.

4.1. Promoting health in a diverse workforce: who participates in WHP and who doesn't?

According to Linnan et al. (2001), the literature shows that employee participation in WHP programmes tends to be relatively low, and that only the healthiest employees tend to participate. Their findings are partially reproduced in other and more recent studies on the recruitment of employees in WHP activities, which show that different employee groups have different patterns of participation in different WHP activities.

This section aims to provide a concise overview of some of the key findings in relation to several socio-demographic dimensions of the workforce. It draws on the findings of a number of key studies that have looked at participation in WHP programmes across various dimensions of diversity.

A study by the Danish Work Environment Council (2009) observed that male employees were less likely to participate in WHP activities focusing on nutrition and different kinds of treatment (such as massage, physiotherapy and psychological assistance) than female employees, whereas there were no differences in terms of gender when it came to WHP activities focusing on physical exercise, smoking cessation and the reduction of stress.

This study also observed that older employees were more likely to take part in smoking cessation and stress reduction programmes than younger individuals, whereas no significant age differences were observed when it came to participation in programmes that focused on nutrition, physical exercise and treatment. When investigating participation in health screenings, it has been found that younger workers tend to participate because of incentives, while older employees see an added value in the health screening itself (Taitel et al., 2008). The onset of chronic disease in older workers, and the fact

³ Psychological reactance is a state when people become motivationally aroused by a threat to or elimination of a behavioural freedom; see <http://www.acrwebsite.org/volumes/display.asp?id=6883>

that their health might not be as good as they want it to be, might have an influence on this behaviour. These results support the theory that individual approaches will lead to higher employee enrolment. Younger people might be influenced by the offer of incentives for participating in health screenings, while older people might participate by their own choice. In the end, the results of the screenings allow an individual to gain feedback and help workers to understand the personal advantage of taking part in WHP. This fits with the results obtained by Sloan and Gruman (1988), who showed that increased perceived risk of illness led to a perception of decreased health, which in turn leads to increased intention to change health habits and finally might contribute to participation in WHP measures.

The Danish Work Environment Council (2009) study also observed that employees with only basic schooling were less likely to take part in nutrition and physical exercise programmes than employees with higher educational attainment.

Employees with higher levels of education were also more likely to take part in stress reduction programmes. With regard to educational attainment, there were no differences in terms of the groups' participation in programmes regarding smoking cessation and treatments such as massage, physiotherapy and psychological assistance.

Kryger et al. (2007) examined patterns and barriers to participation in several physical activity and nutrition programmes by gender, age and race. The study found women were significantly more likely

to engage in physical activities when they were offered a fitness centre, on-site exercise classes, or paid time to exercise at work; whereas men were significantly more likely to participate in competitive activities in sports leagues. The study also observed that the likelihood of participating in physical activities attenuated with age, and that employees over 60 years were significantly less likely to engage in them. An additional finding of this study was that women were observed to be significantly less likely to participate in WHP than men because they felt 'too tired', whereas men were significantly less likely than women to



participate in WHP because of a lack of interest in WHP. The study also showed that employees above the age of 60 had a significantly lower interest in WHP than other age groups, whereas employees aged 18–45 were significantly more likely to state that they had 'no time' and were less likely to 'already be involved in other programmes'. The study by Kryger et al. (2007) also showed that employees with an active physical activity level experienced significantly fewer barriers to participating in WHP than physically inactive employees. This study found that white employees were significantly less likely to participate in activities at a fitness centre or in on-site exercise classes than other ethnic groups. There were, however, no significant observed differences in ethnic groups regarding the other forms of physical activity that were studied. Physically inactive employees appeared to be less likely to take part in physical activities than employees taking irregular or active physical activity. The study also observed that employees with active and irregular physical activity levels were significantly more likely to participate in programmes focusing on online tracking tools for dietary control and healthy eating, and participation in cooking classes, than were employees with inactive physical activity levels. Additionally, overweight and obese employees were significantly more likely to participate in nutrition awareness services focusing on weight loss, in weight loss support groups, and in personalised diet and exercise counselling (Kryger et al., 2007).

The studies by Kryger et al. (2007) and the Danish Work Environment Council (2009) showed that employee groups differ in terms of their participation in various WHP activities, but the results also

showed that these differences in participation were not uniform across different activities. This implies that the ability of organisations to motivate employees to participate in WHP initiatives depends to some extent on the choice of WHP activities offered to them. Other studies indicate that the propensity to participate in WHP decreases with age (Emmons et al., 1996; Bridgeford, 2010), male gender (Blake et al., 1996; Emmons et al., 1996; Dolan et al., 2005), low educational attainment (Emmons et al., 1996), adverse health behaviour (Terry et al., 2010; McLellan et al., 2009; Linnan et al., 2001; Rost et al., 1990), and work-related issues, such as lack of managerial support, inability to participate during working hours, low control over the work situation and lack of support from co-workers (Kimanen et al., 2011; Linnan et al., 2001).

In conclusion, the review of the existing literature highlights that level and degree of participation in WHP measures and programmes varies not only across various diversity groups in the workforce, but also appears to vary by the type of measure implemented. Understanding the variation in participation and recruitment trends across sub-groups of workers may be useful in helping to tailor future WHP programmes more effectively, and in targeting communication and marketing strategies to different groups within the workforce to enhance active participation and commitment.

4.2. Recruitment vs. participation in WHP and the role of diversity

One branch of the literature on WHP has investigated whether the factors that predict recruitment into WHP programmes also predict sustained participation in these programmes. A study by Rost et al. (1990) on the predictors of employee involvement in WHP observed that the groups most likely to be recruited for such activities are not necessarily the groups that are most likely to exhibit sustained participation in them. The study accordingly shows that male employees, employees with high educational attainment, employees in managerial positions and married employees are more likely to be recruited for WHP. However, the study also shows that it is the opposite groups that are more likely to exhibit sustained participation in WHP activities – that is, female employees, employees with low educational attainment, employees in non-managerial positions, and unmarried employees (Rost et al., 1990). Another study shows that the likelihood of sustained participation increases significantly with age and female gender (Terry et al., 2010).

5. 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 workers to participate in workplace health promotion programmes.

Senior management and supervisor commitment and leadership

Researchers and WHP experts agree that senior management commitment, as well as supervisor support and leadership, are important for the recruitment into and continued participation of employees in WHP measures and programmes. The visible commitment of employers and senior managers in the promotion and protection of their employees’ health and wellbeing has been found to be linked with enhanced commitment and participation of employees in WHP initiatives.

The commitment of employers and managers can be demonstrated by:

- providing and continuing to support the allocation of necessary financial and organisational resources to such types of programme;
- the visible endorsement of goals and objectives concerning health promotion;
- displaying exemplary health promotion and safety behaviour;
- providing and encouraging a healthy and safe working environment.

Employee involvement in WHP planning, implementation and evaluation

The active participation of workers can be motivated and encouraged by involving them throughout the WHP process, including planning, implementation and evaluation. The design, implementation and evaluation of WHP programmes should be carried out with employees being involved and trade unions consulted from the very beginning of the process. Employees can be involved through employee advisory boards, wellness committees and union representation.

Research has shown that employees are more likely to participate in WHP programmes if they work for or within organisations where employees or their peers endorse and participate in such programmes. In general, they can be encouraged to get involved by observing their colleagues engaging and participating in WHP initiatives. One approach that has been successful is the use of an in-house 'ambassador'. This is an employee who champions the importance of the WHP programme among their colleagues by acting as a leader and role model in participating in such activities.

The use of a tailored approach: programme measures fitted to individual needs

Tailoring WHP measures to meet individual needs has been observed to be successful in enhancing the motivation of workers to participate. A preliminary step in developing a programme that is tailored to employees may be the use of existing data, for instance on health, to identify the special needs or priority areas of employees. During the data retrieval process it is crucially important to safeguard the anonymity of individuals, respect data protection legislation, and always have in mind that employee participation in WHP is totally voluntary. It should also be borne in mind that external factors that might inhibit participation can sometimes be related to formal aspects of the organisation, such as working hours and provision of child care. Such challenges should be taken into account when planning WHP measures.

Accessibility of WHP programme to employees

The participation of workers can be enhanced if the accessibility of WHP activities is considered as part of the design process. This includes considering the time (both the length of time of the activity and the time of day) required for employee participation, convenience of the location of such events, and the relevant costs to the individual employee. For small and medium-sized companies this can be a significant challenge. Not all SMEs will be able to organise activities close to the workplace and during working hours. Additionally, they may have limited resources to invest in WHP measures and initiatives. However, SMEs can choose to organise simple activities (such as organised walks during the lunch break, or going biking, running or swimming after work), which can help promote the health and wellbeing of employees. These types of activities are low cost, very accessible to a large portion of the workforce, and can easily be organised close to most workplaces.

Organisational changes: holistic approaches

The literature highlights the importance of using a holistic approach to WHP, which should include both organisational changes and individual approaches. Having health-promoting organisational structures in place has been found to encourage employees to take individual measures more seriously, and to have confidence that information is credible and meaningful.

- Organisational learning supports health promotion and protection activities and thus contributes to the overall programme effectiveness and sustainability.
- Organisational readiness to change may play an important part in encouraging the active participation of employees in WHP measures and programmes.

Developing successful organisational change is underpinned by the active cultivation of shared intentions and a common vision among employees of the organisation. This can be promoted by encouraging employee participation throughout all stages of the WHP process: design, implantation and evaluation. A potential problem can arise with this approach when some employees and

managers feel committed to a common vision or initiative while others do not. This disparity can inhibit the cultivation of successful organisational change.

Health screening as the basis of an individual health programme

Health screening is seen as a key element in health promotion programmes. Individual risk reports, based on such assessments, provide important feedback to employees regarding their relative risk for various mental and physical health conditions. This information, in turn, may encourage workers to participate in WHP measures and actions. There is a growing body of evidence to suggest that information provided to employees, based on the findings of health screenings, may have a positive influence in cultivating the interest and motivation of employees to participate in WHP measures and programmes. However, it should be borne in mind that confidentiality and personal data protection must be respected throughout the process.

It might be easier for large organisations to conduct such measures, as these organisations often have their own occupational physician who can offer certain health risk assessments within a routine examination.

However, it is most likely that smaller organisations will not have an occupational physician to carry out individual health screening, and they may have to rely on external services to conduct them. This may, in turn, generate an additional cost to a WHP programme, which SMEs might not be able to afford. In that case it would be important for them to inform their employees about health risks in general. This can be done by, for example, holding health awareness events or distributing flyers or health pamphlets among their workers. In addition, when an organisation cannot afford to set up health screenings they can encourage their employees to have individual health checks

Communication and information

Communication has been identified as a key factor for success in WHP programmes. The best way to approach employees to get them involved is to use positive messages that are targeted at the individual. The use of both formal and informal communication channels can help to cultivate worker participation in WHP initiatives. However, it is important that targeted health information and communication channels do not interfere with employees' autonomy and privacy. For small and medium-sized organisations, using professional communication services may be a challenge or even impossible. Regular communication is probably one of the easiest ways to keep interest, motivation and participation in WHP programmes high. Direct, informal and regular communication may be easier for smaller companies.

Incentives

Incentives (either material or social) could support the advertising of health promotion programmes. However, their use should be handled carefully for several reasons, and enhancing intrinsic motivation is a more secure way to achieve long-term changes in behaviour. For larger organisations, it may be easier and more viable to offer employees a variety of both material and social incentives. However in smaller organisations, with more limited organisational resources, the most obvious form of reinforcement will probably be appraisal, recognition or just positive feedback.

Workplace health promotion in a diverse workforce: who participates, who does not and why?

The literature review showed that – in a diverse workforce – different employee groups have different patterns of participation in relation to different types of WHP activity. In addition, these differences in participation are not uniform across various WHP activities. The literature indicates that the likelihood of participating in WHP:

- decreases with age;
- is lower with male gender;

- is less with low education attainment;
- is lower in association with adverse health behaviour;
- and is associated with work-related issues, such as support from managers and co-workers.

Recruitment vs. participation in WHP and the role of diversity

The groups most likely to be recruited for WHP activities are not necessarily those that are most likely to exhibit sustained participation in them. In general, the review of the literature observed that:

- Male employees, employees with high educational attainment, employees in managerial positions and married employees are more likely to be recruited for WHP.
- In contrast, female employees, employees with low educational attainment, employees in non-managerial positions and unmarried employees are more likely to show sustained participation in WHP activities.
- In addition, sustained participation was observed to increase with age and female gender.

Understanding the variation in participation and recruitment trends across sub-groups of workers may be useful to help further tailor WHP programmes more effectively, and to target communication and marketing strategies at different groups to encourage active participation and commitment.

The literature review also identified some areas in which additional research is necessary. In particular, more information is needed on how employees' motivation works in SMEs as most of the evaluated interventions are described for big enterprises; how to motivate difficult-to-reach staff such as part-time and shift workers; and what is an impact of cultural differences, especially in the EU context.

6. Recommendations

The following are some key recommendations to help facilitate the increased participation of workers in WHP actions and measures, based on the results of the literature review.

- Actively and continuously involve employees in the design and implementation of WHP activities.
- Tailor and target WHP measures to the needs of employees.
- Use formal and informal communication strategies to promote WHP measures and raise employees' awareness of health issues. To sustain participation in WHP this flow of information must be maintained throughout the whole WHP project.
- Provide employees with adequate, personal and positive motivating information on the WHP activities.
- It is important that WHP activities satisfy individual and social needs at the workplace.
- WHP activities and measures should be easily accessible to employees (e.g., be at a convenient location and time) and – if possible – time during working hours should be allowed for the employees to participate in WHP measures.
- Clear leadership and continuous support by employers and senior management for WHP programmes, and the active and continuous participation of employees, is crucial to the success of such programmes. The support for and the involvement in WHP interventions by employers and senior management should be visible and enthusiastic.
- It is important to consider the role of diversity when planning WHP measures and actions, as this may help to cultivate and sustain worker participation.

References

- Anderson, R.C. & Kaczmarek, B. 'The Importance of Promoting Health in the Workplace', The Internet Journal of Academic Physician Assistants, Vol. 4, No.1, 2004. Available at: <http://www.ispub.com/journal/the-internet-journal-of-academic-physician-assistants/volume-4-number-1/the-importance-of-promoting-health-in-the-workplace.html>
- Bandura, A., 'Self-efficacy: toward a unifying theory of behavioral change', Psychology Review, Col 84, No. 2, 1977, pp. 191–215.
- Bates, J. 'Workplace wellness programs: increasing employee participation' (2009). Retrieved 11 November 2011, from http://www.wellnessproposals.com/wellness_articles/workplace_wellness_programs_increasing_employee_participation.htm
- Bellew, B., Primary prevention of chronic disease in Australia through interventions in the workplace setting: a rapid review, Victorian Government Department of Human Services, 2008, p. 26*
- Blake, S.M., Caspersen, C.J., Finnegan, J., Crow, R.A., Mittlemark, M.B. & Ringhofer, K.R., 'The shape up challenge: a community-based worksite exercise competition', American Journal of Health Promotion, 1996, Vol. 11, No. 1, pp. 23–34.
- Bridgeford, L.C., 'With health and wellness for all; Targeted communication to all generations can ensure broad wellness program participation', Employee Benefit News, 2010. Retrieved 11 November 2011, from http://goliath.ecnext.com/coms2/gi_0198-670651/With-health-and-wellness-for.html
- Brodie, D. & Dugdill, L., 'Health promotion at work', Journal of the Royal Society of Medicine, Vol. 86, No. 12, 1993, pp. 694–696.
- Capra, S. & Williams, T., 'Nutrition intervention at the workplace – some issues and problems', Australian Journal of Nutrition & Diet, Vol. 500, 1993, pp. 2–3.
- Chapman, L.S., 'Meta-evaluation of worksite health promotion economic return studies: 2005 update', American Journal of Health Promotion, Vol.19, No. 6, 2005, pp. 1–11.
- Chapman, L.S., 'Employee participation in workplace health promotion and wellness programs: How important are incentives, and which work best?', North Carolina Medicine Journal, Vol. 67, No. 6, 2006, pp. 431–432.
- Clark, A., 'Workplace health for a healthy place to work', Complete Nutrition, Vol. 10, No. 1, Feb, 2010. Available at: <http://www.achn.co.uk/Workplace-Health-For-A-Healthy-Place-To-Work.pdf>
- Crump, C.E., Earp, J. A., Kozma, C.M., Hertz-Pannier, I., 'Effect of organization-level variables on differential employee participation in 10 federal worksite health promotion programs', Health Education Quarterly, Vol. 23, No. 2, 1996, pp. 204–223.
- Csiernik, R., Macdonald, S., Durand, P., Cameron Wild, T. & Rylett, M., 'Who do we serve? Worksite characteristics, workforce attributes and occupational assistance programming in Canada', Journal of Workplace Behavioral Health, 2005, Vol. 21, No. 2, pp. 15–29.
- Danish Work Environment Council, Sundhedsfremmeaktiviteter på arbejdsplasser [Health promoting activities in workplaces]. 2009. Copenhagen: The Danish Work Environment Council. Available at: <http://www.amr.dk/Default.aspx?ID=25#4548>
- Davis, K.E., Jackson, K.L., Kronenfeld, J.J. & Blair, S.N., 'Intent to participate in worksite health promotion activities: A model of risk factors and psychosocial variables', Health Education Quarterly, Vol. 11, No. 4, 1984, pp. 361–377.
- Deci, E.L., Connell, J.P. & Ryan, R.M., 'Self-determination in a work organization', Journal of Applied Psychology, Vol. 74, 1989, pp. 580–590.
- Deci, E.L., Koestner, R. & Ryan, R.M., 'Extrinsic rewards and intrinsic motivation in education: reconsidered once again', Review of Educational Research, Vol. 71, No. 1, 2001, pp. 1–27.

- Demmer, H., 'Worksite Health Promotion: How to go about it', European Health Promotion Series 4, WHO, 1995. Available at: <http://whqlibdoc.who.int/euro/1994-97/3924379408.pdf>
- Donaldson, S.I., 'Effects of lifestyle and stress on the employee and organization: implications for promoting health at work', *Anxiety, Stress & Coping: An International Journal*, Vol. 6, No. 3, 1993, pp. 155–177.
- Dowd, E.T., 'Psychological reactance in health education and promotion', *Journal of Health Education*, Vol. 61, No. 2, 2002, pp. 113–124.
- Emmons, K., Linnan, L. & Abrams, D., 'Women who work in manufacturing settings: Factors influencing their participation in worksite health promotion programs', *Women's Health Issues*, 1996, Vol. 6, No. 2, pp. 74–81.
- ENWHP – European Network for Workplace Health Promotion, The Luxembourg Declaration on Workplace Health Promotion in the European Union, 1997 (updated on 2005 and 2007). Available at: http://www.enwhp.org/fileadmin/rs_dokumente/dateien/Luxembourg_Declaration.pdf
- ENWHP – European Network for Workplace Health Promotion, Quality Criteria of Workplace Health Promotion, 1999. Available at: http://www.enwhp.org/fileadmin/downloads/quality_criteria.pdf
- ENWHP – European Network for Workplace Health Promotion, 'Small, healthy and competitive, New strategies for improved health in small-and medium-sized enterprises, Criteria and Models of Good Practice for Workplace Health Promotion', Essen, 2001. Available at: <http://www.enwhp.org/fileadmin/downloads/criteria.pdf>
- ENWHP – European Network for Workplace Health Promotion, Workplace Health Promotion, 2002. Available at: <http://www.enwhp.org/the-enwhp/members-nco/slovenia.html>
- EU-OSHA – European Agency for Safety and Health at Work, Research on changing world of work. Report, 2002. Available at: <http://osha.europa.eu/en/publications/reports/205>
- EU-OSHA – European Agency for Safety and Health at Work, Workplace Health Promotion for Employees, 2010. Available at: <http://osha.europa.eu/en/publications/factsheets/94>
- EU-OSHA – European Agency for Safety and Health at Work (2012). Case studies. Retrieved 30 April 2012, from: <http://osha.europa.eu/en/practical-solutions/case-studies>
- EU-OSHA – European Agency for Safety and Health at Work (2012). Motivation for employers to participate in workplace health promotion. Available at: http://osha.europa.eu/en/publications/literature_reviews/motivation-for-employers-to-carry-out-workplace-health-promotion/view
- Eurofound – European Foundation for the Improvement of Living and Working Conditions, European Quality of Life Survey, 2007. Available at <http://www.eurofound.europa.eu/areas/qualityoflife/eqls/2007/index.htm>
- European Commission, The Health Status of the European Union: Narrowing the Health Gap, 2003. Available at: http://ec.europa.eu/health/archive/ph_information/documents/health_status_en.pdf
- Gee, D., Hunt, R. & Sayers, M., 'Health update: workplace health', Health Education Authority, 1997. Available at: http://www.nice.org.uk/nicemedia/documents/hu_workplace_health.pdf
- Glasgow, R.E., McCaul, K.D. & Fisher, K.J., 'Participation in worksite health promotion: a critique of the literature and recommendations for future practice', *Health Education Quarterly*, Vol. 20, 1993, pp. 391–408.
- Glorian, S., Stoddard, A.M., Ockene, J.K., Hunt, M.K., & Youngstrom, R., 'Worker participation in an integrated health promotion/health protection program: results from the WellWorks project', *Health Education Quarterly*, Vol. 23, No. 2, 1996. Available at: <http://works.bepress.com/ockenej/151>
- Goetzel, R.Z., Guindon, A.M., Turshen, I.J., & Ozminkowski, R.J., 'Health and Productivity Management: Establishing key performance measures, benchmarks, and best practices',

- Journal of Occupational and Environmental Medicine / American College of Occupational and Environmental Medicine, Vol. 43, No. 1, 2001, pp. 10–17.
- Goetzel, R.Z., Ozminkowski, R.J., Bowen, J. & Tabrizi, M., 'Employer integration of health promotion and protection programs', International Journal of Workplace Health Management, Vol. 1, No. 2, 2008, pp. 109–122.
- Henning, R., Warren, N., Robertson, M., Faghri, P. & Cherniack, M. 'Workplace health protection and promotion through Participatory Ergonomics: An integrated approach', Public Health Reports, 2009 Supplement 1, Vol. 124, pp. 26–35. Available at: <http://www.publichealthreports.org/issueopen.cfm?articleID=2243>
- Hollander, R.B. & Lengermann, J.J., 'Corporate characteristics and worksite health promotion programs: Survey findings from Fortune 500 companies', Social Science and Medicine, 1988, Vol. 26, No. 5, pp. 491–501.
- Hunt, M.K., Ledermann, R., Potter, S., Stoddard, A. & Sorensen, G., 'Results of employee involvement in planning and implementing the Treatwell 5-a-Day work-site study', Health, Education & Behavior, Vol. 27, No. 2, 2000, pp. 223–231.
- Janer, G., Sala, M. & Kogevinas, M., 'Health promotion trials at worksites and risk factors for cancer', Scandinavian Journal of Work, Environment and Health, 2002, Vol. 28, No. 3, pp. 141–157.
- Kohn, A., Punished by Rewards: The Trouble with Gold Stars, Incentive Plans, A's, Praise, and Other Bribes, Houghton Mifflin Company, Boston, 1999.
- Kreis, J. & Bödeker, W., Health-related and economic benefits of workplace health promotion and prevention. Summary of the scientific evidence. IGA-Report 3e. 2004. Essen: BKK Bundesverband und Hauptverband der gewerblichen Berufsgenossenschaften (BKK Federation and Federation of Institutions for Statutory Accident Insurance and Prevention). Available at: http://www.enwhp.org/fileadmin/downloads/IGA-Report_3_English.pdf
- Kryger, J., Yore, M.M., Bauer, D.R. & Kohl, H.W., 'Selected barriers and incentives for worksite health promotion services and policies', American Journal of Health Promotion, 2007, Vol. 21, No. 5, pp. 439–447.
- Kuoppala, J., Lamminpää, A. & Husman, P., 'Work health promotion, job well-being, and sickness absences – a systematic review and meta-analysis', Journal of Occupational Environmental Medicine, Vol. 50, No. 11, 2008, pp. 1216–1227.
- LaMontagne, A.D., Barbeau, E., Youngstrom, R.A., Lewiton, M., Stoddard, A.M., McLellan, D., Wallace, L.M. & Sorensen, G., 'Assessing and intervening on OSH programmes: effectiveness evaluation of the Wellworks-2 intervention in 15 manufacturing worksites', Occupational and Environmental Medicine, Vol. 61, 2004, pp. 651–660.
- Linnan, L.A., Sorensen, G., Colditz, G., Klar, N. & Emmons, K.M., 'Using theory to understand the multiple determinants of low participation in worksite health promotion programs', Health Education & Behavior, 2001, Vol. 28, No. 5, pp. 591–607.
- Lovato, C.Y. & Green, L.W., 'Maintaining employee participation in workplace health promotion programs', Health Education & Behavior, 1990, Vol. 17, pp. 73–88.
- Lowe, G.S., 'Healthy workplaces and productivity: A discussion paper', Health Canada, 2003. Available at: http://www.cprn.org/documents/20183_en.pdf
- Lowe, G.S., 'Healthy workplaces strategies: creating change and achieving results', Health Canada, 2004. Available at: http://www.cprn.org/documents/26838_en.pdf
- Martin, A., Sanderson, K. & Cocker, F., 'Meta-analysis of the effects of health promotion intervention in the workplace on depression and anxiety symptoms', Scandinavian Journal of Work Environmental Health, Vol. 35, No. 1, 2009, pp. 7–18.
- McLellan, R.K., Mackenzie, T.A., Tilton, P.A., Dietrich, A.J., Comi, R.J., & Feng, Y.Y., 'Impact of workplace sociocultural attributes on participation in health assessments', Journal of Occupational Environmental Medicine, Vol. 51, No. 7, 2009, pp. 797–803.

- Moore, A., Parahoo, K. & Fleming, P., 'Workplace health promotion within small and medium-sized enterprises', *Health Education*, Vol. 110, No. 1, 2010, pp. 61–76.
- Muylaert, K., Op De Beeck, R. & Van den Broek, K., *Company Health Check: An Instrument to Promote Health at the Workplace* (Review Paper and Catalogue of Quality Criteria), ENWHP, 2007. Available at:
http://www.enwhp.org/fileadmin/downloads/7th_Initiative_MoveEU/Review_and_Catalogue_CHC.pdf
- NEBOSH – National Examination Board in Occupational Safety and Health, Happiness, Health and Well-being at Work, Research Summary, 2010. Available at
<http://www.nebosh.org.uk/fileupload/upload/Happiness%20Report%20010311143201111646.pdf>
- Nöhammer, E., Schusterschitz, C. & Stummer, H., 'Determinants of employee participation in workplace health promotion', *International Journal of Workplace Health Management*, Vol. 3, No. 2, 2010, pp. 97–110.
- Oxford Dictionaries. Retrieved 10 November 2011, from
http://oxforddictionaries.com/view/entry/m_en_gb0369410#m_en_gb0369410
- Pallarito, K., 'The Pepsi Challenge: Sustaining employee participation in wellness; Innovator: PepsiCo', AllBusiness. Retrieved 13 March 2012, from
<http://www.allbusiness.com/medicine-health/diseases-disorders-obesity/11706610-1.html>
- Patterson, R.E., 'Durability and diffusion of the nutrition intervention in the working well trial', *Preventive Medicine*, Vol. 27, 1998, pp. 668–673.
- Peersman, G., Harden, A., Oliver, S., Effectiveness of health promotion interventions in the workplace: a review, report, Health Education Authority, London, 1998. Available at:
http://www.nice.org.uk/niceMedia/documents/effective_workplace.pdf
- Pelletier, K.R., 'A review and analysis of the health and cost-effective outcome studies of comprehensive health promotion and disease prevention programs at the worksite: 1998–2000 Update (VI)', *American Journal of Health Promotion*, Vol. 16, No. 2, 2001, pp. 107–116.
- Pelletier, K.R., 'A review and analysis of the clinical and cost-effectiveness studies of comprehensive health promotion and disease management programs at the worksite: update VI 2000-2004', *Journal of Occupational Environment Medicine*, Vol. 47, No. 10, 2005, pp. 1051–1058.
- Rost, K., Connell, C., Schechtman, K., Barzilai, B. & Fischer Jr., E.B., 'Predictors of Employee Involvement in a Worksite Health Promotion Program', *Health Education Quarterly*, Vol. 17, No. 4, 1990, pp. 395–407.
- Schneider, S., Hauf, C. & Schiltenwolf, M., 'Back care programs for health promotion – representative user profiles and correlates of participation in Germany', *Preventive Medicine*, Vol. 40, 2005, pp. 227–238.
- Seaverson, E.L.D., Grossmeier, J., Miller, T.M. & Anderson, D.R., 'The role of incentive design, incentive value, communications strategy, and worksite culture on health risk assessment participation', *American Journal of Health*, Vol. 23, No. 5, 2009, pp. 343–352.
- Shain, M. & Kramer, D.M., 'Health Promotion in the Workplace: Framing the Concept; Reviewing the Evidence', *Journal of Occupation Environmental Medicine*, Vol. 61, 2004, pp. 643–648.
- Shain, M. & Suurvali, H., *Investing in Comprehensive Workplace Health Promotion*, Center for Addiction and Mental Health: National Quality Institute (NQI), 2001.
- Sloan, R.P. & Gruman, J.C., 'Participation in workplace health promotion programs: The contribution of health and organizational factors', *Health, Education & Behaviour*, 1988, Vol. 15, No. 3, pp. 269–288.

- Taitel, M.S., Haufle, V., Heck, D., Loeppke, R., & Fetterolf, D., 'Incentives and other factors associated with employee participation in health risk assessments', *Journal of Occupational and Environmental Medicine*, Vol. 50, 2008, pp. 863–872.
- Terry, P.E., Fowles, J.B. & Harvey, L., 'Employee engagement factors that affect enrolment compared with retention in two coaching programs – The ACTIVATE Study', *Population Health Management*, Vol. 13, No. 3, 2010, pp. 115–122.
- Thesenvitz, J., Supporting Comprehensive Workplace Health Promotion in Ontario Project: Effectiveness of Workplace Health Promotion, The Health Communication Unit at the Centre for Health Promotion, University of Toronto, Toronto, 2003.
- Thesenvitz, J., Conditions for Successful Workplace Promotion Initiatives, The Health Communication Unit at the Centre for Health Promotion, University of Toronto, Toronto, 2002. Available at: http://www.thcu.ca/infoandresources/resource_display.cfm?resourceID=1135&translateTo=English.
- Tones, K. & Tilford, S., *Health Promotion: Effectiveness, efficiency and equity* (3rd edn), Nelson Thornes, Cheltenham, UK, 2001.
- Vaughan-Jones, H. & Barham, L., 'Healthy Work; Challenges and Opportunities to 2030, a report for Bupa in partnership with the Oxford Health Alliance', The Work Foundation and RAND Europe, 2009. Available at <http://www.bupa.com/about-us/information-centre/uk/uk-healthy-work>
- Warshaw, L.J. Messite, J., 'Health protection and promotion in the workplace: an Overview', in Stellman J.M. (ed.) *Encyclopaedia of Occupational Health and Safety*, International Labour Organization Publications, Geneva, Switzerland, 1998, pp. 79–89.
- Weiner, B.J., *An Attributional Theory of Motivation and Emotion*, Springer Verlag, New York, 1986.
- Weiner, B.J., Lewis, M.A. & Linnan, L.A., 'Using organisation theory to understand the determinants of effective implementation of worksite health promotion programs', *Health Education Research*, Vol. 24, No. 2, 2009, pp. 292–305.
- Wilhide, C. & Hayes, J.R., 'The use and influence of employee incentives on participation and throughput in a telephonic Disease Management Program', *Population Health Management*, Vol. 11, No 4, 2008, pp.197–203.
- WHO – World Health Organization, Re-defining 'Health', 2005. Retrieved 11 November 2011, from http://www.who.int/bulletin/bulletin_board/83/ustun11051/en/
- WHO – World Health Organization, Ottawa Charter for Health Promotion, 1986. Available at: http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf
- WHO – World Health Organization, Constitution of the World Health Organization – Basic Documents, Forty-fifth edition, Supplement, 2006. Available at: http://www.who.int/governance/eb/who_constitution_en.pdf
- WHO – World Health Organization. 'Workplace health promotion – Benefits', 2009a. Available at http://www.who.int/occupational_health/topics/workplace/en/index1.html
- WHO – World Health Organization. [Workplace health promotion. The workplace: a priority setting for health promotion](#). 2009b. Available at http://www.who.int/occupational_health/topics/workplace/en/
- WHO – World Health Organization. [The determinants of health](#). Geneva. Retrieved 10 November 2011, from <http://www.who.int/hia/evidence/doh/en/>

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