

UNIVERSITY OF LJUBLJANA
SCHOOL OF ECONOMICS AND BUSINESS

MASTER THESIS

**EMPLOYEES' ATTITUDES TOWARDS WORKPLACE HEALTH
PROMOTION ACTIVITIES IN A SELECTED COMPANY**

Ljubljana, April 2019

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LIST OF ABBREVIATIONS

sl. – Slovene

HR – (sl. – Človeški viri); Human Resources

OSH – (sl. – Varnost in zdravje pri delu); Occupational Safety and Health

PAS – (sl. – Psihoaktivne snovi); Psychoactive Substances

SA – (sl. – Odsotnost zaradi bolezni); Sickness Absence

WHP – (sl. – Promocija zdravja na delovnem mestu); Workplace Health Promotion

INTRODUCTION

Having healthy employees is a goal that most organizations aspire to. Healthy persons perform their roles more effectively as workers, citizens, partners, and parents, while further developing their potential (Lowe, 2010, p. 7). In the workplace, having healthy employees can increase motivation, satisfaction, and the sense of belonging to the organization (Lowe, 2010, p. 27). This has become increasingly important in recent years, as the concept of health has changed dramatically, with new types of diseases affecting the physical and mental health of employees (Litchfield, Cooper, Hancock & Watt, 2016, p. 3).

Depending on the type of job in the organization, the impact on work-related activities on health and lifestyle of employees is different. For instance, jobs requiring manual labour are more prone to risk, and physical workers are most exposed to overall health risks because of working in such an environment. However, white collar workers are also exposed to certain occupational health hazards, such as a harmful physical working environment with ergonomic issues, high stress jobs, and components of working life including long working hours, poor job stability, all of which have negative effects on overall health (e.g. mental health, musculoskeletal problems, and coronary illnesses) (Bambra, Lunau, Eikemo, Dragano & van der Wel, 2014, p. 113).

The tangible costs and benefits from investing into improving health in the workplace have been documented by literature (O'Donnell, 2017, p. 43). Prior to 1981, little was known about the financial effects of **workplace health promotion (WHP)**, but by the 1990s, studies started demonstrating the financial results of such activities. By 1990, a high number of organizations had workplace health activities, and by 2002, results from this area of research were broadened with examples of best practices in workplace health activities (O'Donnell, 2017, p. 56). Some of the main benefits emphasized by these studies included both tangible and intangible benefits of having healthier workers, such as lower health costs for the company, reduced absenteeism, higher productivity followed by fewer occurrences of accidents, lower fluctuation and a better public image (Kelly, 1999, p. 15). For instance, studies have shown that employees who have an unhealthy lifestyle have a 50 % higher likelihood of needing to take sick leave than those who are encouraged to improve their lifestyles (Shain & Kramer, 2004, p. 644). Most organizations have recognized the benefits of good workplace health programs through increased productivity, self-confidence and well-being of workers (O'Donnell, 2017, p. 136).

Many organizations have begun implementing health promotion activities in the workplace because of these reasons. Through health promotion at the workplace, organizations can raise employees' awareness of health, affect employee behaviour, and support changes through an appropriate environment. The end result can have a positive impact on employees' health (O'Donnell, 2017, p. 11). The European Parliament hosted a workshop on health promotion and primary prevention at work in 2016, showing that the number of people who have

chronic illnesses can be reduced through ensuring safety, promoting health, and tackling all risk factors for the occurrence of the disease. Recommendations for the future activities are based on prevention, promotion, and protection at the workplace (European Parliament, 2016, p. 12).

One important and necessary precondition for the health protection of employees is **occupational safety and health (OSH)**. Companies need to provide a safe workplace, which means that employees are protected from injuries and work in a safe workplace with protective equipment if needed. Responsibility for occupational health and safety at work is known and is very strictly legislated (Pescud, et al., 2015). In recent years, there has been a growing discussion about the connection between WHP and OSH activities at the workplace. As both are important for employee's health, they complement each other, so there is a possibility to integrate them in one approach and make additional benefits (National Institute for Occupational Safety, 2012, p. 12).

Health promotion at work includes two philosophies. Based on one philosophy, the main responsibility for health comes from the workers themselves. The impact of genetics and environment is recognized, but the main role in workplace health promotion is behaviour. Activities based on this philosophy use the workplace for different programs to improve the health of employees through changing the *behaviour of employees as individuals*. The second philosophy recognizes the person's duty regarding his or her own particular wellbeing, although focuses on the organizations' possibility to create a better working environment. Employees cannot control factors from the environment, so activities in the second philosophy are focused on *changing the work environment* and creating a supportive environment for easier work and better job performance. The workplace should not divert employees; it should encourage them and improve wellbeing through changing policies, culture and environment (Shain & Kramer, 2004, p. 643).

Accordingly, a workplace health promotion plan can contain different activities. First, activities can focus on individual workers' health habits like eating, working out, sleeping, consuming alcohol or smoking. Malnourishment (under or over weight), not having regular physical activity, smoking a lot, drinking too much alcohol or not sleeping enough can be harmful to health. Those activities are considered as causes for the occurrence of different diseases and related costs (Shain & Kramer, 2004, p. 644). Second, instead of focusing on changing individual behaviour (e.g. quitting smoking, increasing physical activity), workplace health activities can target a specific disease (e.g. heart problems, diabetes, musculoskeletal disorders, cancer, mental diseases) chosen according to the organization's greatest needs. This type of activity can also be implemented as a preventive action based on the type of work, the age of employees and other factors (Goldgruber & Ahrens, 2009).

Summarized results from reviews published from 2004 to 2008 show that workplace health activities focused on one area and implemented in just that area (stress, physical activity,

nutrition, smoking, ergonomic issues or specific disease) had limited effectiveness compared to those implemented in more areas (Goldgruber & Ahrens, 2009, p. 75). Schröder, Pieper, & Haupt (2014) similarly concluded that WHP actions with a more holistic approach, including various components like education, environmental adaptation, exercises or other behaviours, are more effective in improving overall health. In the example of stress, it is obvious that work is not the only factor affecting the behaviour of employees, because personal and situational stresses are interconnected. This was supported by findings of other studies, which demonstrated that the implementation of activities should occur on both the individual and organizational level (Noblet & Lamontagne, 2006).

Other studies have examined the difference in short and long-term effects of WHP activities. Workplace interventions are successful in small improvements in health but outcomes can vary after a certain time (Hutchinson & Wilson, 2011). For instance, studies found that changes in the intake of fruits and vegetables didn't last over time, but the physical activity did remain and increased as a delayed reaction to the intervention (Hutchinson & Wilson, 2011, p. 242).

Previous literature has pointed to the difficulty in making general conclusions about the success of WHP. Working conditions depend on the industry type, so every company has the challenge to adapt workplace and WHP activities to its specific needs. The nature of work of blue and white-collar employees is different, so desk-based work and physically demanding work can lead to different health problems. There is no right or wrong workplace health promotion plan. Every company first needs to recognize the employees' needs, understand the causes for the emergence of the possible health problems, monitor the results of previous activities and continually improve the activities (O'Donnell, 2017).

For instance, activities made to help employees to cope with stress at the workplace are very popular lately and they can include different actions (e.g. relaxation training, meditation, communication workshops, and similar). These activities are supposed to be implemented on multiple levels in the company, but as every level has its own characteristics based on the type of work performed, the recommendations for each level should be tailored towards their specific needs (e.g. white-collar workers need better communication and blue-collar workers need more breaks during shifts).

Differences in the implementation of WHP activities in small, medium and large companies are also present. In smaller companies, there is usually the absence of financial resources for WHP activities and lack of knowledge for good implementation. Sometimes, companies employ external agencies because they do not have appropriate personal resources. This does not necessarily mean that large companies provide enough money and expertise, but highlights the difficulties in making generalizable conclusions about health promotion activities at work (Lang, Cluff, Rineer, Brown & Jones, 2017).

The purpose of the master's thesis is to examine the attitude of employees towards workplace health promotion in a selected company, in order to recommend practical solutions for the future.

The goals of the thesis are:

- To analyse the attitudes of blue and white-collar workers towards WHP activities in a selected company;
- To discover the main health problems workers face, and how these problems might differ depending on the job they perform;
- To assess the challenges of implementation of WHP activities in the selected company;
- To develop recommendations and practical solutions regarding WHP activities for the selected company.

The paper consists of a theoretical and empirical part. First, in the theoretical part, I present a literature review about WHP topics from different sources. Then, I present my empirical research based on the questionnaire conducted in the selected company. Both parts are equally important for the thesis and recommendations for the future.

The thesis is composed of 6 chapters. In the first chapter, I examine health and safety at the workplace through health risks, sickness absence, and safety conditions at the workplace. The second chapter is about WHP types of activities and phases, communication, and benefits for employees and employers. The third chapter covers the company background, WHP team, health analysis and WHP plan for 2018/2019. Then, in the fourth chapter, I present the research methodology, and ultimately the questionnaire findings in the fifth chapter. The last chapter presents the main findings, recommendations and limitations of the research.

1 HEALTH AND SAFETY AT THE WORKPLACE

People are constantly trying to reach a better balance between work and life, which has been a popular topic in recent years as technologies provide new products for everyday use. People are using new technologies and spending a lot of time on the Internet, which have a negative effect on their personal life and health due to physical inactivity and other factors (Fertman & Allensworth, 2010, p. 384). Health is the product of individual behaviour but also a product of the work environment (Ljungblad, Granström, Dellve & Åkerlind, 2014). A healthy environment plays an important role in employees' health. Companies are adapting the working environment in order to ensure good working conditions for existing and possible new employees and their contribution can be high (Mißler & Theuringer, 2003, p. 4).

We live in an innovative world, where new types of work are emerging daily and bringing new challenges. Those changes require new solutions and constant improvement in all spheres of businesses. Employees need to adjust to new working conditions, handle

competition pressure, or upgrade their knowledge and skills. Companies are constantly looking for new solutions which can affect employees in different ways (Mišler & Theuringer, 2003, p. 1). Every company has the responsibility to make a safe workplace and proper working conditions in order to have healthy employees. Employees' health should not be just the employees' concern, as the companies' success is built on employees' competence. The workplace is one of the best beginning points for sharing information about healthy life. Employees can get useful information and knowledge about different health topics and apply in their lifestyle (Ministry for Health of the Republic of Slovenia, 2015, p. 4).

1.1 Health at the Workplace

Health is the basis for a productive and quality life for every individual (World Health Organization, 1986). Every company aims to have healthy employees because good psychophysical condition of employee's improves ability to work, share the knowledge, and to cooperate with colleagues, customers and partners in order to secure the high quality of products and services. (Lowe, 2010, p. 27). Even in today's era of rising automation, when machines are taking over many tasks that humans have been doing for centuries and an array of jobs, particularly manufacturing ones, are being lost to automation, people are still the most important resource in companies (Schabracq & Cooper, 2000).

A healthy employee is calm, confident, focused, productive and recognized by healthy physical appearance. An unhealthy employee is unhappy, less productive, stressed, lacks physical activity and often goes on sick leave. Sometimes it is difficult to replace an employee with special knowledge or skills with proper replacement during the sickness absence (Pescud, et al., 2015).

O'Donnell (2017) defines different types of health. Optimal health is achieved through a balance between physical, emotional, social, intellectual and spiritual health. When a balance is reached, a person can use his/her maximum in all spheres of life.

Exposure to different factors at work including physical (e.g. heat, noise), chemical (e.g. pesticides, dust), biological (e.g. repetitive movements), psychosocial (lack of control over work, inadequate personal support) and mechanical factors (these factors can cause accidents and injuries) can affect the health of employees and cause occupational diseases. Occupational hazards contribute to the occurrence of work related diseases (World Health Organization, 2001).

1.2 Health Risk Factors for White and Blue Collar Workers

World globalization brought new challenges for everybody. As we live in fast changing world, where the number of new technologies rise every day and requires different types of skills, the nature of work is changing (Schabracq & Cooper, 2000). A result, challenges are created for both employers and employees. Changing economy affect individuals and society, raises possibility of diverse health problems for workforce and create additional costs. Standard working hours are from 7–8 a.m. to 5–6 p.m., but constant working implies different types of working hours (e.g. shift and night work, on-call work, and prolonged hours at work) (Giovanni, 2010).

Each type of work has its own uniqueness. Nature of work for blue and white-collar employees is different as they work in different working environments. Blue-collar workers usually perform simple jobs (e.g. cleaning or maintenance, working on an assembly line) in different industries or they can be very skilled in physical work (e.g. mechanics, plumbers, electricians). They wear protective equipment and work with different tools, machines and materials. Their work is supervised and organized in shifts. White-collar workers are highly skilled professionals (e.g. engineers, architects, economists, doctors of medicine) and they work with numbers, documents and information while having higher control over work than blue-collar workers. The main differences are in education, work environment and earnings (Schreurs, Van Emmerik, De Cuyper, Notelaers & De Witte, 2011, p. 7).

White-collar employees work on computers and execute tasks mainly while sitting. Their job requires less physical work. In comparison with the blue-collar workers, their work allows some kind of flexibility and includes administrative work through sharing information by email and phone with colleagues, partners, and customers (Januario, Batistao, Coury, Oliveira & Sato, 2014, p. 2). White-collar workers are usually working in a standard work time frame, but it is well known they work overtime because of time pressure and other reasons. Some of them do not have regular meals during work time. Possibilities for the emergence of illness are similar to blue-collar workers, although they perform a different type of work. Working conditions are just another factor that influences employees' health (Svedberg, Mather, Bergström, Lindfors & Blom, 2018, p. 1052). Gibson, Ivancevich, Donnelly & Konopaske (2003) recognized the special need for assessment of white-collar jobs due to constant work on the computer while sitting. It is usually followed with a high level of stress and it can create a headache, back and shoulder pain, eyes diseases and other health problems.

Blue-collar employees execute the manual repetitive task while standing and they adapt the body postures to working machine or tools. Their job is physically demanding because of monotonous and repetitive movements, working posture of body and shift work (Januario, Batistao, Coury, Oliveira & Sato, 2014) For instance, health program for blue-collar workers in Denmark was created to help employees who were injured. The program provided

different non-medical support (e.g. physical exercises, educations, therapy) in order to avoid consequences from injuries (Pedersen & Arendt, 2014).

A higher number of risks are associated with blue-collar workers because they usually work in shifts due to constant production in different industries. **Shift work** affects workers' psychophysical health in many ways. Sleeping problems are often mentioned as risk factors for sickness absence. It is hard to find a balance between work and personal life due to a sleep deficit, so family and social life suffer. Shift workers are exposed to different health problems (e.g. insomnia, digestive problems, sleepiness, poor mental ability, reduced productivity) (Giovanni, 1996). Rotating shifts are probably the biggest problem for workers, due to constant changes and exposure to stress. Not sleeping enough increases the risk of accidents at work and in traffic. Working in just one shift per week (morning, afternoon or night shift) is easier for workers because they somehow find a balance between working and resting time (Giovanni, 2010). European Survey on Working Conditions explored different questions regarding nature of work, physical work factors, work organization, time and information, income and work and family life (Paoli & Merllie, 2001).

Giovanni (2010) presented possible health problems for blue-collar workers:

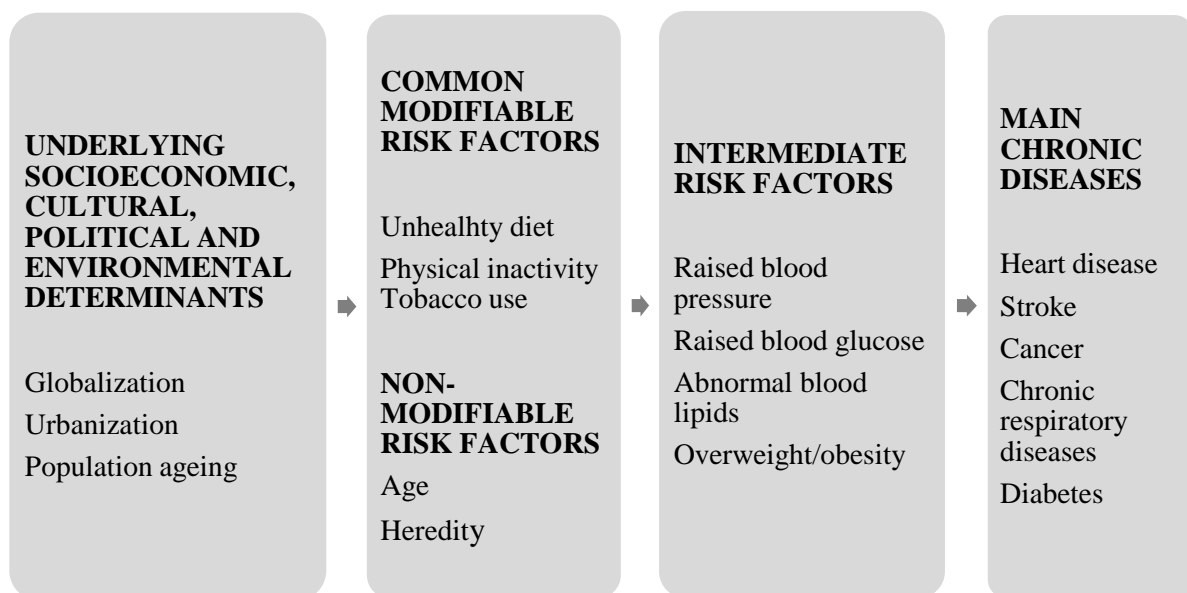
- Mental health problems (e.g. stress, mood disorders, depression)
- Gastrointestinal problems (changed time for eating, not eating regularly, not eating enough fruit and vegetable intake, changed quality of food)
- Metabolism problems (e.g. obesity, high blood pressure, cholesterol, glucose)
- Cardiovascular problems (e.g. shift worker are more prone to start smoking, and they usually smoke more than day workers)
- Cancer (e.g. breast cancer, cancer of the endometrium, prostate)
- Woman reproductive function (changed sleep/wake cycle, physically demanding work, prolonged standing increases the possibility of earlier birth and low birth weight)

Januario, Batistao, Coury, Oliveira & Sato (2014) find that both blue and white-collar workers are exposed to the same risk for **musculoskeletal disorders**. Neck and shoulders are the parts most exposed to the same movements during work. Repetitive movements or static position during work can harm health. Exposure to different workplace factors can create different musculoskeletal disorders or diseases that are the reason for absenteeism and early retirement.

In recent years, **stress at the workplace** has turned into a serious business problem. Employees' health affects the business, and vice versa. Stress at the workplace is interconnected with psychophysical problems that lead to reduced productivity, sick leave and absenteeism. Those consequences create higher costs for companies. Health policies are introduced in order to identify, prevent and fight against stress through different activities (Chmiel, Fraccaroli & Sverke, 2017, p. 81). People are more inclined to believe that white-

collar workers are under greater stress than blue-collar workers because demanding mental work and higher responsibility, but blue-collar workers are lately facing more demanding jobs, higher responsibility and job insecurity (Chmiel, Fraccaroli & Sverke, 2017). Some stress models imply a relationship with musculoskeletal pain for both, white and blue-collar employees (Herr, et al., 2015). Every specific job requires different resources and levels of cognitive, emotional and physical capabilities. Employees' reaction to stress depends on many different factors. Stress at work can decrease productivity and effectiveness (Kessler, Mills, Sullivan & Mills, 2007). People usually recover fast from a stressful situation at work, but if exposure to stress is constant it contributes to different chronic diseases and negatively affects overall employees' health (Chmiel, Fraccaroli & Sverke, 2017, p. 84).

Figure 1: Causes of the chronic diseases



Adapted from World Health Organization (2005)

According to the World Health Report (2005), raised blood pressure, glucose level, abnormal blood lipids, and malnourishment are modifiable risk factors. Non-modifiable risk factors are age and heredity. These factors are reasons for the emergence of various chronic diseases (e.g. heart disease, stroke, cancer, chronic respiratory diseases or diabetes). In many countries, these risk factors are the main cause of deaths and diseases (80 % of deaths from heart disease and stroke can be connected to those risk factors). Evidence shows that the main causes for death are high blood pressure, tobacco use and raised cholesterol level. Other reasons are low fruit and vegetable consumption, overweight and physical inactivity (World Health Organization, 2005).

Mental illnesses depend on many different factors. Some of those factors are family genetics history and experiences in life, while others come from the environment. According to the World Health Organization, there are several working environment factors that affect mental health. These include: the relationship between colleagues at work, the organizational culture, the ability to do the work and take responsibility, the capability to make changes, the reward system and the possibility for promotion. Every individual has its own personal and professional characteristics, but the company can create better working conditions and influence mental health in different ways (Burton, 2010, p. 31).

1.3 Sickness Absence

Sickness absence (SA) is absence from work because the employee is not able to work due to different health problems. Based on the earlier research, different factors affect the possibility for SA (e.g. gender, age, type of work). Risk factors for disease occurrence are also associated with SA (e.g. hard physical and mental work, sleeping problems, unhealthy diet, bad working and living conditions) (European Foundation for the Improvement of the Living and Working Conditions, 2010).

Table 1: Most common causes of long-term absence for manual and non-manual workers

Causes of work absence	All employees	Manual	Non-manual
Stress	53%	39%	47%
Acute medical conditions (e.g. stroke, heart attack and cancer)	53%	45%	50%
Mental health (e.g. clinical depression and anxiety)	49%	34%	39%
Musculoskeletal injuries (e.g. neck strains and repetitive strain injury, but excluding back pain)	44%	51%	37%
Back pain	35%	43%	35%
Recurring medical conditions (e.g. asthma, angina and allergies)	29%	27%	31%
Injuries/accidents not related to work	23%	21%	22%
Home/family/career responsibilities	18%	15%	17%
Minor illness (e.g. colds/ flu, stomach upsets, headaches and migraines)	18%	17%	19%

Base: all employees: 764; manual: 232; non-manual

Adapted from Chartered Institute of Personnel and Development (2016)

Table 3 shows most common causes of long-term sick leave in the United Kingdom in 2016. According to the annual survey report, the reasons for sickness vary in relation to the type of work. The five most common causes are stress, acute medical conditions, mental health, musculoskeletal injuries and back pain. Manual workers physical workers are more prone to injuries and back pain and non-manual workers are more exposed to stress (Chartered Institute of Personnel and Development, 2016).

Based on diverse studies, older people are more prone to go on sick leave and women are usually more absent from work than men (Allebeck & Mastekaasa, 2004). In the short term, the employee is usually absent because of cold, migraine, or injury. Malnourishment is a problem that is closely related to sick leave because of the various consequences such as poor food digestion, stomach pain and other overweight or underweight disorders. Stress and depression are becoming a more frequent reason for sick leave. Some of these health problems are also the reason for long absence from work (e.g. mental health, stress, back pain) (Quazi, 2013). When different causes of sick leave were examined (e.g. the connection between time pressure, overtime work, sleeping disorders) one of the findings was that inability to sleep well is a risk factor for SA, while time pressure is not (Svedberg, Mather, Bergström, Lindfors & Blom, 2018).

Absenteeism is present in the company when reasons for work absence are not health problems. Based on the literature, absenteeism is a consequence of different factors. Studies confirmed that absenteeism is closely connected with the wage level and employee's position in the company. Workers are less absent if they have high wage and vice versa. Other reasons are personal problems (e.g. taking care of children or elders, marital problems) (Quazi, 2013). Effects of workplace health promotion on absenteeism were examined in the past (results suggest that WHP can return more than 1 euro in lower hospital insurance costs and disability wage costs for every euro invested in the WHP) (Bertera, 1990).

Presenteeism is the opposite pattern of behaviour when the employee comes sick to work. Working environment, stress, depression, long working hours, psychosocial issues, employment condition, time pressure and sense of duty are reasons for presenteeism. Individuals working in certain occupations may be more prone to work while having health problems. All this affects the efficiency of business and creates additional costs for the company (Quazi, 2013, p. 46).

1.4 Safety at the Workplace

Employers are obligated to protect employees from different risks at the workplace. New risks for the occurrence of accidents constantly appear, but it is possible to prevent a big number of them. Every member state of the European Union has the policy in the area of prevention that includes different activities (risk assessment, protective clothes, monitoring of

employees, safety educations, deciding on a ‘Safety Officer’ (person(s) responsible for safety in the workplace)). These activities together are considered for the basic level of policy for safety in Europe (Verra, Benzerga, Jiao & Ruggeri, 2018, p. 4). In Slovenia, based on the Act of Health and Safety at Work (Official Gazette of RS, no 43/11), the employer needs to assure a proper work environment and work equipment. The company needs to take into consideration all factors that might affect the employees’ health and safety, and mitigate the occurrence and severity of issues.

Accidental occupational injuries at the workplace are one of the main causes of deaths related to work. In the European Union before 2004 (15 Member States), each year around 5000 employees were killed in accidents at the workplace and about 5 million had an accident at the workplace were on sick leave longer than three days. Workplace accidents create different costs. For instance, in the European Union in 2001, annual costs due to injuries at the workplace and health condition were estimated at between 185 and 270 billion euros (Alli, 2008, p. 4). A probability for the occurrence of accidents and death are different in different sectors. Most of the workplace accidents and deaths happen in agriculture, forestry, mining and construction. Based on this, blue-collar employees have higher possibility to have an accident at the workplace than white-collar employees. There are also other factors that affect the possibility for occurrence of accidents. Those factors are gender and age of employee, type of employment, working environment and employees’ health condition (Alli, 2008).

2 WHP ACTIVITIES

WHP activities are implemented in public and private companies; regardless of the type of employees (blue or white-collar) and size of the companies (small, medium-sized or large). A WHP program includes different activities and relates to different health issues of employees. For most companies the WHP process represents a challenge, as there is no “one size fits all” solution. It is a continuous process, so WHP activities need to be repeated regularly to maintain or improve the health of employees. There are no standardized steps for planning and implementing WHP activities (O'Donnell, 2017).

The first important factor for WHP is integration in all important decisions in the company, including the strategy. Good cooperation is the second factor for successful implementation of the WHP activities. Every company should enable the participation of all employees in the activities. Third, all activities should be structured after the analysis of employees’ health and needs. The company needs to decide on priorities for future implementation, monitoring and evaluation. WHP activities should focus on changes in the working environment and individual needs of employees (Ministry for Health of the Republic of Slovenia, 2015, p. 4).

WHP process starts with WHP research through qualitative methods, which is the most important part that complements and broadens quantitative methods (Crosby, DiClemente, & Salazar, 2015). Productivity and profit broaden the horizon of WHP. First, WHP needs to be

part of the core business strategy and operation management. Second, it should not ignore all workplace factors that affect employees' health (DeJoy & Wilson, 2003).

Companies in Slovenia are planning and implementing WHP activities in accordance with the Act of Health and Safety at Work (Official Gazette of RS, no 43/11), adopted by the National Assembly of the Republic of Slovenia in 2011. According to the Law on Safety and Health at Work (Official Gazette of RS, no 43/11) WHP represents a group of systematic activities and measures implemented by the employer to maintain and strengthen employees' physical and mental health. The employer must provide the resources for WHP activities and determine methods for monitoring the implementation. If the employer does not fulfil its obligations, it can be fined from 2000 to 40000 euros.

There is no clear policy for WHP in Europe, although the results show that many companies use the term WHP in their safety policies even when there is no active promotion of health at the workplace. There is not enough awareness about the need for WHP, although two-way interaction between employee and workplace environment is strong (Verra, Benzerga, Jiao & Ruggeri, 2018, p. 8).

O'Donnell (2017) defines optimal health through five dimensions of health and explains different WHP programs that can be done for targeting those dimensions. Different types of programs correspond to the different dimension of employee's health:

- The first dimension, physical health is the condition of the body. WHP programs focus on fitness, nutrition and regulation of weight or everyday habits like smoking, drinking alcohol and consuming drugs.
- The second dimension, emotional health is the capability to handle stressful and emotional situations. Stress management and other activities for increasing happiness and satisfaction are contributing to emotional health.
- The third dimension, social health is the capability to make strong and beneficial relationships. WHP programs for improving relationships are different types of training, team buildings, sports activities and other activities for common employee activities.
- The fourth dimension is intellectual health. It includes education and career level, free time interests and affiliation to the culture. WHP programs target jobs and expertise of employees through a wide range of different activities.
- The last dimension, spiritual health refers to love and peace. Every person values life differently, so WHP workshops help people to find their own life purpose. Also, these programs focus on religious beliefs.

2.1 Phases of WHP

The WHP process can be adjusted to a specific case because it is not standardized. O'Donnell (2017) presents the WHP phases that can be implemented by every company, but not

necessary and all phases because sometimes company needs a simple WHP program. The process described below is suitable for companies with 4000 to 10000 employees, and it includes:

Phase I: Structuring the Design Process

In the first phase it is assumed that the company did not make a decision the about implementation of WHP plan, so the first step is to choose the WHP team and decide on the planning structure. Employees responsible for implementation of the WHP plan should be chosen carefully, based on the personal capabilities, the interest of individuals and the size of the company. They should form a working group and decide together on the steps for planning the WHP program. The WHP team needs to understand the purpose of implementation, the goals and benefits of certain activities. In small companies, the planning responsible is usually the director of the company. Large and medium-size companies have a maximum of 10 employees in the team. Perfect size team has 8 employees.

For successful participation in the design of the WHP program, the employee needs to understand the design process, to be familiar with communication techniques and to have teamwork capabilities. The team needs to be capable to agree on decisions for the future. Ability to motivate the employees to participate in the activities is also important for the implementation of WHP plan. Experience and knowledge in different areas of WHP are desirable (O'Donnell, 2017, p. 119).

The employer who implements WHP activities cannot expect 100 % participation of all employees, but it can expect from a big number of employees to participate in activities and make positive changes in their lifestyle (e.g. increasing physical activity, eating more fruit and similar). The most important is to make realistic goals for the future and choose relevant WHP activities based on the employees' needs (O'Donnell, 2002).

Phase II: Collecting Data for the Needs Assessment

In the second phase, the WHP team needs to do an assessment of employees' needs, clarify the health goals and decide on a budget for the WHP plan. Every company can do this assessment with the use of primary or secondary data. Materials for assessment of health, risk factors, work environment or behaviours can be collected through internal and external methods. The company can organize interviews, focus groups, send questionnaires about specific topics or do the review of data from others. Every internal method can focus on different issues (e.g. attitudes towards different implemented activities, physical and mental health diseases, safety at work, satisfaction at work, awareness about popular health topics) in order to decide on priorities (O'Donnell, 2017, p. 411).

Demographic data, fluctuation report, data about sick leave and injuries at work, health indicators, or reports from authorized labour practitioners contain important data for needs assessment. Small companies rely on previous assessment in the same industry or other informal alternatives like interviews, focus groups and questionnaires. Large companies are combining more approaches for assessment (O'Donnell, 2017, p. 410). Secondary data is a cheaper method for collecting data; it is more accessible and accurate than data from primary research. It is usually founded online through internet sources, based on research and reports from national governments, universities, research institutes, national and international institutions or professional health associations. Every source and validity of data should be checked in order to get a real picture for future WHP activities (Fertman & Allensworth, 2010, p. 107).

O'Donnell (2017) defines the physical, emotional, social, intellectual and spiritual dimensions of health. It is important to assess all dimensions of health in order to understand the real needs for WHP activities (Fertman & Allensworth, 2010, p. 96).

Phase III: Developing Plan Content

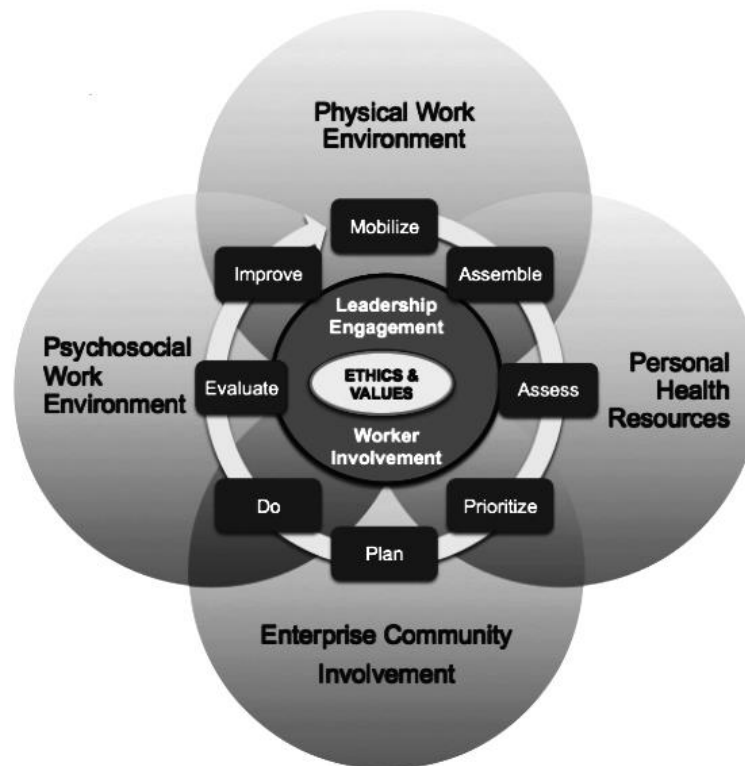
In the third phase, the WHP team chooses activities for implementation. Preparation of the WHP plan is very important for all size companies because it is a structured and coordinated way to organize the WHP activities based on identified needs and available resources. It is a plan for precisely defined activities for a given period of time. It should contain accurate responsibilities and duties for the whole WHP team, priorities for future, the purpose and goals (Ministry for Health of the Republic of Slovenia, 2015).

In this step is important to choose proper WHP activities that will target the particular need. WHP plan should have a detailed description of all health topics, desired level of impact and strength of plan in the terms of resources, time and WHP personnel. Chosen activities should educate employees, increase their awareness about different topics, change the participants' behaviour, create a better working environment or achieve other specified goals (Fertman & Allensworth, 2010, p. 128).

After going through previous phases, a prepared plan should guide the **implementation** of selected WHP activities. Effective implementation of WHP plan considers good a communication process through different channels of communications and successful motivation of employees for participating in activities (Corcoran, 2013). In the same time, those are the biggest challenges during the implementation. Poor design, lack of personnel or financial resources, high goals, unreal time frame or implementation of small/big numbers of activities at the same time are possible weaknesses of WHP plan. Constant **monitoring** implies a regular meeting of the WHP team to check the progress of the implementation based on the feedback of participants, time frame and expected results (Green, Tones, Cross & Woodall, 2015). WHP team should monitor the plan because it can be modified if the

problem is detected on time. It is necessary to **evaluate** the activities in order to see progress and recognize benefits for business and employees, although the most important in evaluation is to identify the critical areas of the WHP program (European Agency for Safety and Health at Work, 2012a, p. 31). The company needs to evaluate the success of implemented activities in order to understand the current situation and possible obstacles towards the achievement of health goals. Measures for evaluation need to be chosen before the implementation of WHP program (Fertman & Allensworth, 2010, p. 140).

Figure 2: Healthy workplace framework and model



Source: Burton (2010).

As presented above (Figure 2), Burton (2010) suggests the WHP model based on the findings through literature and practice. This model is created from two core principles, eight-step process and four areas of influence. In the centre of the model are the ethics and values of the company. Around them are core principles, leadership engagement and workers involvement. The eight-step process connects core principles and areas of influence. Four circles represent possible ways for influence on employees' health and they overlap (physical work environment, personal health resources, enterprise community involvement and psychosocial work environment).

In the first step of the process, it is necessary to provide support of all levels in the company in terms of commitment. Then, select the team and the resources needed for implementation. After that, it is necessary to understand the current situation in the company and determine future goals. It is important to prioritize based on the analysis. When the activities are exactly planned and implemented, the next step is an evaluation to make the company aware of the situation it has achieved through the implementation of the WHP plan. In the evaluation step, it is important to check also the numbers that show the company's success. Often WHP activities reflect first on performance rather than on the direct improvement of health indicators. At the end of the process, it is necessary to look again the goals and praise success. It is possible to discover new employees' needs and new ways for reaching the goals that were not achieved (Burton, 2010, p. 97).

2.2 Types of WHP Activities

Every WHP plan is based on health goals and usually has more than one WHP activity per goal. Sometimes the health goal can be general like wellbeing of employees, so the WHP team analyses the overall health of employees and decides which activities should implement in the future. All WHP activities can be implemented on different levels in the company (organizational, group, leader and individual) affecting individuals, businesses and society (Chmiel, Fraccaroli & Sverke, 2017, p. 310).

WHP activities are divided based on their goals:

- Activities focusing on behaviour change

Human behaviour is complex and depends on the individual and environment differences, but it is changeable. It needs to be observed and analysed in order to understand the relationship between variables that influence behaviour. There are no standardized steps for changing employees' behaviour. Motivation is an important part of the process because people tend to return to old patterns of behaviour (Gibson, Ivancevich, Donnelly & Konopaske, 2003, p. 88). When the goal is to change certain behaviour of employees the activities should last more months and those activities are considered as lifestyle changing activities (Harris, Hannon, Beresford, Linnan & McLellan, 2014, p. 329).

Physical activity can bring benefits to different segments of life. When people are physically active they can control their weight, cope with stress because of powerful psychological and physiological factors that physical activity brings, improve cardiovascular condition of body and reduce the risk of possible heart diseases, improve mental health, delay the osteoporosis and have good physical appearance (Kelly, 1999, p. 14).

WHP activities affect employees' behaviour (Hitt, Miller, & Colella, 2011). For instance, the company partially funds tickets for different physical activities outside work, organizes sports

events, encourages employees to use stairs more than elevators and creates other activities in order to motivate employees to be physically active and improve physical condition.

Activities focusing on improving physical activity and nutrition in the review of 129 studies conducted in the United States of America (strategies to increase stair climbing, healthy food offers in cafeterias and similar) show increased physical activity and improved nutrition of employees (Goldgruber & Ahrens, 2009, p. 81).

- Activities focusing on raising awareness about health topics

Awareness activities educate employees about the importance of different health topics. Those activities include diverse communication methods inside the company. Messages addressed to health topics are creating awareness if they produce strong emotions (Fertman & Allensworth, 2010, p. 205).

WHP activities for raising the employees' awareness usually do not create change in behaviour. For instance, if the health goal of the company is to raise awareness about the negative effect of using tobacco, stress, unhealthy diet, physical inactivity or different diseases, messages about those topics can be shared on boards at the workplace, in newsletters, at meetings, workshops and different events.

- Activities focusing on creating the supportive workplace environment

Activities focusing on workplace environment include changes in physical environment (e.g. adapting machines, tools and environment in order to protect employees from injuries), changing workplace policies (e.g. nutrition policies, safety policies and others that can support wellbeing of employees) and culture (e.g. supporting socializing, communication, teamwork and different positive values of workplace culture) (O'Donnell, 2017, p. 92). It is important to emphasize that if the company targets just behavioural changes of employees through WHP activities, the results will not be maximized as in the case of targeting also organizational and work changes (Shain & Kramer, 2004, p. 647).

Supportive environment and the company's policies are interconnected in creating better conditions for employees' work and life. For instance, encouraging employees to give support to each other creates a friendly environment and strengthen culture. Introduction of new nutrition policy motivates employees to eat healthy food and improve their health. The environment is ensuring support for employees in terms of work, safety and health.

2.3 Communication of WHP Activities

Communication is an important part of the WHP process. Progress in technology brings new possibilities for communication and easier achievement of communication goals. Every

activity can be conducted through different channels of communication. It is important that every message directed to employees is clear and in accordance with WHP goals (Fertman & Allensworth, 2010, p. 204). Effective communication during implementation phase supports WHP although it cannot directly change the certain behaviour; it creates awareness, changes attitudes towards WHP activities and motivates employees to participate in the activities. Communication is important in every phase of the WHP process. It is crucial to get the right information about results and understand them in order to make good future decisions (Fertman & Allensworth, 2010, p. 205).

There are different channels of communication. The company chooses the best way of sharing the news and spreading information about activities. In some cases, email is the best solution, although “eye to eye” communication can gain more attention. There is also a possibility to give behaviour example (Gibson, Ivancevich, Donnelly & Konopaske, 2003). People usually copy behaviours from others consciously or unconsciously, which can be more effective than reading many stories in the newsletter (Kotter, 1996, p. 95). After hearing information for the first time, people usually forget or do not accept the significance of information due to different reasons. To get attention, the information needs to be repeated more times. The solution for the effective exchange of information is repetition (Gibson, Ivancevich, Donnelly & Konopaske, 2003, p. 456).

2.4 Benefits of WHP for Employees

WHP brings different benefits for employees who participate in the activities. Benefits of WHP activities are increased physical activity, work satisfaction and morale, the well-being and on the end overall quality of employees’ life. When employees adopt healthy habits, they reduce the likelihood of a variety of potential illnesses that are usually the product of lifestyle (Kaczmarek & Anderson, 2004). It is easier to adopt preventive activities and improve general cognitive and affective outcomes. Improvements are noticeable at the physical, mental and social levels (Nöhammer, Schusterschitz & Stummer, 2016).

There are also benefits related to mental health. Some of those topics are depression, stress and behaviour problems (European Agency for Safety and Health at Work, 2012a, p. 10). WHP activities increase employees’ self-respect and help them to cope with stressful situations. Every company that promotes health in the workplace indirectly creates benefits for society (World Health Organization, 2018).

There is a connection between employee’s health and risk of accidents. Several factors affect the possibility of accidents in the workplace. WHP activities focus on creating a safe and supportive environment for employees. Workplace ergonomics do not create only a safe environment; it also brings other benefits for the employees and the company through the decreased number of accidents at work (European Agency for Safety and Health at Work, 2012b, p. 20).

2.5 Benefits of WHP for Employers

In the past, investment in the health of employees was seen as unnecessary cost, although it was confirmed that WHP can have a positive impact on employees, business and society (Mißler & Theuringer, 2003, p. 8). It is well known that employers face different costs and operational problems due to decreased productivity, absenteeism, staff turnover and accidents at the workplace (European Agency for Safety and Health at Work, 2012b).

Workplace health promotion brings different benefits for companies. A healthy employee has a higher concentration at work and engages more than an employee with poor health (Zwetsloot, Scheppingen, Dijkman, Heinrich & Besten, 2010). WHP activities lower absenteeism, increase work motivation, productivity and quality of companies' products or services (Mißler & Theuringer, 2003, p. 8). There is a possibility to increase employee loyalty and reduce employee turnover. Important benefits are lower health care costs and no risk for penalties and lawsuit (World Health Organization, 2018).

WHP activities are interconnected and create benefits for both, the company and employee (e.g. a decrease in turnover rate is good for company and employee; the employee is satisfied and employer does not face high turnover rate and related costs for finding new employees) (European Agency for Safety and Health at Work, 2012a, p. 10).

When implementing WHP activities, the company creates a positive picture for consumers, partners and potential new employees. WHP plan not only generates cost savings, it also creates a better organizational culture and strengthens relationships in the company (European Agency for Safety and Health at Work, 2012b).

3 COMPANY BACKGROUND

The selected company is part of an international group that employs people in more than 100 locations all over the world. It has a long tradition in providing products to the world's automotive manufacturers, including manufacturers of commercial and special vehicles, and the manufacture of trains, boats and other vehicles. The company's core activities are development and production of both universal and vehicle specific products.

In Slovenia it employs around 3000 people. It has large production organized in rotating work shifts, working nonstop. Production in the selected company is large-scale production that brings benefits through technological and economic synergies. Thanks to continuous innovations and strong research and development, the selected company achieved a leading position in the global market in many fields. The selected company is a reliable partner and supplier for innovative products for the vehicle industry due to the commitment to research and development and years of experience (Selected Company, 2017). Products are complex, smart and technologically innovative focused on safety, comfort, efficiency, digitalization,

and environment-friendly practices. Their competitive advantage lies in the fact that they can easily follow market trends and react to customers' requests in creating high-quality products.

As an employer, the selected company sees employees as the engines for future success. In order to have motivated employees, they invest in personal and professional development of employees and actively contribute towards protecting the environment through innovative products solutions and new ways for environment protection (Selected Company, 2017). The selected company is planning and implementing WHP activities in accordance with the Law on Safety and Health at Work (Official Gazette of RS, no 43/11). WHP activities are planned on the annual basis and implemented to improve and maintain the physical and mental health of employees, lower sick absence, improve relations within the company and educate employees about different health topics (WHP team, 2018).

3.1 WHP Team in the Selected Company

Every company needs to select employees for WHP team. In large and medium-sized companies it is preferable to have less than ten individuals in the team. Those employees should be from different sectors (e.g. director, president of workers' union, president of the worker's council, consultant for the WHP, occupational medicine practitioner, head of human resources or human resource managers, professional worker for safety at work, head of development, head of production or production managers, head of the fire service, different experts or public relations consultants) (Clinical Institute of Occupational, Traffic and Sports Medicine, 2014).

Based on the findings at Clinical Institute of Occupational, Traffic and Sports Medicine in Ljubljana (2014) the employer should entrust the implementation of WHP to the workers' council and make an agreement for that purpose consisted of the following obligation points:

- annual meetings with the contracted labour practitioners
- sick leave analysis for each organizational unit separately
- surveying employees about the necessary WHP actions
- constant work of WHP team group under the guidance of the workers' council and **human resources (HR)** support

WHP team in the selected company is formed from eight people from different sectors (President of the Workers' Council, Head of HR, security engineer, HR manager logistics manager and production managers). Head of WHP team is President of the Workers' Council. They meet every month in order to check the implementation of the agreed/planned activities. All members of the team take into account and defend the following values: social justice and impartiality, inclusion, empowerment and respect for all employees (WHP team, 2018).

Based on instructions for employers at Clinical Institute of Occupation, Traffic and Sports Medicine (2014) WHP team tasks are the following:

- planning and implementing the WHP plan
- monitoring, evaluating and undertaking measures to improve plan
- regular meeting (at least once a month)
- promoting the WHP plan among colleagues
- reporting to the organization's management and the Committee of Workers' Council

The WHP team also have the responsibility to inform employees about their activities. They can share information and news via e-newsletter, internal bulletin, e-mails and also on notice boards in the workplace.

3.2 Health Analysis in the Selected Company

In the Slovenia country report from 2017, overweight problems and alcohol consumption are greater than in most other countries in the European Union. High obesity and blood pressure rates were presented as most important health risk factors (OECD, 2017). The selected company faces different challenges related to employees' health. Each year they prepare a report about employees' health, according to the WHP plan. Authorized labour practitioners perform annual medical examinations. Health report (2018) shows similar results as reports in the past two years. The most common diagnoses in the selected company are excessive nutrition and obesity (present in more than 60 % cases), short-sightedness, abnormal clinical and laboratories results (high blood pressure, hematuria or liver functions), musculoskeletal disorders and diseases of the circulatory system.

Different reports in the company contain useful information for making a conclusion about the employees' health. Based on the findings (2018) the challenges are the following:

- High turnover of blue-collar employees in the production sector
- High sick leave of blue-collar employees in the production sector
- Low satisfaction of blue and white-collar employees

Doctors of medicine concluded that the causes for the most frequent health problems are stressful situations, the rapid pace of life, inadequate diet and the increasing working demands at the workplace (Selected Company, 2018).

3.2.1 Sick Leave in the Selected Company

Employees use sick days when they have a health problem and they are not capable of work. The blue-collar employees usually go on sick leave more often than the white-collar

employees. Reasons for sick leave in the production sector is the complexity of the work process organized in four shifts, limited use of holiday and low wage (Selected Company, 2018).

Sick leave rate in the selected company for 2017/2018 was lower compared to 2016/2017. The decline in the rate is probably because of economic reasons. Employees work despite health problems. This can create additional problems because unhealthy employees can make mistakes during work and increase the possibility for accidents and infection of healthy employees (e.g. cold, viruses and other transmissible diseases). The reason depends on the personal case. Sometimes employees work whilst sick because of job insecurity, salary or when they do not have the appropriate replacement. Some employees have high sense of duty and they want to finish their work within the deadline, although there is a possibility of infecting other healthy employees with their sickness. Presenteeism creates hidden additional cost for the company, reduces productivity and lowers efficiency because the employee is not capable to work efficiently (Quazi, 2013).

3.2.2 Employee Turnover in the Selected Company

Employee turnover rate shows how many employees leave the company due to different reasons. Employees leave the company when they are not satisfied with working conditions, salary, interpersonal relations at work or opportunities for promotion. When employees are satisfied they do not quit work. Low turnover rate is a good indicator of the company's reputation and future costs.

The goal of focus groups conducted in 2017 was to understand the reasons for quitting work and to find possible solutions for the high turnover rate in production. The following conclusions were reached:

- there is no clear system for employees' promotion
- employees have a high responsibility for the quality of the products
- employees complain about low wages
- there is a poor organization of work (lack of material, one employee works on more machines at the same time, no clear responsibilities)
- poor working conditions (heat, cold, inappropriate equipment, restroom conditions)

During discussions it was noticed that there is no sense of belonging to the company. Relations between the departments are bad and employees are under constant stress. Production employees believe that superiors do not have enough skills to lead them and organize the work (e.g. superior does not listen, does not take into account opposite opinions, does not share information and have the wrong approach to solving problems). Based on the discussion with employees, the main reason for leaving work is a low salary. Other reasons

are hard work, bad working conditions, insufficient safety, bad communication between departments and bad social relations between colleagues.

Abraham Maslow explained the hierarchy of needs using the pyramid of five levels. People first need to satisfy their basic physiological needs (food, water, warmth, rest). On next levels are safety and security, then social needs and on the highest levels esteem needs and self-actualization (Gibson, Ivancevich, Donnelly & Konopaske, 2003, p. 130).

Satisfaction survey in the selected company showed different results for white and blue-collar employees. Overall satisfaction was high, but production employees expressed dissatisfaction and lack of interest in WHP activities because only 15 % of production workers responded to the survey.

3.3 WHP Plan for 2018/2019

According to the most common health problems of employees, turnover rate, sick leave and employees' satisfaction, team decided on the WHP strategy and budget (2018) with focus on controlling the percentage of sick absence, promotion of healthy lifestyle choices (physical activity and healthy nutrition) and raising awareness about negative effects of stress and smoking.

WHP plan (2018) includes several goals:

- controlling the percentage of sick leave in the production sector (reducing the level of sick leave on an annual basis by 1 %) and raising the engagement and satisfaction in the production sector
- raising employees' awareness about the negative effects of smoking with the long-term goal of reducing the number of smokers
- raising employees' awareness about the negative effects of stress in the workplace and the implementation of stress management activities
- raising awareness about the importance of a healthy lifestyle

All employees should be involved in improving the WHP plan through participation in surveys and direct communication with members of the health promotion team. The supportive work environment should encourage the participation of employees in WHP activities, strengthen the relations in the workplace and increase satisfaction (WHP team, 2018, p. 5).

3.2.3 Areas of WHP in the Selected Company

Health activities in most cases overlap and on the end contribute to the common health goal. WHP team defines seven areas of WHP in the selected company based on different goals. Every area can include different activities focused on one particular WHP goal.

In the selected company WHP areas are the following:

- Establishment of a positive work environment (recognizing achievements, having communication standards, allowances, reward system)
- Prevention and management of stress (conflict meditation, psychological/social support, anti-stress actions (e.g. team building, workshops), additional free time – vacation days))
- Prevention of mobbing (mobbing policy, mobbing education)
- Prevention of **psychoactive substances (PAS)** (policy on using psychoactive substances, educations)
- Ergonomic work-stations (special work-stations, office equipment, active breaks)
- Promotion of a healthy life-style (promotion of sports activities, healthy food, active free time, educations)
- Promotion of positive social relations (teambuilding, communication, environmental and society awareness)

3.2.1. Types of WHP Activities and Communication

WHP activities in the selected company focus on raising awareness about health topics, behaviour change and creation of a supportive environment for WHP success. WHP team (2018) met on regular meeting for planning WHP actions and created a plan for 2018/2019.

The plan includes different types of activities. The first are activities for controlling the sick leave rate in the production sector and raising engagement and satisfaction in the production sector. Those activities include the following:

- questionnaire for all employees
- nominating and training health promoters
- organizing psychosocial help for employees through psychological counselling
- individual interviews with employees who were on long sickness leave
- visiting employees who are more than 3 months on sickness leave
- changing culture in production (presentation of the program to the management, nominating “ambassadors of the revolution”, workshops with ambassadors about the importance of engagement and cultural change steps, workshop with production management about understanding values and behaviour of the company, workshops with production employees about understanding values and behaviour of the company)

- informal socializing with emphasis on values and behaviours as “Olympiad”
- introduction of praise in the work processes (every week the managers talk with colleagues about positive events and praise the excellent work)
- choosing the employees who live values and behaviours of the company through the policy of nominations and rewarding them

The second set includes activities for raising employees’ awareness about the negative effects of smoking with the long-term goal of reducing the number of smokers. They cover:

- informing employees
- implementation of a program with external expert assistance
- rewarding employees who quit smoking

The third set of activities is for raising employees’ awareness about the negative effects of stress in the workplace and the implementation of stress management activities. They focus on the following:

- training employees how to manage stress in everyday life with the help of external professionals
- promotion of positive psychology approaches with external expert assistance

The fourth set of activities is for raising awareness about the importance of a healthy lifestyle and cooperation with a sports club. Those activities focus on:

- raising awareness about how important is to take care of health and sharing information about possibilities to have active free-time with the help of external experts
- workshops on healthy nutrition (revival of the Food Committee, preparing of the healthy menus, filling up machines with healthy food/products, sending e-mail reminders or putting posters on the notice board regarding health risks due to unhealthy diet and guidelines for preparing healthy meals, offering healthy meals at lunchroom, cooking competition course)
- promotion of recreation for employees (minutes for stretching during working hours, encouraging cycling to work and home, adjustment the of stairs to encourage their use, adaptation of the playground)

The selected company uses different methods of communication for informing employees. WHP team shares detailed information about WHP activities on notice boards and through the e-newsletter, internal bulletin and e-mails.

4 RESEARCH METODOLOGY

In the first part of the thesis descriptive methods are used, including a review of the literature of different authors in the field of WHP. I searched for literature through databases through the web access for students of the University in Ljubljana. Secondary data included scientific and popular books, publications, and websites in English and also in the Slovenian language.

For the empirical part of the thesis, I relied on both secondary and primary data. First I analyse the selected company from the health aspects using different reports, internal documents, notes from workshops, and focus groups. Based on the main problems I wrote about challenges and present the WHP plan. Then, I relied on a questionnaire in order to examine the current health of employees and their attitudes towards workplace health promotion. I focused on several health topics, asking employees to express their satisfaction with WHP activities and give suggestions for improvements in different WHP areas.

I connected both parts of the analysis to make general conclusions and then suggest specific actions in order to improve WHP plan in the selected company.

4.1 Questionnaire

Every questionnaire has exactly defined goals based on the employees' needs in order to get relevant information for future company's actions. WHP questionnaire is created to gather data about employees' health and attitudes toward WHP in the selected company.

Goals of the questionnaire in the selected company were to answer following questions:

- What are the employees' main health problems and reasons for sick leave?
- Do employees understand the meaning of WHP?
- Are employees satisfied with the implemented WHP activities?
- What are the suggestions of employees, their opinions, wishes and proposals for the future regarding different WHP topics?

The questionnaire was the most important part of my analysis. It represents a good basis for planning future activities because it comes directly from employees. All employees in the selected company received the questionnaire about WHP. They answered within the deadline of two weeks, from September 24th to October 8th, 2018. The white-collar employees received the questionnaire link by email and they received one reminder during that period. Questionnaires for blue-collar employees were printed and set on the desk in front of the entrance to production hall because they don't have an email address. Few questionnaires were filled during workshops.

4.2 Questionnaire Structure

Electronic questionnaires can be sent by email or through a web site. When the questionnaire is sent through the email, it is sent as an attachment. In most cases, this type of questionnaire does not provide good response rate because it requires effort from the possible participants. The questionnaire created on the website and sent as uniform resource locator (URL) in the email generally has better response rates. Recipients just click on the URL and open the questionnaire to fulfil online. Here also exist the possibility of declining the questionnaire because of different reasons, but usually, people fill out this type of questionnaire. For every questionnaire is important to have good visual appearance, good directions on beginning and order of questions (Fertman & Allensworth, 2010, p. 102).

The questionnaire for the selected company was created on the website www.1ka.si. It had 21 questions. In the short introduction is basic information about the questionnaire and the purpose of the questioning. Completing the questionnaire is based on a voluntary basis and is anonymous. It does not pose any risks for the employee. For fulfilling the questionnaire employees need around 10 minutes.

I used different types of questions (open-ended questions, dichotomous questions, questions with multiple choices, Likert scale questions). The questions are about overall health indicators (physical activity, smoking, drinking coffee and alcohol, stress), sickness leave (reasons, suggestions), food at the workplace (satisfaction, suggestions) and WHP activities of the selected company (understanding, attendance, satisfaction). On the end of the questionnaire are demographics questions.

Every specific topic has a certain number of questions. The questionnaire was divided into five parts.

The first part has seven questions about everyday habits. One question is about work-life values and others six are about specific health topics (smoking, drinking coffee, alcohol, physical activity and stress). Questions have three possible responses formed in the same way.

The second part has five questions about sick leave. They are about whether employees were on sick leave and for how long, the reasons for sick leave, opinions about the main reasons for sick leave and suggestions for lowering the sick leave. In this part, I used a different type of questions.

The third part has two questions about satisfaction with the food offered at the workplace. One question is the dichotomous question and second is open-ended.

The fourth part is about the connection between health and work, company's influence on employees' health, satisfaction with implemented workplace health promotion activities and workplace health promotion areas.

The last part has three demographic questions (gender, age and education). The blue-collar employees do not have an email, so I do not have a question regarding the position in the company because just white-collar employees answered via link.

4.3 Sample Description

The selected company employs around 3000 employees. The **blue-collar employees** are the majority (70 % of employees are working in the production sector). Others are the **white-collar employees**, working in different sectors in the selected company (e.g. human resources, finance, purchasing, sales, marketing, research and development, logistics).

I expected around 500 fulfilled questionnaires from blue and white-collar employees. In total, 553 employees from all sectors responded to the survey, which represents 18 % of all employees in the selected company. According to the demographic part, the questionnaire was filled by 394 white-collar employees (71 %) and 159 blue-collar employees (29 %).

4.4 Data analysis

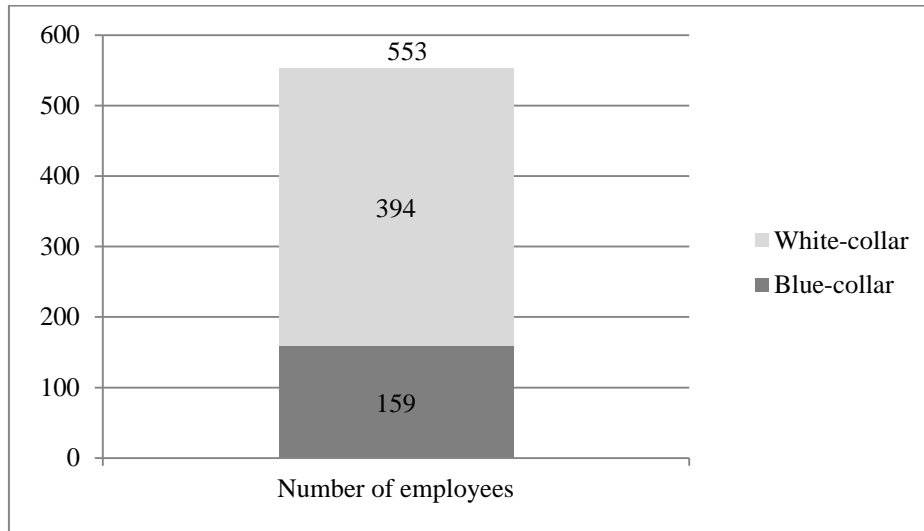
For the analysis I used Microsoft Excel and SPSS descriptive statistics.

5 FINDINGS

In this part, I present my analysis of the collected data. I interpret the questionnaire results and illustrate each question graphically. I start with a description of a sample based on the demographic part and continue with the presentation of every question.

5.2 Demographics

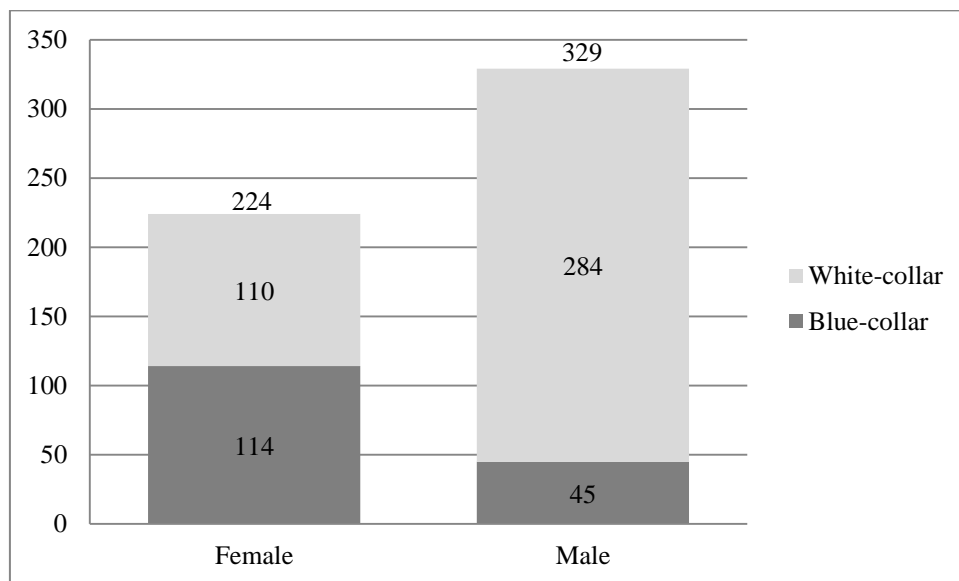
Figure 3: Graphical representation of the sample structure by type of work



Source: Own work.

Employees who work in the offices fulfilled more questionnaires than production employees as presented above (Figure 3). The white-collar employees represent 71 % of the sample and the blue-collar employees 29 %.

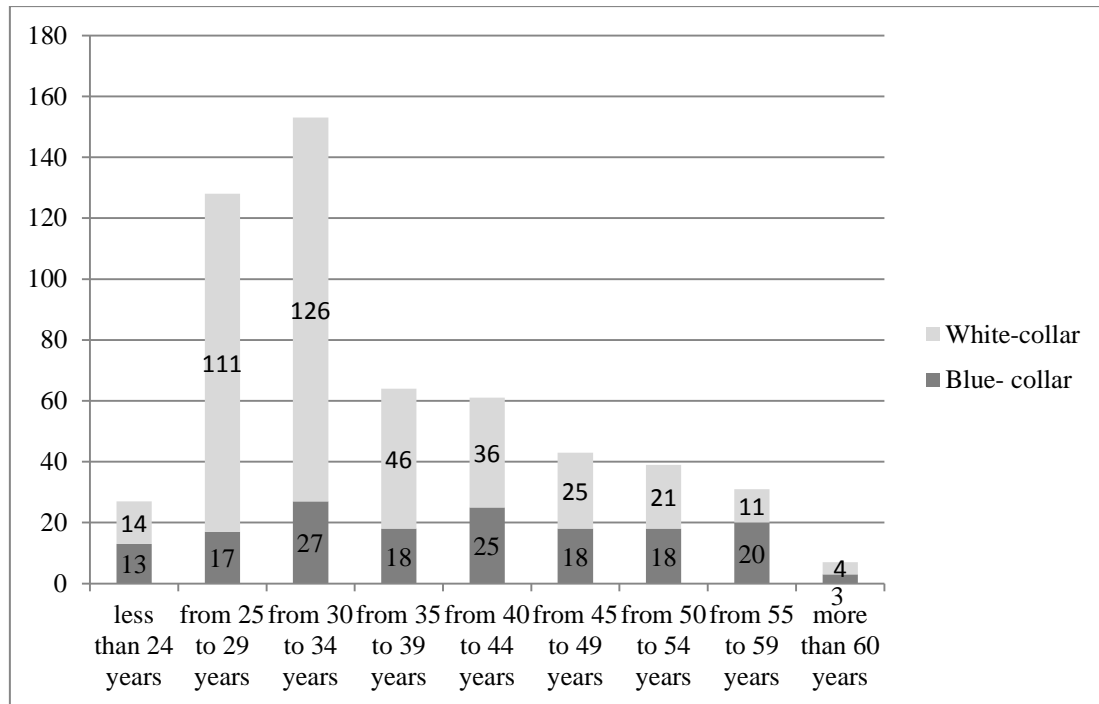
Figure 4: Graphical representation of the sample by gender structure



Source: Own work.

In the sample are 41 % female and 59 % male employees. There are 28 % female and 72 % male white-collar employees. In production sector work 72 % female and 28 % male blue-collar employees.

Figure 5: Graphical representation of the sample by age structure

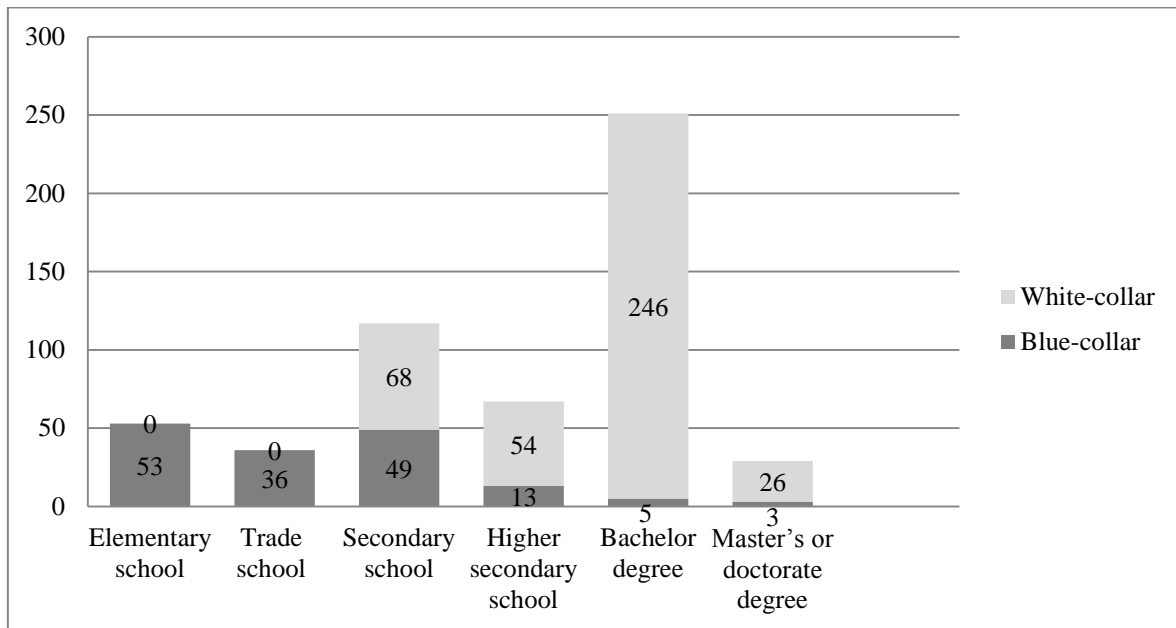


Source: Own work.

As presented above (Figure 5) white-collar employees mostly belong to the third age group from 30 to 34 years old and second age group from 25 to 29 years old. The smallest number of white-collar employees is older than 60 years.

Blue-collar employees are mostly 30 to 34 years and 40 to 44 years old. Employees in the production sector are older than employees in other sectors. The smaller number of production employees is over 60 years old.

Figure 6: Graphical representation of sample by education level

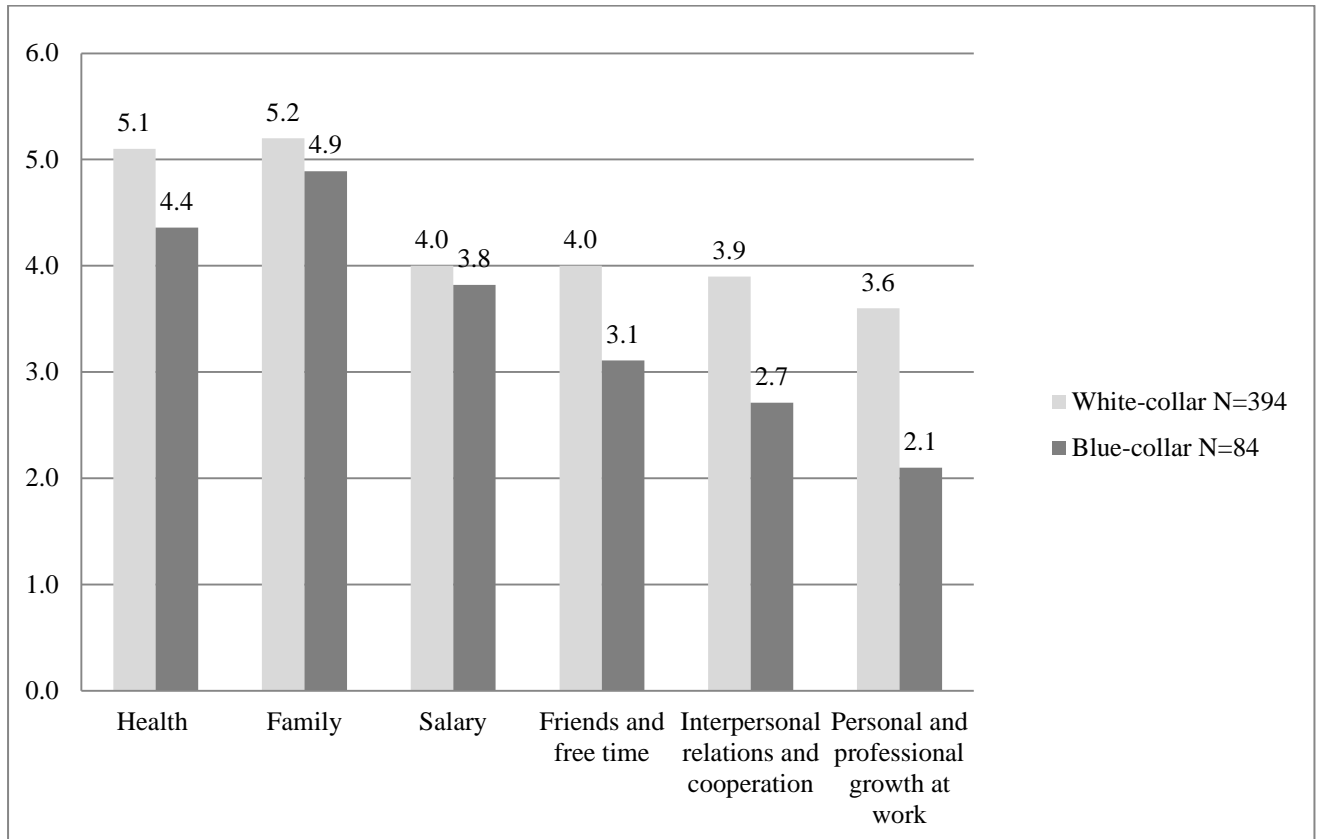


Source: Own work.

The white-collar employees have higher education levels as presented above (Figure 6) with bachelor degree 62 % , secondary school 17 % , higher secondary school 14 % and master or doctor degree 7 % . The blue-collar employees have lower education levels. Most of them have finished elementary school (33 %), then secondary school (31 %), trade school (23 %) and higher secondary school (8 %). Bachelor degrees have 3 % of production employees and master's or doctorate degree 2 % .

5.2 Everyday Habits and Work-life Values

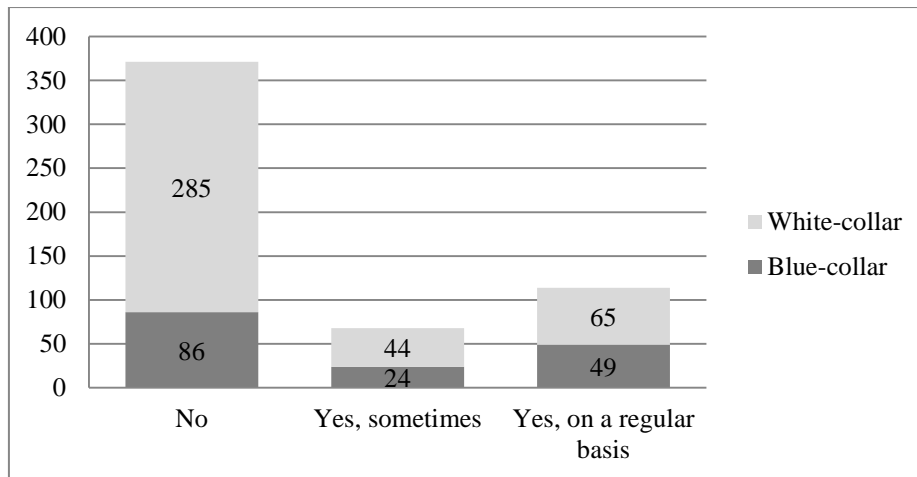
Figure 7: Importance of work-life values to employees



Source: Own work.

The calculated average for white and blue-collar employees (Figure 7) shows that family is the most important for both. The second most important thing is health, the third is salary, the fourth are friends and free time, and the fifth are interpersonal relations and cooperation. On the last place is personal and professional growth at work. The white-collar employees have the same average for two dimensions, salary and friends and free time.

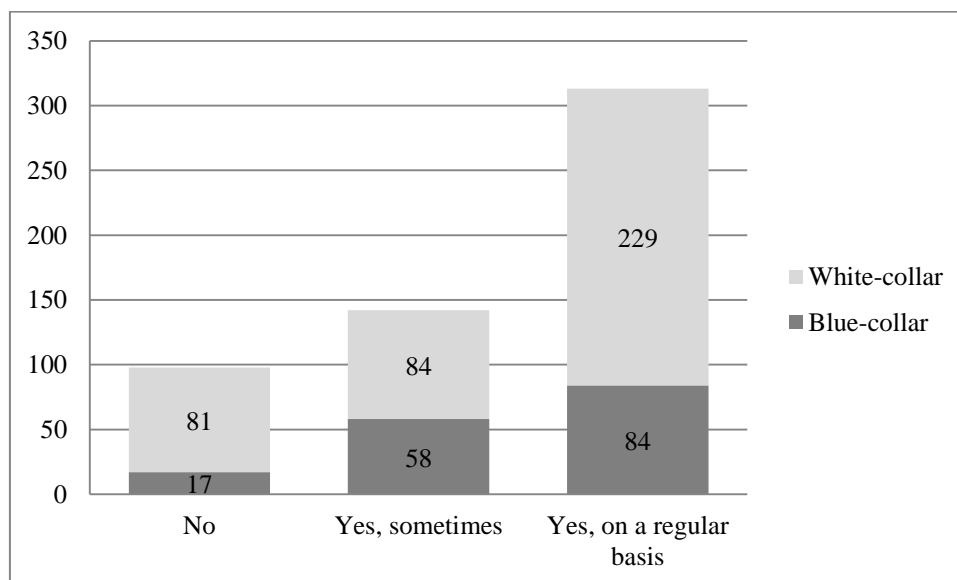
Figure 8: Division of employees based on the question “Do you smoke”



Source: Own work.

Based on the results (Figure 8), 72 % of white-collar employees are non-smokers. 17 % are active smokers and 11 % smoke sometimes. The blue-collar employees have similar answers. Most of them do not smoke, 54 % are non-smokers, 31 % are active smokers and 15 % smoke sometimes.

Figure 9: Division of employees based on the question “Do you drink coffee”

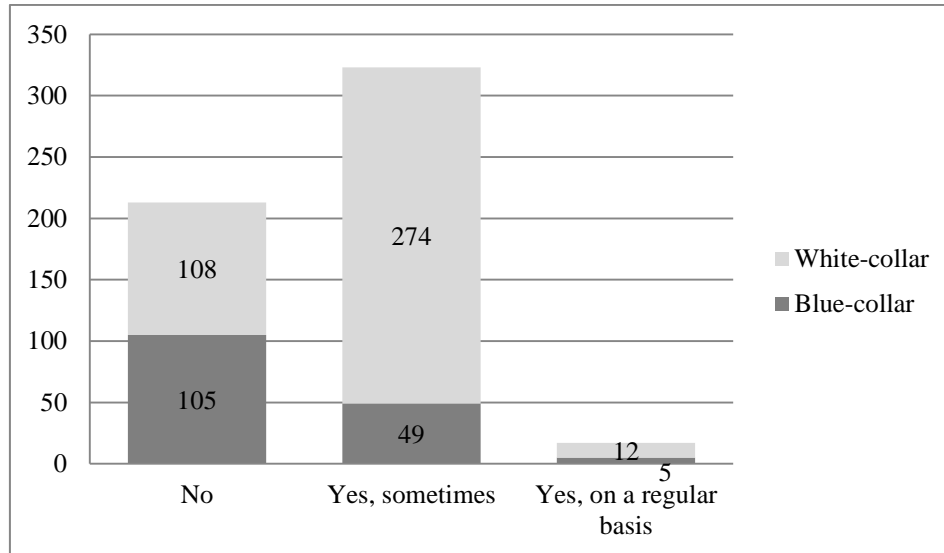


Source: Own work.

Results show that 58 % of white-collar employees drink coffee on a regular basis, 21 % drink coffee sometimes and 21 % do not drink coffee at all. For the blue-collar employees results

show that 53 % drink coffee every day, 36 % drink coffee sometimes and 11 % do not drink coffee.

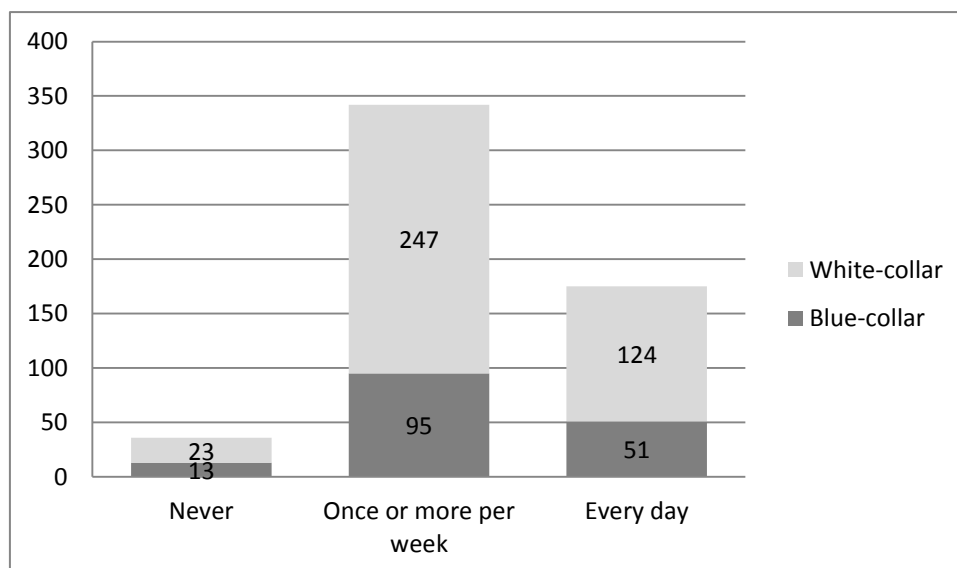
Figure 10: Division of employees based on the question “Do you drink alcohol”



Source: Own work.

Answers show that 70 % of the white-collar employees drink alcohol sometimes, 27 % do not drink alcohol and 3 % drink on regular basis. Production employees have different results, 31 % drink sometimes, 66 % do not drink alcohol and 3 % drink on a regular basis.

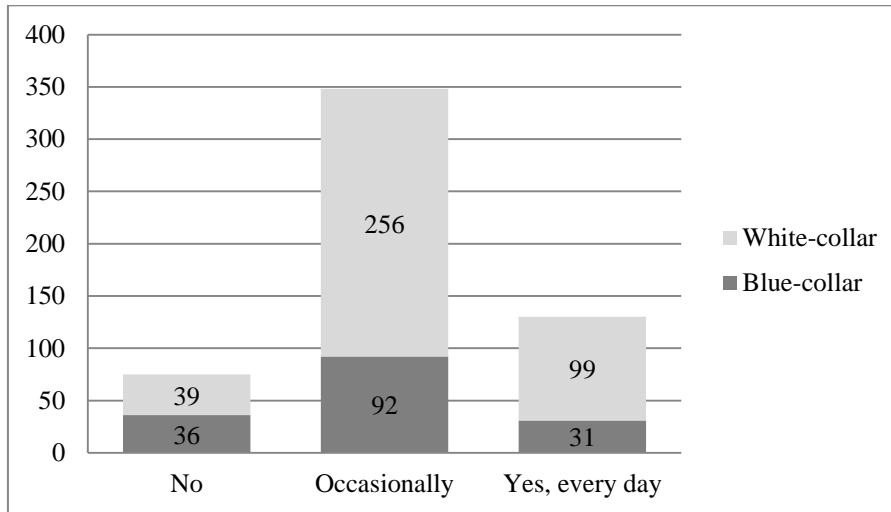
Figure 11: Frequency of employees’ physical activity (self-reported)



Source: Own work.

As presented above (Figure 11), 63 % of the white-collar employees have some kind of physical activity once or more times per week, 31 % every day and 6 % do not have any physical activity. The blue-collar employees have similar results, 60 % are physically active once or more times per week, 32 % every day and 8 % never.

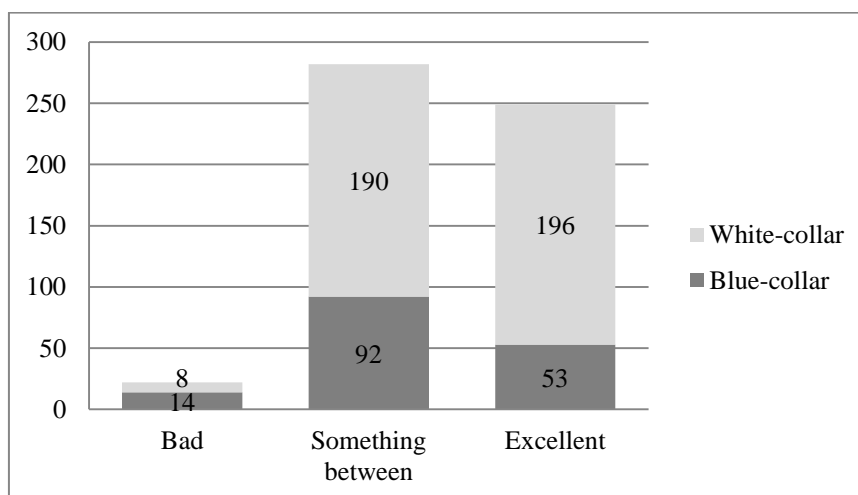
Figure 12: Frequency of exposure to stress (self-reported)



Source: Own work.

As shown above (Figure 12), 65 % of white-collar employees are occasionally under stress, 25 % are stressed every day and 10 % are never under stress. Results show similar for the blue-collar employees, 58 % are stressed occasionally, 19 % are exposed to stress every day and 23 % is not under stress.

Figure 13: Perceived health condition of the employees

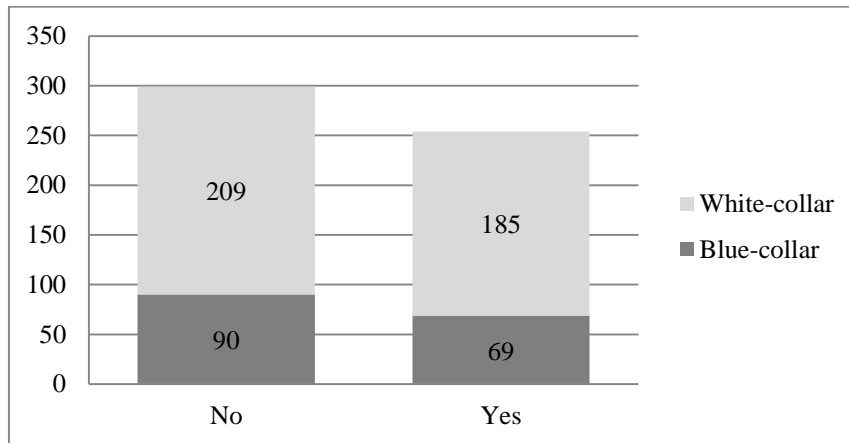


Source: Own work.

Most of the white-collar employees rated their health as “excellent” (50 %) or as “something between” (48 %). Several of them rated their health as “bad” (2 %). Blue-collar employees mostly rated health as “something between” (57, 86 %), then as “excellent” (33, 33 %) and “bad” (8, 81 %).

5.3 Sick Leave

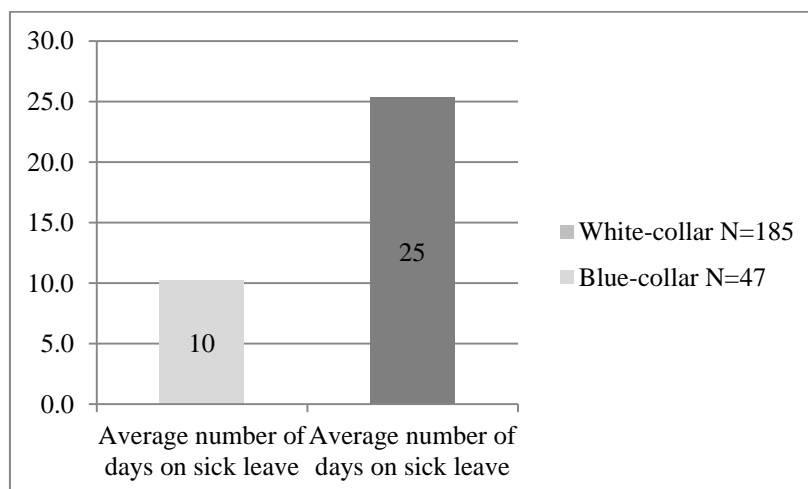
Figure 14: Sick leave taken in the previous year



Source: Own work.

Based on the results (Figure 14), in the previous year 53 % of the white collar employees did not go on sick leave and 47 % did. From the blue-collar employees, 57 % did not go on sick leave and 43 % did.

Figure 15: Average number of sick days per year

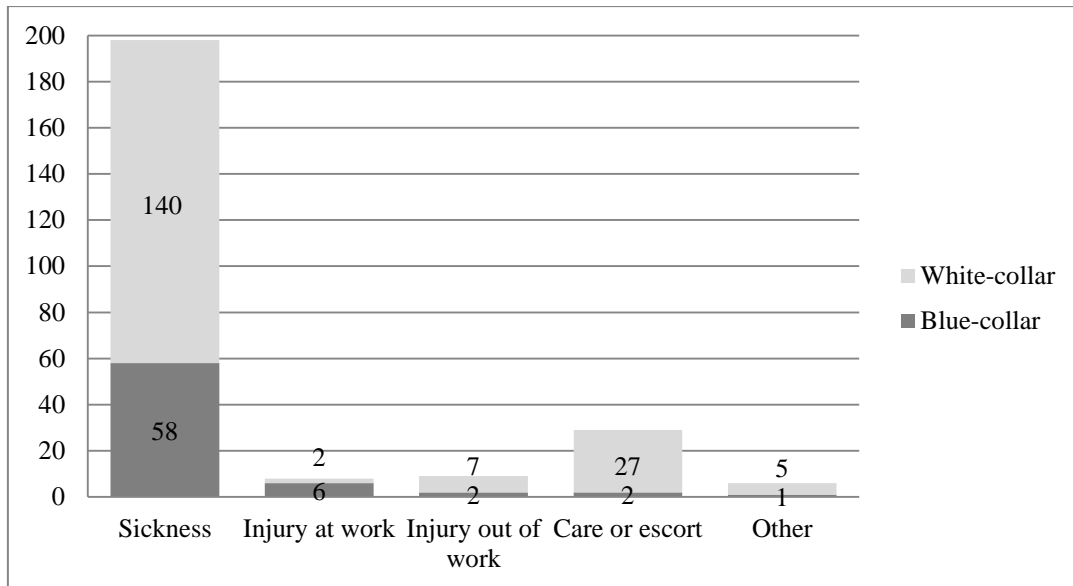


Note: 22 blue-collar employees did not answer

Source: Own work.

As presented, (Figure 15) average number of days on sick leave for the white-collar employees is 10 days and for the blue-collar employees is 25 days.

Figure 16: Employees' reasons for sick leave

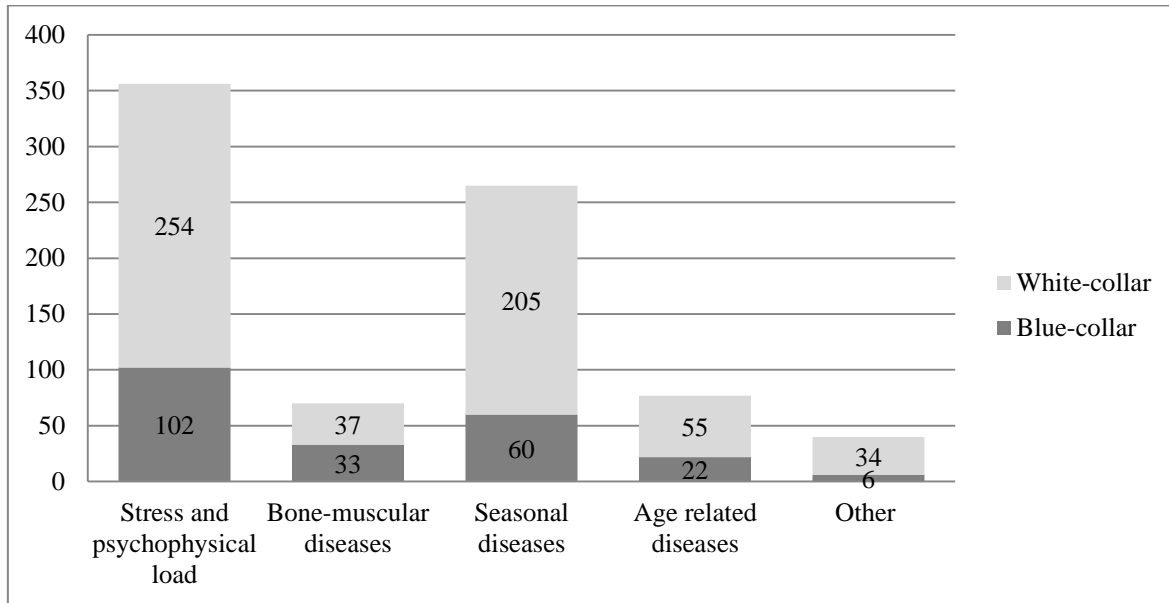


Source: Own work.

Based on the answers of the white and blue-collar employees (Figure 16) sickness is the most common reason for sick leave (78 % white-collar employees and 84 % blue-collar employees).

Most common reason for sick leave of the white-collar employees are care or escort (14 %), others are injury out of work (4 %), other reasons (3 %) and injury at work (1 %). The blue-collar employees' most common reason is injury at work (9 %), then injury out of work and care or escort with same percentage (3 %) and other reasons (1 %).

Figure 17: Most common reason for sick leave of the employees



Source: Own work.

All white and blue-collar employees answered the question. Most of them circled more than one answer, as there are more possible reasons for sick leave. White-collar employees chosen stress and psychophysical load for their main reason, then seasonal diseases, age-related diseases, bone-muscular diseases and other reasons (children care, bad work environment, low salaries, and bad relations at workplace) as presented above (Figure 17). Blue-collar employees also choose stress and psychophysical load for the main reason for sick leave. Other reasons, sorted by the number of circled answers are seasonal diseases, bone-muscular diseases, age-related diseases and other reasons.

Table 2: Suggestions for reducing sick leave from the white-collar employees

White-collar	Number of suggestions	Suggestions in %
No suggestion	188	48%
Less stress at the workplace	32	8%
Better communication and social relationships	28	7%
Better food offer and fruits at workplace	23	6%
Send home employees who come sick at work	23	6%
Better chairs	16	4%
More physical activity, stretching at the workplace	17	4%
More vacation days	15	4%
Accessibility of WHP activities for everyone	11	3%

(table continues)

(continued)

Better work organization	12	3%
Vaccination notices	6	2%
Offer sports for recreation	9	2%
Higher salaries	7	2%
Cleaning door hooks, water faucet, washbasins, toilet shells and use alcohol sprays to prevent infections	4	1%
Praise of achievements	3	1%
Total	394	100%

Source: Own work.

As presented above (Table 1), 48 % of the white-collar employees did not have suggestions. Others mostly think that stress is the main reason for sick leave. Based on that, the biggest number of suggestions for lowering the sick leave was “less stress at the workplace” (8 %). Other suggestions were “having better communication and social relationships” (7 %), “better food and fruits offer at the workplace” (6 %) and “send home employees who come sick to work” (6 %).

Table 3: Suggestions for reducing sick leave from the blue-collar employees

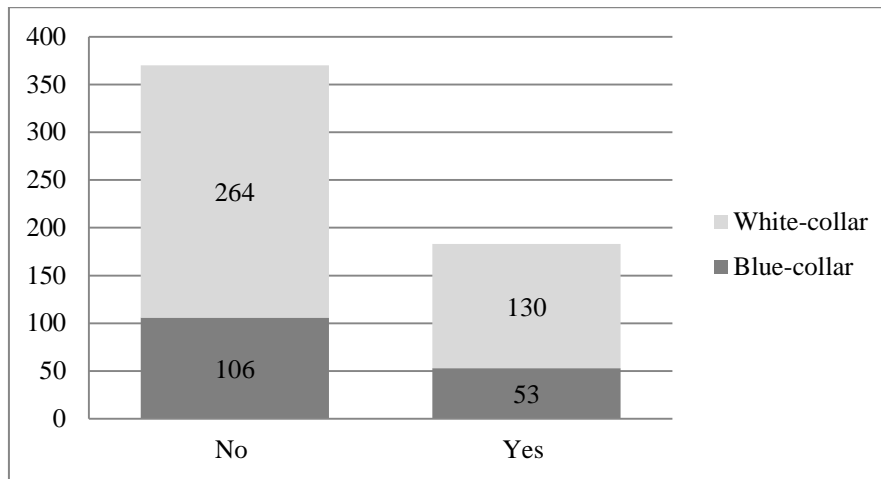
Blue-collar	Number of suggestions	Suggestions in %
No suggestion	86	54 %
Less stress at the workplace	23	14 %
Better relations with managers and superiors	12	8 %
Better communication between coworkers	7	4 %
Eliminate night shit, close 4 shift work	6	4 %
Higher salaries	6	4 %
Changing the tasks often to avoid monotonous work	5	3 %
40 working hours per week	5	3 %
Breaks during the shifts	4	3 %
Better heating during the winter	3	2 %
Better hygiene in the toilets	2	1 %
Total	159	100 %

Source: Own work.

Production employees had different suggestions due to the different nature of work and followed issues at the workplace, but 54 % did not write any suggestion. Main suggestion was “less stress at the workplace” (14 %), then “having better relations with managers and superiors” (8 %) and better communication between co-workers (4 %).

5.4 Food Offer

Figure 18: Employees' satisfaction with the food offer in the company



Source: Own work.

Employees are mostly unsatisfied with offered food, 67 % of white and blue-collar employees are not satisfied and 33 % are satisfied.

Table 4: Suggestions and comments on offered food from white-collar employees

White-collar	Number of suggestions and comments	Suggestions in %
No suggestion	99	25 %
Food is not fresh and tasty; it is greasy and cold	89	23 %
More vegetables and fruit	49	12 %
Eats food prepared at home	39	10 %
Prepare more cooked food to eat with spoon	34	9 %
Change food provider	27	7 %
Reduce fried food	23	6 %
Bigger portions	18	5 %
Do not put food from yesterday in next day meals	16	4 %
Total	394	100 %

Source: Own work.

Most of the white-collar employees are not satisfied with the offered food because the food is not fresh and tasty (23 %) or do not have comment or suggestion for improvement (25 %).

Suggestions were different like “having more vegetables and fruits” (12 %) and “preparing cooked food to eat with a spoon” (10 %). Some of them eat food prepared at home (9 %).

Table 5: Suggestions and comments on offered food from blue-collar employees

Blue-collar	Number of suggestions and comments	Suggestions in %
Fill the machines on weekends because they are usually empty	36	23 %
Lower the price of food	27	17 %
Food is not fresh and tasty, long waiting lines, small portions	23	14 %
Change food provider	17	11 %
No suggestion	18	11 %
Eats food prepared at home	16	10 %
Fruit at the workplace	12	8 %
Real breakfast in the morning (eggs, hot dogs, cereals, different type of bread, tea, milk)	6	4 %
Provide food also on weekends	4	3 %
Total	159	100 %

Source: Own work.

The main suggestion from the blue-collar employees is “filling up the machines also on the weekends” (23 %). For some of them, the food is expensive and they suggest “lowering the price of food” (17 %). Also, for the blue-collar employees “food is not fresh and tasty” and they wait in long lines due to big number of employees in the production (14 %). Some of suggest to change food provider (11 %) or do not have a comment or suggestion for improvement (11 %).

5.5 Health at the Workplace

Table 6: White-collar employees’ attitudes about health and WHP

Please express your agreement/disagreement with next 4 statements.	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Work affects employees' health.	1 %	0 %	2 %	40 %	57 %
The company encourages employees to live healthy.	8 %	21 %	39 %	28 %	4 %
The workplace health promotion activities that company organizes are useful for employees.	5 %	12 %	34 %	39 %	10 %
I have the opportunity to express my opinion about WHP.	9 %	23 %	34 %	30 %	4 %

Source: Own work.

On the picture above (Table 5) are agreements with four statements of the white-collar employees'. They mostly agree or strongly agree with the first statement "work affects employees' health". Employees have neutral opinion about second statement "the company encourages employees to live healthy", although some of them also agree or disagree. Agreement with the third statement "the workplace health promotion activities that company organizes are useful for employees" is mostly divided on "agree", "neutral" and "disagree" although the highest percentage of white-collar employees agrees that WHP activities are useful for them. They also have divided opinions about the last statement about opportunity to express opinion about WHP activities. The highest percentage of them has neutral opinion.

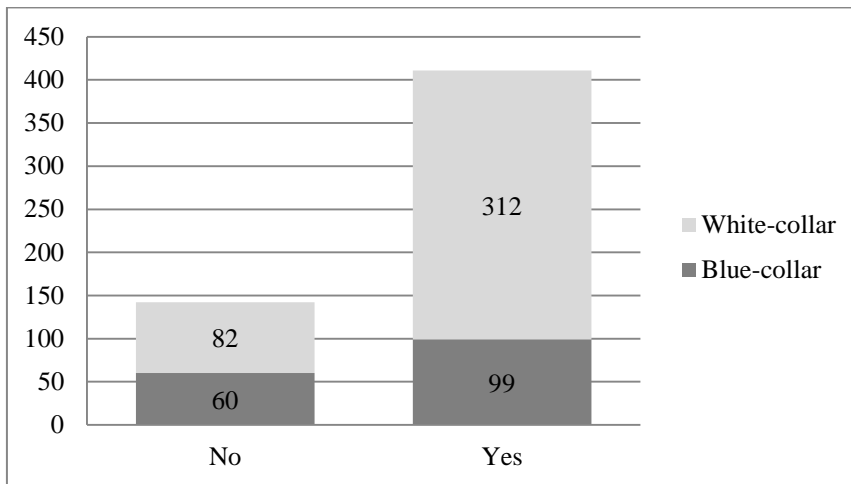
Table 7: Blue-collar employees' attitudes about health and WHP

Please express your agreement/disagreement with next 4 statements.	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Work affects employees' health.	4 %	4 %	8 %	48 %	36 %
The company encourages employees to live healthy.	14 %	22 %	25 %	32 %	6 %
The workplace health promotion activities that company organizes are useful for employees.	9 %	18 %	26 %	40 %	6 %
I have the opportunity to express my opinion about WHP.	23 %	23 %	23 %	26 %	6 %

Source: Own work.

As presented above (Table 6), the blue-collar employees mostly agree or strongly agree with the first statement "work affects employees' health". Also, they mostly agree with the second statement "the company encourages employees to live healthy.", although some of them have neutral opinion or disagree. Agreement with the third statement is also different, although most of employees agree that WHP activities in the company are useful. The opinions about last statement are divided, although most of them agree that they have opportunity to express their opinion about workplace health promotion.

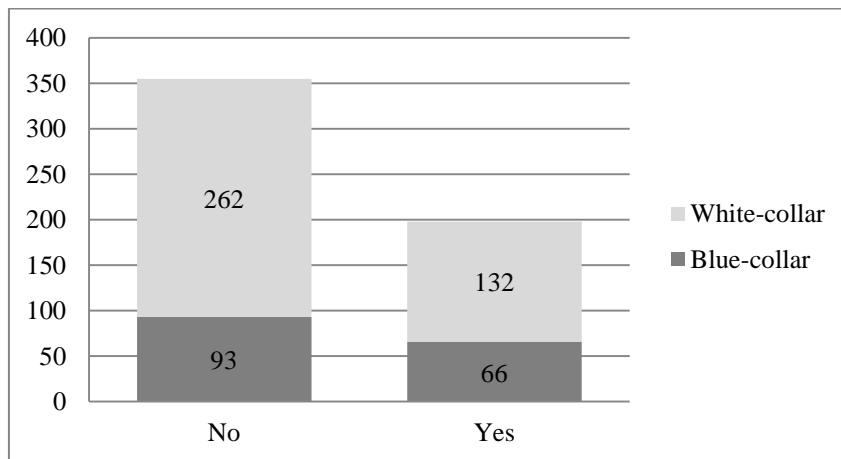
Figure 19: Division of employees based on whether they understand the term WHP or not



Source: Own work.

Most of the employees understand the meaning of the health promotion at the workplace. There are 79 % of the white-collar employees who understand the term and 21 % do not. Also, there are 62 % of the blue-collar employees who understand and 38 % do not.

Figure 20: Division of employees based on whether they read the risk assessment or not



Source: Own work.

As presented above (Figure 19), most of the white and blue-collar employees did not read risk assessment (67 % of the white-collar and 58 % of blue-collar). Others read the risk assessment (33 % of white-collar and 42 % of blue-collar employees).

Table 8: Potential white-collar employees' contacts in relation to WHP

White-collar	Number of answers	Answers in %
HR sector	136	35 %
I do not know	92	23 %
Without answer	56	14 %
Security engineer	46	12 %
Superior	34	9 %
Health promoters	17	4 %
Colleague	13	3 %
Total	394	100 %

Source: Own work.

White-collar employees would mostly contact someone from HR sector regarding WHP (35 %), although there are 23 % who did not know whom to contact. There are 14 % of the white-collar employees that did not write an answer. Others would contact security engineer (12 %), superior (9 %), health promoter (4 %) or a colleague (3 %).

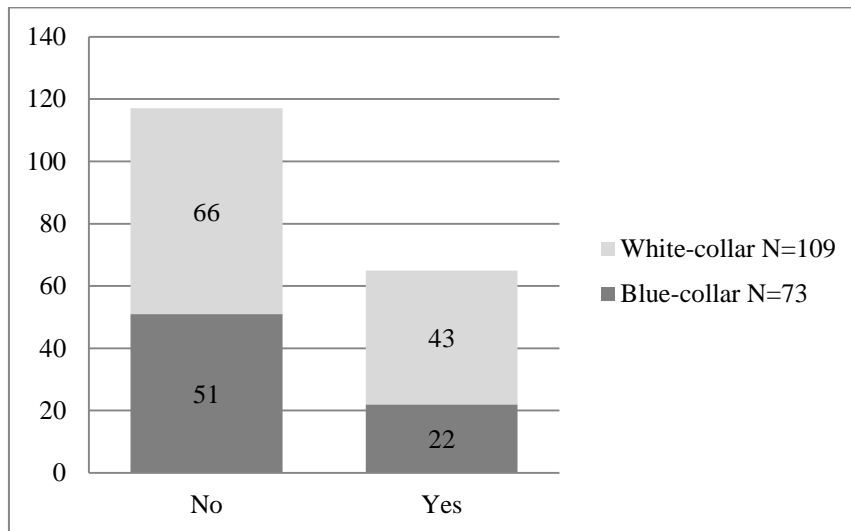
Table 9: Potential blue-collar employees' contacts in relation to WHP

Blue-collar	Number of answers	Answers in %
Without answer	101	64 %
I do not know	27	17 %
Superior	19	12 %
Security engineer	6	4 %
HR sector	6	4 %
Total	159	100 %

Source: Own work.

Most of the blue-collar employees did not write an answer (64 %). Others did not know whom to contact (17 %) or they would contact superior (12 %), HR sector (4 %) or security engineer (4 %).

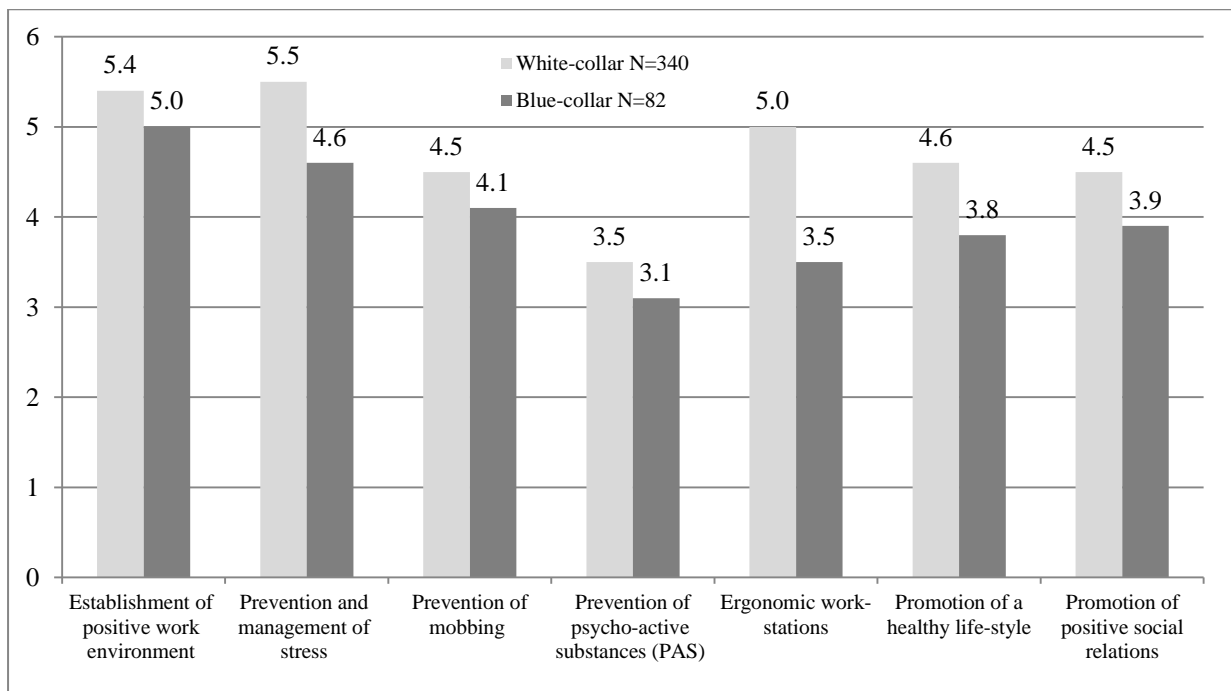
Figure 21: Potential employees' participation in smoking quitting activities



Source: Own work.

The large number of employees who smoke or smoke sometimes (N=182) would not participate in smoking quitting activities (61 % of the white-collar and 70 % of the blue-collar employees). There are 39 % of the white-collar and 30 % of the blue-collar employees who are interested to quit smoking.

Figure 22: Importance of the WHP areas



Source: Own work.

The calculated average for the white-collar employees (Figure 21) shows they care the most about prevention and management of stress and establishment of positive work environment. On the third place are ergonomic work stations. Prevention of mobbing and promotion of positive social relations are equally important for the white-collar employees. Next important area is promotion of a healthy life style. The least important is prevention of psycho-active substances.

The most important WHP area for the blue-collar employees is establishment of positive working environment. Prevention and management of stress is the second most important area. Next areas are prevention of mobbing, then, promotion of positive social relations, promotion of a healthy life style and ergonomic stations. The least important area for blue-collar employees is the same as for the white-collar employees, prevention of psycho-active substances.

Table 10: White-collar employees' satisfaction with the WHP activities

Please express your satisfaction or mark "did not participate/attend/try" option.	Very unsatisfied	Unsatisfied	Neutral	Satisfied	Very satisfied	Did not participate/attend/try
Meditation at the workplace	3 %	4 %	6 %	11 %	1 %	76 %
Ride bicycle to work	1 %	2 %	15 %	12 %	8 %	63 %
Lecture about happiness	3 %	2 %	13 %	14 %	13 %	55 %
Workshops about behavior	3 %	8 %	20 %	11 %	9 %	50 %
New machines with food and drinks	4 %	5 %	35 %	30 %	1 %	26 %
Marathon	1 %	2 %	10 %	11 %	10 %	66 %

Source: Own work.

Most of the white-collar employees did not participate in the WHP activities (76 % did not participate in meditation at the workplace, 63 % did not ride bicycle to work, 55 % did not attend lecture about happiness, 50 % did not attend workshops about behaviour and 66 % did not run on marathon). Those who participated in the activities are mostly neutral and satisfied.

As shown above (Table 9) 35 % of white-collar employees have a neutral opinion about new machines with food and drinks, 30 % of them are satisfied and 26 % did not try, 5 % are unsatisfied, 4 % are very unsatisfied and 1 % is very satisfied.

Table 11: Blue-collar employees' satisfaction with the WHP activities

Please express your satisfaction with activities or mark "did not participate/attend/try" option.	Very unsatisfied	Unsatisfied	Neutral	Satisfied	Very satisfied	Did not participate/attend/try
Meditation at the workplace	11 %	13 %	18 %	9 %	2 %	48 %
Ride bicycle to work	5 %	4 %	12 %	19 %	7 %	53 %
Lecture about happiness	7 %	3 %	12 %	17 %	9 %	52 %
Workshops about behaviour	9 %	8 %	24 %	24 %	7 %	28 %
New machines with food and drinks	12 %	12 %	19 %	30 %	10 %	16 %
Marathon	7 %	3 %	13 %	11 %	3 %	64 %

Source: Own work.

Most of the blue-collar employees also did not participate in the WHP activities (48 % did not try meditation at the workplace, 53 % did not ride bicycle to work, 52 % did not attend lecture about happiness, 28 % did not attend behaviour workshops and 64 % did not run marathon). Those who participated in the activities have different level of satisfaction.

As presented above (Table 10) 30 % of blue-collar employees are satisfied with new machines with food and drinks, 19 % are neutral, 16 % did not try, 12 % are very unsatisfied, 12 % are unsatisfied and 10 % are satisfied.

6 ASSESMENT OF THE WHP PLAN IN THE SELECTED COMPANY AND RECOMMENTADIONS

In the last part of the thesis, I comment on the results of the questionnaire. Based on the specific WHP case in the selected company, implemented activities and different type of employees I give recommendations for the future. Research limitations are explained in this part.

6.1 The Most Important Findings

Questions about different work-life values show that both types of employees care the same about different values. All employees put family on the first place and consider health essential. Salary is considered for a necessary source for life. They care more about friends and free time than about interpersonal relations and professional growth at work.

Based on the answers I conclude that the white-collar employees are under higher stress than the blue-collar employees. Employees are occasionally stressed, but some of them are

stressed every day. It should be taken into account that stress also applies to out-of-work situations, which means that it is not only the nature of job “guilty” for the employees’ stress.

White-collar employees drink alcohol sometimes or on special occasions. Blue-collar employees mostly do not drink alcohol, which can be explained with the nature of shift work. Employees are mostly non-smokers, having physical activity once or more times per week. Most of them drink coffee on a regular basis.

Suggestions and comments on food offered at the workplace are similar for both types. Employees are mostly not satisfied. They agree that food is not fresh, nor tasty, and they think that changing the food provider can be a possible solution. There should be more vegetables and fruit, less fried food, cooked food to “eat with the spoon” and bigger portions. Some of them bring food from home to eat during the lunch break. White-collar employees noticed that food from the previous day is served in next day meal which can explain their dissatisfaction with food. Blue-collar employee commented that food is expensive and suggested providing meals also on weekends and fulfilling the machines with food and drinks because they are usually empty. Production employees would like to have a “real breakfast” in the early morning hours (eggs, hot dogs, cereals, a different type of bread, tea, milk). Some of them think that sick leave can be reduced by improving the quality and diversity of the food. Food influences employees’ health in different ways. There are negative consequences of bad quality food such as bad indigestion, stomach pain, low energy and others.

Most of the employees rated their health as “excellent” or “something between”, although sick leave in the selected company is high. Absence of employees in the production is usually longer than in other sectors. The most cycled reason for sick leave is sickness (cold, cough, high body temperature) and psychophysical load. I did not find a specific reason for going on sick leave related to the workplace. Age-related diseases are not connected with the specific type of work. Main health problems are the product of stressful situations, psychophysical load and seasonal diseases. The most common reason for sick leave in the employees’ opinion is stress and seasonal diseases.

Employees’ suggestions for reducing sick leave confirmed their answers about the reason for their sick leave. Coping with stress is one of the main problems for them. They suggest different activities that indirectly reduce stress (e.g. physical activity, cooperation with sports recreation clubs, improving communication and social relations, better work organization, more vacation days). Some focused on better hygiene (e.g. cleaning door hooks, water faucet, toilet shells and use of alcohol sprays) and vaccinations notices. The white-collar employees suggest having better quality chairs to prevent bone-muscular problems after long sitting at work. Some suggest sending home employees who come sick to work and increase of salaries. The blue-collar employees focus more on typical problems of rotating shifts, salaries and basic working conditions. They suggest breaks during the shifts, changing working tasks

more often to avoid monotonous work, elimination of night shift, better heating during winter season and better hygiene in the toilets.

Sometimes employees come to work, although they are feeling unhealthy. It happens because of different reasons. Based on the employees' comments and suggestions for lowering sick leave, I concluded that presenteeism is present in the selected company.

Employees are not familiar with the risks of their job because most of them did not read workplace risk assessment. They mostly understand the meaning of WHP term, although there are also employees who do not understand. Some of them do not know whom to contact regarding WHP activities. There is large number of employees who did not write an answer. In most cases, white-collar employees would call somebody from HR and blue-collar employees would contact superior.

Both types of employees agree that work affects employees' health condition. Opinions about the company's attempts to encourage employees' to have a healthy lifestyle are divided. They mostly agree that WHP activities in the selected company are useful, although there are also the ones who have a neutral opinion or disagree. Based on the employees' answers of employees, they do not have enough opportunity to express the opinion regarding WHP. The blue-collar employees expressed higher dissatisfaction than the white-collar employees. Here exist "room for improvement".

White and blue-collar employees sorted areas of WHP by importance in a similar way. Area of the positive working environment implies recognizing achievements, having good communication standards, allowances and reward system and the area of prevention and management of stress are the most important areas for all employees. For white-collar employees, ergonomic working stations (special work-stations, office equipment and active breaks) are more important than for the blue-collar employees. On the beginning of the questionnaire employees determined their health as a priority, but the WHP area for promotion of a healthy lifestyle is not very important for them. They consider all WHP areas more important and they do not see themselves as the main responsible for their health. In their opinion, the company must provide all the necessary resources and working conditions in order to have healthy employees.

Employees mostly did not participate in the WHP activities conducted in the near past, which mean they were not interested to participate or they were not informed and motivated to participate. Blue-collar employees participated in the activities more than white-collar employees. The ones who participated have divided opinions. The biggest satisfaction is with the new machines with food and drinks, the activity "ride a bicycle to work" and "workshops about behaviour". Just a few employees attended the marathon, as this is a specific event just for those who are in good physical condition. Some commented that there were not enough places for all who wanted to run. The ones who attended the lecture about happiness are

mostly satisfied and they find it interesting and useful. Meditation at the workplace was organized in order to help employees to relax and cope with stressful situations. This activity was organized in the production hall in the early morning. The white-collar employees showed higher satisfaction than the blue-collar employees. I chose different activities for this question because I wanted to evaluate how many people are involved in the WHP activities and do they participate. Employees have very different opinions, but the selected company is on the right path to learn which activities cause good or bad employees' reaction, recognize the new needs and find better ways for influence.

6.2 Recommendations for the Future

There are different challenges in the selected company. In my opinion, the selected company decided to implement a big number of WHP activities that require a high commitment and strong financial support. There are four main goals for the future. Every goal incorporates several smaller goals and more than one activity (e.g. the first goal is controlling the percentage of sick leave and raising the engagement and satisfaction in the production sector). From my point of view, the goal is complex and needs to be split into few goals because it includes cultural changes which require time, commitment and constant supervising. If the company is making progress, but the goal is complex and set high, the results will not show improvements. Accurate definition of goals and prioritization before deciding on WHP types of activities plays an important rule before implementation.

The plan should be set for the next for three to five years including a cost-benefit analysis. Sometimes the results of activities are intangible and not measurable through numbers and percentages. Long term goals need to be evaluated at least every year. Activities should be checked at least once per month because they are planned on a monthly basis. Here I recommend the Plan-Do-Check-Act Model because there are some activities from a few months ago that are not finished yet. As well as any other activity that is important for the functioning of the company, WHP activities should have deadlines for reaching the goals. Some activities require more time (e.g. increasing satisfaction and engagement require more months or years) and some less (e.g. changing menus in the lunchroom). Based on the time duration of the planned activities, I concluded that time frames for some activities are not realistic. For instance, activities focusing on cultural change cannot be finished during a constant period of a few months. They should be repeated during a longer period. Some activities need to be constantly performed (e.g. changing information on notice boards) and some need to be implemented just once (e.g. stairs adjustment to encourage their use).

The WHP team cannot be effective if the problem lies in the definition of goals, length of planned activities, high expectations and too many activities focused on different health goals. There are few activities that were not implemented according to the WHP plan. Those activities were left behind because of low commitment and motivation of WHP team. The purpose of my assessment is not to find out how the team was selected and is it engaged in

the implementation of WHP plan. The only responsible for the functioning of the team is the Head of the WHP team, who needs to notice a possible lack of interest during implementation. Choosing a good team is the most important decision as this is the most important factor for the success of WHP activities.

The first recommendation based on the questionnaire is about food offer. Food gives necessary energy to the body for work, as well as for the other activities after work. In my opinion, organized meals on the weekend should be provided and machines should always be full of food and drinks. Another positive change would be to put fruit baskets in the production hall and in the offices, so employees can eat fruit for a snack. After that, as many employees suggested having more physical activity, I recommend cooperation with a sports club, gym or swimming pool. Financial support can motivate employees to increase physical activity. Also, I suggest reviving the activity of stairs adjustment.

Considering my analysis, I think that stress needs to be a priority goal. Employees are aware of their psychophysical health and they react well on WHP activities about stress. There is a connection between lifestyle habits and different diseases. Stress is a popular topic, as it affects mental health and physical condition of the body. WHP activities focusing on health topics indirectly affect the employee's capability to cope with stress (e.g. activities focusing on increasing physical activity, engagement and satisfaction). There are a lot of WHP activities that focus on different topics and tackle stress at the same time. Here I recommend education about indirect and direct stress factors, so employees can relate and understand stress because stress is not just the product of work life.

Another important topic is presenteeism. The presence of unhealthy employees at work can cost the company more than sick leave because it directly affects the company's business. There is a possibility for interruptions in production due to poor employees' health, infection of healthy employees and injuries at work. For these reasons, in my opinion, the impact of presenteeism should be analysed in further company's research. When the consequences are expressed through the company's success, then top management understands the significance of engaging in activities against presenteeism. In my opinion, the main reason for presenteeism in the production sector is low salary, but there are other ways for influence presenteeism except increasing the employees' salary. One of the possible solutions is the new rule to send home employees who come sick to work.

Workplace risk assessment document is important for understanding possible risks at the workplace and every employee should be aware of them. Reading risk assessment should be obligatory for every employee, so they can also understand their responsibility for health and safety. Inadequate communication is often an obstacle for implementing any change, so probably the best way to bring change in the company is through behaviour examples.

In the production sector, there are no proper use of job titles and no clear system of promotion. In my opinion, accurate use of workplace titles and exactly specified tasks should be the first step towards a good reward system in the selected company. A proper reward system is important for satisfaction, motivation, engagement, productivity and efficiency of employees. It is crucial that employees understand what exactly they should do to reach a specific goal or reward. Reward system stimulates certain behaviour and creates motivation for reaching the result (e.g. an employee who overcomes the product norm should be rewarded, reward for the best worker or the best colleague). It should be made with high commitment because it cannot be copied from other companies. For instance, in the selected company, suggestions for improvement in the working environment are rewarded with money. Employees are paying attention to the details and looking for possible solutions to improve the working environment and get the reward. This is a good practical example.

Every employee would like to have flexible working time due to psychophysical inability to finish work tasks and have productive time after work. Large scale production requires physical work that is difficult to handle because of rotating shifts. For the blue-collar employees, it represents an important issue because of created conflict between personal and professional interests. If I ignore economic reasons for this type of production and all the benefits it brings, one of the best solutions for employees' health is to cancel night shift, but my recommendation is to calculate the benefit of such action and have it "in the drawer" for possible use in the future.

6.3 Limitations of the Research

Possible limitations of my research are next:

- low response of employees (the white-collar employees fulfilled more questionnaires than the blue-collar employees, although there are more blue-collar employees in the selected company);
- useless questionnaires (some of the questionnaires were partially filled, so I excluded them from the analysis);
- the impact of employees' mood on the answers in the questionnaire (the employee had "good" or "bad" day);
- people sometimes represent themselves in a better light, which means that it is possible that they did not respond honestly to some questions;
- questionnaire length (the ability to put all topics in the questionnaire).

CONCLUSION

The purpose of this master thesis was to examine the attitude of employees towards WHP in the selected company and recommend practical solutions for the future. Literature review and

a conducted questionnaire enabled me to form the conclusions and suggestions for the future. The questionnaire was performed between 24th of September and 8th of October, 2018. The number of participants in the questionnaire was 553.

Every company is responsible to conduct the WHP activities. First, it needs to provide basic conditions and focus on specific health issues afterwards. It is crucial for WHP that top management recognizes the necessity for WHP activities. The plan needs to be clearly defined and planned in detail based on health analysis. The WHP team needs to be familiar with potential health factors, benefits of WHP and challenges during implementation. WHP process helps people to increase control over their health condition. First of all, it influences the lifestyle of employees through different types of activities, second, it improves the company's indicators, and last but not least, it contributes to the company's success.

Employees need to have basic conditions in order to perform their work in a successful way. The focus is on suitable work equipment, air conditioning, heating and safety at the workplace. Other factors that influence employees' health and goals of the company are salary, the competence of superiors and clear evaluation of the work. In the selected company, employees are mostly overloaded due to long working hours and shift work. Moreover, the working environment is described as stressful. Crucial factors influencing employee's health are safety, supportive working environment and good interpersonal relations with colleagues. White and blue-collar employees mostly complained about the same problems, although blue-collar employees expressed higher dissatisfaction with work conditions. Employees are mostly aware of WHP however, they need to be motivated to participate in the activities. The company still needs to educate a majority of the employees about WHP in order to engage them in a common interest.

Literature research enabled me to understand and present main differences between white and blue-collar workers, starting from the nature of work and finishing with the creation of various diseases related to the environment in which the workers work. According to my research, the working environment for both types of employees is very important, although, for the blue-collar employees, safety policy is crucial. On one hand, blue-collar employees mostly have problems related to shift work, while on the other hand, white-collar employees focus on communication and relationships problems in the company. The main reason for absenteeism is sick leave. The reasons connected with the type of work were not founded, although sick leave for blue-collar employees in most cases lasts longer than a sick leave of white-collar employees.

I made recommendations based on the employees' needs expressed in the questionnaire, company's reports and implemented activities in the WHP process. I suggested checking the content of the main goals in order to simplify them, review of the priority goals and more realistic time-frame in implementation. In my opinion, the use of Plan-Do-Check Model in the process would contribute to implementation, evaluation and eventual re-engagement in

the activities. I also gave recommendations regarding specific problems and topics. First, lack of food in the machines during weekends or night shifts should be solved because food needs to be provided for every employee, regardless of the day of the week or the shift. Second, stress was frequently mentioned by both types of employees. Employees need to be familiar with all causes and consequences of stress so I suggested that to be a priority goal for the future. Third, presenteeism is still an unexplored topic in the selected company, so I recommended further analysis of the potential impact on the company's operations. The finally recommendation focuses on job titles, work responsibilities and reward system.

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APPENDICES

Appendix 1: Summary in Slovenian language

Namen magistrske naloge je bil preučiti stališče zaposlenih do promocije zdravja na delovnem mestu v izbranem podjetju in priporočiti praktične rešitve za prihodnost. Pregled literature in izvedeni vprašalnik sta mi omogočila oblikovati zaključke in predloge za prihodnost. Vprašalnik so izpolnjevali med 24. septembrom in 8. oktobrom 2018. Število udeležencev je bilo 553.

Vsako podjetje je odgovorno za izvedbo dejavnosti promocije zdravja na delovnem mestu. Najprej je potrebno zagotoviti osnovne pogoje in se potem osredotočiti na posebno zdravstveno problematiko. Ključno za promocijo zdravja na delovnem mestu je, da višji management prepozna pomen dejavnosti promocije zdravja na delovnem mestu. Načrt mora biti jasno definiran in podrobno načrtovan na podlagi zdravstvene analize. Tim za izvedbo promocije zdravja na delovnem mestu mora biti seznanjen s potencialnimi dejavniki promocije zdravja na delovnem mestu, koristmi promocije zdravja na delovnem mestu in izzivi med implementacijo. Proces promocije zdravja na delovnem mestu pomaga ljudem povečati nadzor nad njihovim zdravstvenim stanjem. V prvi vrsti vpliva na življenjski stil zaposlenih prek različnih tipov dejavnosti. Nadalje izboljša kazalnike podjetja in ne nazadnje prispeva k uspešnosti podjetja.

Zaposleni morajo imeti osnovne pogoje, da bi na uspešen način opravljali svoje delo. Osredotočiti se je potrebno na ustrezno delovno opremo, klimatske naprave, ogrevanje in varnost na delovnem mestu. Drugi dejavniki, ki vplivajo na zdravje zaposlenih in na cilje podjetja so plača, kompetentnost nadrejenih in jasna evaluacija dela. V izbranem podjetju so zaposleni v glavnem preobremenjeni zaradi dolgega delovnika in izmenskega dela. Poleg tega je delovno okolje opisano kot stresno. Ključni dejavniki, ki vplivajo na zdravje zaposlenih, so varnost, podporno delovno okolje in dobri medosebni odnosi s kolegi. Proizvodni delavci in pisarniški uslužbenci se večinoma pritožujejo zaradi istih težav, čeprav so proizvodni delavci izrazili višjo stopnjo nezadovoljstva zaradi delovnih pogojev. Zaposleni večinoma vedo za promocijo zdravja na delovnem mestu, vendar jih je treba motivirati, da se dejavnosti udeležujejo. Podjetje še vedno mora izobraziti večino zaposlenih glede promocije zdravja na delovnem mestu, da bi jih vključili v skupnem interesu.

Raziskava literature mi je omogočila razumeti in predstaviti glavne razlike med pisarniški uslužbenci in proizvodnimi delavci začevši z naravo dela in zaključujoč z ustvarjanjem različnih bolezni, ki so povezani z okoljem, v katerem delavci delajo. Kot kaže moja raziskava, je delovno okolje zelo pomembno za obe vrsti zaposlenih, čeprav je za proizvodne delavce varnostna politika ključna. Na eni strani imajo proizvodni delavci v glavnem težave, ki so povezane z izmenskimi delom. Na drugi strani pa se pisarniški uslužbenci osredotočajo na komunikacijske probleme in probleme odnosov v podjetju. Glavni razlog za odsotnost z dela je bolniški dopust. Razlogi, povezani s tipom dela, niso bili ugotovljeni, čeprav bolniški

dopust za proizvodne delavce v večini primerov traja dlje kot bolniški dopust za pisarniške uslužbence.

Predlagala sem priporočila, ki so utemeljena na potrebah zaposlenih, ki so bile izražene v vprašalniku, poročilih podjetja in implementiranih dejavnosti v postopku promocije zdravja na delovnem mestu. Predlagala sem preverjanje glavnih ciljev, da bi jih poenostavila, pregled prednostnih ciljev in bolj realistični časovni okvir pri implementaciji. Po mojem mnenju bi uporaba modela načrtuj-stori-preveri prispevala k implementaciji, evalvaciji in morebitni ponovni vključitvi v dejavnosti. Prav tako sem predlagala priporočila glede posebnih problemov in tem. Prvič, potrebno bi bilo rešiti pomanjkanje hrane v avtomatih med vikendi in nočnimi izmenami, ker mora imeti vsak od zaposlenih na voljo hrano ne glede na to, kateri dan v tednu je in v kateri izmeni dela. Drugič, oba tipa zaposlenih sta pogosto omenjala stres. Zaposleni morajo biti seznanjeni z vsemi vzroki in posledicami stresa, zato sem predlagala, naj to postane prednostni cilj za prihodnost. Tretjič, prezentizem je še vedno neraziskana tema v izbranem podjetju, zato sem priporočila nadaljnjo analizo njegovega morebitnega vpliva na delovanje podjetja. Zadnje priporočilo se je nanašalo na nazive delovnih mest, delovne odgovornosti in sistem nagrad.

Appendix 2: WHP Questionnaire

Dear employee, we are interested to find out your opinion regarding workplace health promotion. We are interested in your attitude towards workplace health promotion, assessment of implemented activities and suggestions for future activities. For this purpose, please fill the short questionnaire that is in front of you. Filling a questionnaire is voluntary and anonymous. It does not pose any risk to employees. Estimated time for completion is 10 minutes. Please answer the questions below honestly.

1. In front of you are 6 work-life values. Please sort the values by importance from 1 to 6. (1–the least important, 6–the most important)	
Health	
Family	
Salary	
Friends and free time	
Interpersonal relations and cooperation	
Personal and professional growth at work	

2. Do you smoke?		
a) No	b) Yes, sometimes	c) Yes, on a regular basis
3. Do you drink coffee?		
a) No	b) Yes, sometimes	c) Yes, on a regular basis
4. Do you drink alcohol?		
a) No	b) Yes, sometimes	c) Yes, on a regular basis
5. How often do you have some kind of physical activity at least 30 minutes per day (running, walking, riding a bicycle or other)?		
a) Never	b) Once or more per week	c) Every day
6. Are you under stress?		
a) No	b) Occasionally	c) Yes, every day
7. Please rate your health.		
a) Bad	b) Something between	c) Excellent
Next part is about sick leave.		
8. Did you were on sick leave during last year?	Yes	No
9. If you were on sick, please estimate how many days.		

10. If you answered »Yes« on the question 8, please circle the reason for your sick leave (you can choose more reasons or write on your own).

- a) Sickness
- b) Injury at work
- c) Injury out of work
- d) Care or escort
- e) Other _____

11. In your opinion, what is the most common reason for sick leave in the company? (you can circle more reasons or write on you own)

- a) Stress and psychophysical load
- b) Bone-muscular diseases
- c) Seasonal diseases
- d) Age related diseases
- e) Other _____

12. Please write suggestion for reducing sick leave in the company.

Your answer:

Next part is about food offer in the company.

13. Are you satisfied with the food offer?	Yes	No
---	-----	----

14. If you answered »No« to the previous question, please write short comment or give suggestions for improvement.

Your answer:

Next part is about different topics of workplace health promotion in the company.

15. Please express your agreement/disagreement with the next 4 statements.	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Work affects employees' health.					
Company encourages employees to live healthy.					
The WHP activities that company organizes are useful for employees					
I have opportunity to express my opinion on WHP					

16. Do you understand the meaning of the term health promotion at the workplace?	Yes	No				
17. Did you read risk assessment that the company prepared for your workplace?	Yes	No				
18. Whom you can contact regarding workplace health promotion?						
Your answer:						
19. If you are a smoker, would you like to participate in smoking quitting activities?	Yes	No				
20. Please sort workplace health promotion areas by importance from 1-7 (1- the least important, 7- the most important)						
Establishment of the positive work environment (recognizing achievements, communication standards, allowances, reward system)						
Prevention and management of stress (conflict meditation, psychological/social support, anti-stress actions (e.g. teambuilding, workshops), additional free time-vacation days)						
Prevention of mobbing (mobbing policy, mobbing education)						
Prevention of psycho-active substances (PAS) (policy on using psychoactive substances, education on PAS)						
Ergonomic work-stations (special work-stations, office equipment, active breaks)						
Promotion of a healthy life-style (promotion of sports activities, healthy food, active free time, educations)						
Promotion of positive social relations (teambuilding, communication, environmental and society awareness)						
21. Please sort the health promotion activities listed below using the 5-point scale. Mark with "X" field that matches your satisfaction. If you did not attend, mark with "X" the field in the last column.						
Activities	Very unsatisfied	Unsatisfied	Neutral	Satisfied	Very satisfied	Did not participate /attend/try
Meditation at the workplace						
Ride bicycle to work						
Lecture about happiness						
Workshops about behaviour						
New machines with food and drinks						

Marathon						
Demographic part						
Gender: a) Female b) Male	Age group: a) Less than 24 years b) From 25 to 29 c) From 30 to 34 d) From 35 to 39 e) From 40 to 44 f) From 45 to 49 g) From 50 to 54 h) From 55 to 59 i) More than 60 years			Education: a) Elementary school b) Trade school c) Secondary school d) Higher secondary school e) Bachelor degree f) Master's or doctorate degree		

THANK YOU FOR FULLFILING THE QUESTINONNAIRE.

Appendix 3: WHP Questionnaire in Slovenian language

Spoštovani zaposleni, zanima nas vaše mnjenje glede promocije zdravja na delovnem mestu. Zanima nas vaš odnos do promocije zdravja na delovnem mestu, ocene implementiranih aktivnosti in sugestije za prihodnost. V ta namen je pred vami kratek vprašalnik. Izpolnjevanje vprašalnika temelji na prostovoljni bazi in je anonimno. Prav tako za zaposlenega ne prinaša nobenih tveganj. potrebovali boste približno 10 minut. Prosimo, da na spodnja vprašanja odgovarjate iskreno.

1. Pred vami je naštetih 6 življenjsko delovnih vrednot. Izbrane vrednote razvrstite po pomembnosti od 1 do 6. Ocena 6 pomeni najpomembnejše medtem, ko ocena 1 pomeni najmanj pomembno.		
Zdravje (fizična aktivnost, duševno zdravje)		
Družina		
Plača in plačilna sposobnost		
Prijatelji in prosti čas		
Medosebni odnosi in sodelovanje		
Osebna in profesionalna rast v službi		
2. Ali kadite?		
a) Ne	b) Da, občasno	c) Da, redno
3. Ali pijete kavo?		
a) Ne	b) Da, občasno	c) Da, redno
4. Ali pijete alkoholne pijače?		
a) Ne	b) Da, občasno	c) Da, redno
5. Kako pogosto ste telesno aktivni, vsaj 30 min na dan? (tek, hoja, kolesarjenje, druge vrste vadbe)		
a) Nikoli	b) Enkrat ali večkrat tedensko	c) Redno, vsak dan
6. Ali ste pod stresom?		
a) Ne	b) Občasno	c) Vsak dan
7. Ocenite vaše zdravje:		
a) Slabo	b) Nekaj umes	c) Odlično
Naslednji del se nanaša na bolniško odsotnost.		
8. Ali ste bili v preteklem letu v bolniškem staležu?	DA	NE

9. Če ste bili v preteklem letu v bolniškem staležu, ocenite, koliko dni?					
10. Če ste na vprašanje št. 8 odgovorili z »DA«, izberite razlog za to (lahko izberete več odgovor)					
a) Bolezen b) Poškodba pri delu c) Poškodba izven dela d) Nega ali spremstvo e) Drugo_____					
11. Kaj je po vašem mnenju najpogostejši razlog za bolniško odsotnost v našem podjetju? (lahko izberete več odgovor)					
a) Stres, oziroma psiho-fizična obremenitev b) Kostno-mišična obolenja c) Sezonske bolezni d) S starostjo povezane bolezni e) Drugo_____					
13. Kako bi lahko po vašem mnenju zmanjšali bolniški stalež?					
Vaš odgovor:					
Naslednji del se nanaša na ponudbo hrane v podjetju.					
14. Ali ste zadovoljni s ponudbo družbene prehrane v jedilnici podjetja?		DA		NE	
15. V kolikor ste na prejšnje vprašanje odgovorili z » NE«, vas vljudno prosimo za kratek komentar ali predloge za izboljšanje.					
Vaš odgovor:					
Naslednji del se nanaša na različne teme promocije zdravja na delovnem mestu.					
16. Prosimo, izrazite svoje soglasje/nesoglasje z naslednjimi 4 izjavami	Sploh se ne strinjam	Ne strinjam se	Niti se strinjam, niti se ne strinjam	Strinjam se	Popolnoma se strinjam

Delo vpliva na zdravje zaposlenega.					
Naše podjetje spodbuja zdravje zaposlenih.					
Aktivnosti, ki jih naše podjetje spodbuja in organizira v okviru promocije zdravja so koristne za zaposlene.					
Imam dovolj priložnosti, da izrazim svoje mnenje glede zdravja na delovnem mestu.					
16. Ali veste kaj pomeni izraz promocija zdravja na delovnem mestu?			DA	NE	
17. Ali ste prebral/a oceno tveganja, ki jo je za vaše delovno mesto pripravil delodajalec?			DA	NE	
18. Na koga se lahko obrnete v zvezi z izvajanjem promocije zdravja na delovnem mestu?					
Vaš odgovor:					
19. Če ste kadilec, ali bi se udeležili aktivnosti za opustitev kajenja? (če niste kadilec, nadaljujte na naslednje vprašanje)			DA	NE	
20. Prosimo razvrstite področja promocije zdravja glede na pomembnost od 1–7 (1- najmanj pomembno, 7–najpomembnejše)					
Vzpostavitev pozitivnega delovnega okolja (prepoznavanje dosežkov, komunikacijski standardi, dovoljenja, sistemi nagrajevanja)					
Preprečevanje in obvladovanje stresa (mediacija sporov, psiho-socialna pomoč, anti-stresne aktivnosti, dodatni prosti čas - dan dopusta)					
Preprečevanje nadlegovanja in trpinčenja (ozaveščenost o mobingu)					
Omejitve zlorab alkohola in drugih psihoaktivnih snovi (politika uporabe psihoaktivnih sredstev, ozaveščenost uporabe psihoaktivnih sredstev)					
Ergonomska delovna mesta (posebna delovna mesta, pisarniška oprema, aktivni odmori)					
Spodbujanje zdravega življenjskega sloga (promocija športnih aktivnosti, zdrava prehrana, aktivno preživljanje prostega časa)					

Spodbujanje pozitivnih družbeno-socialnih stikov (teambuilding, komunikacija, ozaveščenost o okolju in družbi)						
21. Spodaj navedene aktivnosti promocije zdravja prosimo ovrednotite s pomočjo 5-stopenjske lestvice. Z »X« označite polje, ki se ujema z vašim zadovoljstvom. Če se niste udeležili aktivnosti, označite z »X« polje v zadnjem stolpcu.						
Aktivnosti	Zelo nezadovoljen	Nezadovoljen	Niti zadovoljen niti nezadovoljen	Zadovoljen	Zelo zadovoljen	Nisem se udeležil/ udeležila
Meditacija na delovnem mestu						
Pridi s kolesom v službo						
Predavanje o sreči zdravnice Sanele Banović						
Kodeks obnašanja in standardi vedenja za zaposlene v HSS						
Novi avtomati s hrano in pijačo						
Maraton nočna 10ka						
Demografski podatki						
Spol: a) Ženski b) Moški	Starost: a) Do 24 let b) Od 25 do vključno 29 let c) Od 30 do vključno 34 let d) Od 35 do vključno 39 let e) Od 40 do vključno 44 let f) Od 45 do vključno 49 let g) Od 50 do vključno 54 let h) Od 55 do vključno 59 let i) Nad 60 let			Dokončana izobrazba: a) Osnovnošolska izobrazba b) Poklicna izobrazba c) Srednješolska izobrazba (4-letna) d) Višješolska ali visokošolska izobrazba e) Univerzitetna izobrazba f) Magisterij, doktorat		

HVALA ZA IZPOLNJEVANJE VPRAŠALNIKA.