

The Current State of Workplace Health Promotion in Switzerland. An Investigation into the Prioritization of Measures and Appraisal of Requirements

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Abstract

The study presented here is based on a survey carried out among 190 HR managers and addresses the current state of the measures which have been implemented concerning workplace health promotion (WHP) in Switzerland. While much emphasis is put on improvements in infrastructure, ergonomics, and guidelines, the measures taken reflect only little consideration of psychological dimensions such as decision-making, responsibility, and task fulfillment. WHP is largely linked to an understanding of health in a basic sense, and psychological

dimensions are underrepresented. With regard to management skills, it can be said that monitoring and controlling activities are poorly executed. Employee participation can be regarded as low. Even though much awareness of WHP issues can be found among managers and concepts are taken over by companies, these measures are rarely embedded in an early stage of the process of implementing workplace health promoting measures.

Background

In Switzerland, interest in workplace health promotion (WHP) has been increasing. Several investigations have addressed the current state of WHP implementation, mainly with regard to the HR managers' view (Bauer & Schmid, 2006; Meyer, 2008, Pullich et al., 2010). Priority has been given to identifying health promoting measures and activities initiated by management. The present study outlines the current state of the implementation of measures and places an additional focus on management practices concerning WHP. Accordingly, it was investigated if and how measures are strategically embedded, planned, and controlled.

The results of the quantitative inquiry show the requirements and current measures taken by companies and how they are assessed by management. Moreover, this study addresses the participation of employees in measures and activities and shows how managers assess employee participation.

Results

The managers who took part in the survey are highly responsive to WHP, which is reflected in the fact that 81 percent said they were highly aware of the issue. It should be noted, however, that the responding managers are likely to be more susceptible to the topics of the inquiry than those who did not take part in the survey.

While a wide range of activities was reported, these activities are neither coherently linked to each other nor strategically embedded in company policy. This applies to 36 percent of the companies (see Chart 1). When asked to assess their own WHP maturity level, two thirds of the companies rated themselves as "starting out" or "in progress" (see Chart 2).

With regard to management skills, it can be said that the monitoring of measures are rarely systematic. Eleven percent have implemented a data collection system, e.g. by developing indices enabling them to monitor activities. Monitoring activities are thus rarely applied and managers are, technically speaking, not able to evaluate the impact of measures on employee health behavior. However, paradoxically half of the managers nevertheless believe that the overall effect on employee health behavior is positive.

According to the managers' answers, the employees' interest in WHP activities is rather moderate. High (repeated) employee participation in activities is found to be rare, ranging between 12 and 16 percent. Four out of ten employees show interest in activities and participate occasionally. Between 22 and 26 percent of employees are "ad-hoc" participants, 21 percent can be characterized as "non-users", and 29 percent as "little-users".

A list of various WHP requirements have been presented to the managers aiming to detect the main measures in their view. The superior's leadership behavior has been rated of capital importance. Moreover, the superior's behavior comes crucial when an employee needs individual support in case of illness. Managers consider improvements in workplace organization as further priorities. Psychological dimensions such as improvements in decision-making, responsibility, and task fulfillment are not perceived as very important (see Chart 3).

Conclusion

The high levels of awareness among Swiss managers which this study has found show that WHP has become an issue of increasing importance. However, the implementation of workplace health promotion is in its early stages in Switzerland. Systematic management practices – such as planning, controlling, and improving – are poorly applied and there are no monitoring and controlling activities which would make it possible to evaluate outcomes and adopt measures in order to address the intended goals.

Concerning employee participation in WHP activities, the data show that a majority of employees is hardly reached by measures and initiatives. This is an essential finding for WHP agenda setting, as it suggests that the measures do not necessarily meet the employees' requirements. It could be argued that these requirements are not systematically included in the process of defining measures that are appropriate.

Finally, WHP is largely linked to an understanding of health in a basic sense, disregarding psychological dimensions. Attention has been focused on infrastructure issues (e.g. recreation facilities, relaxation room), physical workplace improvements (e.g. ergonomics), and guidelines on health behavior (e.g. smoking, drug abuse). Further measures which were reported include, for example, case and absence management, and supporting employees with regard to specific health related issues.

Further investigations will address the employees' views on WHP. Their view on top measures that had to be set by management will contribute to a better understanding of their needs. A project is planned for the fall of 2014. Results are expected to be published in spring 2015 (Grutsch et al., in preparation). Companies are invited to participate in our in-depth case studies; interested parties are highly welcome to contact us.

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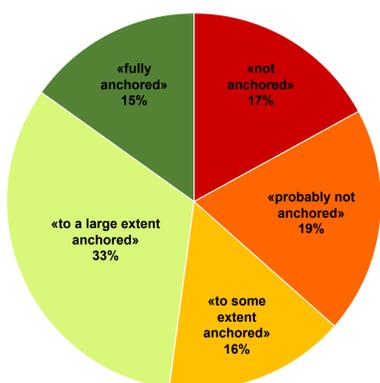


Chart 1: Companies having workplace health promotion activities strategically anchored, respectively embedded in company policy (n=211)

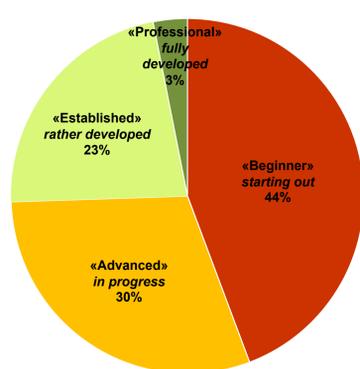


Chart 2: Distribution of companies regarding workplace health promotion "maturity level" (n=192)

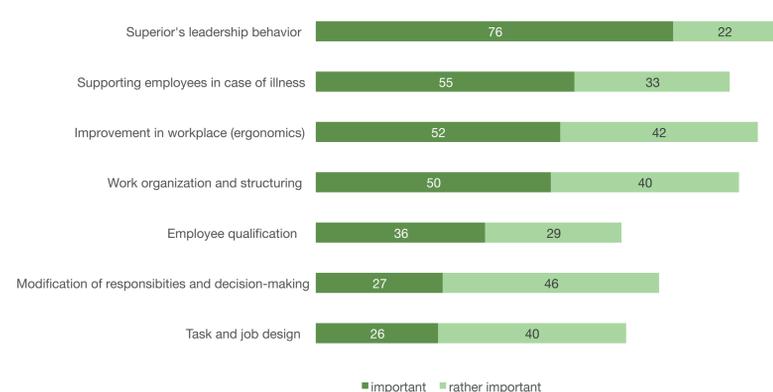


Chart 3: Main measures to be taken to improve workplace health promotion (n=190; data show percentages)