



# Project Report

## MOVE Europe

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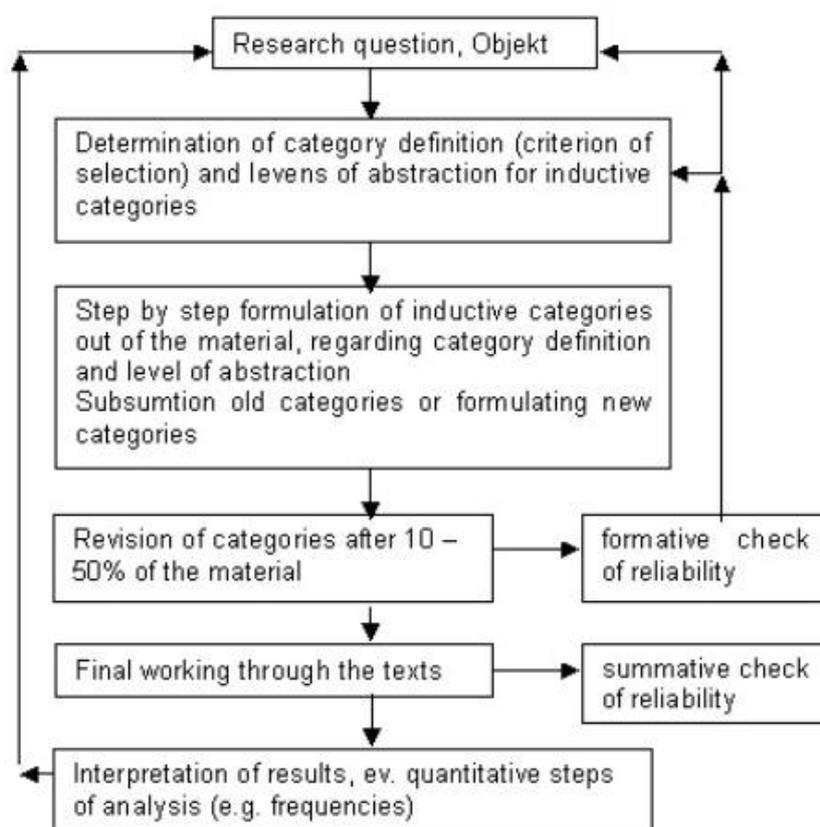
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## 1. Qualitative Content Analysis

The qualitative content analysis (Mayring 2007, 10<sup>th</sup> edition; cf. Mayring, Philipp (2000). Qualitative Content Analysis [28 paragraphs]. Forum Qualitative Sozialforschung / Forum: Qualitative Social Research, 1(2), Art. 20, <http://nbn-resolving.de/urn:nbn:de:0114-fqs0002204>.) consists of a bundle of techniques for systematic text analysis as integration of qualitative and quantitative procedures. The main idea thereby is to preserve the advantages of quantitative content analysis as developed within communication science and to transfer and further develop them to qualitative-interpretative steps of analysis.

Different techniques of qualitative content analysis have been worked out, from which in our context the procedure of inductive category formation seemed to be adequate. The aim is to condense the main ideas and approaches of workplace health promotion (WHP) from the open-ended questionnaire material. The general step model for this procedure is described in Mayring, 2000:

Figure 1: Step model of inductive category development (Mayring 2000)



## 2. The Concrete Concept of Data Analysis

Data for analysis was provided in terms of semi-standardized best-practice-questionnaires returned by companies and institutions all over Europe which were preselected as models of good practice (MOGP) on workplace health promotion (WHP). In their reports the businesses and organizations gave information on how WHP is integrated into their company. Furthermore they supplied program descriptions for four different health topics, namely smoking-prevention, healthy eating, physical activity and stress, in three different sections, firstly organization and structure, secondly strategy and implementation and thirdly evaluation and results. Organization and structure included information on action plans, establishment of working groups, available infrastructure, financial resources and many others. Concerning strategy and implementation respondents provided data on how needs were assessed, availability of information and offered possibilities. In the third section companies and institutions described how the evaluation was carried out and how the results were processed for future improvement.

In order to bring forth the crucial features and central measures of efficient and effective workplace health promotion a qualitative content analysis of the data provided was conducted. After working through a first sample of reports two global categories were formulated as open responses to the items on the semi-standardized best-practice-questionnaires not always clearly referred to the stated questions or sections. Category A includes descriptive elements of terms promoting the implementation of WHP while Category B contains crucial points for the implementation of WHP.

While reading the responses of companies and institutions carefully categories were formulated based on the methods of inductive category formation and answers were systematically classified. Formulated categories were reviewed and edited periodically while working through the questionnaires returned by companies and institutions. Furthermore attention was paid to the fact that categories should have the same level of abstraction. At the beginning categories were formulated for the integration of WHP as well as for each of the four different health topics. As some answers were found repeatedly in smoking-prevention, healthy food, physical activity and stress / mental health, a new section was opened called “General points”, which contained descriptive elements (A) and crucial points (B) for the implementation of

workplace health promotion applicable to all four health topics. Thus the qualitative content analysis of the provided data led to the definition of categories in following topics:

- Integration of WHP
- General points (applicable to all 4 health topics of WHP)
- Smoking-prevention
- Healthy food
- Physical activity
- Stress / Mental health

In every topic except the area of “General points” the set of the two global categories was applied as mentioned before: class B including categories referring to crucial points specific to the topic and class A containing a set of descriptive elements, namely categories relevant to specific plans and actions as well as measures explicitly taken.

Subsequently categories were tried to be summarized into classes of a higher level of abstraction where possible and grouped together under topics specific to all of them. The derived topics included

- Resources (material, time, financial resources, ...)
- Education (awareness, training, instruction, information, attitude, knowledge ...)
- Structure (change of principle procedures, infrastructure, environment, setting...)
- Strategy & implementation (concepts, methods, approach, ...)
- Evaluation (surveys, checks, review and adaption, data collection, ...)
- Objectives (aims and goals of measures ...).

Frequencies of categories were recorded throughout the whole sample according to two guidelines: Firstly one answer could fall into the scope of several different categories and therefore the response was counted once in each of the corresponding categories. Secondly every category was only counted once per respondent even though multiple answers on the same questionnaire fell into the same category. Hence the total frequency of each category depicts the number of businesses and organizations applying this same crucial feature or descriptive measure in WHP.

To backup the results of the qualitative content analysis an interrater-check has been conducted. A second investigator analyzed a predefined sample of questionnaires and found catego-

ries were checked for matching. The interrater-check confirmed the formulated categories and revealed that the abstraction level was appropriate.

### 3. Data Basis

A total of 65 models of good practice (MOGP) on workplace health promotion (WHP) among European companies and institutions have been evaluated using quantitative content analysis. Semi-standardized best-practice-questionnaires were returned from nine countries providing a wide range of different businesses and organizations, spanning from education and administration to the service sector and the manufacturing industry.

Table 1: sample of MOGP's

<b>Country</b>	<b>MOGP re- turned</b>
Austria	26
Bulgaria	2
Czech Republic	2
Germany	12
Hungary	10
Netherlands	6
Norway	3
Spain	1
United Kingdom	3

Not all returned reports included information in all four areas of health behavior (smoking, nutrition, physical activity and stress / mental health). Almost all companies and organizations stated that they had measures established or planned in the whole range of workplace health promotion but for lack of time some of them described only a few several fields in detail.

## 4. Results & Interpretation

### 4.1 *General points: applicable to all 4 specific areas*

The qualitative content analysis of reports returned by companies and organizations found a number of categories, which can be named for all four specific fields of workplace health promotion, namely smoking, healthy food, physical activity and mental health/stress, and therefore were summarized under the topic “General points”.

Topic: RESOURCES

- G\_1. motivating economic and non-financial incentives
- G\_2. management motivates employees towards healthy behavior
- G\_3. Awards for employee proposals on WHP measures

Topic: STRUCTURE

- G\_4. favorable climate and tradition
- G\_5. in-house promotion of WHP-measures via multiple channels (poster stands, intranet, homepages, company magazine, newsletter, general health information booklets, personal contact, health portal, ...)
- G\_6. Experts and professionals involved in concrete/actual measures (e.g. fitness trainer, nutritionist, psychologist, medical doctor, physiotherapist, coaching, ...)
- G\_7. in-house/on site occupational health departments/services
- G\_8. access to contact persons (hotline, on site)
- G\_9. consultations with experts on health topics (individual and/or group sessions)
- G\_10. variety: offer choice among several options / activities
- G\_11. cooperation with health insurance funds

Topic: STRATEGY & IMPLEMENTATION

- G\_12. (individual, personal) tailored measures
- G\_13. form target groups for measures and actions taken (age, gender, occupation ...)
- G\_14. involvement of family and friends

Topic: EDUCATION

- G\_15. Role-Models for health behavior in company
- G\_16. provide advice and information (on workplace health promotion / healthy behavior / how to avoid risk)
- G\_17. well-being and health days
- G\_18. information package on WHP measures for new employees
- G\_19. regular workplace health programs (e.g. health behavior campaigns, workshops, presentations and trainings for nutrition, physical activity, drug awareness, health awareness, stress management, overweight program, cancer prevention, ...)
- G\_20. managers receive training in health management (to proactively support staff)
- G\_21. (high quality) health education / training for employees regarding healthy behavior
- G\_22. regular training for in-house occupational health staff to remain up-to-date

Topic: EVALUATION

- G\_23. regular inspections of workplaces
- G\_24. health management (prevention, health promotion and stress management) part of regular job evaluation conversations between managers and employees
- G\_25. periodic (e.g. annual) preventive health & medical checks
- G\_26. PC-program for personal risk factor analysis

Frequencies of the inductively formed categories are shown in figure 2. Concerning the categories named for all four specific fields of workplace health promotion, namely smoking, healthy food, physical activity and mental health/stress, the topic structure was most important, named 276 times, followed by education mentioned 190 times. Categories falling into the topics resource, strategy and evaluation were named significantly less. Therefore the results show that the change of principal procedures in the companies, the provision of adequate infrastructures as well as the education of the staff and the formation of awareness and attitude towards healthy behavior are the most essential measures concerning all areas of workplace health promotion.

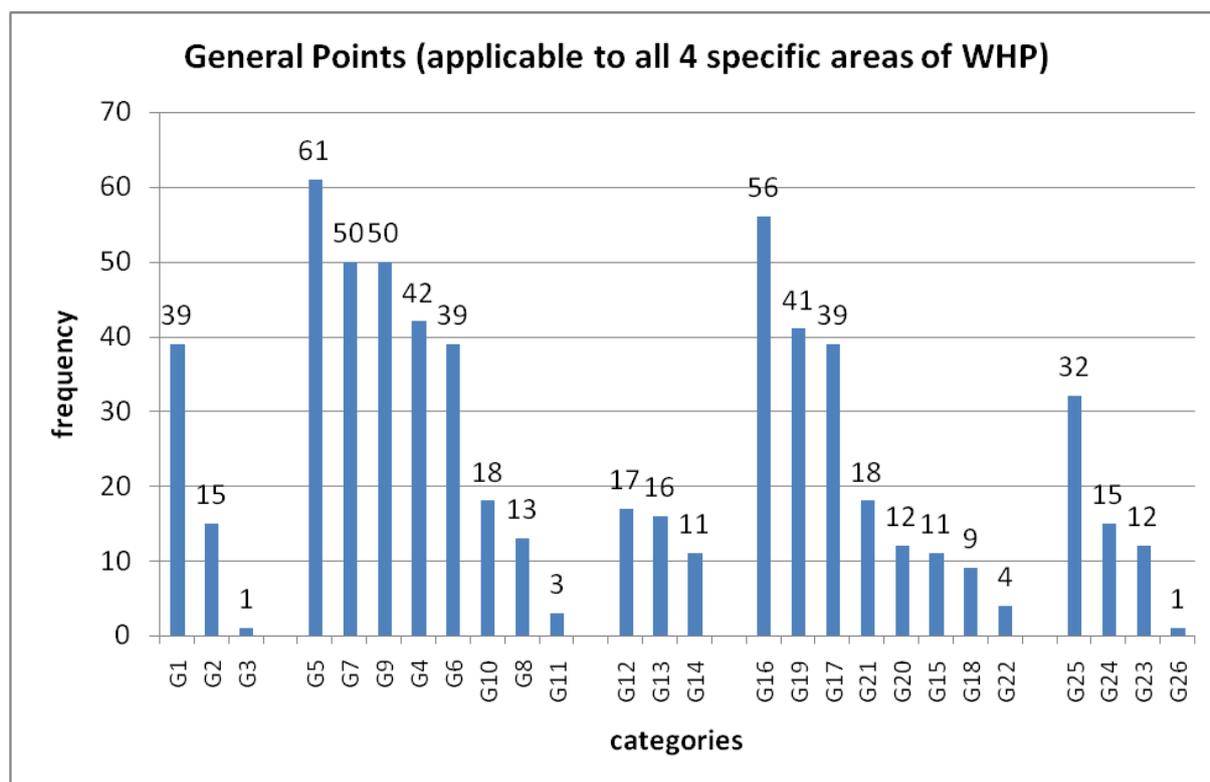
Categories mentioned most frequent concerning structure include the in-house promotion of WHP measures via multiple channels, the availability or establishment of in-house or on site occupational health departments and services (e.g. dentist, first aid, physiotherapist, nurses trained in Cognitive Behavioral Therapy, nutritionist, psychologist, health physician, etc.), the involvement of experts and professionals in concrete measures and the possibility of consulta-

tions with them on various health topics (for example mental health problems, smoking and addiction, exercising, nutrition, and others) either on an individual basis or in group sessions as well as a favorable climate and tradition in the company (for instance reasonable communication among staff, mutual respect, colleague help, relationship among colleagues, ...).

In the topic education firstly the provision of advice and information on workplace health promotion, on how to avoid health risk and on healthy behavior in general, secondly regular workplace health programs including campaigns, workshops, presentations, trainings and health behavior programs, and thirdly an information package on WHP measures for new employees were stated most often.

Furthermore motivating economic and non-financial benefits was mentioned as a vital resource and periodic preventive health and medical checks, for example on an annual basis, are an essential tool for the evaluation of the program, the early detection of health risks and for prevention.

Figure 2: frequencies of specified categories



## 4.2 *Integration of WHP*

### **Category B: Crucial points**

Found crucial points (B) in the integration of workplace health promotion among the models of good practice include following categories grouped together under the mentioned topics:

Topic: RESOURCES

- IB1. (targeted) provision of resources (material and fiscal)
- IB2. provision of time

Topic: EDUCATION

- IB3. constant communication on social, personal, occupational risk and workplace health issues (between employees and management staff, inter-/supervision, coaching)
- IB4. increase knowledge, awareness and attitude towards healthy behavior / resources
- IB5. encourage responsibility for well-being / healthy lifestyle

Topic: STRATEGY & IMPLEMENTATION

- IB6. regular company-wide evaluation and adaption of measures and results
- IB7. review / adaption of measures / action plans at certain intervals
- IB8. support by management
- IB9. broad active participation of the entire staff

Topic: STRUCTURE

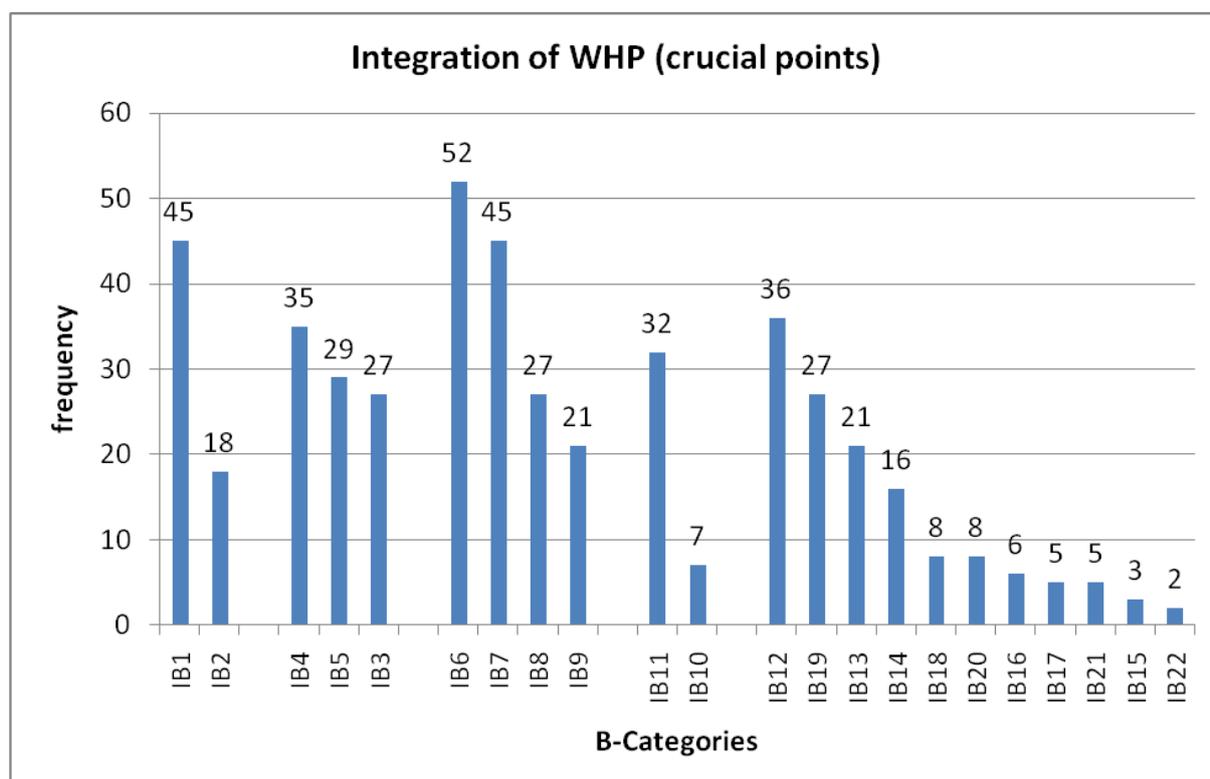
- IB10. proper project management / thorough phased approach (preparing the organization – needs assessment – implementation of the program – safe tying the implemented program within the organization)
- IB11. create a healthy, supportive working environment (feeling of comfort, security and support, labor safety, guaranteed employment, partnership)

Topic: OBJECTIVES

- IB12. improve overall health of employees
- IB13. balance work – private life / family
- IB14. well-being
- IB15. vitality

- IB16. investment in human resources
- IB17. self-help
- IB18. healthy, vital and capable staff
- IB19. prevention (keep healthy employee healthy, prevent sickness work absence)
- IB20. occupational safety
- IB21. healthy employees in a healthy company
- IB22. happiness

Figure 3: frequencies of inductively formed categories



The results of the qualitative content analysis show that the crucial points of a successful integration of WHP into the company policy and culture are firstly strategy and implementation, counted 145 times, and secondly education (90 counts). A thorough elaborated and sophisticated concept including regular company-wide evaluations of methods and measures applied as well as reviews of measures and adaption of action plans in specified intervals is as vital as the increase of knowledge on WHP, the creation of awareness towards healthy behavior and the encouragement of responsibility for a healthy life-style. Although appointed resources and a healthy and supportive working environment play an important role, they cannot guarantee for the success of a workplace health program unless an elaborated approach is applied and awareness among the staff is raised.

Improvement and promotion of overall health of employees, prevention or in other words keeping healthy employees healthy, work-life balance and well-being are the most frequent objectives that workplace health initiatives try to address.

### **Category A: descriptive elements**

The descriptive elements (A) for the integration of workplace health promotion identified in the analysis of the returned best-practice-questionnaires include the following set of categories pooled together under the stated keywords:

#### Topic: STRATEGY & IMPLEMENTATION

- IA1. separate (named) workplace health program
- IA2. 2h per week of core working hours free for volunteer collaboration in working groups
- IA3. health management as responsibility of company management (discussed in meetings)
- IA4. integration of WHP into business culture, company activity, management philosophy

#### Topic: STRUCTURE

- IA5. implementation of WHP working groups
- IA6. involvement of experts and professionals in planning and evaluation
- IA7. engagement and involvement of staff in planning / development of WHP

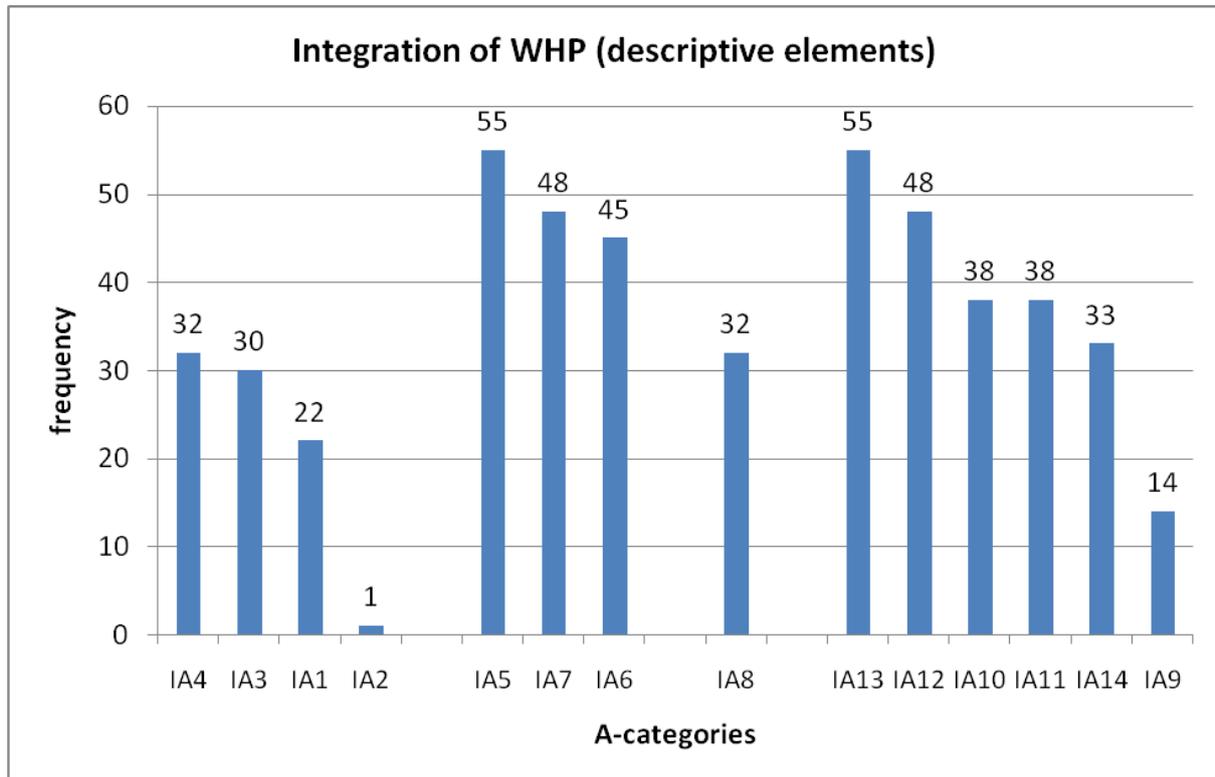
#### Topic: EDUCATION

- IA8. presentation of results and impact of WHP measures / activities to entire staff

#### Topic: EVALUATION AND DATA

- IA9. company database to register absence-of-work-reasons & -duration
- IA10. in-house needs / risk assessments to formulate interventions
- IA11. attendance rates / utilization of WHP measures and activities
- IA12. employee feedback on WHP measures, action plan and activities
- IA13. (anonymous) employee proposals, inquiries, opinions, complaints, ...
- IA14. regular surveys of lifestyles and health behavior of employees (objective medical – BMI, blood pressure, ... behavioral – nutrition, physical activity, stress management, general health behavior, ... psychological data – motivation, self management, competence, responsibility for own health, satisfaction, ...)

Figure 4: frequencies of found categories



Frequencies of inductively formed categories indicate that structure (148 counts) and evaluation, named 226 times, include the most relevant elements describing the integration of workplace health promotion into the company policy and culture. According to the models of good practice an effective and efficient evaluation should register in-house needs (e.g. desired foods, preferred sports activities, prevention of occupational risks, stress management training, and others), gather employee proposals, inquiries and opinions via black-boards, boxes, regular surveys, online forums and interviews, monitor attendance rates and utilization of provided measures and validate the program by acquiring feedback of the staff on WHP measures and action plans. As to the structure of the integration of workplace health promotion WHP working groups should be implemented which not only involve experts and professionals for planning and evaluation but also include the staff into the process. Furthermore the presentation of the impact, results and effects of the workplace health program to the entire staff is a crucial element to create awareness among the employees.

### 4.3 Smoking

#### **Category B: Crucial points**

Regarding crucial points (B) in smoking specific measures following set of grouped categories were identified in the analysis of the models of good practice:

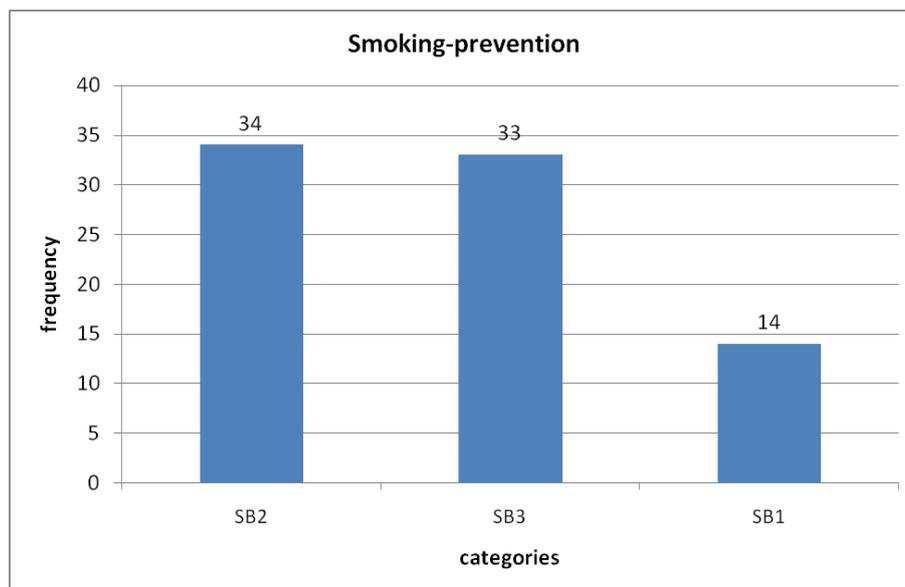
Topic: STRATEGY & IMPLEMENTATION

SB1. smoking prevention and protect non-smokers

SB2. smoke-free areas/environment - ban smoking from workplaces / company territory

SB3. introduction of stop-smoking programs (in-house or external)

Figure 5: frequencies of formed categories



#### **Category A: descriptive elements**

Regarding descriptive elements (A) in smoking specific measures following sets of grouped categories were identified in the analysis of the models of good practice:

Topic: STRATEGY & IMPLEMENTATION

SA1. no smoking in company vehicles

SA2. smoking in (regulated) breaks only

Topic: STRUCTURE

SA3. appointed places for smoking

Topic: RESOURCES

SA4. non-smoking- & stop-smoking-bonuses

SA5. provide alternative medicines for smokers

Topic: EVALUATION

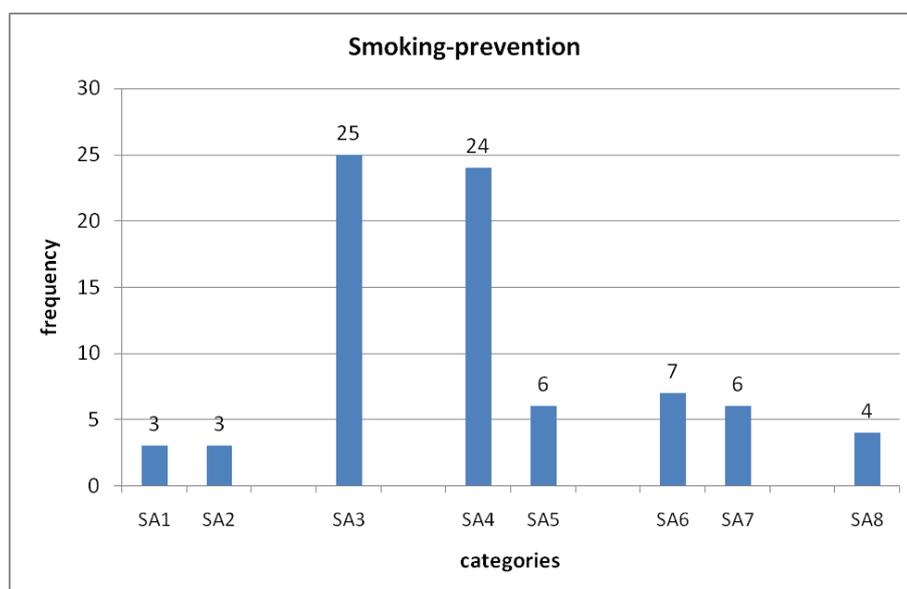
SA6. CO measures (for evaluation)

SA7. monitor compliance with smoking prohibition

Topic: EDUCATION

SA8. counteract addictive behavior at an early stage (young employees)

Figure 6: frequencies of formed categories



The analysis of the best-practice questionnaires revealed that besides the general points applicable to all four areas of workplace health promotion the two most crucial points in the health topic smoking are firstly the provision of a smoke-free environment, meaning the ban of smoking from workplaces, offices and company territory as well as the provision of appointed places for smoking either outdoor or in restricted areas with sufficient ventilation, and secondly the introduction of stop-smoking programs for employees combined with non-smoking and stop-smoking bonuses, for example covering the costs of quit-smoking programs partly or fully for employees that succeed to stop smoking.

#### 4.4 Healthy food

##### **Category B: Crucial points**

In healthy food specific measures following set of grouped categories concerning crucial points (B) was identified in the analysis of reports returned by companies and organizations:

Topic: EDUCATION

FB1. awareness towards nutritional balance / healthy nourishment

FB2. social acceptability of healthy eating

FB3. confident choosing / conscious eating

Topic: STRUCTURE

FB4. provide good accessibility of healthy food

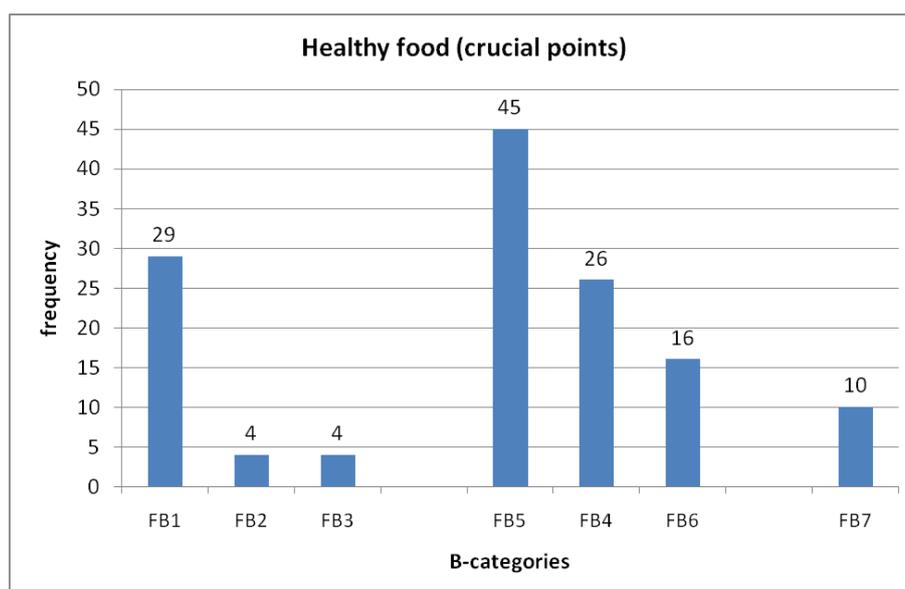
FB5. offer wide choice of healthy foods and drinks (on company territory)

FB6. quality and value for money (e.g. ingredients, size, ...)

Topic: STRATEGY & IMPLEMENTATION

FB7. clearly labeled healthy foods

Figure 7: frequencies of stated categories



Frequencies of inductively formed categories indicate that structure (87 counts) is the most crucial topic for the promotion of healthy food in a workplace health program besides the cru-

cial points stated in the section “General points”. Not only a wide choice of healthy foods and drinks with an adequate prize-quality-ratio should be offered on company grounds (for example salads, fruits, vegetables, organic products, drinking water, etc.) but they should also be readily accessible, for instance in canteens, through vending machines, vitality buffets, self-service-stations and others. According to the models of good practice provision and easy accessibility of healthy foods have to be accompanied by the education of employees towards a nutritional balance and healthy nourishment in order to guarantee efficacy of a healthy food promotion program.

### **Category A: descriptive elements**

The descriptive elements (A) for healthy food specific measures in workplace health promotion found in the analysis of the returned best-practice-questionnaires include the following set of grouped categories:

#### Topic: RESOURCES

- FA1. actively market healthy choices (healthy eating offers / bonuses)
- FA2. offer free fresh fruit
- FA3. offer free healthy beverages throughout company territory
- FA4. provide lunch vouchers
- FA5. company covers costs of (healthy) food (e.g. breakfast, lunch) partly/totally

#### Topic: STRUCTURE

- FA6. provide special diets (e.g. low carbohydrates, low fat, high fiber, ...)
- FA7. allow for flexible and adequate food breaks
- FA8. pleasant, clean and excellently equipped canteens, areas for feeding/food preparation
- FA9. tearooms and kitchenettes for preparation of warm drinks and meals
- FA10. eating areas as a place for relaxation, for communication and as meeting point
- FA11. participation in professional weight loss programs (e.g. in specialized clinics)

#### Topic: EDUCATION

- FA12. contents of basic nourishment posted (on menu, in feeding areas, ...)
- FA13. training of canteen workers / catering staff / cooks on healthy eating
- FA14. Cooking courses for a health-orientated diet

Topic: STRATEGY & IMPLEMENTATION

FA15. incorporate healthy options into corporate events and meetings

FA16. integrate healthy food into daily life

FA17. motivate employees to eat in company territory

FA18. ban selling cigarettes and alcoholic drinks

FA19. restaurant/canteen guests choose their own portion size

FA20. in-time preparation of dishes

FA21. company weight loss programs & competitions

FA22. best recipe contests and cooking competitions

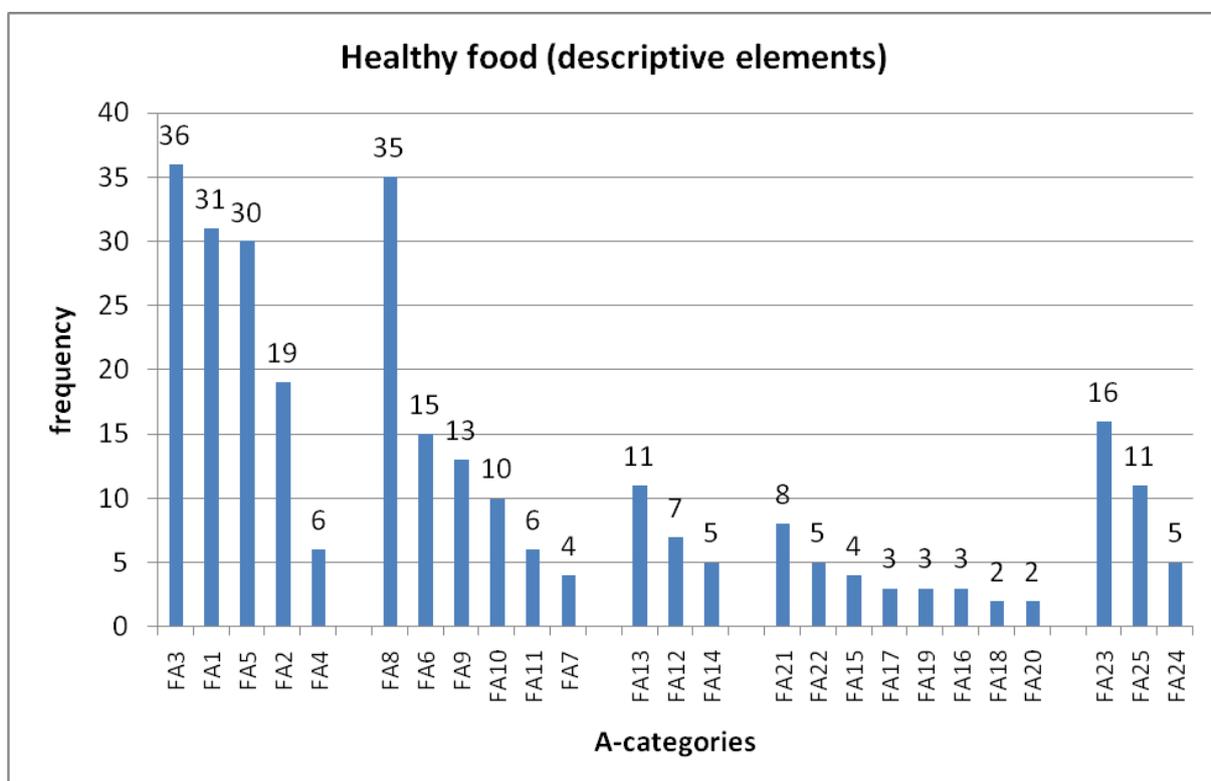
Topic: EVALUATION

FA23. regular meetings with canteen operator/catering company/suppliers to improve range and quality of healthy options

FA24. sales mix analysis to evaluate needs and eating behavior

FA25. regular status-quo analysis of menus offered and constant optimization

Figure 8: frequencies of defined categories



The qualitative content analysis of the open-ended questionnaires provided by companies and institutions showed that next to the general points applicable to smoking, healthy food, physical activity and stress / mental health and the crucial points stated above descriptive elements in the topics structure (83 counts) and resources (112 counts) are most vital to the promotion of healthy food in a WHP program.

Descriptive elements concerning resources mentioned most frequently by the models of good practice are free healthy beverages – mostly water and tea but also fruit juice and milk in some cases – offered throughout company territory, active marketing of healthy food (e.g. daily healthy options or meals, discounts on healthy food, buy a healthy soup get a free low-fat yoghurt, replace cake by fruit for free, ...) and that the company should partly or fully cover the costs of healthy food. The provision of pleasant (e.g. design, paintings, green plants, etc.), clean and excellently equipped areas for serving and preparing food (for example canteens, kitchenettes, buffets and others) is described as a vital structure.

## 4.5 Physical activity

### **Category B: Crucial points**

The qualitative content analysis of reports on workplace health promotion returned by best-practice companies and organizations found following set of grouped categories regarding crucial points (B):

Topic: EDUCATION

PB1. encourage /motivate for physical activity

PB2. importance of physical activity

PB3. become sound in body and soul

Topic: STRATEGY & IMPLEMENTATION

PB4. encourage sports activities and participation in social events in non-working-hours

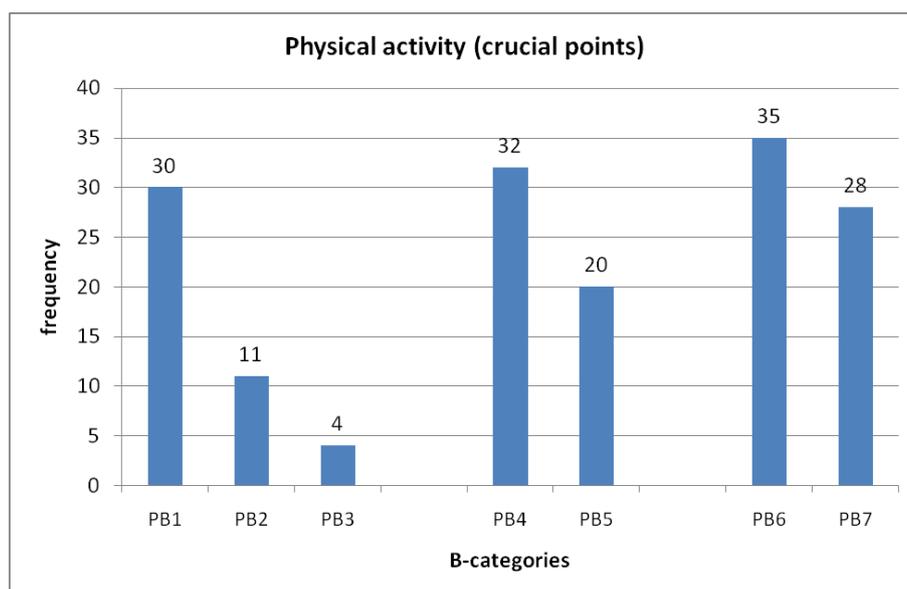
PB5. health based sports (fitness, prevention and relaxation)

Topic: STRUCTURE

PB6. options and special programs for physical exercise offered through the company

PB7. provide good accessibility to activities/physical exercise (on/near company site)

Figure 9: frequencies of inductively formed categories



Besides general crucial points described earlier the inductive category formation also revealed specifically for the promotion of physical activity that models of good practice do not only educate employees on the importance of physical activity and apply a concept and an approach that encourages participation in social events and sports activities – especially health based sports for preservation of health and prevention of sickness and injuries – but also provide a variety of special programs for physical exercise and activities offered through the company combined with easy accessibility of those programs, for example on or near the company site.

### **Category A: descriptive elements**

Descriptive elements (A) in physical activity specific measures across the models of good practice in workplace health promotion include following grouped categories:

#### Topic: STRUCTURE

- PA1. wide choice of in-house sports activities and exercising on/near company territory
- PA2. sports facilities on company site
- PA3. showering and changing facilities on site
- PA4. cooperation with external sports centers
- PA5. allow for safe, actively participation at all levels of skill and interest (low threshold)
- PA6. suitable times for physical activity and exercise lessons
- PA7. ergonomic workplace (e.g. gymnastic balls instead of regular office seats, ...)
- PA8. participation in company running relays
- PA9. company sports teams / clubs
- PA10. provision of rehabilitation procedures when needed

#### Topic: STRATEGY & IMPLEMENTATION

- PA11. provide physical and social activities and action days for staff, whole families, friends
- PA12. familiarize employees with new sports (e.g. Nordic walking, ...)
- PA13. encourage walks and physical exercise during breaks
- PA14. special back pain programs
- PA15. encourage walks, cycle rides and bus travel (also between company locations)
- PA16. encourage biking to work
- PA17. physical activity competitions among staff

Topic: RESOURCES

PA18. time quota of core working hours for participation in physical activity

PA19. offer sports activities and exercising lessons at discount rates or free of charge

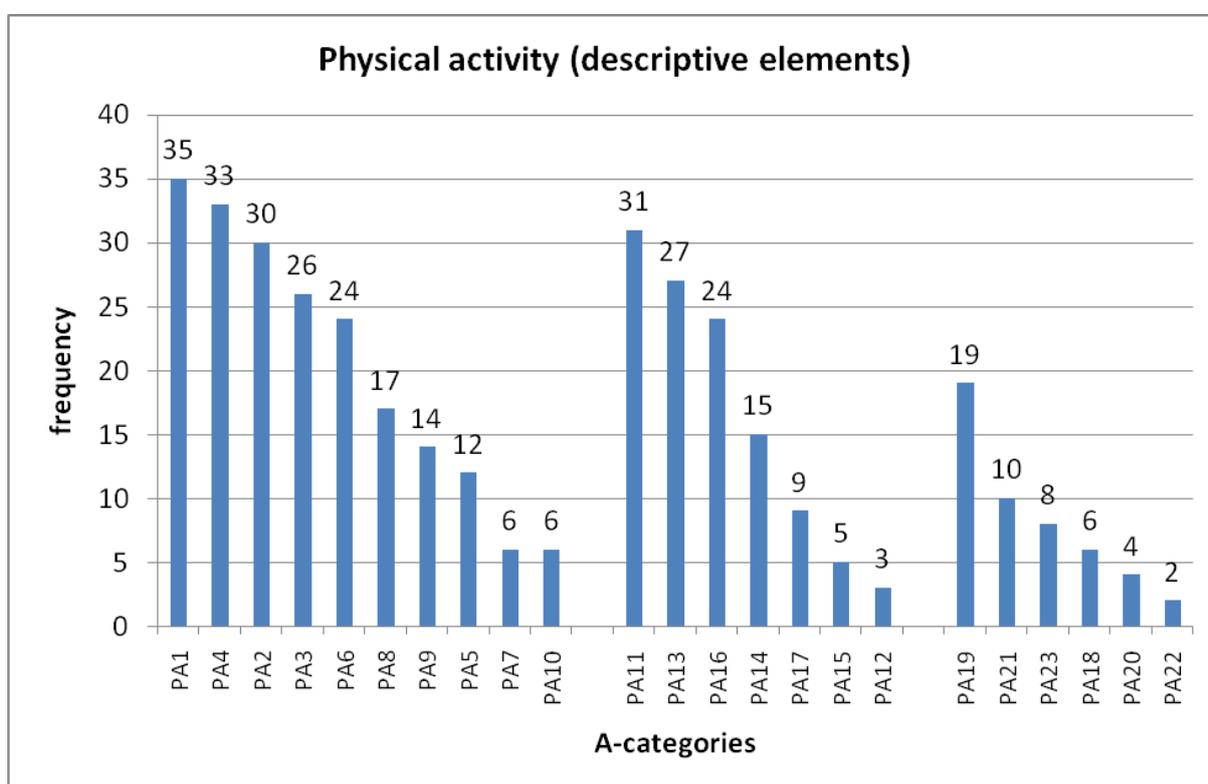
PA20. discounts for personal trainers / vital coaches

PA21. discounts/vouchers for common recreation facilities

PA22. free tickets to social/culture events

PA23. sponsoring of external employee sports activities in sports clubs

Figure 10: frequencies of found categories



Results of the data analysis indicate that structure (203 counts) and strategy (114 counts) include the essential descriptive elements that add to the crucial points most important to an efficient and effective promotion of physical activity in a WHP program.

The infrastructure and setting provided should make a wide choice of sports activities and exercises (e.g. training sessions for cardio and strengthening, yoga, Pilates, aerobics, table tennis, ice-hockey, running, and others) available on or near the company territory, either with sports facilities on company ground (for instance cardio area, gym, gymnastics room, showering and changing facilities, etc.) or through cooperation with external sports centers and facilities (e.g. discounts for or free of charge attendance to regional gyms, fitness schools, swim-

ming pools, local clubs for various sports, and others). The most frequently stated elements describing the strategy and concept of the promotion of physical activity by models of good practice include encouraging walks and physical exercising in shorter working breaks and during lunchtime – lunch walks are organized and gymnastic balls, thera-bands, balance board, exercise booklets as well as exercise instructions on workplace monitors are provided for these purposes in some cases –, support for taking the bike to work (for example by providing guarded bike-stands or rental bikes from the company, take-the-bike-bonuses like a free healthy breakfast or discounts for bike-purchasers), and the organization of action days and physical as well as social activities for employees as well as their families and friends (e.g. sports competitions, fishing days, biking tours, hiking tours, running meetings, outdoor weekends among others).

#### 4.6 *Stress / Mental health*

##### **Category B: Crucial points**

Regarding crucial points (B) in mental health/stress specific measures following set of grouped categories was identified in the qualitative content analysis of reports on workplace health promotion returned by best-practice businesses and institutions:

Topic: EDUCATION

MB1. awareness of mental health

Topic: OBJECTIVES

MB2. mentally healthy workplace

MB3. family friendly workplace

MB4. resilience

Topic: STRATEGY & IMPLEMENTATION

MB5. increase efficacy, pleasure and satisfaction of employees

MB6. constant improvement on the motivation of the staff

MB7. continuous improvement of working conditions

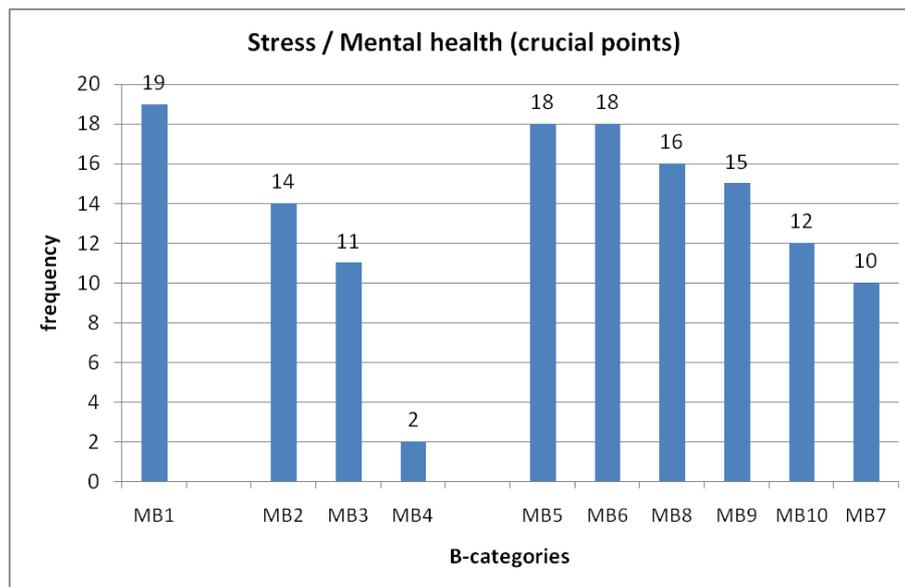
MB8. stress prevention (avoid harmful levels of stress / reduce stress and control workload)

MB9. assure adequate employee stress management

MB10. consider individual capacity in task selection and work rate

Frequencies of categories are depicted in figure 11. The results of the qualitative content analysis show that the crucial points stated by models of good practice for a successful prevention of stress and promotion of mental health at workplace include mainly an elaborated concept that maintains and increases efficacy and satisfaction of employees, continuously motivates the staff, has a worked-out approach on stress-prevention to reduce stress and control workload, and that provides adequate stress-management to all company members. Nevertheless the efficacy of the strategy and the applied methods also crucially depend on the awareness and acceptance of mental health among employees.

Figure 11: frequencies of formed categories



### **Category A: descriptive elements**

The descriptive elements (A) for mental health/stress specific measures identified in the analysis of the returned best-practice-questionnaires include the following set of grouped categories:

#### Topic: STRUCTURE

- MA1. friendly and pleasant workplace design
- MA2. barrier-free and suitable workplaces for older employees
- MA3. special care for retiring employees
- MA4. in-house Social Service for support of employees already experiencing problems
- MA5. provide access to contact person when troubled with stress or conflict
- MA6. physiotherapy services available on company site
- MA7. provide relaxation areas to cope with stress and physical/mental fatigue
- MA8. meet short-term childcare needs (working mothers and fathers take children to work)
- MA9. attractive and varying workplace character (mobility and rotation)
- MA10. broad possibilities and company support for education and training of employees

#### Topic: RESOURCES

- MA11. incentives for compliance and for provided safe and good working conditions
- MA12. company covers psychologist if needed

Topic: EVALUATION

MA13.careful observation of stress-related absence of work

MA14.regular job evaluation conversations

MA15.improvement of sleep

MA16.standardized instrument to detect workload, stress, aggression, emotional restraints, ...

MA17.employee satisfaction survey

Topic: STRATEGY & IMPLEMENTATION

MA18.flexibility of working organisation

MA19. “forced” regular work breaks

MA20.reduce overtime work

MA21.involvement of employees in decision-making-process (more responsibility)

MA22.provide assignments that best suite aptitudes of employees

Topic: EDUCATION

MA23.training programs for employees on stress-management

MA24.training programs for employees on conflict management

MA25.team building programs

MA26.mental health training for managers/department heads (to proactively support staff)

MA27.remove stigma around mental health issues

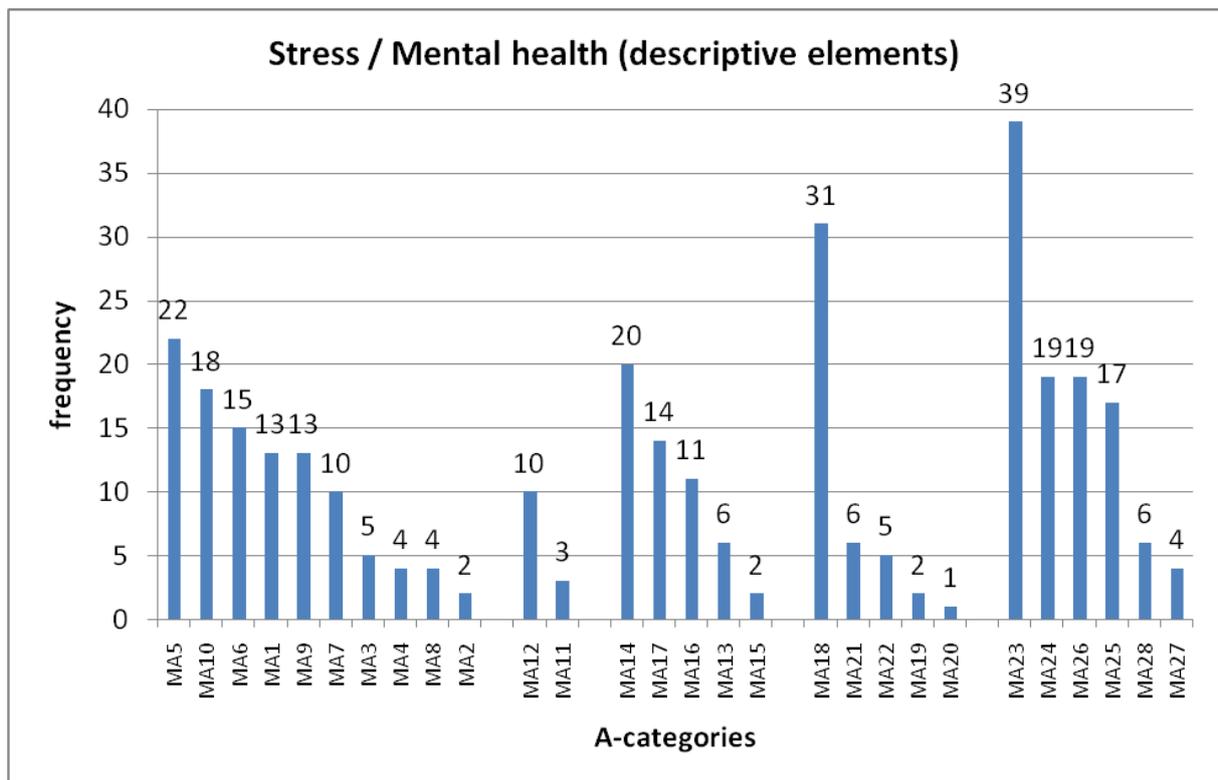
MA28.shift cultural perceptions

Frequencies of inductively formed categories are illustrated in figure 11. The qualitative content analysis of the open-ended questionnaires provided by companies and institutions showed that descriptive elements in the topics structure (106 counts) and education (104 counts) are most vital to stress-prevention and promotion of mental health at workplace besides the general points applicable to all four areas of workplace health promotion.

Descriptive elements concerning structure mentioned most frequently by the models of good practice are a physiotherapy service available on company grounds, the access to contact persons (e.g. psychologist, coach, trauma primary prevention, emergency support, etc.) available on site or via hotline for employees that are troubled with stress or conflict as well as company support for work-related education and training of employees including mobility of staff. The flexibility of working organization is mentioned as a vital approach to the topic and can

for instance include home offices, flexibility of working hours (e.g. “flexitime”: fixed presence hours and self-management of remaining work hours) and support for childcare as well as promotion of workplace-return after family-related leave. Above all the entire staff should be educated on stress and conflict management (e.g. better balance work and private life, how to set priorities in work tasks, personal effectiveness, meditation, yoga, burnout prevention, breath training, time management, and others).

Figure 12: frequency of defined categories



## 5. Conclusion

### **General points**

The results of the qualitative content analysis of the semi-standardized best-practice questionnaires returned by the companies and institutions that were selected as models of good practice in workplace health promotion indicated that applicable to all four specific fields of workplace health promotion (smoking, healthy food, physical activity and stress/mental health) surveyed the change of principal procedures in the companies and the provision of adequate structures as well as the education of the staff and the formation of awareness and attitude towards healthy behavior in the organization are far more vital to the success of workplace health promotion than the appointed resources.

### **Integration of WHP**

Although resources and a healthy and supportive working environment play an important role for the integration of workplace health promotion into the company policy and culture, a thorough elaborated and sophisticated concept and the creation of awareness and responsibility towards healthy behavior among the employees are the real crucial points. Improvement of overall health of employees, prevention, well-being and work-life-balance should be the key objectives of the program. According to the models of good practice a successful integration of WHP into the company or organization also includes the establishment of working groups which not only include experts and professionals but also staff-members, a proper evaluation of the program and the presentation of the impact, results and effects of the workplace health program to the entire staff.

### **Smoking**

Besides the general points applicable to all four areas of workplace health promotion the two most crucial points in smoking prevention are firstly a smoke-free environment including the ban of smoking from workplaces and the provision of appointed places for smoking and secondly the introduction of stop-smoking programs for employees combined with bonuses for employees that are non-smokers or that successfully quit smoking.

**Healthy food**

The creation of an adequate structure and setting including the provision and easy accessibility of a wide choice of healthy foods and drinks on company territory combined with an adequate education of employees towards healthy nourishment and a nutritional balance are the crucial measures – besides the general points stated earlier – essential to the efficacy of a healthy food specific WHP program. The infrastructure should include pleasant, clean and excellently equipped areas for serving and preparing food. Moreover free healthy beverages offered throughout company territory and a partly or fully absorption of the costs for healthy food by the company are essential resources for a successful promotion of healthy food.

**Physical activity**

Besides general crucial points described earlier the promotion of physical activity in models of good practice for WHP includes firstly a concept and an approach that encourages physical exercises and sports activities as well as participation in social events during working and non-working hours as well as on weekends, secondly an infrastructure and a setting that provides a wide variety of easily accessible special programs for physical exercise and activities either on company territory or through cooperation with external sports centers and facilities and thirdly extensive information on the importance of physical activity to create awareness among employees.

**Stress / Mental health**

Not only an elaborated concept that maintains and increases efficacy and satisfaction of employees, continuously motivates the staff, has a worked-out approach on stress-prevention to reduce stress and control workload and that provides adequate stress-management to all company members but also awareness and acceptance of mental health among employees are the essential crucial points stated specific to the promotion of mental health and prevention of stress at workplace. The setting should provide a physiotherapy service available on company grounds, an easy access to contact persons on company grounds or via hotline for employees that are troubled with stress or conflict as well as company support for work-related education and training of employees. Furthermore the flexibility of working organization and the education of the entire staff on stress and conflict management are vital to the concept of stress-prevention.

Taken together the study reveals that the efficacy of workplace health promotion does not primarily depend on the appointed resources but much more on an elaborated and sophisticated approach, the provision of a supportive environment in the company as well as the education of employees on health topics and the creation of awareness towards health promoting behavior. For quality assurance a professional evaluation of the WHP program should be put in place.