SIWHP-Training

Workplace Health Promotion
Definitions, Methods and Techniques

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This publication has been prepared as a part of the project "SIWHP - Workplace health promotion as a means of increasing the professional knowledge of the Slovenian occupational, traffic and sports medicine physicians". The general aim of the project is to introduce an innovative educational programme about workplace health promotion to Slovenia, a programme intended for specialists in occupational, traffic and sport medicine.

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TABLE OF CONTENTS

PART 3

Project Management in
Workplace Health Promotion

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Table of Contents

Introduction

Aims

The aim of this part is to acquaint the reader with the idea of project management and its most important rules that should be applied when implementing a WHP project. The goal of this part is to provide the reader with basic knowledge and skills that are necessary to run a WHP project in an organisation. Another vital objective is to increase awareness of the crucial ethical dilemmas that a project manager encounters when implementing a WHP project, in order to guide his/her choices.

This part is to be considered within the framework of the other parts of the course, especially in relation to part 2 where details on the needs assessment philosophy and methodology are presented and with part 10 where the process of evaluation is explained. All three elements combined are the basis for preparation of an effective and methodologically approved WHP project.

Overview of contents

The sequence of the chapters and topics described follow the natural process of project management. The issues tackled are structured in a similar order to which they would occur during development of a WHP initiative in an organisation.

The **Chapter 1** gives a broad overview of questions that should be answered when planning a WHP project. The main issue discussed in this part of the manual involves how to initiate WHP activities in a company. We begin with a short introduction of the WHP concept and practice. We also explain why it is useful to run workplace health promotion as a project. Additional topics tackled in this chapter include marketing of the WHP concept in a company; the selection of companies that are most likely to undertake WHP; and the development of the project team – presentation of model roles and possible occupational physician's roles in the project.

The **Chapter 2** has a more technical aspect. The general rules and ethical questions relevant for commitment and success in WHP programs are described along with the stages of the project management cycle for WHP.

The **Chapter 3** summarises all vital points and explores the practical possibilities of financing WHP.

Learning outcomes

After studying this part you should be able to:

- Initiate a WHP project in a company;
- Build a team responsible for project implementation;
- Develop a project plan according to good practice and conduct its implementation;
- Recognise and solve the most relevant problems connected with WHP project planning and management.

Chapter 1 - Initiation of WHP Activities in a Company

What is workplace health promotion? Official definitions and actual practice[1]

The common understanding of health promotion is usually very broad. The official definitions are formulated in a general way. As a result, various individuals and groups (occupational, scientific, and political) understand health promotion differently. For instance, Breslow (2001) explains that in the United States health promotion is understood as follows:

1. all efforts aimed at counteracting human diseases;

2. enterprises aimed at quality of life improvement, strengthening health or wellness, far beyond disease prevention;

3. influencing people in order to change their behaviour and improve their health;

4. various interventions in the social system that protect or strengthen health, in its most broad meaning, such as overcoming poverty and dealing with low education;

All of these remarks and multiple understandings are present in workplace health promotion as well. Workplace health promotion can be classified in three ways:

1. official definitions and concepts or policy documents concerning health promotion or workplace health promotion, usually at international level

2. local (mostly national) and professional (e.g. medical) tradition and practice concerning occupational health, where workplace health promotion appears as the new concept

3. various (often personal) lexical associations linked to the term "promotion".

Within this manual and in its various Parts, the authors decided to use the definition provided by the European Network for Workplace Health Promotion within the Luxembourg Declaration (as introduced in Part 1):

> 'Workplace health promotion is the combined efforts of employers, employees and society to improve the health and wellbeing of people at work'. 'This can be achieved through a combination of improving the work organisation and the working environment; promoting the active participation of employees in health activities; and, encouraging personal development'.

The authors will also acknowledge the definition of WHP in the Slovenian Resolution of the National Programme for Safety and Health at Workplace (2003):

> 'The main goals of WHP are: enabling healthy and safe working environment, maintaining working capacity and reducing early retirement, excessive sick leave, preventing injuries at work, occupational illnesses or illnesses due to work, due to environment, life-style or social determinants, and to enable optimal balance between economic interests and working capacity for each employee, to maintain general living environment and to enable the production of healthy and environmentally-friendly products for people.'

Additionally, Health and Safety at Work Act (ZVZD-1, 2011) defines health promotion as:

> 'A systematic goal-oriented activities and measures, carried out by an employer to maintain and strengthen employees' physical and mental health'.

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[1] More detailed information on the WHP concept and definition can be found in part 1

Workplace health promotion practice – if not always consistent with its official definitions - includes various activities and broadly planned programs, with a number of goals and methods of implementation. We can look more closely at these different types of practice:

Firstly WHP activities may be aimed at:

- Solving a problem that had appeared in the company
- Or fulfilling the needs of the workforce - needs that had been identified at a previous stage.

Problems may be defined as those directly connected to employees' health status (e.g. absenteeism, health risks, non-smokers in a smoking environment, accidents, occupational diseases, unhealthy lifestyle). Another definition of the problem is indirectly connected to health, as it is linked to the economic functioning of the company (e.g. low identification with the company, lost work time by smokers, the high costs of health protection paid by the company, or older employees having problems using new technologies).

Grossmann and Scala (1993) suggest that effective WHP is always aimed at solving the latter problems (those connected to the market position of the company and its economic functioning) and not those related to health in a purely medical sense. Additionally, WHP may be used not only to solve a problem but also to fulfil the needs connected both to employees' health and the economic situation of the company. There are many examples of such situations. Even when technical, organisational, psychosocial and occupational circumstances are good, the employees may seek improvement and wish to possess more influence over their environment. The staff may ask the company for support concerning the organisation of sport, cultural or recreational activities. The company may also have plans to attract new employees by offering extended medical care, recreational activities, a comfortable work environment, etc. The company may also enhance its public image by presenting to the general public information on non-obligatory activities aimed at supporting the wellbeing of employees (and/or) customers. Experience has proven that WHP may be the answer to such needs.

Secondly, WHP activities may be aimed at:

- The employees and their health and/or health behaviours;
- Or the work environment – including all the physical, organisational, psychosocial and economic aspects.

The activities directed at employees are mostly aimed at changing health behaviours.

It is possible that employees may be treated as the object of interventions (e.g. participants at prophylactic check-ups, risk factors in accident prevention, sources of medical costs, etc.). In such programs, WHP organisers often regard employees as objects; they prepare the programs "for people" – usually without consultations with participants, assuming that the proposed change of attitude is good for the people. They offer "the best" services and want participants to take advantage of them and to obey the rules that are forced upon them. Occasionally they encourage employees by using behaviour modifying methods, e.g. punishment.

Although such an approach is far away from the modern understanding of WHP, it is still often present in practice. At the same time the employees may be treated not as the object but as the subject of the intervention. In this case, WHP programs are implemented according to the "through people approach", where the most important value is the democratic opportunity to decide and take responsibility for one's own health (empowerment).In this second case, the company's staff decide on the needs concerning the improvement or strengthening of employee's health and search for possible measures. At the same time staff is involved in organisational activities and they actively and voluntarily take part in them (taking support from the company). It should be

underlined here that although such an approach is in line with WHP theory, in practice it is very difficult to implement.

Activities aimed at the work environment are related to the concept of health promotion in settings which value "the art of intervention in organisational systems in order to develop them in healthy environments" (Grossmann & Scala 1993; Hertfordshire Health Promotion 1996).

Interventions may focus on the technical environment (e.g. ergonomic factors, furniture, and organisation of work time) but they may also be connected to socio-organisational measures.

In the second case, the goal is the development of the company's organisational culture and its values, formal and informal structures, policies and management, communication channels, etc. They should take into account not only typical business issues but also the health needs of the staff. This approach- close to the official vision regarding WHP - means that WHP should be implemented through complex projects, involving management level, human resources and safety departments, departments responsible for internal and external public relation activities and of course employees' representatives. They may also employ external experts (in the field of health or project management).

These aspects of WHP implementation (Korzeniowska & Puchalski, 2006) are summarised in Table 3-1.

It is worth noting here that WHP is commonly understood as consisting of non-obligatory activities, i.e. activities that are not imposed on employers by legislation. This indicates that usually WHP is an activity undertaken by employers although the responsibility is not "forced" upon them by, for example, inspection services dealing with health and safety issues. Such a situation may occur when the obligatory prophylactic check-ups are extended to include non-obligatory health education aimed at employees. The content of the education may include the interpretation of check-up results, health advice, as well as the information on possible support from the company (e.g. additional sport or recreational activities, support groups, etc.). It has to be mentioned, that from the year 2011 planning and implementing WHP is no longer a voluntary activity but a legal obligation according to the Health and Safety Act (ZVZD-1, 2011).

Table 3-1: Various activities within the WHP concept

Type of activity	Goals	Examples
Medical-supportive	Providing professional care, help in solving problems	Sponsoring medical care, psychotherapy for the dependent, nicotine replacement therapy,
Medical-prophylactic	Medical protection, screening, risk assessment	Measuring cholesterol level, mammography, vaccinations
Environmental-technical	Improving material workplace environment, protection from exposure	Measures concerning noise exposure, ergonomic furniture
Behavioural	Achieving a healthy staff by changing behaviours through positive and/or negative reinforcement	Checking if smoking ban is obeyed, alcohol tests, rewards for not smoking in the workplace
Educational	Focusing on the problem, providing knowledge, development of skills important for health	Workshops on stress issues, lectures on disease prevention, leaflets concerning health and safety
Supporting healthy lifestyles	Stimulation of healthy lifestyles for employees and their families	Organisation of recreational activities, providing access to sport facilities, offering healthy meals in the cafeteria

Type of activity	Goals	Examples
Socio-organisational	Health-promoting social relations development and organisational measures	Setting up a policy of management stating that health is a priority, continuous monitoring of occupational factors influencing health, good communication channels, internal structures devoted to health issues

It is worth noting here that WHP is commonly understood as consisting of non-obligatory activities, i.e. activities that are not imposed on employers by legislation. This understanding indicates that usually WHP is an activity undertaken by employers, although the responsibility is not "forced" upon them by, for example, inspection services dealing with health and safety issues. Such a situation may occur when the obligatory prophylactic check-ups are extended to include non-obligatory health education aimed at employees. The content of the education may include the interpretation of check-up results, health advice, as well as the information on possible support from the company (e.g. additional sport or recreational activities, support groups, etc.).

What is a WHP project? Why implement WHP in the shape of a project?

From the perspective of the company – its vision, mission, goals, organisational structure, and logic of functioning, the WHP concept will always be considered a kind of "foreign body"; it will be new (and difficult) and will demand change. What does it mean for the company and what are the consequences of undertaking WHP?

The "Foreign body" status of WHP is connected to the fact that the typical company was not set up to take care of its employees' health or support national health policy, but to achieve its own economic goals. For the typical non-obligatory company, activities concerning employees' health will be only useful when they also support its business activities and goals.

It may be used for business competition, marketing strategies, and costs savings, etc. However, the WHP concept will be rejected if it proves to generate costs (not only financial), that do not bring added value for the business activities (to the extent that this is important for the manager). Despite the fact that there is scientific data proving that WHP supports the business effectiveness of enterprises, many managers do not find this evidence convincing. It is a very important issue as positive management attitudes are vital for WHP implementation in any company.

The „newness" of the WHP concept is linked to the fact that managers often have many other methods by which to achieve company goals, other than health investments. Additionally, strategies concerning health are still rarely taught in the theory of management and managers' professional education. In that situation a manager who wants to implement WHP may need additional competences (a good understanding of the concept and of the implementation methodology). Reluctance to try something new may be supported by the labour market situation (e.g. Why invest in employees' health when the manager can simply employ new staff?)

On the other hand, such "newness" may be an advantage for companies searching for modern means of development.

The third issue – the change demand – is connected to the fact that implementing WHP may mean new tasks for employees, new solutions and procedures, new organisational forms, structures, new fields of monitoring, etc. These changes enable the achievement of goals concerning non-obligatory objectives dealing with health in the workplace.

Paradoxically, the more involved the company becomes in relation to WHP, the more organisational changes it should implement. From that perspective, WHP is the solution for companies that easily adopt new management methods and those which are less opposed to change. Other organisations may be reluctant to commit.

Considering the findings, it is easy to draw the conclusion that WHP may be implemented in companies in two general circumstances. Firstly, WHP can be implemented when it does not bring about serious changes in management. In this case it is implemented "silently" within the former traditional structures and activities. Secondly, WHP may be implemented when the company decides to incorporate serious changes in the shape of the WHP project and to develop a business organisation with the support of health investments.

In the first situation, WHP is implemented silently, with very low engagement and is mostly based on routine schemes that are already in existence. The second situation is completely different. Here the implementation process should be well prepared in advance. It should be based on a sound needs analysis, and should adopt important values and realistic goals. Additionally, the methods and costs of implementation should be defined, as well as individuals or groups designated for implementation of the project. All issues should be discussed with the participants and agreements made. It is also important to predict possible pitfalls and methods to overcome potential problems and to prepare an evaluation methodology. Such preparation enables WHP organisers to plan, implement and evaluate the project in a rational way.

In this chapter, and in general within this book, we are analysing the WHP implementation organised according to the latter method, namely through a project.

Marketing of the WHP concept within the company

What are the benefits derived from implementing WHP in a company?

The introduction and proper implementation of a workplace health promotion project in an organisation can bring many benefits. Health promoting organisations convey major advantages including the following (Korzeniowska et al., 2000):

1. development and better quality of human resources

    a. improved employee health (resilience, fitness, wellbeing)

    b. reductions in levels of stress

    c. higher self-esteem, responsibility for performance

    d. higher quality performance

e. an overall reduced fear of change and openness to innovation

f. development of new competencies (knowledge and skills)

g. greater participation and involvement

2. financial savings

a. reductions in costs caused by absenteeism

b. reductions in costs related to injuries, accidents and occupational risks

c. lower costs of HR turnover

d. working time savings

e. improved productivity

f. lower insurance premiums

g. improved management of tax cuts

h. realistic spending of funds for health protection, safety and work hygiene, training or social benefits

3. improved internal social relations

a. improved information channels and internal communication

b. integration of employees within the organisation, i.e. connecting personal goals with those of the company

c. improved human relations

d. identification of new leaders and creation of task groups

4. creation of a positive social image - a health promoting company sends a message that:

a. they care about their employees

b. they are in good economic shape

c. they are managed in a modern and innovative way

d. they could be a partner in regional or multiregional social initiatives

5. support for marketing activities - WHP is a tool that:

a. helps to promote the name of the company

b. testifies to the quality of offered goods and services

What kind of companies are most likely to undertake WHP and why?

All of the evidence mentioned above as well as practical experience from everyday practice shows that workplace health promotion can be a tool for supporting companies' functioning. However, it is not a strategy that is necessarily attractive for each and every business. Therefore, an important question arises: what kinds of companies are (at least in theory) expected to be open and willing to implement this novel concept?

Many factors can influence an organisation's decision to launch a WHP project; these may include:

• health problems and health needs (both identified and hidden) existing in the organisation,

- the characteristics of staff,
- the size and location of the business,
- the shareholder structure,
- the company public profile and its links to the environment,
- its financial standing and position in the market,
- its development strategy,
- its tradition in the area of health protection and experience in introducing innovations,
- its specific management style or even - which often turns out to be quite important – good personal relations between the workplace health promoter and company bosses.

It is virtually impossible to refer to and describe all of these factors, especially knowing that they may appear in different combinations and often work in opposing directions simultaneously. Here we will present some examples.

One conducive factor might be the existence of health problems in the company, the solving of which would contribute to the improvement of business operations. One such issue is high absenteeism. This is the reason why a lot of companies introduce flu vaccination programmes, which aim to reduce absenteeism and contribute to the business aspect. Mental health of the personnel may restrict the quality of professional duties provided by employees.

BOX 3-2

The results from a survey carried out in Poland in 2007 for Medicover (a private health care services provider active in the field of integrated health services for employers) on a sample of 1051 employees (high skilled and highly trained personnel), showed that 15% of workers during a regular day spend from 2 to 4 hours (or even more) working at a lower, sluggish pace or even not working at all. Consequently, only ¼ of these respondents reported that such situations do not occur at all (lasting longer than one hour).

Another factor that may strongly influence the decision to implement WHP in a company is the economic sector in which the firm operates. This situation may arise when the health of the employees or their healthy behaviour might have a direct impact on the quality of products or services offered to the clients.

BOX 3-3

A good example of the link between health promotion and quality of products is the account of a large gardening company in Poland that specialises in tomato production. The tomatoes belong to the same family as tobacco (nightshade) - therefore viruses that attack tobacco plants may be transmitted to tomato crops. For this reason, the owner of the company introduced a smoking cessation program for his employees. That kind of investment protected both the health of the employees and the crops.

Similarly a bank implemented a tobacco – free workplace policy to protect its clients from contact with smoking employees. Also, a cosmetic company ensures the quality of products by implementation of smoke – free workplaces.

Public image is a very important element which influences daily activities in companies, and also affects WHP, especially when it can be linked to general issues of health. For instance, a company that produces food and presents its products as 'healthy' might be interested in the creation of a

coherent image of a healthy company that takes care of employees' wellbeing as well as that of its clients.

Another factor that affects the decision to launch a WHP project is the demographic profile of the staff. For instance, an organisation with younger and well–educated personnel would benefit from the introduction of a programme, where attention is given to health education and physical activity. In contrast, in an organisation where older age and low education is prominent, there would be more incentive to prepare medically oriented interventions, which are usually the type of activities preferred by this target group. Such differences in health promotion needs have been proved by research conducted in Poland – where different groups of employees (e.g. older versus younger expressed different health beliefs and preferences in the field of potential WHP activities (Korzeniowska, 2004). Personnel demography influences whether employers will undertake any kind of health promoting activity or their satisfaction with WHP offer in the company.

BOX 3-4

A good example of strategy, linking WHP with PR is the well-known American company Johnson and Johnson which while advertising its products (especially for children) uses the catchphrase "the company that cares". The term is used broadly and one important application is in caring for its employees – thus a broad WHP program is carried out.

Another good illustration is a cosmetic company in Poland that for a long time was reluctant to introduce WHP and implemented only health–related activities required by law. However, while preparing for its debut on the stock exchange the company introduced a number of health promoting activities for its personnel, so as to be able to publish them in the stocks prospectus document.

A very different example is a large telecommunications company that has implemented many comprehensive WHP projects for its employees. However, it has kept this information hidden from the general public. The company feared that the clients might feel that the costs of such investments in human resources are the reason for the high price of services.

BOX 3-5

In one of the Polish companies that hired mostly male, low–educated and older workers, a costly renovation of bathrooms was carried out as part of a comprehensive WHP project. The refitting of toilets included the installation of urinals where flushing was activated by photoceils placed above them. The workers, who were unfamiliar with these kinds of utilities, took the optic lenses for cameras that registered them while using the toilet. Therefore the toilets where vandalised and the employer refrained from any further investments in WHP.

If a company has good financial standing, it might be more likely that management will introduce new investments (including WHP) and put aside the need to prove economic benefit in every decision. On the other hand, it may also be a reason why a company is not interested in any innovative or unusual solution as there is no need for such revolutions. Financial problems may similarly result in opposite approaches towards WHP.

Survey among Slovenian company managers was conducted in 2005 regarding their opinions on health, work and health promotion. The aims of the survey were to assess attitudes of Slovenian company managers towards WHP and their willingness to invest in workplace health.

A questionnaire was sent out by post to 5,500 company managers. Responses were received from 1,637 managers (the response rate was 30%). The survey has shows that a great percentage of managers are well aware of importance of health and impact of work on health (and vice versa), and that as much as 25% of them already implemented WHP programmes.

Managers in big and medium-sized enterprises are more convinced of the possibility to improve employees' health, but on the other hand small enterprises don't see this possibility that often. They rarely discuss health at company meetings, they don't send their employees to regular medical check-ups (even though they are stipulated by the law).

Slovenian managers are mostly well aware that health of employees effects different indicators of quality and efficacy. 75 % of managers think that health of employees has an impact or even a strong impact on quality of services, economic efficiency of the company, customers' satisfaction, quality of products and company public image.

Most of the managers agree that working conditions strongly impact employees health, that from motivated employees could be expected better performance, that satisfied workers feel better and healthier and that we could ourselves do the most for better health.

A little less than three quarters of the respondents agree that sick-leave could reflect bad working conditions. Almost a fifth of managers neither agrees nor disagrees with this statement.

As much as two thirds of the respondents express their readiness to implement WHP programmes in their companies. Among them predominate:

- *those who think that something could be done to improve health and safety of workers,*
- *those who already have experiences with WHP,*
- *managers of big and medium-sized enterprises,*
- *managers of educational, health and social care organizations, manufacturing and service activity companies, and wholesale and retail enterprises (Stergar & Urdih Lazar, 2005).*

A survey carried out in Poland among medium sized and large companies (N=723) has proven that generally the larger the number of employees and the better the companies financial standing, the more often they implemented various health promoting activities (Puchalski & Korzeniowska, 2002).

The size of the company may also warrant the adoption of a different approach towards WHP. In small companies, managers usually relate to their employees in a more direct way which could lead to a paternalistic attitude towards them and a higher interest in their health. As a result, motives for implementation of WHP might be more personal and emotional while in larger companies it is more instrumental and rational. Research appears to confirm this notion.

It is usually easier to convince managers who have a lot of international experience and those who more often come in contact with pervasive corporate policies, where employees' health is valued. Also, company departments of global corporations, where internal company wide policies on health and safety are introduced, are worth mentioning. Nevertheless, such companies may be interested in implementing only precisely outlined procedures (off-the-shelf ones) which have been proven over time in differing locations. The chosen approach might be less appropriate for local circumstances, yet new additional proposals may still be rejected.

One vital factor that might not be connected with the above mentioned elements is the personal view of particular managers on WHP.

BOX 3-7

As a result of qualitative research (Puchalski, 2000) carried out in Poland among the managers of companies, five types of attitude towards WHP have been identified. The manager types were classified as: passive, liberal, traditional, patriarchal and human resources type.

*'**Passive**' **employers and managers** usually limit their activity to fulfilling only what is required by the law. They do not see the need or even the possibility to invest in employees' health. Additional heath related activities are considered by them usually as funding of medical services and deemed unnecessary and expensive. This attitude is usually also accompanied by the belief that employees are not willing to participate in health related activities. This type of manager often expresses the opinion that there are existing specialized institutions responsible for healthcare, financed by taxes and premiums paid by the company and therefore there is no need to substitute those institutions by enterprises.*

*'**Liberal**' **managers** are characterised by the following statement: 'people should be given the chance to earn their money in dignified conditions and they should decide themselves how to spend their money'. Their interest in the health of employees is limited to rigorous following of the regulations in that area and the preparation of high quality physical (material) aspects of workplaces, modern decoration of common spaces, good standard of utilities, and the implementation of environmentally friendly technologies. The investment in the material environment and concern for fair salaries is considered by them to be a sufficient action to maintain employees' health. Additional activities are perceived to be the relics of the previous economic system. They emphasise employees' freedom and personal responsibility ("when someone wants to take care of their health the company does not stand in their way, but we do not enforce that kind of behaviour, we do not conduct our own propaganda").*

*Among the '**traditional type**' **of managers** are those who, despite not pursuing health–promoting activities, are not opposed to it. Many of such WHP projects have a long lasting tradition in the company (sometimes this tradition started in the previous economic system). They often share the opinion that employees simply deserve these kinds of goods and services (medical assistance, recreation activities). Projects of that kind are not considered an investment in human resources but rather a charitable activity within the possibilities of the company. The health promoting project is continued as long as the condition of the company allows it. Employers often see this kind of activity as a way to support the ineffective medical care system and a general public health improvement.*

*Managers identified as the '**patriarchal type**' usually have a personal and caring attitude towards their employees. While organising various health promoting activities for the staff (for their own good) they usually consider them as investments that multiply the existing company resources. It is however not so much investing in the company itself or its social capital, but in the particular people. Managers of the patriarchal type typically expect personal gratitude from their employees, higher identification of staff with the company and the employer. Lack of such gratitude is an important deterrent for this type of mangers. Failure of implemented activities is also often considered a personal disappointment.*

*The '**human resources**' **type of managers** share the opinion that investing in employees' heath is beneficial as it brings positive, long-lasting effects that become the companies' capital, because a healthy employee is a productive employee. Financial calculation becomes the pillar for implementing health promotion activities or rather the conviction of the managers that such investments will result in savings in the future or will have a high return.*

Different types of manager will take into account specific factors when deciding whether to implement WHP in their company.

How do companies justify their activity in the field of WHP?

In order to choose an appropriate company that would be a good partner for WHP and to present our services to, it is worth considering the reasons companies accept or reject this kind of offer. Assistance is offered from results of a representative study conducted in Poland.

Table 3-2 presents data on the reasons for WHP implementation in medium-sized enterprises in Poland. The company representatives were asked to indicate the most important reasons for implementing WHP activities.

Table 3-2: Main reasons for implementation of health promoting activities in a representative sample of medium-sized and large companies in Poland , conducted in 2006 (N=600)

Reason	%
Activities are implemented because the employer wants to take better care of the employees' health	86
This kind of activity is aimed at reducing costs of accidents and absenteeism	71
Activities of this kind have been traditionally implemented in the company and the employer did not want to change that	65
Such activities were implemented to create good social relations in the company and to enhance staff morale	61
Activities were introduced in order to gain better productivity and quality of services / products in the company	61
Activities were implemented to build a good public image among clients, partners and associates	45
Activities of this kind are mainly the result of management attitudes	41
The company considers this kind of activity a bonus for employees, a way to create higher motivation for work among employees	36
Activities are a result of the passion and involvement of some of the specialists within the company (HR, medical staff)	32
These kinds of activities were introduced as they were required by a general corporate policy	27
We have been offered these kinds of activities by an external expert.	21
These kinds of activities were demanded by employees: through trade unions, organised groups , employees' representatives etc.	14
Other reasons	2

(Source: Nofer Institute, 2006)

BOX 3-8

Activity

Imagine some companies that you are already familiar with and those which you could offer your services to. Try to analyse each of these companies separately. In each case try to visualise the potential benefits upon implementation of a WHP project in the particular company, and the specific situation. What kinds of arguments against WHP could that company have? What kinds of pros and cons would you have to consider to be able to convince the company to launch a WHP project?

Building the project team

Why do you need a team to run a project?

If we understand WHP as a process of creating conditions conducive to making healthy choices, something that goes beyond shaping healthy beliefs (through employees' education and moti-

vation), WHP may be viewed as a typical innovation process. It becomes an intervention in social systems, establishing new roles and structures, which in consequence shape healthy values, norms and beliefs. WHP will require changes in enterprise management (including creation of new organisational structures) which incorporate enhancement of health into norms and rules within a company, as well as principles and procedures for making decisions (Grossmann & Scala, 1993).

That is why the process of organisation of a WHP programme entails a choice by and effective cooperation of a group of people who are responsible for initiating these kinds of activities. These individuals wish to promote and develop health in the company (Sztompka, 2002).

Practical experience has proven that the most effective approach is one which establishes a new structure within the framework of a company's organisation (it should have its own new name, fixed rules of functioning, competences, a place of work and clear relations with other units within an enterprise). In the case of Poland, it emerged that the most advantageous situation is when a company's main director becomes a new WHP team honorary chairperson. This gives a very clear signal to all employees and stakeholders that there is strong support for the implementation of the company's health policy and creates the necessary formal (bureaucratic) conditions for its implementation as an innovation process. Moreover, such an approach considerably shortens the time between intervention planning and implementation phases.

With regards to smaller projects, it is also possible to manage them through appropriate modification of an existing unit, where responsibilities are directly connected with health, i.e. a health and safety committee. In this situation, one must ensure that changes are made such that the new roles and tasks associated with WHP are clear. There should be adjustments made between traditional activities and health promotion (for example, accounting for WHP in planning and budgeting) as well reference to all these new functions in the company's name.

Issues arise regarding the distribution of competences and responsibilities among members of an already existing unit. It should reflect an appropriate broadening of goals or eventually the extension of its line-up. A leader (manager) will be chosen who is responsible for the planning of the project, its implementation and evaluation. Mechanical, informal incorporation of health promotion into company structures is not advisable, unless there is no alternative.

The main roles in the project team

Generally speaking a WHP team within a company is responsible for preparing, planning, advertising, implementing and evaluating a WHP programme. In a model programme the following basic functions (roles) can be identified: a decision-maker, a leader, a spokesperson, an expert and implementer of particular activities (Korzeniowska, 1998).

A decision-maker is a team member who is mandated by the management to make the necessary decisions regarding organisational and financial issues, that enable programme implementation (such as implementation of an additional break into a work schedule or financing of relaxation training sessions for employees). His or her presence in the team allows for more timely implementation of activities into practice.

A leader (a project manager) of a programme plays the most crucial role. This person requires two kinds of abilities:

Firstly, he/she should possess knowledge of the WHP concept and be capable of setting objectives for a WHP programme. The leader must be able to build its structure and use proper methods when evaluating the project's implementation and outcome effects.

Secondly, a leader should have the social and organisational abilities necessary in order to create a vision for a programme, encourage participation, organise staff collaboration, show appreciation for their achievements, solve conflicts, and work under a fixed budget and schedule of work - in other words management abilities. In extended and sophisticated projects it is possible to assign leaders of sub-programmes having analogical functions restricted to one field of action/specific objective.

What is more, as far as the main leader is concerned, it is worth establishing a special post for him/her in a formal organisational structure of a company aimed at managing the whole WHP team.

A spokesperson is responsible for the communication/information processes connected with a programme (see also Part 9). His/her main task is to maintain contact with various players, convey messages concerning a project and encourage (motivate) employees to play an active role in a programme (and its particular interventions). He/she should establish systematic cooperation with the worksite's media, if possible (i.e. a radio broadcasting system, a company newspaper or a newsletter disseminated via the Intranet), specific departments dealing with health issues (i.e. training or human resources departments or an occupational health and safety inspector/board), trade unions as well as other internal organisations (i.e. hobbyists or sportspersons) which can support a WHP programme. Being a spokesperson may also require cooperation with mass media at a local/regional level (press, radio, TV) or even at national level. Furthermore, it is often advisable to be in touch with other institutions in the fields of health and work (i.e. non-governmental organisations, scientific institutions or enforcement agencies such as various types of inspection agency). Occasionally (depending on the WHP programme specifications) the spokesperson's responsibilities can be broadened by seeking and collaborating with institutions potentially interested in engagement in sponsorship of selected parts of the programme.

An expert, as the name implies, plays the role of advising, developing solutions and giving opinions on the programme. All of these tasks should be carried out by an individual or group of people who possess a high level of competence and practical experience.

The implementer ensures professional implementation of interventions planned within the framework of a WHP programme according to its scope, fixed schedule and budget (including for example screening activities, a cycle of educational workshops, healthy nutrition courses or vaccination activities).

Box 3-9

Health group according to the Slovenian Fit for Work programme

According to the »Fit for work« programme, WHP projects in a company should be planned, imple-mented and evaluated by the health group, consisting of:

- *a director or a management representative as the decision-maker*
- *a health promoter as the coordinator of the group*
- *a human resources department representative*
- *a workers' representative for health and safety at work or a trade union representative*
- *a safety engineer*
- *a company's occupational health physician*
- *a production or a development manager or a representative of the department where the WHP initiatives are to be implemented*
- *a public relations representative etc.*

Health group tasks:

- *preparing a employees' health analysis/needs analysis,*
- *setting priorities and selecting the field of interventions (on the basis of health analysis),*
- *planning interventions implementation (goals, activities, tasks…),*
- *being responsible for the programme implementation,*
- *marketing of the WHP programme among colleagues,*
- *evaluation (participation, satisfaction, adherence to recommendations, the change of behav-iour…),*
- *reporting to the management, enabling continuation of activities (by regular meetings of the health group, meetings with employees, motivating of employees and employers etc.).*

Selecting people for the WHP team

Ensuring that the right people become members of the WHP team is very important; however this is not an easy task and one which requires identification of an appropriate balance among various criteria.

The following principles should be considered:

- The first relates to group size – it is better to keep the group small (Doliński, 2004). Coopera-tion is most efficient in groups consisting of 4 to 9 members (a three-person team structure is often confrontational, whereas a larger group increases the potential risk of non-perfor-mance – some members may not be committed to the programme's implementation or might even induce a lack of motivation among other persons in the team).

- The second factor to be considered when building a WHP team is the identification of rep-resentatives of company units/departments, which have health within the scope of their activities. The list of potential members usually consists of occupational health and safety staff, occupational physicians but also individuals from the HR Department (with social sci-ences and psychology backgrounds). Take precautions so as not to exclude anyone, other-wise staff may adopt negative attitudes towards the programme.

- Include an individual who possesses communications skills.

- A very important criterion is the inclusion of employee' representatives. As far as possible,

include those who have considerable standing or persons deemed informal leaders who can create a favourable atmosphere. Moreover, request the participation of organisations which formally represent employees, i.e. trade unions.

- A fifth criteria indicates the need for participants who are good at promoting effective collaboration and dealing with the programme's more difficult tasks (attributes include creativity, ability to work in a team, diligence and positive thinking).

The optimal situation is achieved when the WHP team contains a representative sample of professionals involved with health in the company and also when it consists of individuals who have the appropriate personal skills and competences required for the fulfilment of specific roles.

Additionally, a team should comprise of representatives of the workforce from a company undertaking a WHP project. According to the specificity of a programme, it might be helpful to involve experts/consultants from outside the company. These external members might play the role of expert or implementer in regards to particular WHP interventions, but also may engage in supplementary roles.

An irreplaceable stage during the creation of a WHP team is members' preparation for the implementation of a programme. For this reason, training should be prepared and conducted giving members of a team the opportunity to learn about the WHP concept, the rules and model phases of a WHP programme implementation, as well as possible fields of intervention and assessment of effects. It is advisable to enable all members of a team to take part in the same course. Adopting this approach allows members to simultaneously improve their knowledge and develop as a team. Where possible, the training should be jointly organised with a diagnostic phase and building of a programme plan. In this way, the first version of a WHP programme will be developed and this could be an additional outcome of the training (Korzeniowska, 1999). Depending on the programme's scope, other courses that improve knowledge and abilities should be offered to members of a WHP team.

The occupational physicians' possible roles in the WHP project

In theory, occupational physicians can play any or all of the described roles within the framework of a WHP team. However it seems unlikely that the role of the decision-maker is appropriate, as it is not a role that occupational health physicians would usually fulfil. Such a role would be more suitably fulfilled by enterprise management.

Medical knowledge and understanding of health promotion, experience deriving from everyday contact with people, authority and the necessity of influencing factors shaping patients' health in an occupational environment, are a good basis for undertaking the leadership role. Naturally, occupational medical physicians can also play the role of programme spokesperson. Thanks to their professional competences and connections with health, these individuals can fulfil a vital function by informing employees about the programme and motivating them to take part, both as organisers and participants of particular WHP interventions. Physicians are also in a strong position to retrieve partners and sponsors, as well as build advertising outcomes of a programme. Moreover, doctors would also be considered experts in a WHP team. These professionals possess a great deal of experience regarding health-related issues, and their knowledge is not only beneficial for patients, but is also useful for employers, management or health and safety inspectors. It should be also emphasised that apart from physicians, occupational medicine nurses are an additional professional group involved in the correct implementation of a WHP programme.

Both occupational physicians and nurses should be prepared to play the described roles in a WHP team. Nonetheless, in many EU Member States including Slovenia, such competences cannot be acquired in medical universities (Korzeniowska, 2006, Haratau, 2006).

In Poland for example, a survey was carried out in 2002 by the National Center for Workplace Health Promotion. A random sample of 325 occupational health physicians was invited to participate (Korzeniowska, 2003). Results revealed that approximately half of participants perceived health promotion as simply a new name for what used to be termed prevention or health education (this belief was found to increase significantly with increasing age – older respondents were more inclined to hold this view). Only one third of participants could correctly identify interventions consistent with the health promotion concept (in a normative way). This signifies that only a small number of participants were able to arrange in order, characteristics for WHP activities. The process would begin with the creation of conditions conducive to a healthy occupational environment, i.e. by decreasing stressful situations, introducing smoke-free zones, conveying messages promoting healthy lifestyles, encouraging employees, changing unhealthy behaviours, enabling extra-obligatory prophylactic check-ups, vaccinations, treatment and rehabilitation opportunities. Furthermore, almost half of participants were convinced that employees should be obliged to take part in a WHP programme, indicating that many respondents failed to appreciate the principle of participation.

The occupational physicians' role is considered very important and deemed necessary for the effective functioning of the WHP team (Korzeniowska, 2003). In the Polish survey, the following roles were considered: a leader, an expert and among implementers: an educator (someone who informs/teaches employees about healthy lifestyles), a diagnostician (who is responsible for non-obligatory check-ups) and a specialist (who treats diseases that are taken into account in the WHP programme).
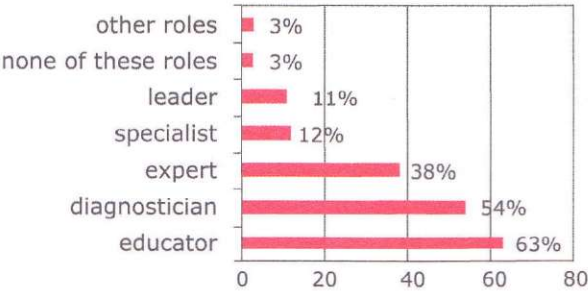
Figure 3-1: The preferred WHP roles as reported by occupational physicians. Respondents could choose up to 2 roles
(Source: Korzeniowska, 2003)

As presented in figure 3-1, the most sought after role was that of an educator, teaching employees about healthy lifestyles or to be involved in the realisation of non-obligatory prophylactic check-ups. The high percentage of respondents choosing the role of diagnostician stems from a strong attachment to the classic role, as typically played by an occupational physician. Since more than half of respondents were interested in the role of the educator, this may indicate that physicians have started to appreciate the necessity of such activities (in previous years, they had been convinced that it was nurses' field of action).

Figure 3-2 below presents the actual roles assumed by occupational physician staff two years prior to the study (Pyżalski & Wojtaszczyk, 2004).

Figure 3-2: WHP roles played by Polish occupational physicians
(Source: Pyżalski & Wojtaszczyk, 2004)

Upon examination of the figures presented above, it is clear that the preferred WHP roles, as well as those undertaken in reality by study participants, were similar.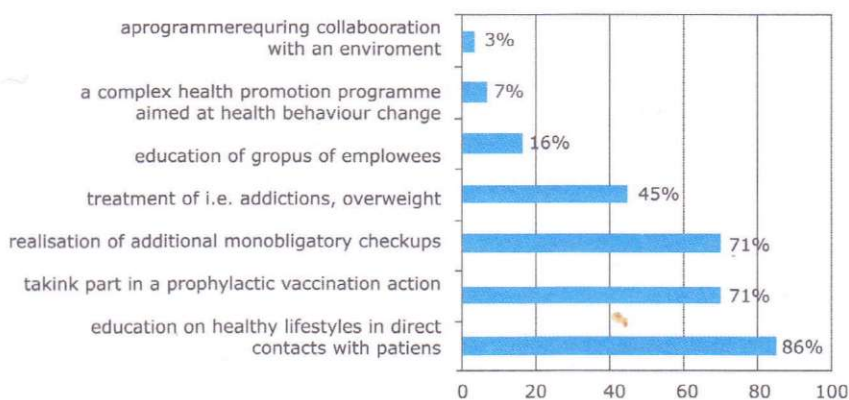 Physicians desired roles which involved health education and medical activities (for example, vaccinations against flu). Raising employees' health awareness usually involved direct contact with patients, whereas a small percentage of physicians initiated complex initiatives aimed at health behaviour modification, as well as programmes requiring collaboration with local communities. These additional activities marked the point at which Polish occupational physicians changed their focus from typical occupational activities (especially medical ones) and thus increased the responsibility of their role in the WHP team.

Your role in a WHP team

Think of a role you would like to play in a WHP team. Filling in the table below will assist this task. Take your time and fill it in carefully.

Box 3-10

Reflection

Roles	I am appropriate for this role since... (make a list of your own strengths)	Advantages from undertaking this role
Leader	1.	1.
	2.	2.
	3.	3.
	4.	4.
	5.	5.
	6.	6.
	7.	7.
	8.	8.
	9.	9.
	10.	10.

Expert	1.	1.
	2.	2.
	3.	3.
	4.	4.
	5.	5.
	6.	6.
	7.	7.
	8.	8.
	9.	9.
	10.	10.

Spokesperson	1.	1.
	2.	2.
	3.	3.
	4.	4.
	5.	5.
	6.	6.
	7.	7.
	8.	8.
	9.	9.
	10.	10.

Chapter 2 - WHP Project Management

General rules and ethical questions relevant for commitment and achieving success in WHP programs

While planning the implementation of a Workplace Health Promotion program, we should remember that our intervention is based on issues that are both very important and delicate: human health (and health behaviours). All the interventions concerning health issues, whether they are implemented at political, legal, medical, social or other levels, can often generate conflicts, strong emotions and sometimes reluctance to participate. In light of this finding, the introduction of interventions to promote health should be considered with caution as ethical principles will influence practice in all forms WHP implementation.

The following are some general rules in this context. Additionally, reflection boxes are provided which include information and questions which will aid comprehension of the rules, to which one would refer on a frequent basis:

Rule 1: Acceptance

The first rule is that the goals of the WHP programme and the methods of implementation are accepted by the employees. This is the most important factor that influences the success of the whole WHP program (Korzeniowska, 1998). One can plan a program that is perfectly prepared from a professional point of view that tackles the health issues with the most modern methodol-

ogy. However, this does not necessarily mean that the programme will be successful. When the plan is not accepted by participants, its results cannot be achieved (Grossman & Scala, 1993). This rule is clearly illustrated in Figure3-3.
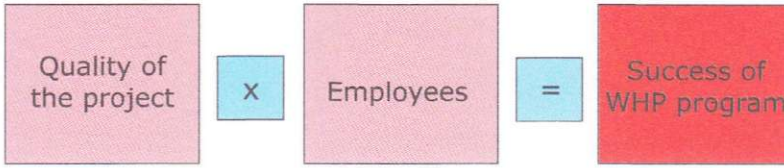

Figure 3-3: Participant acceptance as a vital component in the success of the WHP program
(Source: Grossman & Scala, 1993)

When acceptance is not attained, success will amount to zero - even the best programme will fail. It is worth highlighting here that "0" quality of the project, will also indicate programme failure. Quality should be understood here in terms of properly prepared objectives of the program and implementation methodology.

Returning to the practical issues of WHP, the objectives of the program should be connected to the issues that are both vital as a general goal (usually medical and economic issues) but at the same time are perceived as being vital by the employees.

This is the crucial issue as the objective simply designates the desired sequence of events. According to Liss (1999) it has an action-guiding function. It strongly influences our decisions concerning the actions we choose. However, the objective also serves a symbolic function, highlighting the company's values, interests and priorities. This information affects both insiders (company employees) and the general public (local society, customers, cooperating community, labour market etc).

Finally, an objective also serves a motivational function. This means that it may be understood as a source of common identification among company employees. The latter two functions of the objective in the WHP project reinforce the idea that acceptance should be understood as the most important rule when implementing programmes. When a programme holds no symbolic meaning for employees, they are unable to identify with the process or become fully engaged in the WHP actions. Of course, in some instances, employees may pretend to be involved (e.g. for fear of job loss). This kind of situation is almost always counterproductive.

Additional problems occur when particular workplace health promotion objectives are perceived as normative. This means that the goals are presented in such a way that may or may not encourage people to seek attainment (Liss, 1999). Such a conclusion compels WHP implementers to pay even closer attention to the issue of acceptance. Liss (1999) proposes that health promotion objectives should be derived from ethics, which in practice means that goals should be based on the fundamental value of minimising harm. Harm is understood as the situation when people "lack the practical possibilities of realising, what is of utmost importance to them" (Liss, 1999). This indicates that when workplace health promotion is implemented without taking into account employees' needs, it could be perceived as an unethical activity.

All the experts or managers who are launching WHP programmes will strive to get as many participants involved as possible. However, in each case the rule of voluntary participation should be obeyed. This is particularly important in WHP programs concerning lifestyle behaviours – e.g. smoking cessation, nutrition – where the content of the program extends outside the "borders" of the workplace.

Generally the rule of acceptance is closely linked to the rule concerning participation and involvement described below.

Rule 2: Participation and involvement of employees

The general content of this rule is linked to the idea of acceptance. When people accept a given initiative, they are usually ready to actively take part. This means that participants could be involved in planning the activities, implementing and evaluating them and, most importantly, developing and improving them. This also means implementing in practice the idea of "empowerment"; in this case employees experience the programme as something that they own and are responsible for (Amdam, 2011; Labonte & Laverack, 2008). During the planning management stages of the WHP program the rule of participation and involvement should be taken into account at all stages. Obviously according to the needs different kinds of activities and at different stages are delegated to different employees.

Generally, participation and involvement are achieved by the following measures implemented during the WHP organisation and planning:

- Activities of the program are self-governed to the broadest possible extent.
- Well organised communication channels exist between all the parties involved institutionally and individually in WHP organisation and the participants are prepared.
- Opportunities are given to criticise openly all decisions concerning the WHP programme management and those involved are open to new suggestions or solutions. The WHP projects are social interventions, sometimes involving innovation, which means that conflicts are inevitable. Proper WHP management will take advantage of innovations, perceiving them as opportunities for improvement and development, rather than as obstacles.
- All activities that may be performed by participants are left in their capable hands. This aspect is closely related to the term "empowerment" mentioned above.
- Readiness to modify the program according to participants' feedback and/or criticism is expressed and implemented.
- Positive reinforcements for people engaged in the project are in place. All the individuals that commit their time to activities of the WHP programme should feel that their engagement and work is appreciated. The appropriate form of appreciation is based on the individual. For example, mentioning the name of the person involved in a PR material concerning the program would be encouraging.

Finally, a further crucial issue is the involvement of the WHP organisers in all planned activities, as they are continually observed by participants and may act as "role models" or "health promotion ambassadors".

Rule 3: Developing benefits for all

A WHP program should aim to achieve the classical "win - win" situation. That simply means that both the company and its employees should accomplish benefits connected to the implementation of a WHP programme.

Such a rule may appear obvious because the companies would not become involved in any WHP activity if their managers did not think WHP would bring benefits (not only economic but also others, e.g. those connected to public relations issues). The same often applies to employees – who also would like to experience benefits from the programme. Of course sometimes in practice both companies and employees are initiating or are taking part in programmes even when they are not clear about the benefits. Such situations occur for example when an employee joins the programme purely because they wish to avoid problems (i.e. when lack of participation may be interpreted negatively by the manager or when top management forces the company to launch the programme.

To avoid such complications while crafting, naming and disseminating information, efforts should be to communicate the potential benefits for all involved following WHP implementation. This approach has clear motivational aspects, with benefits being perceived as rewards.

Typically, employees who are most in need of health advice and improvement, tend not to join programs for various reasons. This remains a major challenge for health promotion professionals, as they attempt to identify innovative ways in which to attract these employees. One such approach could include incentives, in the form of gifts, recognition or even monetary rewards in certain cases.

Practical possibility: joining abilities and opportunities

WHP gives employees support in order to improve their health. From a very general perspective it can be conducted through two channels.

The first could be labelled the individual level. Here we empower the person with the ability to take advantage of activities that positively affect his/her health. The most simplistic example of this is individual health education, when employees' are taught about risks and possibilities to overcome them.

The second channel is concerned with changing an individual's environment (e.g. company premises). For example, the company should offer employees the possibility to take up activities supporting their health; a simple example is providing employees with low-cost access to sport facilities.

Of course both components (abilities and possibilities) work best together. In extreme situations, both factors need to be present simultaneously. For example, if a person completely lacks the ability to take up physical exercise, he/she will not take advantage of the facilities even when they are provided. Therefore, it is always advisable to join activities between both individual and organisational levels.

However, this rule is not always implemented in practice. This is particularly true of WHP programs concerning occupational stress. A number of scientists (Dudek, 1998; Munz et al., 2001) state that although in theory organisational level activities (e.g. improvements in company's management or work organisation) should be completed with an individual level intervention (e.g. learning

about relaxation techniques), in reality the former are almost absent or not very well-developed.

Table 3-3: Workplace health promotion activities undertaken by Polish occupational medicine doctors in the previous 24 months (N = 323)

Type of activity	Percentage of respondents undertaking a particular activity
Education of patients on individual basis	86
Vaccination campaign	71
Comprehensive checkups	53
Treatment of addiction/obesity etc.	45
Education for groups of employees	16
Comprehensive programme aimed at health related behaviours modification	7
Programme involving local community	3
Other	4

(Source: Pyżalski & Wojtaszczyk, 2004)

Rule 4: Confidentiality

Implementation of a WHP program almost always requires gathering data regarding the participants. Frequently, this data is of a personal or delicate nature, including information on health status, health behaviours, etc. Increased effort is necessary to ensure protection of the data, so that personal information is not disclosed to others.

We need to provide confidentiality also or mainly during programme planning and before planning – when collecting and analysing different data about health in company. Slovenian Personal

Data Protection Law should be taken in regard. Special attention must be taken when having data from small sample as it's possible to recognize person/persons according to data set.

In analysing these issues, we should take into account two aspects. The first regards how the data is protected and the second relates to how participants feel about the "Data Protection Policy" and what they know about it. Generally it is not enough to simply protect the data. From the outset, the company must also clearly inform participants about the expected measures, so that they feel secure throughout the programme (Gniazdowski, 1997).

Conclusions

The social character of a WHP program makes it likely that we will encounter issues with an ethical dimension. It is impossible to predict all concerns in advance and be prepared to tackle them. Moreover, the rules detailed here should be understood as basic pillars to remind all WHP organisers about potential obstacles relating to WHP implementation.

The stages of the project management cycle for WHP

A workplace health promotion programme is a purpose-planned and implemented social process aiming to improve employees' health, which in consequence positively influences the functioning of an enterprise and its development (Korzeniowska, 1999).

In a model programme, five stages can be identified: 1) initiation, 2) diagnosis/needs' assessment, 3) programme planning, 4) implementation and 5) evaluation (refer to figure 4). The first step – initiation is based on the specifics of a company interested in WHP, establishment of a WHP internal team responsible for the whole process of programme development, as well as marketing of the WHP idea in the selected enterprise. The diagnostic phase is focused on the identification of problems/needs that can be addressed through the WHP programme and assessment of the company's strengthens and weaknesses with regards to undertaking such activities. While planning a programme, the organisers must create objectives and methods by which to achieve them, as well as establishing a programme schedule and budget. Following this, the programme can be launched. Implementation is necessarily accompanied by programme monitoring. An indispensable phase of every programme is evaluation and assessment of outcomes.

Experiences of WHP implementation in companies worldwide have shown that adhering to the stages detailed above is one of the main indicators of success.
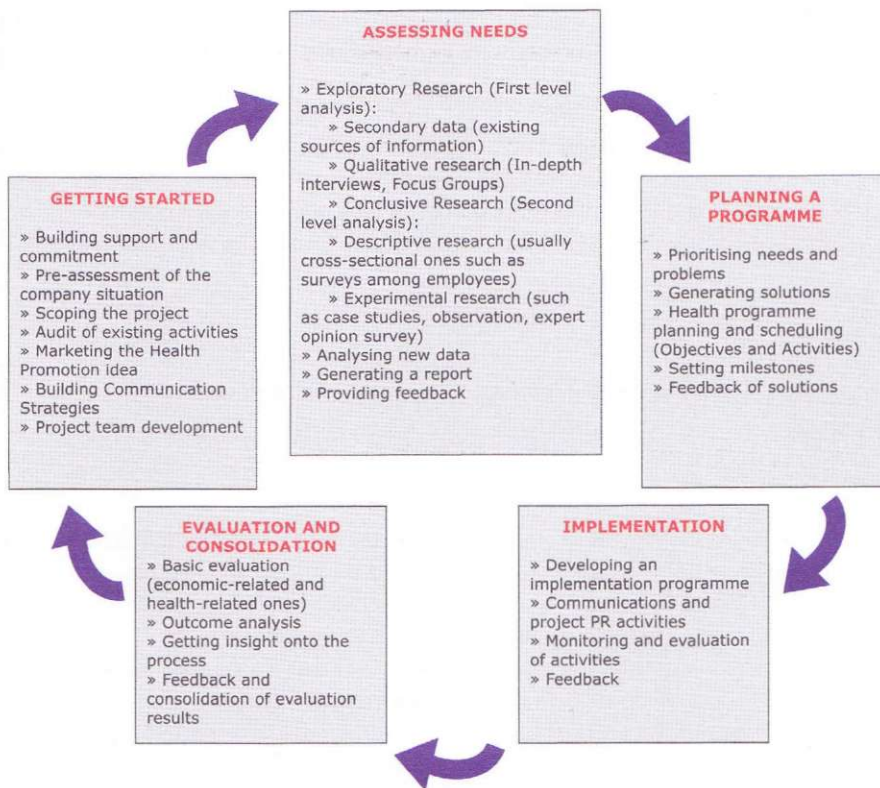
ASSESSING NEEDS

» Exploratory Research (First level analysis):
  » Secondary data (existing sources of information)
  » Qualitative research (In-depth interviews, Focus Groups)
  » Conclusive Research (Second level analysis):
  » Descriptive research (usually cross-sectional ones such as surveys among employees)
  » Experimental research (such as case studies, observation, expert opinion survey)
» Analysing new data
» Generating a report
» Providing feedback

GETTING STARTED

» Building support and commitment
» Pre-assessment of the company situation
» Scoping the project
» Audit of existing activities
» Marketing the Health Promotion idea
» Building Communication Strategies
» Project team development

PLANNING A PROGRAMME

» Prioritising needs and problems
» Generating solutions
» Health programme planning and scheduling (Objectives and Activities)
» Setting milestones
» Feedback of solutions

EVALUATION AND CONSOLIDATION

» Basic evaluation (economic-related and health-related ones)
» Outcome analysis
» Getting insight onto the process
» Feedback and consolidation of evaluation results

IMPLEMENTATION

» Developing an implementation programme
» Communications and project PR activities
» Monitoring and evaluation of activities
» Feedback

Figure 3-4: WHP Project Management Cycle
(Source: ELWHP Project)

Getting Started

This first phase of the programme has been described in detail in previous chapters. This entails obtaining approval for the implementation of WHP as well as the development of a team responsible for the following stages of the programme. At this stage, an important rules for external and internal WHP advisors (health promotors) should be outlined. In case of employing them to the program the crucial issue is elaboration of an agreement concerning WHP intervention. It clarifies roles and responsibilities for undertaken activities. Smooth and effective collaboration among team members requires a proper distribution of responsibilities, training in the following phases of the programme, preparation of a meeting schedule as well as development of communication channels. Remember that the main role in the team is played by a leader who will manage the whole process of programme initiation, implementation and evaluation. These kinds of activities are indispensable while building the commitment and support necessary in the next phases.

During this stage it is also advisable to launch the **marketing of the health promotion concept** within the company. Remember that the success of the programme depends not only on the quality of its concept but also on employee acceptance (Grossmann & Scala 1997). The experiences described by those who have prepared and implemented such programmes in enterprises shows that attaining top management support for such non-obligatory activities for employees' health can encourage positive attitudes towards the programme and enhance the directors' positive image (workers view personal health promotion interventions as a form of non-financial intangible payment).

It is also worth while informing employees that the health promotion team is being developed and that representatives of all stakeholders are involved. Following the consultation phase, it is also important that employees are made aware of this new group (its place within the enterprise

structure, tasks and line-up). Otherwise, employees may become suspicious about their perceived lack of involvement, which in extreme cases may create a sense of threat and a negative attitude towards the WHP programme.

Positive employee attitudes are desired at such an early stage, as it is necessary to attain willing participants who want to cooperate with the WHP team during the next diagnostic phase (employees will be one of the most important sources of information regarding problems or needs that are going to be addressed or fulfilled in the company through the WHP programme).

Box 3-14

WORKPLACE HEALTH PROMOTION IN THE ADMINISTRATIVE UNIT OF MARIBOR

Survey

Since it is crucial for the success of each project to be accepted and supported by the members of management, survey on their attitude towards their own health and health of employees was conducted. The analysis of the completed questionnaires showed that managers of the organizational units pay a great attention to their own health and health of employees. At the same time they expressed willingness to cooperate in establishing working conditions that would allow all employees a healthy way to work. They perceived health promotion programmes as an opportunity to improve physical and mental fitness of employees.resources implementing the programme, the next stage was started, namely the Needs Assessment.

Health Policy

The results of analysis were used as the basis and direction for development of a policy document on occupational health in the Administrative Unit of Maribor. Health promotion was identified as one of the priorities. Document was signed by the chief of administrative unit and worker safety representative. By signing, the document has became one of the acts of an administrative unit under which all employees must comply.

An administrative unit established the following goals in this document:

- *To improve the health of employees,*
- *To increase the responsibility of employees towards their own health,*
- *To promote healthy lifestyle and healthy working conditions;*
- *To reduce sickness absence and*
- *To increase the quality of life, and consequently the quality of work.*

The health group consists of a management representative, a union representative, a workers' representative, external collaborators for health and safety at work and health promoter.

Analysis of health indicators

In order to determine the actual health status of employees in the administrative unit, an analysis of health indicators was made, based on data on sick leave, injuries, occupational diseases, disability, fluctuation, the results of investigations of working environment and equipment. Rates of workplace risks and measures to prevent these risks were also examined. Results of preventive health examinations in recent years have also been investigated. Analysis of health indicators showed that the biggest problem are musculo-skeletal diseases and diseases of connective tissue, which agents are computer work, forced posture and movement of heavy loads. Exposed risk factors for health were obesity, mental fatigue and smoking.

Measures and activities programme

Health promotion programme was drawn up based on the analysis of health for the purpose of improving the working environment, organization, information and employees' relations:

1. *To reorganize the work environment in accordance with ergonomic principles;*

2. *To reorganize work in a way to allow rotation between employees and to facilitate mobility between individual work tasks and duties;*

3. *To train employees for work in safe and healthy working conditions;*

4. *To inform employees about healthy lifestyles;*

5. *To introduce relaxation techniques and active breaks during work, after consulting with a qualified physician and physical therapist regarding the content and duration, and to train employees to implement them and to be able to assist colleagues in need.*

Implementation of measures

Everything that could hampered the work process was removed from the work environment. According to the financial possibilities replacement of existing office chairs with ergonomically appropriate, modernization and placing the office and computer equipment in accordance with ergonomic principles, and placing of vending machines for drinking water has started.

Informing about health promotion programmes is conducted at the meetings of the organizational units. Employees are receiving free newsletters and various brochures related to healthy lifestyle. All information relating to health promotion is available in an electronic form. Employees' suggestions, comments and questions can be sent to the health promoter in an electronic form. Thus, every employee has the opportunity to participate in the programme. On a permanent basis, lectures on healthy lifestyle are introduced, so employees can learn about risk factors, healthy lifestyle and healthy work. A 10-minutes active breaks during work were also introduced, organized Nordic walking courses and various social activities are available for all the employees.

Within the framework of training for safe and healthy work an independent project of internal knowledge transfer was initiated, in which training was organized for those employees who are not able to work in specific areas, and those who wish to refresh their own knowledge or need help at work. Training is done by employees with years of experience in specific areas.

Some sections made organizational and personnel changes in agreement with employees after examining the circumstances. In this respect, there is also interdepartmental transfer of knowledge that will allow organized rotation and replacement of employees without stress.

According to a concern for mental health, employees have an opportunity for medical-social counselling and interviews, led by the authorized physician, and health promotion advisor (for individual cases psychologist and liable leader are also invited to participate):

- *In cases when inadequate working environment, which in extreme cases is threatening their health,*

- *In cases of employees coming to work drunk,*

- *When employee according to the findings of their superiors does not achieve satisfactory working results due to personal, health and other causes, and*

- *In other cases of employees in need.*

Two employees are appointed who act as advisors for information on the measures that are available with regard to protection from sexual and other harassment or bullying in the workplace.

Box 3-15

A practical example of the initiation of a smoking cessation programme by an occupational physician in a saw-mill company

While choosing a company the doctor was driven by two factors. Firstly, she was focusing on enterprises in which she carried out prophylactic check-ups among employees and thus was aware in which managers were open to WHP initiatives. Secondly she wanted to find a company in which smoking cessation activities were especially justified since smoking had an impact of a decrease in the quality of the services and products of that company, and it was associated with potential damage to company infrastructure or was very detrimental to employee's health (synergetic influence of smoking and exposure to occupational hazards).

Such criteria were met by a saw-mill company (250 employees), therefore she decided upon meeting with its director. She knew that convincing him to get involved in a new WHP initiative would entail presenting possible advantages from engagement into a smoking cessation programme. There was thorough preparation for the meeting, including a dedicated analysis of the list of possible difficulties the director might identify, as well as their possible solutions (i.e. she remembered that the previous WHP programme aimed at combating stress had been cancelled in this saw mill due to lack of participants, hence she came up with a counter-argument about designing a new and comprehensive promotion campaign with incentives).

Having won the director to a cause, she started looking for people interested in participating (from within the organisation) in a smoking cessation programme. She recruited the following employees: the safety inspector, a psychologist, and representatives of trade unions (from production section) as well as the HR and accountancy departments. These people had previous experience in implementing WHP programmes in the company, thereafter their share of responsibilities in a WHP team (assigned as a leader, spokesperson etc.) was a consequence of their prior roles. The director became an honorary member of a team (he decided to engage personally in an anti-tobacco initiative to highlight its importance). Apart from sharing the responsibilities among the members of the WHP team, their schedule of meetings was also set up.

Due to the fact that previous WHP attempts in this company had ended in failure, social marketing of smoking cessation activities was extremely crucial. Thereafter the next step of the WHP team was aimed at identifying and winning the informal opinion leaders' favour for the realisation of the programme. These participants were mostly recruited from line managers of production departments. It was obvious that their support would be indispensable to the creation of an atmosphere conducive to programme implementation (they were assumed to have a positive impact on obeying internal rules concerning smoking and participation rates in planned WHP interventions). Since the percentage of Internet users in the company was high, marketing of smoking cessation activities among employees was also carried out by distribution of a set of brief electronic materials presenting the advantages of engagement in the programme.

The WHP team was aware of the fact that the implementation of the programme would be impossible without support from outside the company. Two particular kinds of assistance were most often desired: methodological in the field of health behaviour change and financial. Therefore, initial contacts with pharmaceutical companies and a smoking cessation clinic were established.

After winning over employees to participate in the programme, and following the allocation of human resources implementing the programme, the next stage was started, namely the Needs Assessment.

Assessing Needs

Generally, this diagnostic stage is aimed at gathering initial information about the company and its employees, data which will be potentially useful during the planning, implementation and evaluation of the WHP programme. It is the WHP team's responsibility to manage this process (its members make decisions on the scope, sources and methods of gathering the data and then conduct the analysis).

There are two main aims when performing a needs analysis. The first of which is to **document the initial situation in the company** (before the project). Following programme implementation it will be possible to refer to this data and check what has changed in the enterprise and to what degree these modifications are due to the WHP activities (we require this information for the evaluation process). Moreover, this process allows for an assessment of the kinds of resources (human, technical and financial) which are available for the project and the potential threats and opportunities which concern implementation of the programme.

The second dimension of the diagnostic phase is **creation of a prioritised list of employees' needs or problems** which should be addressed using WHP (this is necessary for initiation of a programme, for planning, as well as for setting objectives) (Korzeniowska, 1998; Woynarowska & Sokołowska, 2000). Additionally, we need to look at the needs and problems of the company. During the planning stage the main task is to find consensus between the two.

There is a variety of information which should be gathered at this stage. Firstly, we need to **focus on employees** to identify their needs (i.e. recreational, cultural, health check-up's) and health problems (diseases as well as typical health behaviours). In the case of existing problems, it is crucial to measure the extent to which employees view these issues as problematic (so as to avoid false "problems") and in consequence, whether there is a need to overcome them (focusing only on insignificant phenomena will lead to rejection of the programme by employees).

Secondly, we have to focus on the company. We ought to look for data concerning:

- quality of the working environment,
- management expectations from investing in health interventions (such as improvement of the company's image, reducing absenteeism or increasing presenteeism)
- Enterprise's willingness and ability to engage in addressing employees' problems or needs (i.e. verification of the management's openness to organisational changes or financial investments to make work less harmful).

Moreover it is vital to gather data on the previous WHP experiences of the company: the scope of such activities, their effectiveness and employees' level of interest. Being aware of these factors makes it less likely that mistakes will be repeated.

Where can we find such information? The list of potential sources is broad. An example may be the analysis conducted by Korzeniowska (1998):

- enterprise equipment (i.e. its ergonomics/impact on employees' health),
- already existing records (e.g. sick leave, reports from sanitary or labor inspections as well as documentation of occupational accidents or diseases),
- health reports,
- safety reports,
- opinions of: outsiders (i.e. inspectors from institutions responsible for safety and hygiene); insiders such as the director, other key players (i.e. an occupational doctor or nurse) and employees.

Employees are essential. Firstly they know more about the most important health problems and their determinants, they are able to list their own needs and often point out ways of addressing them. Secondly, if we give them the opportunity to express such opinions and then take their suggestions into account when building a project plan, we promote its acceptance (they will treat the programme as their own). Thirdly, by being in touch with them at the diagnostic stage, we can market the planned WHP activities.

Obviously, referring to so many sources of information often requires various methods of gathering data. These may include the following:

- observations (i.e. of employees' health behaviours, conditions of occupational environment),
- statements, conversations, discussions (i.e. face to face interaction with representatives of the WHP team or via the internet forum),
- contact suggestion boxes where written statements on WHP programme topics or actions can be offered by all people willing to express such opinions,
- questionnaires (questionnaire-based surveys and interviews),
- screening data (e.g. blood pressure, blood glucose),
- focus groups (see part 2 for more information).

The WHP team should focus on anonymous data gathering methods (such as an anonymous questionnaire, a contact box or a chat room on the Web with company users having nicknames).

Moreover, conducting questionnaire-based surveys and interviews before and after the WHP programme enables us to gather comparable data which is one of the methods verifying what changes (if any) took place due to the WHP programme.

Where can we find such tools? The first approach is to use already available questionnaires and tools (some of these documents will require adjustments consistent with company specifics). An exemplary set of such tools (the so called "European Toolbox") can be found at the website of the European Network for Workplace Health Promotion (www.ENWHP.org).

One can use also the questionnaires developed within the Fit for work programme:

- A questionnaire for assessing the presence of some specific indicators related to the health of employees in the company (to help assess the current state of workers' health and safety in the company; it serves as a rough assessment of the situation and the indication of direction reasonable to carry out health promotion program)
- Questionnaire on experiencing strain (self-assessment questions about experience of stress in the workplace)
- Questionnaire on occupational health (occupational health self-assessment)
- Questionnaire on organizational climate and employee satisfaction (questions on communication, management, promotion, remuneration, organization, relations, employee loyalty, motivation and bullying)

The second possibility is to construct your own questionnaire. Although it may appear straight forward, preparation of a good-quality tool requires time and experience. Therefore, if you decide on such preparations, consult first with an expert in this field (such as a sociologist, a psychologist). Sometimes the easiest way to obtain information is simply being in contact with people and talking to them.

The next stage of the process is to assess all of the information collected and produce a prioritised list of needs and problems to be addressed. Methods for undertaking this task are outlined in Part 2.

The diagnostic stage of a WHP programme is finished by compiling a report about the needs' analysis and the existing possibilities for fulfilling them. It should contain detailed information on the process of gathering data (such as sources and methods) and a list of identified problems or needs which will be addressed through the WHP programme. Information referring to the possibilities offered by the company and its declared involvement in the project should be noted. This means that the programme planning can now proceed.

Planning a Programme

This stage of the WHP programme is aimed at preparing an action plan (which means setting objectives and methods by which to achieve them by developing a schedule, a cost estimate, a list of implementers and people responsible for specific parts of the plan implementation) as well as an evaluation plan.

Is this stage crucial? Do we have to focus on all of these issues during the analysis phase when we identified so many problems/needs which seem to require immediate solution/fulfilment?

In the case of workplace health promotion, as in any other project, good preparation and planning of activities is paramount. Outcomes of surveys show that the most successful enterprises devote 90% of their time to planning a strategy, while the remaining 10% is allocated to implementation. Paraphrasing the well known Pareto's rule from sociology and economics, we can safely state that 80% of our time, energy and knowledge should be given to planning (and readjusting) and 20% will be used to actually implement the project. Also 80% of our final accomplishment depends on good planning and only 20% on implementation. However, it is true that this rule can be interpreted in many ways for the purposes of project planning and management.

To better understand the nature of this phase, we will focus on the typical mistakes stemming from incorrect planning or lack thereof (de Vries, 1999):

- Implementation of a programme aimed at solving a problem which does not exist:
  - An example: Incorporation of a workplace smoking cessation programme in an enterprise with a small prevalence of smokers simply because anti-smoking activities are widely available and possible.
- Focusing the orientation of a WHP intervention on the consequences of a problem instead of focusing on the causes and roots of that problem:
  - Examples: Focusing on education about health consequences of occupational exposure to noise in a company, where the serious problem stems from employees failing to wear hearing protectors, while such a problem mostly results from the social pressure experienced by peers.
  - Financing visits to a swimming pool in a company where a high percentage of employees experience fatigue, while the main reasons for this problem among employees is not a lack of recreation but rather poor work/break schedules and timing.
- Implementation of a WHP programme without a precisely prepared (and also specifically crafted) evaluation plan and, as a consequence, repeating ineffective interventions:
  - An example: In a large building company which has experienced a problem of high occupational accident rates for many years, a decision was made to implement an educational programme aiming at the improvement of safety. The organisers, due to an improperly planned evaluation (taking high participation rates as the only success criterion), focused on monitoring the level of attendance at educational interventions, totally disregarding the verification of a level of an overall objective achievement. Since employees were aware of a high accident risk, they joined the programme on large scale, and the programme was therefore acknowledged as a

big success. As a consequence, the decision was made to replicate the intervention on regular basis, which unfortunately did not reduce the high occupational accident rates.

- Implementation of an intervention without winning support of key group players in a company
    - An example: Managers of a large enterprise, aware of considerable financial losses stemming from a widespread excess of alcohol consumption by employees, prepared an anti-alcohol programme. The intervention failed since the organisers had not secured the support of the trade unions and informal opinion leaders. Moreover these disregarded stakeholder groups disseminated misleading information indicating that by entering the programme participants admit to having an alcohol problem, which in consequence will lead to dismissal.
- Probably the most common mistake – not enough specification of the programme's objectives - leads to the interpretation that any changes that have taken place due to our intervention prove success
    - An example: Preparation of a programme with an overall objective: "dissemination of healthy eating habits among employees of the enterprise X". Such an objective implies that any change in a diet favourable to health is to be acknowledged as a success. However, this was not organisers' aim upon introduction of the intervention.

We should therefore focus on proper, detailed planning. The main areas of planning include (Korzeniowska & Puchalski 1999):

- Defining in a precise way the overall and specific objectives of the WHP project,
- Translating the objectives into tasks,
- Allocating responsibilities for each objective, which means allocating each task to a member of the project implementation team,
- Establishing a time frame for every activity and a schedule for the whole project,
- Establishing marketing and internal communications' structure and mechanisms,
- Preparation of the project budget,
- Deciding upon evaluation methods.

Before beginning to plan the project we need to answer several important questions relating to the nature of the activities to be undertaken. This careful planning will also be vital for the proper implementation of all actions and their evaluation (both process and outcome).

The first and most important issue requiring attention concerns the goal(s) of the intervention. We should be able to answer this question on at least two levels: "What does the project mean for us" and "What do we hope to achieve for the target group". We should be able to formulate our goals in a clear manner so that all the stakeholders involved have a common understanding of the project's objective.

Additional questions that should be answered at the beginning of project planning are:

- What? (topic of intervention, scope)
- Who? (coordinators, specialists responsible for implementation)
- For whom? (target group)
- How? (methods and tools)

Every intervention should be built upon sound evidence–based theory. The scope of the intervention depends firstly on the identified needs and problems and secondly on the approach we want

to take to address the identified needs and problems. In the most general way we need to be able to answer the question – "what level of intervention and what paradigm (scientific basis) do we want to use for our project implementation".

There are many paradigms and theories useful in WHP. These include mostly scientific and practical exploration of the fields of psychology, sociology, education, management and organisation and medicine.

It is critical that throughout the planning and implementation phases, we continue to seek answers to questions such as "what approach is the most suitable", "what kind of interventions work best", "why" and "when". A great deal of literature regarding solutions to similar problems is available. We recommend referring to well–documented research and evidence–based methods. Many examples can be found in the other chapters of this course, dedicated to specific aspects of WHP. This is also very important when advising the planning and implementation team, as regards which methods and tools would be useful for which purposes and within a given budget. When working in a team it is possible to brainstorm ideas and later to select the most interesting ones.

A second part of this process should be verification of the identified solution with regard to the documented effect and proper implementation. This kind of work is usually complicated and time consuming. However we should dedicate as much time as necessary to this part of the project, in order to be able to prepare an effective intervention.

One should remember that a WHP project is an innovation implemented into a „living and breathing" organism, which is a company constantly changing and adjusting to its environment. It is a good idea to have prepared a maximum, a standard and a minimum version of the project in terms of financing and scope of planned activities. This kind of planning aids flexible negotiation with the management of the company and with the personnel responsible for the implementation of specific tasks. This may sometimes mean resigning from ambitious maximum plan and adopting more "step-by-step" methodology of WHP implementation in the company.

Having considered these crucial matters, how could WHP organisers move from the diagnostic stage to programme planning?

Firstly, they should choose the priority need/s or problem/s from the list prepared during the diagnostic stage. These may include issues that are the most prevalent among employees, or issues that are particularly inconvenient, dangerous or connected with a large financial loss for the company. Nonetheless, it should always be an issue which solution/fulfilment (within the enterprise) addresses employees' expectations. It also must be feasible to be tackled in the context of adequate resources (human, technical and financial).

Secondly they must summarise all of the data gathered at the diagnostic stage of the WHP programme, data on the priority problem/s or need/s. In case specific data is missing, all additional necessary information must be gathered. Only then can they begin to decide on programme objectives and furthermore identify methods/ tools of achieving them.

Objectives refer to the required or planned outcomes of our project. In other words the objective is an answer to a question – what will be the outcome of the project? There is an overall objective in any given intervention that should be clearly stated from the outset, as well as specific objectives that are connected to the first and which help to achieve the overall goal.

It is worth spending as much time as necessary on this stage since well prepared objectives have the following vital functions (Puchalski, 1999):

- They show the direction of the whole WHP programme and its specific parts,

- They determine the structure of the programme and the sequence of its implementation,
- They enable the assessment of their level of achievement (in other words, assessment of the success of the programme),
- They create motivation for their achievement among both organisers and participants of the programme,
- They are useful from a marketing point of view.

Objectives should be made attractive - this means that they should be planned in such a way that boosts their chances of acceptance by both management (who gave permission for programme implementation, gave financial support and in consequence have some expectations from its implementation) and employees (the success of the programme depends on acceptance from the targets of WHP activities). From this perspective, objectives should (Puchalski, 1999):

- take into account the subjective needs of key groups in the company,
- be expressed in a way that is psychologically accepted, not creating fear, anxiety, aversion (i.e. not "a change of diet" but "shaping healthy diet habits", not "fighting against smoking in the company" but "relieve the company of tobacco smoke"),
- highlight employees' participation in goal development,
- be easily understood by employees and have a concise and logical structure,
- take into account problems that are crucial from the management perspective,
- be in line with a mission and strategy of the company,
- be interesting for the mass media,
- be expressed in such a way that does not require or imply disruption to work or involve considerable financial contribution from the company,
- be set in a way that allows measurable effects that are of interest from the enterprise perspective,
- be able to be achieved entirely (or in selected chapters) over a short period of time,
- be based on tested experience, have support of important external institutions.

Below in the following 2 boxes you can find some basic formulas for setting appropriate objectives (having listed functions and attained acceptance by various players in a company). Take into account the presented models and use them as a checklist while designing objectives for your own WHP project.

BOX 3-16

SMART Model

A well – known generic model often used to describe the main features of properly build objectives in any given project is the SMART model.

- **S.M.A.R.T** *is an acronym that stands for the key characteristics of meaningful objectives, which are:*
- **S**pecific *(concrete, detailed, well defined)*
- **M**easurable *(in numbers, quantity, by comparison),*
- **A**chievable or Attainable *(feasible, actionable),*
- **R**ealistic *(considering available resources)*
- **T**ime-Bound or Timely *(having a defined time line).*

This model (**SMART**) is quite popular in management literature but at the same time it is criticised

as being too general and not taking into account vital features of objectives that relate to specific circumstances (e.g., to attract employees to participate in the realisation of chosen objectives, they should also be personal [important to us], interesting and when developing objectives referring to a company, they should also reflect its interests and circumstances). Below we present a model that is build on the basis of the SMART model but embraces a few more important details that add to the success of WHP.

BOX 3-17

Formal features of objectives in a WHP programme e

As far as formal features of objectives are considered they should always be (Puchalski 1999):

- *Formulated in a **realistic** way, that means the outcomes described as the objective of our project should have at least 50% chance of coming true at the very beginning of the project.*
- ***Measurable** - they should precisely and clearly show the results both in the terms of time (when the results will occur) and in terms of quantity/quality so that upon completing the project we can definitely say whether or not the objective was achieved.*
- ***Defined** – described in such a way that we can see precisely the final effect in our imagination*
- ***Understandable** - described in a way that is clear to coordinators, sponsors, implementing team, target group and evaluators*
- ***Agreed upon** – this refers to the way the objectives were established, they should be accepted by all relevant stakeholders, preferably decided upon during a discussion between management of the company, specialists and WHP coordinators, employees (or their representatives)*
- ***Non-contradictory** – they should especially fit in well with other vital objectives of the company (financial, marketing etc.). In case of designing specific objectives they should first off all be consistent with the overall objective and with each other in various fields.*
- ***Flexible** – objectives might need to change throughout the project according to the changes in the internal and external conditions of the company the project is implemented in.*

BOX 3-18

The most common mistakes in formulating objectives

The most common mistakes in formulating objectives are related to their content and the process of their development. As far as content of the objective is considered there are two frequent faults:

Often the objectives are too broad and too general which contributes to losing the health promoting aspects of the project and not fully taking advantage of the WHP concept. An example of such formulation is an objective such as "improvement of employees' health" which can be understood in very different ways, it is hard to measure, it is not connected with the goals of the company, and can be actually understood as any activity performed during the compulsory check–ups of employees' health status.

The objectives might be formulated in a way that raises hesitation and distress amongst the employees. Often this kind of objective is formulated with the use of terms such as: fight against something (smoking, obesity etc.), changing something (behaviour, habits etc.). Using such terms usually creates psychologically uncomfortable situation as employees may perceive them as a fight against them and not support, it suggests that they are doing something wrong without showing clearly what is done wrong and how it could be changed. Such objectives also fail to show the positive result that we want to achieve focusing on the current situation.

Sometimes it is easier to understand how to do things correctly when the company is aware of potential problems. A few examples of the most common mistakes encountered when developing a WHP project objective are presented below.

As mentioned above, every WHP programme must have an overall objective which shows what is supposed to be achieved through its implementation, as well as a few specific objectives that are connected to it and aid its achievement. When establishing specific objectives, project organisers usually refer to causes/roots of the priority problem/need identified at the diagnostic stage. Clearly, it is impossible to take into account all such causes, thus organisers select those which are possible to address depending on the current situation of the company (with regard to financial and human resources) and those which are especially desired (by both employees as well as the management of a company).

In the course of working with many health promotion specialists, and within various companies, the Polish Centre for Workplace Health Promotion developed a simple yet effective formula for designing specific objectives in WHP projects. In short there are 4 crucial areas which need to be covered (Korzeniowska & Puchalski, 1999):

1. knowledge

2. motivation

3. skills

4. supporting environment

To achieve maximum effect in a WHP project, the specific objectives that help to achieve the overall objective should take into account these four identified fields. In other words when considering a solution to a specific health problem, or when tackling a specific identified need in a company, we should design project activities that will help to:

- Create and promulgate knowledge about the issue (what it is, what is its nature, why and to whom it is important, what is known about tackling the issue) – we should also decide what piece of information is the most necessary, how it should be delivered to the target group, etc.
- Build involvement (how to get people interested in the particular issue, how to win their commitment to solving the issue, how to promote the WHP project, identifying appropriate incentives, how to attract participants), and develop skills (those which are needed to deal with the issue and which are usually specific, effective, practical, e.g. "how to cope with stress").
- Create conditions that will support implementation of new knowledge and skills in the workplace (or even beyond it), e.g. changing the menu available in the canteen or the offer of food stands on the premises of the company, placing simple equipment for physical activity and training in the offices, etc.

Addressing these issues is a good starting point for planning an intervention (selecting methods of achieving particular specific objectives). Use it as a sort of guideline and a checklist. However, in some WHP projects, only one or two areas may need to be covered for good results, but generally it is best that all fields are considered when planning an intervention.

The basic rules of planning methods for achieving specific objectives are presented in the box below.

Basic rules for planning methods/tools

The amount and scope of methods to be employed for achieving specific objectives, and set at the planning stage, depends on one hand on the willingness and the imaginativeness of its organisers and on the other hand on available resources. Nonetheless, we shouldn't plan too many things within the framework of one project. It usually good to start with a smaller scope of intervention, to choose an issue that is not very complicated yet important for employees and management. Well planned small projects would be a good start for more complicated and comprehensive interventions (a "small steps" rule). It could be also an incentive for those who are not convinced that it is worthwhile participating in the WHP project. For that reason it is better to find at first those specific objectives and tasks (methods) that have the best chance of success. Tangible and real effects at the beginning of the project motivate for further work and help to attract more participants.

Moreover, we need to think about the diversity of planned interventions, which means simultaneous implementation of activities aiming at shaping participants' healthy beliefs and abilities, as well as creating various physical and social conditions conducive to their implementation (so activities cover the above mentioned four fields: knowledge, motivation, skills and supporting environment).

What's more, remember the positive character of such methods, which means that they should encourage participants to take care of their health, and should show advantages from adopting such an attitude, rather than frighten employees and making them realise the negative consequences (i.e. stemming from unhealthy behaviours or working in a poor quality occupational environment).

Last but not least, planned methods of action have to be tailored as much as it is possible to a particular health and social situation of employees (for example it is forbidden to offer people with advanced osteoporosis exhausting physical exercises; it is also methodologically improper to require a financial contribution to pricey WHP interventions from employees with a low socioeconomic status).

Having set the objectives and methods of the programme, the next steps are:

- To plan their schedule (the exact start and end date of the programme, the sequence and frequency of particular activities),
- To make a list of potential obstacles to the programme and to identify the possible solutions (risk management),
- To make personnel decisions; choosing people responsible for the implementation of specific objectives and methods,
- To specify costs of planned interventions and then assess adequate sources of financing them, in other words create a detailed programme budget,
- To outline detailed planning of the evaluation of the programme.

Three levels of evaluation of WHP initiatives (see part 10 for more details)

As far as evaluation is concerned, it should be planned in three main areas (Korzeniowska, 1998):

Evaluation of programme implementation *(monitoring the programme)*

To carry out this kind of evaluation, one must plan methods for monitoring the progress of the programme, i.e. the application of the methods used, their adequacy in relation to the objectives, the implementation of the programme schedule and the factors influencing the success or failure of the programme.

Evaluation of employees' interest in the WHP programme

This involves planning which monitors participation in the project and evaluates satisfaction with regards to programme activities.

Evaluation of the WHP programme outcomes

This involves monitoring the degree to which objectives are achieved (in other words, methods and indicators that can monitor the success or failure of the programme). This kind of evaluation may also include other dimensions (e.g. assessment of its economic effects).

This phase of the WHP programme, namely planning, will end with the compilation of a document describing its philosophy and a well-structured working plan (see below). This should be signed by the leader (being a representative of the project team) and by the management of the enterprise. At this stage it is useful to publicise the plan, as this contributes to the marketing of the WHP programme. Below you will find an example of a Working Plan and an example of a Risk Management approach, for a programme shaping employees' healthy eating habits.

An example of a working plan

Imagine a PR company facing a problem of a high percentage rate of employees with excess weight. Being aware of bad consequences of this health problem (high absenteeism and unfavourable public image of the company), managers decided upon implementation of WHP programmes. They undertaken a "small step" approach – firstly prepared a physical activity programme then a set of projects aimed at shaping healthy diet behaviours. Below you can find an exemplary table with a part of a working plan of a programme aimed at popularisation of everyday fruit/vegetables intake.

Table 3-4: A sample plan of the programme objectives and activities, their time, budget and executors

The overall objective	Specific objectives	Tasks/methods of achieving the specific objective	Implementation date	Estimated cost of the task	Source(s) of financing the task	Person responsible for the task implementation and monitoring
Increase by 50% the number of employees eating fruit and vegetables every day during 1 year of the programme implementation	1. Enabling all employees easy access to fruit and vegetables in the company	1.1. Finding out during meeting inaugurating the programme what kind of fruit/ vegetables are preferred by employees	1st month of the project duration	X RON	Company's budget	Person X.Y.
		1.2. Consultations with a nutritionist concerning low-calorie fruit/ vegetables	1st month of the project duration	...	...	...
		1.3. Putting delivery of fresh fruit/ vegetables to the company canteen out to tender	2nd month of the project duration	...	...	
		1.4. Establishment of a schedule of regular controls of quality of delivered fruit/ vegetables	2nd month of the project duration	...	...	
		1.5. Establishment of rules of distribution of vouchers entitling employees to a discount on fruit/ vegetable purchase in the company canteen	2nd month of the project duration	...	...	
	2. Arising employees awareness in the field of advantages of everyday intake of fruit and vegetables	2.1...	...	...	...	...
		2.2...	...	...	...	...
	3...	3.1...	...	...	...	...
		3.2...	...	...	...	...
		3.3.	...	...	...	...
		A SUM: (total budget of the programme)		X RON		

Table 3-5: Management of risk in the WHP programme

The most possible threats to realisation of the programme tasks/methods	Possible solutions
Too low participation rate by male employees in a culinary workshop	Enabling employees' spouses attendance in a workshop (higher possibility of joint participation)
Too high costs of participation in a set of lectures for low-income employees (about 10% of all workers)	Giving employees opportunity to pay back for attending lectures in instalments (a month salary could be decreased by a fixed amount of money)
…	…

Implementation

Now we can launch the process of programme implementation. It is useful to start this phase with activities that are relatively simply and quick to achieve. A rapid and visible success will help us develop and sustain enthusiasm among both the project team and the target groups of the programme.

A vital element of a WHP project is to ensure its acceptance among employees. Therefore, launching the programme should be preceded by an advertising campaign. This task is primarily the responsibility of the spokesperson from the WHP team. He/she need to use the marketing channels and methods that are most suitable to reach the targets of a specific programme. The important messages here concern dissemination of information on the programme's objectives and its expected advantages for employees, but also conveying practical messages regarding the interventions to be made (this may refer to the schedule, scope, any costs for employees, etc).

As far as target groups are concerned, it is advisable that the WHP programme is available for address by all employees of the company. Ensuring free access to WHP interventions will help prevent feelings of inequality. If such an approach is impossible (e.g. when a programme is aimed at reducing occupational related hearing loss through shaping proper healthy behaviours, and only employees of one department are exposed to occupational noise), it is advisable to explain why this particular intervention is available only for specific groups.

One should be aware that a given programme can attract various groups of employees in an enterprise (depending on the basis of their socio-economic status, type of work, etc). Therefore WHP interventions have to take into account a wide variety of target groups (Example: in a company producing domestic appliances, a programme aimed at diminishing employees' fatigue was implemented. Two groups of interventions separately for white- and blue-collars workers were planned. This approach was taken because the first group, leading sedentary lifestyles expected physical activities, whereas the second one –preferred more relaxing interventions such as yoga and massages).

The next important rule is voluntary participation in WHP interventions. There is a common belief even among WHP implementers that employees should be obliged to participate in such activities. For example, in Poland this belief is shared by 82% of occupational nurses and 46% of occupational doctors (Puchalski et al., 2007). From both an ethical and methodological viewpoint this is a mistake (since usually enforcement creates rebellion). Therefore, one should instead encourage, not compel, people to participate – WHP cannot be inflicted upon people.

Furthermore, the credibility of interventions can be compromised by the behaviour of the health promoter. WHP is not only concerned with the dissemination of scientific-based knowledge or solutions, it also provides an example to participants (it is unacceptable when, for example, a leader of a WHP team implementing a smoking cessation programme breaks a total ban on smoking or

when a company's safety inspector is known not to enforce the obligatory use of personal protective equipment).

When implementing specific activities, bear in mind that you have to verify their acceptance by employees as well as to carry out the monitoring process. The organisers of the programme must answer the following basic questions: "is a plan implemented according to the schedule?", "are we achieving programme objectives?", and "what do participants think of particular interventions?" Simultaneously, members of the project team have to be open to make necessary changes to the programme's schedule and content (clearly it is impossible to foresee everything at the planning stage).

Evaluation and Consolidation

As previously mentioned, this stage should be designed during preparation of the programme plan. Note that evaluation is implemented from the time that activities are implemented. While restricting evaluation only to achievement of the main objective, after programme termination, continuous monitoring is still required. We must become familiar with the factors that have influenced the success or failure of the intervention. As a result of gathering this data we become aware of effective solutions and can replicate them. More importantly, the process affords us an opportunity to learn from the mistakes (University of Toronto, 2005).

It is essential to document an evaluation process (it is worth compiling an evaluation report). We have to be aware that not only members of a WHP team are its recipients. The outcomes of the evaluation are of interest:

- To the company (programme participants, managers who often have a financial contribution in the intervention, PR specialists willing to make use of the WHP programme implementation in enterprise marketing, etc).
- To others outside the company (i.e. institutions controlling health and safety in the workplace or other companies willing to engage in health promotion for their employees).

Therefore the report should contain not only a description of evaluation outcomes (and methods), but also conclusions stemming from outcomes' interpretation (such as the programme's strengths and weaknesses, opportunities and threats for the future) as well as recommendations based on outcomes and their interpretation (i.e. connected with directions of future activities, programme's continuation or necessary changes (Woynarowska & Sokołowska, 2000).

More information on WHP programme evaluation can be found in Part 10.

Chapter 3 - WHP Project Management Roundup

In the previous chapters of this part, detailed information regarding WHP project management has been presented. For a clearer understanding, we will and recapitulate this information from a broader perspective.

When we think seriously about shaping employees' health in a particular company, we must do so in a systematic way, within a health promotion policy or programme, and not through an ad hoc action. This implies the presence of a person appointed as responsible for the management of such processes, a person who in a very rational way selects and implements the approach that leads to the achievement of a specific goal – if we adopt the most general definition of the term "management" (Griffin, 1998).

As it was mentioned in this chapter, the best possible results can be achieved when a project team is established and when a leader has been selected for the WHP programme. The leader guides the team, bears responsibility for the entire project and this is reflected in the characteristics of his/her job description. The situation described is considered "best practice". The peculiarities of particular companies and their tradition in the field of health related activities, as well as their preferred general management style, could be the reason for the introduction of alternations/changes in that scheme of action, or may even be the cause for using a different approach altogether. Nevertheless, we can not assume that we would be able to plan and run such a project casually,– in other words without proper management. Adopting this approach would likely result in programme failure.

The project leader role might be filled by an occupational medicine doctor, and may prove beneficial. But it is always worth considering whether it would be a more suitable solution to mandate this function to a company employee who is present in the organisation on a daily basis and who possesses internal insight into the situation and the activities carried out within the project.

What is the management of the WHP project in the company? To understand this we need to refer to answers to the main questions: what is the subject of such management (why do we need to manage?); what kind of activities should be undertaken and what rules should be applied?

Above all, WHP project management entails influencing people (human resources). These people are, so to speak, the 'raw material' and 'products' of this management. From this point of view, it is clear that there is a far stronger connection with human resources management than in the case of other projects focusing on production of goods or services (Armstrong, 1996). There is also a big difference to the usual treatment-type of management that doctors are accustomed to, mostly because it more frequently concerns groups instead of individuals. Another aspect to be accounted for is the position of the manager, who could be less dominant; the manager has no monopoly on the knowledge about the objectives and means of the whole process. Additionally, it needs to be adjusted to a particular company's functioning, where the main goals are not health-related but economically based (i.e. for profit). It is a major challenge that requires the acquisition and development of skills and knowledge in the field of organisational management as well as psychology, sociology and certain other spheres. On the other hand, it opens doors to interesting work and highly increased satisfaction.

Project management also deals with physical resources (such as venues, audiovisual aids, sport facilities, means of communication) and financial resources (gaining and rational usage of funds dedicated to the project implementation).

Among the key activities that should be considered within the framework of WHP Project management, the following are important:

- Initiating the project (winning over the company boss with the concept of WHP, along with the staff that is responsible for employee health in the broader context);
- Informing employees about implementation plans for health promoting activities and limiting any negative impact, i.e. employees fearing change;
- Developing a team responsible for the project (identification of potential team members, especially opinion leaders, developing communication channels, organising and developing training for the team members);
- Diagnosis of the starting point (deciding upon the scope of analysis, ways to gather the required data, supervising the process of implementation and data analysis, indicating the ways, to whom, and what kind of data will be passed – forwarding the results);
- Preparation of a detailed project plan (including the organisation of team meetings, ways of negotiating solutions with employees and company management, monitoring the quality of the developed programme). This means firstly checking whether the WHP project main objective, as well as specific objectives, have been developed properly, examining of the proposed measures needed to achieve the objective, inspecting if a person responsible for each task has been chosen, assessing whether a detailed schedule of activities, budget and tools (for evaluating attendance and satisfaction as well as monitoring and results assessment) are in place;
- Marketing and informing (organisation of advertising campaigns for the project and its subsequent stages, actions, as well as publishing the information needed to participate in particular activities planned within the project) together with assessing the effectiveness of the actions;
- Staying in touch with the company's boss, and this could mean the set up (or even the change) of rules of regular consultations, organisation of such, implementation of arrangements decided;
- Implementation of planned activities within the WHP programme, which means organisation of successive activities and controlling their compatibility with the schedule and budget;
- Monitoring of employees' attendance in particular activities and of their opinions about them;
- Ongoing monitoring of programme implementers and the quality of their work.
- Improving the project plan according to the needs;
- Evaluation of project outcomes including organising data gathering.
- Promotion of project results, which means preparation of information campaigns both internal (addressed to the team, company staff and management) and external (when deemed necessary);
- Preparation of propositions with regards to the continuation of WHP activities (project maintenance).

Generally speaking the activities mentioned above correspond to **planning, organising, motivating and controlling.**

Planning

A vital problem to solve within WHP projects' management is the reluctance to construct detailed plans, whereas 'lack of a plan means planning a failure'.

Apart from reducing the amount of effort required, the most common reason for this problem is the anticipated fear of failure. It seems better if we do not detail exactly what is supposed to be achieved, at what expense and when. However, in reality this approach is detrimental. Lacking clearly defined objectives results in the undertaking of random activities. Lack of an appropriate schedule makes time management - that is the fulfilment of important tasks within a particu-lar time frame, virtually impossible, and results in postpone ment of such tasks to the deadline. Moreover, implementation of a well designed WHP project plan (programme or policy) into a com-pany's internal documents is a basis for its execution within the organisation's bureaucratic mech-anisms. Sometimes there is a high level of readiness to implement health promoting activities in the company due to general approval. But even in that case, we still need to develop a detailed framework, if only to be able to determine among the stakeholders what it is they are seeking, and to share the responsibilities between all partners (Korzeniowska, 1998).

Organising

In the area of project organisation the key issue is to divide tasks among the appropriate people or teams. The most effective strategy is to delegate tasks to people that can perform well, but also to those who enjoy them. It is worth noting that, although there should be as many people as possible involved in the project (participation, partnership), there should still be a particular person responsible for each element. When responsibilities are distributed between a large number of people, the risk of failure increases. Organisation also means that project implementers are provided with the necessary material and technical resources (such as venues, audiovisual aids).

Motivating

Motivation within the management of the WHP project should not be limited only to the employees, but should also address the company's leadership and the project's implementation team. Motivation is a broad field of science and might be considered an art (Franklin, 2005). It is impossible to encapsulate the process in entirety in this manual. We simply advise to differentiate the methods used in this area in order to maximise the probability of success. Orders, bans, punishments should be limited and attention should be focused on creating interest and incentives. Intimidation is also a risky technique. Usually, the effects are the opposite of what was intended – the problems are denied or rationalised. In turn it is beneficial to acknowledge and appreciate success of all mentioned addressees of our motivating activities.

Controlling

Controlling should also be well planned, this means that potential obstacles and pitfalls should be identified and monitored. The main areas we need to control are: the activities of people, time management and financial resources. It is helpful to decide beforehand how control will be verified. The goal here is not to place blame, but to correct mistakes quickly. Key data reflecting the project's success is the participation rate in the activities proposed to the employees along with their levels of satisfaction. During project management, we must remember that there is always a risk that conflicts will arise. Controlling should help to identify the source of such clashes and to resolve them in a constructive manner.

Project Funding

As far as financial resources are concerned, it should be emphasised that a very important part of any WHP programme's management is the management of money and enhancement of profits.

Depending on the circumstances in a particular country –to make a profit– it is quite often assumed that the main source of financial resources should be the company itself. If the budget is well planned and implemented, in most cases amounts traditionally reserved in an enterprise, i.e. for social activities, safety and health or training is sufficient. It means that well planned WHP is not an expensive venture. Such a programme simply utilizes the existing funds in a more appropriate way. However, if it is necessary to locate additional financial resources for WHP, in some cases legislation provides tax relief, which in reality decreases incidence of taxes. What is more, in well implemented programmes, the financial contribution to the implementation of planned activities (i.e. vaccination, time or stress management workshops) gives a high opportunity for improvements in company's functioning and in consequence in its financial situation, hence it should not be treated as an expense but rather as an investment. Therefore, it is the WHP leader's role to inform and convince an employer of such facts. Motivating is sometimes performed by the leader by giving an example of other companies taking advantage of WHP projects.

In Poland, as in many other countries, there is also an opportunity to look for external resources for the implementation of health promotion projects. Funds for such purposes (workplace health promotion in enterprises) can be found among various partners such as National Health Funds, local authorities, funders of research-implementation grants (governmental, which could be national, regional and departmental, or European Union ones) as well as non-governmental organisations (associations or foundations). Nonetheless, it should be emphasised that there is a shortage of such sources and effectiveness in raising money for such purposes is rather insufficient. In Poland the most common approach is to take advantage of financial resources allotted for health promotion programmes by local authorities to Regional Occupational Medicine Stations or State Sanitary Inspectorate. Furthermore, private companies are increasingly offering medical services designed for enterprises, and, driven by the willingness to increase their competitiveness, are adding additional offers, i.e. educational activities that can be used in WHP. Moreover, WHP leaders trained by the Polish National Centre for Workplace Health Promotion are encouraged to identify sponsors, which may come from other enterprises. Example: A company producing dairy products can support/partner an enterprise producing underwear by the implementation of a campaign promoting its products, joined with their sale for its employees. In return, the textile underwear producing company, can print out pamphlets with breast self exam guidelines for the dairy company and offer its products, i.e. as a reward in a competition planned within the framework of a WHP programme. In the same way analysis activities can be undertaken by the dairy company so as to shape healthy diet habits in the textile enterprise.

As far as the rationale for managing financial resources for WHP programme implementation is concerned, it is mostly about crafting well-chosen objectives and choosing activities by matching them to existing company finance resources. Most processes can be performed in a more or less expensive way. It is possible to diminish expenses by:

- A more effective spending of funds which are traditionally devoted to various issues connected with health (i.e. deciding to abandon financing poorly conducted training or swimming-pool passes when it is located in a distant area from a company);
- Conducting as many tasks as possible with the use of existing company's internal resources, i.e. making use of existing sometimes even forgotten rooms (such as a basement, recreating facilities), devices (audiovisual, gastronomic ones) or crews (carpenters, electricians for even small ergonomic improvement in worksites);
- Making use of talents, hobbies as well as abilities of current or retired employees and members of their families who are eager to help (i.e. conducting trainings, demonstrations, workshops by enthusiasts of cycling, yoga or specific diets);
- Making use of free of charge offers of various institutions functioning in the same area as a company implementing WHP activities, such as, i.e. medical services, cultural or sports institutions;
- Inviting volunteers for collaboration;
- Making use of free educational materials produced by various organisations.

While planning a WHP programme it is advisable to reserve some additional money for unexpected expenses (i.e. repeating popular activities such as workshops). The best situation is when the programme is accepted for implementation together with its budget and most of the money is guaranteed. In this way the WHP team is aware of financial recourses that can be used primarily for the programme. During project implementation special attention should be afforded to making payments on time and not exceeding the amounts planned for particular activities. Managing of finances of WHP projects in big companies may sometimes require a necessity of constant collaboration with an accounting department.

Success Building

As far as the main rules increasing the chances for success for the WHP project leaders are concerned we can list the following:

- A good programme plan stands for half the success while a lack of a plan means planning a failure. Take time to prepare it, because it is a good investment.

- Work for the people but also with the people during the whole process of developing the WHP project. Make sure that representatives of all the employees are able to influence the final shape of the project, that they have a say in the selection of objectives (participation), and they are involved in the execution of the project activities whenever possible (empowerment). Make it possible for them to voice their opinions (also the critical ones) on the progress of the project and take them into consideration while implementing the programme. Make sure that they participate in the evaluation of the project.

- Make sure the chosen objectives are constructed in such a way that they respond to the most vital needs of the employees on one hand and of the company as a whole on the other (try to reach consensus). Only satisfied employees can contribute to the company's success. Only a healthy company, the one in good shape can take care of its employees (Armstrong, 1996).

- If the main objective is aimed at the creation of a specific health-related behaviour, and when it is compatible with the logic of intervention and circumstances, always make sure that it is accompanied by a set of specific objectives concerning knowledge, motivation, skills and creation of an environment supporting and replicating the desired behaviours or limiting the undesired ones.

- Inform and advertise. Every programme as a whole and all its elements (parts) separately, no matter how high the quality, need to be marketed. Try to avoid ordering or setting obligations or bans while working within a WHP project. The final goal is to create a sense of responsibility for health, an active (or even proactive) attitude towards health and not just participation in the project activities.

- Do not discuss health threats unless a WHP project helps to deal with them. Otherwise you will add to the sense of helplessness and cause malaise.

- In a good WHP project there is an interesting offer for every employee that means the programme should affect all the staff. In the case when a specific activity (e.g. workshop) is addressed only to a particular target group within a company, the criteria for selection of the group should be clear and made public, and for all those who do not "qualify" for the target group something else should be offered – it is the rule of equal access, equal benefit.

- Work can be improved. Monitor in a systematic way the progress of the project and the work performed. Correct the mistakes and stimulate positive processes. Make a plan on how to resolve problems and conflict on a regular basis. Failure and troubles are natural phenomena. Do not try to hide them or let the fear of them limit your activity.

- Never forget to cherish the successes of both the project coordinators and participants. It is imperative for the development and sustaining of motivation in both groups. Remember to use material and verbal rewards.

- Always preserve anonymity and confidentiality of the data in your possession, whether it concerns individuals, groups or the whole company. You can release this information only upon previous agreement with all the interested parties.

Ethical issues in WHP

Complying with these rules does not automatically make the project resilient to ethical dilemmas which should be resolved according to the nature of a specific WHP project. Without ques-

tion, health promotion projects, including WHP, assume health is a supreme value and the state of health depends on human behaviour, but not everybody agrees with this point of view. There is doubt resulting from incomplete knowledge on the determinants of health and links between particular behaviours and health.

It is extremely difficult to implement the participation rule in the case of groups with low health awareness, with low health literacy and high prevalence of unhealthy behaviours (i.e. those who need WHP programmes the most). This situation often exists in the case of employees with low education levels and therefore we have to deal with the problem of their subjectivity. The question then arises, to what extent are we entitled to stimulate or even decide their needs, sometimes to act against them for their benefit, but the "benefit" is then not defined by them which in turn means limiting their freedom.

Such dilemmas may also concern the scale and purpose of resources spent on health and many other issues. A useful strategy for dealing with these issues is the rule of creating a win – win situation, where the long-term benefits are experienced by all parties involved in the project.

Of course those issues are to great extent overcome when WHP programme is implemented properly based on the basic rules such as participation rule described above. It is always advisable to plan and implement WHP activities "with employees" not "for employees". The latter approach encourages decisions that are directive and do not take into account the needs of those who should benefit from WHP in the company.

Generally, critical thinking and evaluation (when possible external) is always welcome when ethics of WHP implementation is concerned.

Summary and Conclusions

A workplace health promotion programme is a purpose-planned and implemented social process, aiming to improve employees' health, which consequently positively influences the functioning of an enterprise and its development. WHP may be implemented in companies in two general ways. The first refers to implementation which avoids serious changes to the management, developing 'silently', within the existing traditional structures and activities. On the other hand, WHP may be implemented when the company decides to incorporate serious changes in the form of a project with the support of health investments. In this book we have discussed WHP implementation as organised according to the latter method.

In this case WHP is a process of creating conditions conducive to making healthy choices, something that goes beyond shaping healthy beliefs (through employees' education and motivation), and usually for a company WHP is a typical innovation process. It becomes an intervention in social systems, establishing new roles and structures, which in consequence shape healthy values, norms and beliefs. WHP will require changes in the work organisation and enterprise management (including creation of new organisational structures), which incorporate enhancement of health into norms and rules of communication in a company as well as in its principles and procedures of making decisions. The introduction and appropriate implementation of a workplace health promotion project into an organisation can bear many benefits.

While planning a workplace health promotion programme and its implementation we should remember that our intervention touches a subject that is both very important and sensitive for the participants: human health and health behaviours. The social character of a WHP program means that we usually come across issues that have an ethical dimension; it is impossible to predict all of these in advance and one should be prepared to tackle them.

Generally speaking, project management consists of planning, organising, motivating and controlling activities, which have been described in detail in this chapter. However, additional vital information on these subjects can be also found in other parts, namely 1, 2 and 10.

To conclude – WHP project management is a complex process and a real challenge, but implementing it according to the rules listed in this manual can make the task easier. In return we gain a possibility for broad skills' development, both professional and personal, as well as the satisfaction resulting from the positive and therapeutic effects of a particular WHP project.

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