Evaluation of workplace health promotion
How to counteract the well-known difficulties

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Aims of workplace health promotion (WHP)

employer

• reduction of absenteeism
• lower accident rate
• increase of productivity
• impulse for creativity
• image improvement
• more customer satisfaction

employee

• increase of work satisfaction
• reduction of stress
• improvement of communication
• reduction of work-related complaints
  • increase of participation

De Greef & Van den Broek, 2004; Slesina, 2008
Evaluation of WHP

- broad range of aims → many outcome variables
- limited generalisation of the results
- multiple interventions → precise effectiveness not attributable
- high level of evidence difficult to reach → „evidence triangulation“
- sustainability often not evaluated

Bödeker, 2007; Lenhardt, 2005; Slesina, 2008
Health promotion in hospitals: staffs’ perspective

- promoting staff’s participatory role
- empowering staff for self care
- reducing strains
- influencing risky behaviour

- healthy hospital
- improving working routines
- recruiting better staff
- providing better care

Target hospital

- general hospital in Carinthia
- 826 employees (78 % female)
  - 59 % responsible to nursing director
  - 12 % responsible to clinical director
  - 29 % responsible to commercial director
- February 2008: official start of the WHP-programme

advisory board

<table>
<thead>
<tr>
<th>nursing director</th>
<th>human resource manager</th>
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<tr>
<td>company physician</td>
<td>industrial psychologist</td>
</tr>
<tr>
<td>internal expert for job safety</td>
<td>external evaluation expert</td>
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Project plan

- health circle (n = 10)
- open space (n = 26)
- employee survey (n = 354)

**planning** of interventions (advisory board)
- discussion of intended strategies within the directions

**implementing** the interventions

- information about the progress for the employees
- advisory board meetings
- evaluation: formative & summative

Brunner & Kada, 2008
First results: health circle (n = 10)

- identified categories of strains
  - „communication & rules“
  - „time & personnel management“
  - „facilities & inventory“
  - „personal well-being“

- evaluation (1 = exactly true; 4 = not at all true; n = 9)
  - important topics discussed (M = 1.13, SD = 0.35, Md = 1)
  - getting oneself involved in the discussions (M = 1.00, SD = .00, Md = 1)
  - participating in the implementation of HP (M = 1.22, SD = 0.44, Md = 1)
  - having an impact on decision processes (M = 1.67, SD = 1.21, Md = 1)
  - getting to know other work areas (M = 1.22, SD = 0.41, Md = 1)
First results: open space (n = 26)

- same categories of strains identified

- evaluation (1 = exactly true; 4 = not at all true; n = 13)
  - important topics discussed (M = 1.15, SD = 0.38, Md = 1)
  - getting oneself involved in the discussions (M = 1.23, SD = .44, Md = 1)
  - participating in the implementation of HP (M = 1.31, SD = 0.48, Md = 1)
  - having an impact on decision processes (M = 2.38, SD = 0.87, Md = 2)
  - getting to know other work areas (M = 1.54, SD = 0.52, Md = 2)

health circle & open space appropriate approaches to strengthen participation
First results: employee survey (n = 354)

- 9 % reported critical values regarding overcommitment
- 17.8 % were strongly emotionally exhausted
- 11.1 % reported high degree of cynicism
- positive report of subjective well-being
- differences according to directions‘ affiliation
  - staff responsible to commercial director reported
    - less cooperation
    - more emotional exhaustion and cynicism
    - more quantitative work strains
    - less participation and information
    - less perceived fringe benefits
    - less subjective well-being
Conclusions and future prospects

- evaluation
  - planned and implemented from the very beginning of the project
  - using mixed methods
  - integrating different perspectives
  - flexibly tailored designs depending on respective intervention

- further steps
  - Oct 08: planning of interventions based on the as-is analysis, discussion of the plan within the directions & decision
  - Nov 08: informative meeting for all employees, prep for determined interventions (incl. evaluation plan)
  - Dez 08 – Apr 09: implementation of the interventions
  - long-term: employee survey t2

Brunner & Kada, 2008
References


WHO (Ed.). (2007). The international network of health promoting hospitals and health services: Integrating health promotion into hospitals and health services. Copenhagen: WHO.

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