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*Health Education Journal* 2011 70: 92 originally published online 7 June 2010

DOI: 10.1177/0017896910364881

The online version of this article can be found at:

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# Managers' understanding of workplace health promotion within small and medium-sized enterprises: A phenomenological study

Health Education Journal  
70(1) 92–101  
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co.uk/journalsPermissions.nav  
DOI: 10.1177/0017896910364881  
hej.sagepub.com  


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## Abstract

**Objective:** This study aimed at exploring managers' understanding of workplace health promotion and experiences of workplace health promotion activity within small and medium-sized enterprises.

**Design:** A Heideggerian interpretive phenomenological methodology was adopted.

**Setting:** This study was undertaken with small and medium-sized enterprise managers from a Health and Social Care Trust area of Northern Ireland.

**Method:** In-depth telephone interviews were carried out with a purposive sample of 18 small and medium-sized enterprise managers. Data was analysed using Benner's strategy for data analysis.

**Results:** 'Workplace health promotion as a symbiosis of health and business' emerged as a main theme from the data. Participants considered workplace health promotion as a key means of harnessing the potential of both their business and their employees: providing protection from harm and opportunities for health improvement for employees and affording protection for the viability and reputation of the business. Participants also viewed themselves as holding a pivotal role in the development and implementation of workplace health promotion activities.

**Conclusion:** Strategies focussing on employee health alone as a separate entity to the business agenda are likely to be ineffective for raising awareness of workplace health promotion activity within small and medium-sized enterprises. Findings suggest an integrated ecological approach needs to be reflected within policy and practice that extends beyond the individual employee. A revised programme planning framework, based upon the work of Green and Kreuter, identifies areas that health promotion practitioners need to consider for more meaningful engagement with workplace health promotion activity by managers to take place within the small and medium-sized enterprise setting.

## Keywords

health promotion, programme planning, SMEs, workplace

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## Introduction

Workplace health promotion (WHP) has traditionally not been an easy term for practitioners or academics to clearly define, principally because of ambivalence generated by tensions between formal umbrella meanings and everyday practice in the field<sup>1</sup>. Numerous, often competing, meanings have been attached to workplace health<sup>2,3</sup>. Much of this indecision is thought to emanate not just from variations in the theoretical conceptualizations of health used by researchers, but also from managers, many of whom undertake activities which have direct effects on employees' health yet which often go unrecognized<sup>4</sup>.

The most widely accepted European definition of WHP is contained within the Luxembourg Declaration<sup>5</sup>. It is considered to take a broader view of workplace health beyond the traditional approach directed at prevention and protection, by placing emphasis on organizational and environmental factors rather than just those focused on the individual<sup>3</sup>. For some proponents of WHP, this definition is seen as unwieldy, with a simpler yet comprehensive conceptualization offered by Wynne<sup>2</sup>: 'Workplace health promotion refers to any activity which may be taken to improve the health of the worker which is based in the workplace' (p.16). Wynne's definition attempts to succinctly link all mainstream occupational health and safety activities concerned with the elimination of workplace risks to health. Those activities include the general promotion of health through both organizational and individual behaviour changes. Fundamentally, this approach suggests such activities need not be primarily medically determined but involve other disciplines, including management, and entail a multiplicity of activities from recruitment through to departure from the workplace. Given the unique challenges presented by small, medium-sized enterprises (SMEs) for managers, including their limited resources and concerns with survival in a competitive market<sup>6-8</sup>, the need exists for an approach which respects SME managers' concept of WHP so that effective engagement with its related activities can be achieved.

WHP programmes in larger organizations, based on an ecological approach, have been noted as more effective in terms of outcome than those focusing on changing individual employee behaviour alone<sup>9,10</sup>. Although research with SMEs is limited, studies undertaken in the SME context have found that businesses mainly adopted preventative WHP approaches, addressing employee risk factors as opposed to the environment and/or the organization itself<sup>8</sup>.

Given that the way that work is organized can affect health<sup>1</sup>, the priority managers attach to workplace health is crucial, not just in determining their strategic approach to WHP, but also in determining the business's economic performance<sup>6</sup>. Despite having clearly framed steps provided by the European Network for Workplace Health Promotion (ENWHP) to achieve this<sup>11</sup>, translation of this guidance into the richly contextual and unpredictable context of the SME setting has proved difficult<sup>3</sup>.

Even though the term WHP now exists within the new Workplace Health Strategy for Northern Ireland (NI)<sup>12</sup>, it is not yet commonplace within SMEs. NI is essentially a small firms economy, with 99 per cent of businesses employing 50 or fewer people<sup>13</sup>. Therefore, work-related ill-health and injury costs for SME businesses, and for the NI economy in general, are significant<sup>13</sup>. In light of political encouragement by the ENWHP<sup>11</sup> to determine the explicit needs of SMEs at local level so that appropriate delivery models and training programmes can be developed, there is a need to study the meaning of WHP for SME managers in context. This will help key stakeholders develop a fuller understanding of WHP engagement and identify implications for education, training and practice of occupational health practitioners, health and safety providers and health promotion specialists.

## Methods

In the current climate where little is known of SMEs' interest in WHP, the qualitative approach offers a way to explore the potential multiple realities existing within SMEs and for development of that enquiry as the study unfolds. According to Johnson<sup>14</sup>, Heidegger<sup>15</sup> considered the world of human beings as 'always one of practical involvement where things take on meaning in relation to one's purposes' (p.136). In focussing on 'Being-in-the-world', Johnson<sup>14</sup> maintains that Heidegger believed human beings consider the purposeful use of and goals to be gained from certain entities, which may not be implicitly present within the consciousness for each day-to-day activity but which are however contextually interconnected (p.136). Adopting a Heideggerian approach therefore allows the researcher to more fully absorb SME managers' understanding of WHP and the meaning each activity holds for them within the context of their world, mindful that every SME manager's experience is unique and their experiences cannot be separated from their culture, business, history and traditions.

A group of 10 stakeholders, including representatives from occupational health, health promotion, health and safety, trade union, and human resources departments, with an expressed interest in WHP within SMEs, were involved in determining the most appropriate sampling strategy and data collection methods. It was collaboratively decided that inclusion of only those SME managers who currently undertake WHP activities would be restrictive, as other SME managers may be interested in engaging with WHP activities yet either be unaware of what is involved or inhibited because of their circumstances, and, therefore likely to become information-rich cases. The sample was thus drawn from individuals (a) based in a range of private sector SME businesses, located in one Health and Social Care Trust area of NI; (b) holding a senior position, either: the owner, general manager, senior manager, human resources manager, health and safety manager, or designated person responsible for a number of these roles; and, (c) working at an organizational level, aware of management culture, with the power to make strategic business decisions.

A total of 249 managers were selected and contacted by post. Each was offered the opportunity to participate in either a face-to-face or telephone interviews. Of the 18 who responded, all requested telephone interviews as opposed to face-to-face interviewing. Data collected using in-depth telephone interviews were broadly focussed on key themes outlined within the Luxembourg declaration on WHP<sup>5</sup>, including (a) the prevention of ill-health and health protection; (b) lifestyle issues; and, (c) working culture and the environment. Probes were used to elicit examples of participants' existing perceptions of WHP and its practice, in terms of the expectancies WHP activity was perceived as holding for both their employees and their business. However, they were not used in a standardized format, nor were participants' narrative flows interrupted. The inability to elicit non-verbal communications during telephone interviewing was carefully considered during the collection, transcription and data analysis.

Tape-recorded interviews were manually transcribed and analysed using Benner's strategy for data analysis<sup>16</sup>. This strategy revolves around three interrelated processes: identification of paradigm cases, thematic analysis, and analysis of exemplars. Interview texts were continually read and re-read until a general understanding of the phenomenon and its context was achieved. Topics, issues, concerns, and/or events were selected for a more detailed interpretation. Everyday reasoning and associations made by participants were noted. Significant themes were extracted and compared across individual texts. Meanings interpreted as reflective of participants' lived experiences were then verified and consensually validated with participants to avoid bias.

Prior to commencement of the study, ethical approval was gained from the University of Ulster's Research Ethical Committee. The ethical principles of 'beneficence', 'respect for human dignity', and, 'justice'<sup>17</sup> were closely followed, including gaining participants' informed consent to participate and providing assurances in relation to anonymity and confidentiality.

## Results

Participants' understanding of WHP was expressed both in terms of its practice and the relevance of this practice for their employees and their businesses. The key themes that emerged relating to participants' expectations of WHP practice for their employees included the preservation and protection of employee health, safety and well-being; the promotion of healthy and safe working environments; and the opportunity to improve the quality of employees' working and everyday lives. The emergent themes in respect of their expectations of WHP practice for their businesses included the preservation and improvement of productivity; the enhancement of profit; and an improvement of employee, customer and community confidence. Managers' responsibilities to ensure active engagement with WHP practice also emerged as being pivotal in achieving each of these expectancies.

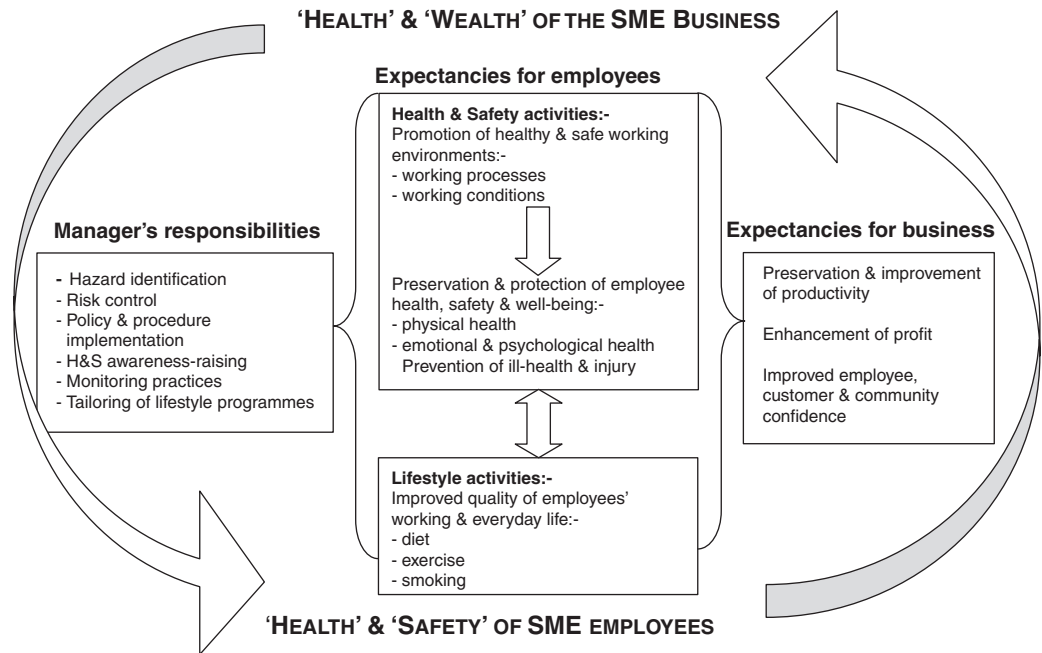
### *Expectancies for employees*

Though participants' contextual backgrounds varied, their expressions of WHP appeared to be rooted either in health and safety, lifestyle-related activities, or both. Some participants described WHP in terms of employees being able to undertake their work safely by '*creating an environment where... you're looking after people's physical health... making it a safe environment... paying attention to the type of work that people do and the amount of work they do and the effect this has on them*' (manager of an independently owned, small, urban, financial services business).

Others considered WHP as being solely concerned with lifestyle-related activities in improving individual health: '*Its really about promoting various aspects of health... whether it be cancer awareness, healthy living, exercise, anything like that and doing that through the workplace*' (manager of independently owned, medium-sized, rural, manufacturing business). Other participants expressed their understanding of WHP as holding greater potential for health improvement: '*I would expect workplace health promotion to cover a whole range of issues right through from looking after your back in work or wearing hearing protection ... to healthy eating and smoking cessation... ... promoting and raising awareness among our employees of health and safety issues in the workplace ... but also health issues that ... affect them outside of the workplace*' (manager of independently owned, medium-sized, rural, food processing business).

### *Expectancies for the business*

Many participants also perceived WHP as a business attribute in engendering and enhancing an inter-relationship between having healthy employees and having a healthy business. This understanding centred upon their view that there would be '*less people off...less insurance claims to worry about*' (manager of family-owned, medium-sized, rural, food processing business). Having good health and safety records and fewer compensation claims was also perceived as improving confidence in the business as being a '*good employer*' by employees, customers and the local community, and in securing contracts. Words such as '*healthy*' and '*happy*', were commonly used to refer to employees in the same context as having a '*productive*' and '*profitable*' business (manager of small, urban, services business). WHP practice was characterized as such by one manager of a



**Figure 1.** Workplace health promotion as a symbiosis of health and business

family-owned, medium-sized, rural, food processing business who reflected upon the history of their business *'through troubled times'*. *'If employees are healthy, happy and productive at their work... then the workplace is healthy and happy as well... We've a tradition of being a good employer... We've built up a respect within the local community over many years now. ... People who work here, stay here... their father, uncle... even their grandfather worked here'*.

### Managers' responsibilities

The issue of responsibility for implementing WHP permeated a number of participants' reflections, signalling an acceptance that under current health and safety legislation, managers needed to identify risks and maintain or improve the health of their employees, both in terms of their working environment and their overall management of employees: *'as managers we should make sure that each and every employee should be made aware of... health and safety policies and procedures... including the use of PPE... We're legally bound to'* (manager of family-owned, small, rural, manufacturing business). Those who considered WHP in this way also felt that it was important for them to tailor such activities to the needs of the business itself: *'We like to decide what's in the best interests of our staff... in relation to our own needs'* (manager of independently owned, medium-sized, rural, manufacturing business).

### A symbiosis of health and business

Figure 1 illustratively presents these emergent themes, suggesting that within SMEs, WHP serves a dual function in creating a symbiotic relationship between the 'health' and 'safety' of each employee and the 'health' and 'wealth' of the business. The term symbiosis is used to

reflect the meaning of WHP for participants as a reciprocal relationship between providing protection from harm and opportunities for health improvement for employees, and providing protection for the reputation and viability of the business and boosting its revenue. Within this relationship both employees and employers are thought to mutually benefit from WHP engagement and neither to suffer any serious negative effects. Similarly, the term symbiosis is used to illuminate their view that to neglect the individual 'health' and 'safety' of employees is not to take care of the business itself. It also suggests that when employees are both safe and healthy, the SME itself is externally perceived as being 'healthy' and 'wealthy' in terms of its status and business acumen.

## Discussion

Rather than consider WHP as a set of over-arching philosophical principles to aspire to, participants conceptualized WHP functionally in promoting, preserving and protecting their employees' health and safety, and preserving and improving productivity, enhancing profit and improving confidence in the business. Employees were not seen as a separate entity to the business: both the health of their employees and their businesses were viewed as being inter-related, and therefore considered symbiotic. This characterization of WHP is similar to what Shain and Kramer<sup>1</sup> refer to as 'a multidimensional concept' (p.643), acknowledging employees' responsibility for their own health, whilst accepting employees' health is influenced by both the design and conditions of their work, which lie outside employees' control and under the control of management. A symbiotic relationship between employees and the business, whereby both parties are set to gain, was perceived as being central to WHP.

This understanding of WHP is consistent with the adoption of an ecological approach<sup>9,10,18</sup>, moving beyond focussing on the individual to addressing the determinants of health existent within the working environment itself. Participants' initial understandings of WHP appear to be embedded within a traditional preventative framework, focussing on either health and safety or lifestyle-related activities, or both. Further exploration of their experiences, using a Heideggerian phenomenological approach, revealed a perceived deep-rooted connection between the health, safety, and well-being of the employee, and the health and wealth of the business. The reciprocal causality of this connection, characteristic of the ecological approach<sup>18</sup>, was evidenced in participants' perception that employees' health was influenced by their work in the same way their individual health influenced their working ability. Instead of negatively focussing upon controlling employees' health through the imposition of regulations and restricted practices solely for business gains, participants perceived WHP more in terms of harnessing the potential of healthy and safe employees to effectively achieve the health and wealth of their businesses.

The study's main findings offer preliminary evidence that WHP policy has the potential in the SME to go beyond individually focussed lifestyle and health and safety activities as outlined, for instance, in the current workplace health strategy for NI<sup>12</sup>. Workplace health policies can embrace the idea WHP holds significant symbiotic effects for SME businesses, their employees, and the wider community. On the basis of this understanding, Wynne's<sup>2</sup> definition of WHP could be redefined as 'any activity, based in the workplace, which may be taken to directly improve the health of the worker and the business, and indirectly improve the health of the wider community in which the workplace resides'.

This more holistic perspective is important at the present time given SMEs in NI are becoming more confident of the potential for growth within their businesses<sup>19</sup>. It also comes at a time when a new political reality is emerging in NI and the need for business investment in the current economic downturn is being drawn into focus.



**Table 1.** Social Diagnosis of workplace health within small and medium-sized enterprises (adapted from Green and Kreuter<sup>20</sup>)

Levels of influence	Determinants of workplace health	Managers' perceived responsibilities	Expected outcomes from WHP activity	Managers' perceptions of how health is influenced at each level
<b>Employee level</b>	Individual physical, psychological and emotional health status. Lifestyle behaviours (diet, exercise and smoking).	Provision of tailored lifestyle programmes.	Improved quality of employees everyday life.	Acknowledges employees responsibility for own physical, psychological and emotional health.
<b>Environmental level</b>	Workplace hazards Risks to health from working processes. Organisational policies and procedures.	Hazard identification. Risk control management. Health and safety awareness raising. Implementation, monitoring and evaluation of health and safety policies and procedures. Smoking policies. Healthy option provision in canteen.	Healthy and safe working environment. Employees health, safety and well-being preserved. Improved quality of employees working life.	Acknowledges effect of working conditions, working processes and policies on employee's physical, psychological and emotional health.
<b>Business level</b>	Sickness absence through ill-health or injury. Working time lost Staff turnover.	Implementation, monitoring and evaluation of sickness absence policies and procedures. Recruitment and retention of staff Staff training and development.	Sustained or improved productivity. Enhanced profit Improved levels of employee knowledge and skills.	Acknowledges interdependent effect of healthy and safe working conditions on employees health; and effect of employees health on productivity.
<b>Community level</b>	Competitiveness from other businesses. Customer and supply chain demand.	Achieve business goals. Preserve competitive status. Meet customer and supply chain demands.	Sustained or improved customer and community confidence.	Acknowledges interdependent effect of health and safety of employees and health and wealth of business.

WHP: Workplace health promotion

### 'Social Diagnosis' of workplace health

To enhance political strategists' and practitioners' insight of WHP within the SME context, phase one of Green and Kreuter's model<sup>20</sup> – the Social Diagnosis – is modified to include an ecological consideration of workplace health determinants, at employee, environmental, business and community levels (Table 1).



This involves a collective assessment of the importance with which WHP is perceived in improving the 'quality of life' of the SME workplace. The process begins by examining the determinants of workplace health at each level and managers' perceived responsibilities in each respect. An assessment is then made of managers' aspirations of expected outcomes from WHP activities. Finally, consideration is given to how the quality of workplace health is perceived as the product of employee, environment, business and community influences, including employee and managers' responsibilities. This provides a framework for stakeholders engaged in the development of WHP activities to develop a fuller insight into, and understanding of, SME managers' perceptions and unique experiences of workplace health in context. Moving from a risk-reduction approach towards an integrated ecological approach requires a significant change in the mindset of strategists and practitioners. However, in doing so, the concept of WHP, as being influenced by factors other than individual employee behaviour, can be more fully developed. Including SME managers in future workplace health policy development is more likely to result in a grounded vision of WHP being taken. Consequently, SME managers can contribute to the development of tailored awareness-raising campaigns, and be more encouraged by the positive role they play in improving their country's population health and its their general economy.

### Limitations

The study's limitations include its limited focus on SME businesses within one geographical area of NI, and the possibility that only those participants with experiences of WHP agreed to participate. Arguably, given the limited understanding of WHP within SMEs, and the study's exploratory nature, participants with some experience of WHP afforded an added advantage in providing a fuller expression of the phenomenon in context. Further, the findings allow readers to build an understanding of WHP in context, recognizing circumstances similar and applicable to their own practice rather than trying to perceive them as objective realities transferable across all SMEs.

Another limitation relates to the use of telephone interviewing as opposed to face-to-face interviewing. Potentially, more meaningful data could have been obtained by observing participants' non-verbal communications. Uncovering this level of hiddenness is important in Heideggerian philosophy, where data quality is dependent upon achieving a sense of connection with the participant so that a deeper level of meaning can be revealed. Nevertheless, participants requested telephone interviews and, pragmatically, the method proved successful in gaining access to this 'hard to reach' group.

### Acknowledgement

The author wishes to thank the SME managers who kindly gave their time to take part in the study, without whom this research would not have been possible.

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