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**Report 7**

# Workplace Health Management Principles and Trends

Focus on Mental Health

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# Editorial



**Prof. Dr. Thomas Mattig**  
*Director of Health Promotion Switzerland*

Supporting and encouraging healthy working conditions has been one of the primary concerns of Health Promotion Switzerland since its inception.

In its early days, workplace health management consisted of individual measures such as ergonomic furniture, healthier snacks or exercise sessions during work breaks. Many valid ideas were implemented during this initial phase, but many initiatives were sporadic or unsustainable because such initiatives often depended on individual managers or employees who were particularly health-conscious.

At the turn of the century, greater importance was placed on consistency and systematic health promotion with the development of the KMU-vital programme tested in ten Swiss companies as early as 2001.

The SWiNG study conducted in 2009 (stress management, effect and benefits of workplace health promotion) represented a pertinent milestone. The pilot project, carried out across nine large companies in Switzerland, showed that systematic health promotion can contribute to the recognition and reduction of stress.

In the same year, the Friendly Work Space label was awarded to companies for the first time. The original impetus for a workplace health management label came from the private sector and was implemented by Health Promotion Switzerland with specialists from the worlds of science and business. The label is an ongoing success story, with more than 200,000 people currently working in companies who have earned the Friendly Work Space label.

A great deal of personal commitment was involved in developing the elements upon which today's systematic workplace health management (WHM) is based. The analytical tools have been refined and developed over many years, and now surveys can be used to identify and systematically address stress points. The digital tools enable analyses to be performed with an ever-increasing level of precision. However, the further development of WHM does not only depend on technology; personal commitment and creativity are still required. Even the best survey is not a substitute for a face-to-face discussion.

We have come to realise after numerous evaluations that the success of WHM is mainly dependent on "soft" factors. Key elements that help to ensure a healthy culture within a company are "attitude", appreciation, and the whole informal area of communication.

The expression "health management" may imply that health can be "managed" like any other business objective, but health is as complex as the people who work within a company. With WHM, we can create the framework for a healthy economy with healthy people.



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# 1 Background, objectives, development, overview and outlook



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## 1.1 Background

Currently, approximately one in every four working people in Switzerland suffers from stress. The resulting costs for employers amount to some CHF 6.5 billion per year (Job Stress Index, Galliker et al. 2018). With a shortage of skilled workers, pension funding issues and rising healthcare costs, this represents a major social problem. Expert groups and other bodies are investigating the question of how our health is impacted by digitalisation. Does it ease our burden or increase our stress? Do younger employees – or “digital natives” – react differently than older employees? Given that flexibility is increasingly required of everyone, how can employers or employees themselves contribute to this in a way that promotes health as far as possible? Is direct contact and face-to-face communication between employees and managers key to the coordination and performance of tasks, or are telephone conferences sufficient for this purpose?

These are just some of the new challenges that have to be taken into consideration as part of a comprehensive approach to workplace health management (WHM). In addition to statutory and reactive meas-

ures (such as absence and case management), proactive services with health-promoting effects on the working environment must also be an integral component of this approach. Together with experts from the worlds of business and science, the Health Promotion Switzerland foundation has been developing WHM services for many years, with a specific focus on mental health.

### **Mental health**

Mental health includes aspects such as personal well-being, satisfaction with one's life, self-confidence, the capacity to form relationships, and the ability to cope with the normal stresses of life, to work productively, and to contribute to one's community. It is not a state, but rather a multi-layered, dynamic process that is influenced both by personal aspects and, substantially, by external factors.

By contrast, mental disorders negatively affect an individual's functional capacity for human experience and behaviour. They limit an individual's everyday life and can have an impact at the emotional, cognitive, interpersonal and physical levels as well as on behaviour. Mental disorders are widespread and are among the most common and most restrictive of illnesses. Despite all this, mental illness often goes unrecognised or is downplayed, and its personal, social and economic significance is underestimated. (Obsan Report, Schuler et al. 2016)

## 1.2 Report objectives and development

The objectives of this report, “Workplace Health Management: Principles and Trends”, issued by Health Promotion Switzerland, are firstly, to provide specialists with an overview of current workplace health management (WHM) principles and secondly, to address and discuss trending topics. It is intended as a contribution to a knowledge-based debate as well as guidelines for action for WHM.

This report, to which various different authors have contributed, illustrates diverse facets of WHM. As Switzerland is a country of small and medium-sized enterprises (SMEs), the majority of the information, data and references included have been drawn from Switzerland and, where possible, differences with respect to the different company sizes have been outlined. This report was drawn up with the following objectives in mind.

Awareness and information:

- Represent mental health with its psychosocial factors at work, which can be both stressors and resources for health
- Raise WHM as a subject of discussion at the individual and organisational levels within companies
- Close gaps in knowledge and tackle new topics and trends while providing guidelines for action

Processes:

- Encourage collaboration between WHM stakeholders in Switzerland, involving proven experts in WHM

The report is addressed primarily to an audience of WHM experts both within and outside of companies. In addition to the individuals responsible for WHM, this audience includes health and safety officers, HR professionals and executives as well as WHM experts from the worlds of science and business. The report additionally provides an overview of WHM to all policymakers and decision-makers in the fields of politics, business and administration, and any other interested parties.

Based on initial discussions between WHM experts on how to prepare this report, the decision was taken to broaden the discussion space. The topics which form the content of this report were compiled using

semi-structured interviews with people from the target groups. The participants included representatives from business, public administrations, health promotion, consulting, science, insurance and WHM networks. The names of these expert interview partners can be found in the imprint.

An internal review board at Health Promotion Switzerland and an external review board provided support for the report development process. The external board consisted of specialists from a range of different professions and organisations, and (again) the list of participants can be found in the imprint. Peter Roos, Managing Partner at the “Office for Occupational Psychology and Organisational Consulting” (Büro für Arbeitspsychologie und Organisationsberatung, büro a & o), took on responsibility for both the content and procedural tasks as project manager. The project was led by Health Promotion Switzerland.

## 1.3 Overview of content

The aim of the report was to focus on principles of WHM on the one hand, and trending topics and their embedding in the context of work and health on the other. In order to look at the subject from different points of view, authors from different fields or professional roles were involved.

The following chapters focus on principles:

In Chapter 2, information on “Definitions, legal framework and historical overview” is provided by the State Secretariat for Economic Affairs (SECO). Author Rafaël Weissbrodt (Labour Directorate; Working Conditions Division) indicates which aspects are legally binding. In addition to looking at institutional stakeholders, he also addresses the links between WHM and other approaches to health in the workplace and gives an overview of prevention practices in organisations.

The scientific aspect of WHM is the core topic dealt with in Chapter 3 “General connections between work and health” are analysed by Dr. Gregor Jenny and Dr. Rebecca Brauchli from the University of Zurich (Epidemiology, Biostatistics and Prevention Institute, Division of Public & Organizational Health) on the basis of principles, models and effect mechanisms. The two facets of work – available resources and stressors – and their impact on mental health

is one area of focus in this chapter, and the demonstration of multi-causal effects and areas of activity is another. It therefore provides important information to support arguments in favour of WHM for use in practice.

Chapter 4 describes the “Implementation of WHM” in organisations in accordance with scientific principles. Corinne Baumgartner and Nicolas Burger, two managing partners at Conaptis, a consultancy specialising in WHM, have compiled their expertise in this chapter in areas ranging from setting strategic targets through implementation to sustainable, systematic integration of WHM in an organisation. Appropriate survey methods and success factors provide WHM specialists with a range of options to apply and implement in practice.

The final chapter on principles offers an assessment of the current situation: “Situation regarding WHM in Switzerland – taking stock”. In Chapter 6, Dr. Urs Näpflin (Head of the WHM Advisory Group of the Swiss Accident Insurance Fund Suva) discusses WHM against a backdrop of social, healthcare and economic challenges as well as in the context of interest groups and stakeholders. Different scenarios for action are presented which would enable an optimal sourcing of WHM into the world of work and from there into general life.

Among the trends discussed, the following four topics favoured by the interviewees were examined in more detail: digitalisation, mobile/flexible working, leadership and older employees.

For the first trend, digitalisation, we deliberately chose Dr. Joël Luc Cachelin as our author because of his pioneering work in this field. In Chapter 5.1 “Effects of digitalisation and World of Work 4.0 on mental health”, he points out that digital change is creating new work content, forms and relationships, presenting opportunities and recommendations alongside the risks involved.

Our second trend-related chapter, 5.2 “Mobile/flexible working and health”, focuses on the growth of working models offering temporal and locational flexibility, their structure in Swiss companies and their expected impact on health. Prof. Dr. Andreas Krause and Prof. Dr. Hartmut Schulze from the University of Applied Sciences and Arts Northwestern Switzerland (FHNW) and Prof. Dr. Lukas Windlinger from the Zurich University of Applied Sciences have consolidated the current state of knowledge in this

chapter and provide good practice starting points for active design.

Chapter 5.3 features the perennially trending topic of “Management/corporate culture and health” and presents aspects including self-management as well as the management of employees. Author Dr. Marc Wülser is co-editor of the book “Gesundheitsmanagement in Unternehmen – Arbeitspsychologische Perspektiven” [Health management in companies – perspectives from occupational psychology] (Ulich & Wülser 2018) and coaches executives in his everyday role as a consultant. This chapter focuses on the direct effect of one’s own leadership behaviour, but readers will also discover information on early recognition and handling of mental health issues as well as guidelines that can be transferred into everyday situations in practice.

Another on-trend topic that was requested is “older employees.” In Chapter 5.4, “Mental health among older employees in Switzerland”, Prof. Dr. Christian Maggiori of the University of Applied Sciences Fribourg – School of Social Work and the University of Lausanne handles this target group. He highlights the different requirements that the world of work places on people who have been part of the workforce for longer. This chapter also includes a practical component by David Blumer, Head of Health Protection and Prevention at SBB, who presents a selection of different implementation approaches from practice.

In order to provide further information on the respective topics, the authors have put together a box containing recommended links for readers, which is presented at the end of every chapter.

In Chapter 7, we asked a number of stakeholders to provide their responses to some questions on the subject of WHM. The Swiss Federation of Small and Medium Enterprises, represented by FDP National Councillor Hans-Ulrich Bigler, presents the view of the employers while Dr. Luca Cirigliano from the Swiss Federation of Trade Unions represents the perspective of the employees. Other viewpoints are presented by Irene Keller from Compass Group, a large company in the catering industry, and Regina Gripenberg from Opacc AG, representing the position of SME in the software sector.

## 1.4 Outlook

The “Health2020” strategy adopted by the Federal Council in 2013 states that “particular attention” should be paid to promoting health in the workplace when it comes to ensuring quality of life, strengthening equal opportunities and improving the quality of healthcare provided (Bundesamt für Gesundheit 2013). In the reports and areas of activity derived from this (Psychische Gesundheit in der Schweiz [Mental health in Switzerland], Bürli et al. 2015; NCD Strategy, Bundesamt für Gesundheit & Schweizerische Konferenz der kantonalen Gesundheitsdirektorinnen und -direktoren 2016), the area in which an individual works was again considered to be an important basis for a healthy lifestyle.

It is both the intention and the desire to ensure that health-promoting aspects will be more widely implemented in the workplace in the future. WHM approaches, be they innovative or tried-and-tested, should be initiated, evaluated, promoted and multiplied in such a way as to benefit as many people in employment as possible. Ultimately, this will also have a positive effect on society as a whole, including productivity and innovation potential in individual organisations.

The inclusion of additional economic results alongside existing findings on effectiveness and benefits from WHM services which have already been launched (e.g. SWiNG study, Jenny et al. 2011; Promoting WHM via Effectiveness Review, Krause et al. 2016; iga.Report 2015, Pieper et al. 2015) will undoubtedly make matters easier for decision-makers in companies, politics, administration and in business. We are eagerly awaiting the results of the invitation to tender entitled “Wissenschaftliche Evidenzen zum Nutzen von Gesundheitsförderung und Prävention für die Wirtschaft” [Scientific evidence on the economic benefits of health promotion and prevention], issued by the Federal Office of Public Health (Raemy 2018). The aim of the project is to summarise the scientific evidence regarding the question of whether and how health promotion and prevention measures have an impact on the economy as a whole and on the health-related costs for the companies. Hopefully these results will be increasingly acknowledged not only by the WHM community but also by (health) economists, and incorporated into their models and processes.

With trends moving on from treatment of conditions towards preemption and prevention, and associated measures that both the individual and the employer can take to promote health, this is a promising opportunity to ensure that the living environments of the future – with all their challenges – are more conducive to health.

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## 2 Definitions, legal framework and historical overview



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### 2.1 Definitions and historical overview

According to the World Health Organization, “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (OMS 1946, 1). It is influenced by a large number of factors, some of which are attributable to the individual, while others are environmental. Health is the constant effort to strike a balance between stressors and resources. From this perspective, the objective of health promotion is to give individuals more opportunities for maintaining and improving their own health. These opportunities are provided by means of measures at a political level or in the living and working environment community-wide and educational measures as well as those in the healthcare system. According to the 1986 Ottawa Charter, “health promotion [...] goes beyond healthy lifestyles to wellbeing” (OMS Europe 1986, 1).

Among the social determinants of health, work and employment play a central role; in fact, they significantly affect the stressors to which people are exposed both professionally (physical and psychosocial risk factors) and personally (housing, transport, social participation) and the resources they have to face these stressors and take care of themselves (income, access to healthcare, skills, training opportunities, etc.). The concept of workplace health promotion is based on this observation. In 1997, the member states of the European Network for Workplace Health Promotion, including Switzerland (Weiss 2002), adopted the Luxembourg Declaration on Workplace Health Promotion in the European Union. This document focuses on measures in three

areas: improving work organisation and the working environment, promoting active employee participation and strengthening personal skills (ENWHP 1997/2007).

Workplace health management is an extension of this approach. Health Promotion Switzerland defines it as follows:

Workplace health management (WHM) is the systematic optimisation of health-relevant factors in the workplace. By shaping company structures and processes, WHM creates favourable conditions for employee health and thereby contributes to corporate success. WHM requires the involvement of everyone in a company, is integrated into its management and is reflected in its culture. (Derived from Badura et al. 1999, as cited in Füllemann et al. 2017)

According to Health Promotion Switzerland, the concept of WHM is based on three pillars (see Fig. 2.1). Safety at work and health protection (the first pillar) combine to include the preventive measures stipulated in the Swiss Federal Labour Act (ArG), the Federal Act on Accident Insurance (UVG), the Chemicals Act, the Workers’ Participation Act, etc. Health promotion in the workplace (the second pillar) aims to reduce stressors and strengthen resources through behaviour-oriented measures and changes to overall conditions. Absence management and employees’ return to work represent the third pillar. The objective of WHM is to bring together all implemented measures, both mandatory (first pillar) and optional (second and third pillars), related to the health and safety of employees. In Figure 2.1, the areas entitled “Administration” and “Organisation/staff management/health behaviour” relate to embedding WHM in management processes, leadership tasks and administrative and organi-

sational processes (strategy, planning, budget, etc.). Finally, the “Controlling” area refers to the control and review of activities in relation to continuous improvement.

In essence, WHM is a structured approach based on a system of controls which is designed to develop health promotion and primary, secondary and tertiary prevention practices, and is implemented at each level of a company. It is founded on a “logic” that corresponds to the many voluntary or mandatory standards of management systems developed since the 1980s. With this in mind, Health Promotion Switzerland has developed various tools to aid and support businesses: first was the *KMU-vital* programme, followed by the Friendly Work Space label, which is designed for companies that wish to address these issues systematically. The label comprises six quality criteria: the integration of WHM into company policy, human resources and labour organisation-related aspects, WHM planning, promotion of corporate social responsibility, and the implementation and evaluation of measures using specific indicators.

Many other Swiss and foreign institutions provide similar evaluation systems in related areas, some of which also include labels and awards. They are aimed at employers and associations that offer very generous working conditions (Great Place to Work, Swiss Employer Award, Kununu, etc.), that promote work-life balance (e.g. “Familie und Beruf” [Family and Work]), ensure equal treatment of women and men (e.g. equal-salary) or the health of employees (e.g. Citizen@Work) and citizens (e.g. “Gesunde Gemeinden” and “Gesunde Schulen” [healthy communities and healthy schools]).

Other systems aim to recognise quality management in organisations (e.g. ESPRIX Swiss Award for Excellence) or their commitment to social responsibility (EcoVadis, Achilles, etc.). Occupational risks are covered by the new ISO 45001 standard, which handles the systematic management of health and safety at work; the Swiss Federal guidelines on consulting occupational physicians and other occupational safety and health specialists (ASA) are based on the same principles, but are binding.

FIGURE 2.1

### Aspects of WHM

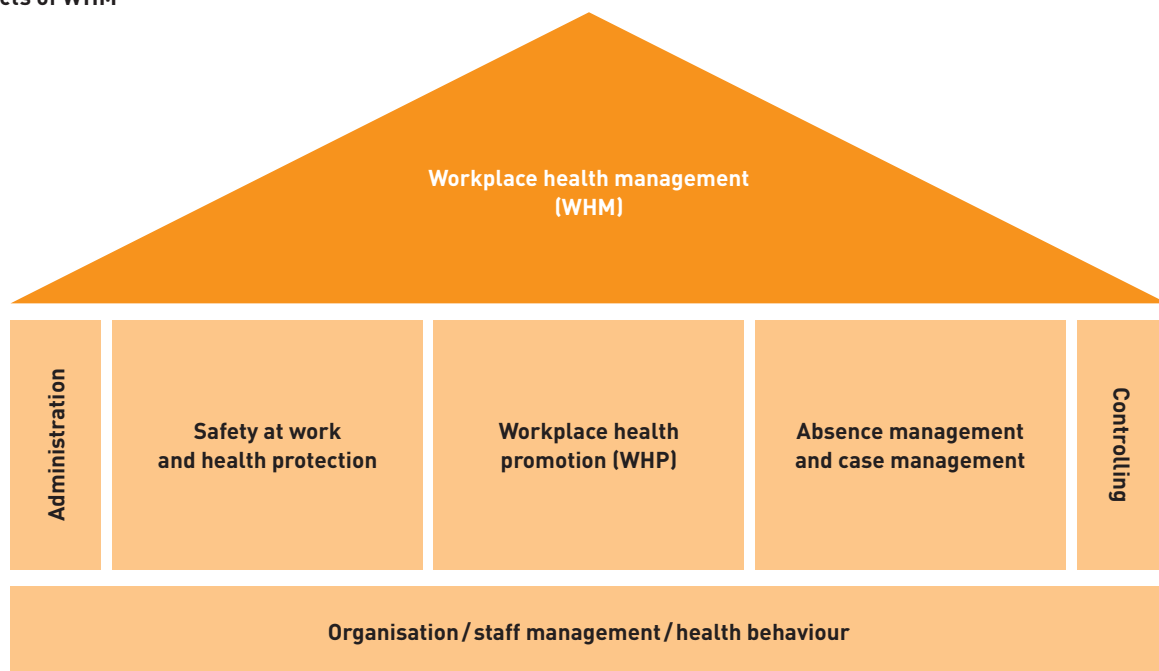


Diagram by Health Promotion Switzerland

## 2.2 Links between WHM and other approaches to health in the workplace

In their article on workplace health promotion, Muller and Mairiaux (2008) identified four intervention models that target either the working environment (Model 1), personal behaviour (Model 2) or a combination of both (Models 3 and 4).

### Model 1: Protection of health and safety in the workplace

This model was developed in the 19<sup>th</sup> century with the aim of reducing occupational diseases and accidents. It was implemented through the introduction of national legislation, the creation of supervisory bodies and the emergence of specific professions (occupational physicians and hygienists, safety experts, etc.), and this approach is still valid today. It is shaped by the evolution of the world of work and adapts to take account of “new risks” – musculoskeletal disorders (MSD)<sup>1</sup> and psychosocial risks (PSR)<sup>2</sup> as well as the development of physico-chemical hazards (e.g. the sharp rise in substances available on the market and the development of nanotechnologies). In addition to the specialist professions that sprang up at the very beginning, more and more professional groups have developed in the fields of human sciences (occupational psychologists and sociologists), ergonomics and nursing science. In terms of numbers, this model covers most occupational health and safety professionals working in Switzerland. Evidence of the lively international debate in this field is borne out in numerous scientific journals; in Switzerland, however, there are very few research institutions, and thus scientific support for prevention approaches is low (Dubey & Ramaciotti 2006).

### Model 2: General educational measures on health in the working environment

This model was developed mainly in the US and aims to address the big challenges of public health by influencing risk factors in relation to personal lifestyle: preventing tobacco abuse and other addictions, identifying specific illnesses, medical

check-ups, etc. Muller and Mairiaux emphasise that such programmes are often viewed with suspicion by workers and unions, as it is believed that they attribute sole responsibility for the disease to the employee (Muller & Mairiaux 2008, 166) and they amount to employers interfering in the private lives of their employees.

### Model 3: Application of health promotion techniques, principles and strategies for the management of health and safety in the workplace

As with the first model, the objective is to prevent occupational risks. However, in this case the model is based on existing health promotion concepts: multidisciplinary, educational measures (information campaigns, movement and posture training, stress management programmes, encouraging a culture of safety, etc.) or employee participation in improving working conditions.

### Model 4: Integrated approaches or an ecological approach based on the living environment

This model is based on structured programmes, follows a systematic approach and exerts an influence over both individual and collective factors, behavioural and environmental factors, and occupational and non-occupational factors in order to achieve synergies. The measures utilized should be considered in relation to the health promotion strategy in each individual part of the living environment: healthy schools and communities, health-promoting hospitals, healthy workplaces, etc. This approach is also followed by Health Promotion Switzerland and the European Network for Workplace Health Promotion.

Muller and Mairiaux argue that health in the workplace and health promotion differ at the level of their basic paradigms, training of professionals and methodologies, but signs of convergence have been apparent for several years. The authors make the case for mutual openness between the two disciplines: both are essential if new requirements are to be met, particularly in relation to PSR. They also recommend that “measures should be taken in rela-

<sup>1</sup> Musculoskeletal disorders are disorders of the muscles, tendons and nerves occurring as a consequence of occupational risk factors (repetitive movements under time pressure, excessive joint movement, vibration, stress, organisational and social factors, etc.) as well as personal risk factors (age, gender, accompanying diseases, etc.).

<sup>2</sup> The term “psychosocial risks” refers to health risks associated with the structure and organisation of work and interpersonal relationships in the workplace.

tion to cross-sectoral issues that are both personal and occupational in origin and/or have implications for both areas (such as alcoholism, relationships between smokers and non-smokers, carcinogenic substances, waking/sleeping rhythms, etc.)” (Muller & Mairiaux 2008, 168).

### 2.3 Legal framework and institutions

The state intervenes in different ways to promote the health of workers and, more generally, of the population as a whole. The legal and institutional framework within which such state interventions take place influences the way in which workplace health is perceived and shaped. In Switzerland, a distinction is usually made between occupational safety, occupational health protection and workplace health promotion. This separation causes a division of tasks between institutions, whose existence is based on different legal foundations.

- Occupational safety refers to the prevention of accidents and occupational diseases. Its basic principles are set out in the Swiss Federal Accident Insurance Act, which governs the obligations of employers and employees. Suva, the cantonal employment inspectorates and the Swiss Federal Coordination Commission for Occupational Safety (FCOS) are responsible for their supervision. The control and preventive measures implemented by the executive bodies are financed by means of a premium supplement on accident insurance, which amounts to approximately CHF 100 million a year (Richoz 2017). There is also other legislation covering occupational safety, such as the Chemicals Act, the Product Safety Act and numerous Federal ordinances.
- Occupational health protection refers to the prevention of occupational disorders that are not covered by the term accident or occupational disease. The obligations incumbent on employers and employees are set out in the Swiss Federal Labour Act. Here, monitoring is the responsibility of the cantonal inspectorates and the State Secretariat for Economic Affairs (SECO), which is in charge of overall supervision. In this case no specific funding is provided for the tasks performed by the executive bodies; they are financed within the scope of the ordinary state budgets, which are gradually being reduced (Richoz 2017).

- Finally, workplace health promotion is based on the Swiss Federal Health Insurance Act (KVG) and – at an institutional level – Health Promotion Switzerland, the Federal Office of Public Health (FOPH) and various extra-parliamentary committees. It forms part of the “Health2020” strategy to improve the prevention and early detection of non-communicable diseases. There are no legal obligations incumbent on employers and employees in this regard. The measures undertaken by Health Promotion Switzerland are financed by means of a premium supplement on health insurance, which is levied on almost all insured persons. In 2018, the corresponding sum amounted to approximately CHF 35 million. This funding base is primarily intended for cantonal action programmes and prevention in healthcare (OFSP 2016). Health Promotion Switzerland invests 8% of its funds in WHM. This CHF 3.2 million (2018 budget) is being used to develop new offers, training, support, awareness and dissemination of WHM. With the exception of pilot projects for the creation of new tools, no direct payments are made to any companies. The aim is to encourage small, medium-sized and large organisations to support their employees’ mental health and advocate systematic health management.

WHM should cover these three areas. However, there is no “superstructure” that corresponds to this integrated approach at the legal or institutional level. It is not always easy to assign a topic to one of these areas in a specific instance. This applies particularly to psychosocial risks. In fact, both workplace health promotion and occupational health protection are based on a biopsychosocial approach to health. It is important to note that any measures proposed by Health Promotion Switzerland are subsidiary to the statutory requirements incumbent on employers under the Labour Act. In other words: although these measures can help companies to protect their employees’ health more effectively, they do not release companies in any way from their legal obligations.

There is no explicit reference to PSR in Swiss legislation. Only a few specific types of behaviour are subject to legal requirements; in particular, sexual harassment, gender discrimination, which is prohibited by the Swiss Federal Act on Gender Equality, and certain forms of conduct which are deemed

to be criminal offences (e.g. violence and threats against public authorities and civil servants). However, there are no laws on workplace bullying or stress, internal or external violence or PSR in general which govern a company's specific obligations. These risks are, however, covered by general provisions on occupational health protection, which require employers to take the measures necessary to protect their employees against occupational risks of any kind. Pursuant to Article 6 ArG, the employer must "take all measures that are deemed necessary according to experience, are applicable in accordance with the state of the art and are commensurate with the conditions prevailing in the company. The employer must also provide for the necessary measures to protect the personal integrity of employees." Likewise, employers must "design operational fixtures and working procedures in such a way as to avoid, as far as possible, risks to employee health and overload." Article 2 of Ordinance 3 on the ArG states that "employers must issue all instructions and take all measures necessary to maintain and improve the protection of mental and physical health. In particular, they must ensure that excessively heavy or one-sided loads are avoided and that work is organised in a suitable manner."

By definition, the general protection provisions cover all occupational risks. The fact that a risk is not explicitly mentioned in the legislation does not limit the scope of this obligation. In this respect, it is the job of the employer to evaluate the risks in their own company, involving specialists if necessary. This evaluation also applies for PSR; the specific measures to be implemented will depend on the outcome of the evaluation and will inevitably differ from one company to another. In addition, the employment inspectorates and the courts have a certain amount of discretion in determining what is binding, and their practices evolve over time. For example, the Federal Supreme Court ruled that pressure placed on employees as a result of a very tough customer acquisition system could have a negative impact on their personalities as it violated Art. 328 of the Swiss Code of Obligations, and the court therefore considered damages to be justified (judgement 4C.24/2005/ech of 17 October 2005). In another case, the Federal Supreme Court stipulated that, in accordance with the general provision on health protection, the respective employer must implement findings result-

ing from research in the field of occupational science. Stressors must be prevented where experience shows that they may have physical or psychological consequences.

These regulations may apply to time requirements, workload, objective-setting, the arrangement of replacement personnel in the event of absences, programmes of support for employees, guidelines, work scheduling, and employees themselves. Due diligence requires that work should be organised in such a way as to protect employees' physical and mental health (judgement A-4147/2016 of 4 August 2017). According to SECO, the prevention of psychosocial risks requires commitment from management, information be provided to executives and employees, management processes, a warning system, a risk assessment, employee involvement, the implementation of measures and a regular review procedure (SECO 2015).

#### 2.4 Current issues relating to health in the workplace

Work plays an important role in the health of the population. According to epidemiological studies compiled by Conne-Perréard et al. (2001), exposure to physical risks (repetitive movements, maintenance of the same posture for long periods, vibration, moving heavy loads) increases the risk of MSD by 50% to 100%. PSR factors increase the risk of MSD by 10% to 60%. The risk of cardiovascular disease increases by 100% with sedentary work, by 40% with shift work, by 20% to 40% with exposure to PSR factors (e.g. high workload, lack of autonomy, low social support) and by 20% with exposure to noise (>90 decibels). Finally, between 4% and 10% of cancer deaths are attributable to occupational exposures (Conne-Perréard et al. 2001).

There are continuous developments in the risks and stressors to which the Swiss workforce is exposed. Over the past 30 years, there has been a steady decline in the number of accidents at work due to prevention efforts, the tertiarisation of the economy and the ageing population. Cases of known occupational diseases are also declining, with the exception of hearing disorders and cancer (Suva 2014). With regard to health in the workplace, however, developments are not so positive. According to the 6<sup>th</sup> European Working Conditions Survey, carried out in 2015,



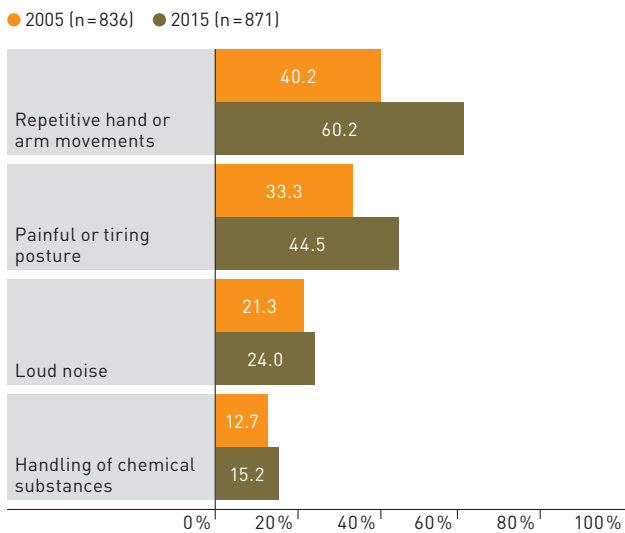
the perceived level of work intensity among Swiss employees is lower than in 2005 (see Fig. 2.2). At the same time, however, there has been an increase in certain physical stressors, monotonous tasks and very short task times, while a drop is observed in protective factors such as independence, the ability to influence one's working environment and the development of skills. While the survey results for Switzerland in 2005 were significantly better than those of the European Union, the Swiss figures are now comparable to those of the EU. These trends reflect both changes in working conditions and developments in the labour market and the working population, highlighting the ageing of the workforce and the increased proportion of women in employment between 2005 and 2015. The number of people work-

ing in industry and construction has declined while the number of employees in the non-public service sector has increased (Krieger et al. 2017). The survey also shows that 24 % of employees feel stressed "always" or "most of the time" and 35 % feel exhausted at the end of the working day "always" or "most of the time". The most commonly reported health problems are back pain (36 % of employees), headache and eye strain (34 %), and muscle pain in the shoulders, neck or upper limbs (32 %). These are non-specific disorders that may be related to PSR factors but also to the employees' physical working environment and living conditions; they demonstrate the importance of improving the working environment by promoting physical, mental and social health among the population.

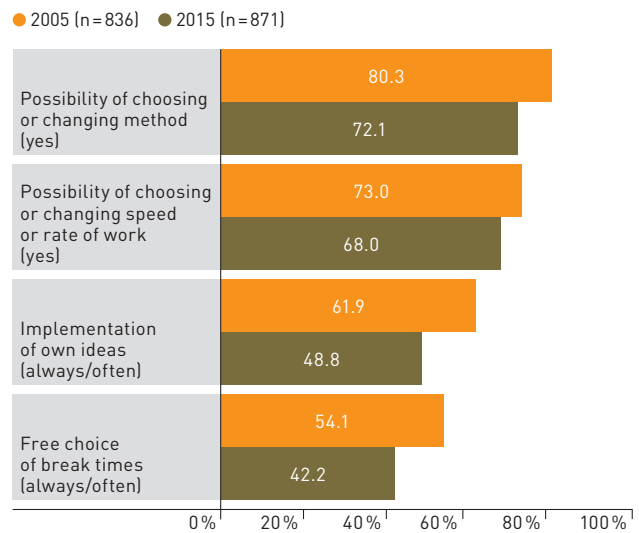
FIGURE 2.2

### Developments in working conditions in Switzerland between 2005 and 2015; representative sample of the Swiss workforce, excluding the self-employed, as a percentage of the working population

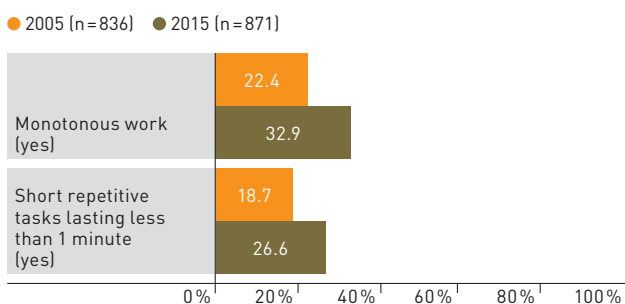
#### Limitations and physical risks ( $\geq 1/4$ of the time)



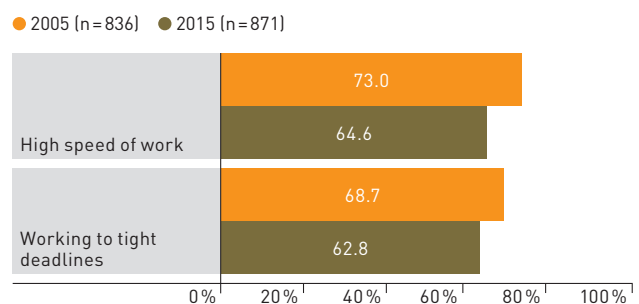
#### Autonomy and skills



#### Work content



#### Work intensity ( $\geq 1/4$ of the time)



## 2.5 Preventive practices within companies

How do companies address the risks to which their employees are exposed? In order to establish this, every five years the European Agency for Safety & Health at Work carries out the European Survey of Enterprises on New and Emerging Risks (ESENER). In 2014, information was gathered from over 50,000 companies with at least five employees from all sectors of the economy, and the individuals responsible

for health and safety in those companies were interviewed. Table 2.1 compares the results for 26 prevention and health promotion measures in Switzerland and Europe (EU-OSHA 2014). Compared to the European Union, Switzerland is lagging behind in several areas. The proportion of companies conducting regular risk assessments is lower in Switzerland, as is the proportion of respondents who consider themselves sufficiently informed about the integration of PSR into the risk assessment process. Specialists, especially psychologists and occupa-

TABLE 2.1

**Measures implemented in companies within Switzerland (n=1,511) and Europe (n=49,320) according to the 2014 ESENER survey (EU-OSHA 2014)**

Proportion of companies that have implemented the measures below	Switzerland	EU-36
<b>Risk assessment</b>		
Regular risk assessment	45%	77%
Sufficient information to be able to include psychosocial risks in the assessment	51%	56%
<b>Involvement of specialists</b>		
Generalist on health and safety	46%	62%
Expert in accident prevention	29%	47%
Ergonomics specialist	24%	32%
Occupational physician	12%	62%
Psychologist	7%	18%
<b>Prevention of psychosocial risks</b>		
Procedure in the event of aggression	51%	55%
Procedure in the event of harassment	45%	47%
Confidential counselling	40%	37%
Reorganisation of work to reduce pressure	33%	38%
Conflict resolution procedure	31%	30%
Action plan to prevent work-related stress	22%	34%
<b>Prevention of musculoskeletal disorders (MSD)</b>		
Material handling equipment	89%	85%
Regular breaks in the event of static working posture	66%	70%
Ergonomic furniture	63%	73%
Rotation of tasks to prevent MSD	47%	57%
<b>Employee training</b>		
Hazardous substances	78%	84%
Moving heavy loads	78%	79%
Emergency plan	67%	81%
Use of equipment	65%	67%
Prevention of PSR	25%	37%
<b>Health promotion</b>		
Raising awareness about nutrition	33%	29%
Raising awareness about addiction prevention	32%	35%
Promotion of sports activities outside working hours	27%	28%
Promotion of physical exercise at work	15%	25%

tional physicians, are much less frequently involved. For several PSR prevention measures, the conditions are comparable. That said, according to the responses given, Swiss companies are less likely to have implemented an action plan against stress or work restructuring measures to alleviate stress in the three years prior to the survey.

In relation to MSD, the responses provided by Swiss companies indicate that they provide ergonomic furniture less often or utilise task rotation to reduce biomechanical strain. Employees are less likely to be trained in MSD prevention and how to respond in an emergency. Finally, a quarter to a third of European companies indicate that they implement measures for personal health promotion (nutrition, addiction prevention, physical exercise). The Swiss figures are comparable, with the exception of physical exercise at work, which is relatively rare.

From the above it may be concluded that there is considerable room for improvement with respect to the implementation of action plans to combat stress, as no such plans exist in almost 80% of companies. This bears out the results of a survey conducted by Health Promotion Switzerland on the implementation of WHM. According to this survey, 36% of participants (individuals responsible for human resources or health protection in Swiss companies) believe that their company should invest more in raising awareness about stress and mental health (Promotion Santé Suisse 2017).

SECO carried out a specific PSR-related study on prevention practices in Swiss companies in connection with an information campaign by the employment inspectorates (SECO 2018; Weissbrodt et al. 2018). Among those employers who took part in the survey, the most frequently cited reasons for the prevention of PSR are good working conditions (72%), reduced absences (65%) and maintained or increased productivity (61%). Other reasons include the company's reputation (57%), the desire to meet employee expectations (53%) or legal obligations (52%) and – last but not least – the fear of sanctions (29%). The study highlights significant potential for improvement within these companies. In fact, according to the latest scientific evidence, the most effective measures to prevent stress in the workplace are the reduction of occupational risk factors (the way work is structured and organised) and

the strengthening of employee resources. However, the companies surveyed rely more on personal and interpersonal measures, which are primarily of a curative nature. The information provided by the survey respondents shows that, for them, PSR are phenomena that are more likely to be attributed to the person than the working environment, and this applies both to the causes and the means to counter them. Relatively recent measures taken by the authorities in this area give reason to hope that there may be a paradigm shift in the years to come.

## 2.6 Perspectives

The above-mentioned survey (SECO 2018) shows that employers often implement PSR prevention measures out of personal conviction or as part of a human resources policy whose aim is to attract and retain qualified employees. Given the magnitude and significance of PSR, however, their prevention should not merely be seen as an optional “plus” offered by progressive employers or companies with a staff shortage. Rather, it should form an integral part of each employer's obligation to protect their employees. Occupational risk management systems with a basis in law are currently the preferred vector for implementing measures relating to physical and psychosocial health in the workplace (Walters et al. 2011). Switzerland has set out this approach in concrete form in the ASA Guidelines, requiring companies to implement a workplace health and safety management system which is commensurate with their size and the nature of the risks to which employees are exposed. While the realisation of these guidelines initially focused on physical risks as defined in the Accident Insurance Act, there was a gradual expansion to include aspects of occupational health as specified in the Labour Act. For SECO and the cantonal inspectorates, the prevention of PSR is an integral part of the provisions that companies must implement in this context. This is a mandatory minimum standard based on the general provisions on health protection (Art. 6 ArG and Art. 2 ArGV) to which companies may add voluntary health management measures, with the aim of developing the individual and collective resources of their employees.

## 2.7 Summary and key issues

WHM is a structured approach that aims to develop health promotion and prevention practices within an organisation. It is based on a “systemic logic” similar to the standards that have been developed in the areas of quality, health and safety in the workplace or corporate social responsibility. WHM should combine the mandatory measures for primary prevention of occupational hazards with optional measures for health promotion and secondary and tertiary prevention. However, there is no “super-structure” that corresponds to this integrated approach at the legal or institutional level. It is not always easy to assign a topic to one of these areas – compulsory or optional – in a specific instance. This applies particularly to psychosocial risks. In fact, both workplace health promotion and occupational health protection are based on the biopsychosocial model. The legal obligations of employees go beyond the physical working environment and also include organisational and psychosocial aspects. There is great potential for improvement in relation to PSR prevention practices: however, employers continue to view these risks more as individual issues. The objective of the measures taken by the authorities and other players in the field of workplace health promotion should be to guide employers away from this notion and encourage companies to assess the way work is structured and organised.

### Links

- Information from SECO about PSR: [www.psyatwork.ch](http://www.psyatwork.ch)
- Website of the European Survey of Enterprises on New and Emerging Risks: <https://osha.europa.eu/en/surveys-and-statistics-osh/esener>
- Website of the European Working Conditions Survey: <https://www.eurofound.europa.eu/surveys/european-working-conditions-surveys>
- Information from Health Promotion Switzerland about WHM: <https://healthpromotion.ch/economy.html>
- Information about stress prevention in the workplace: <http://www.stressnostress.ch>

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# 3 General connections between work and health

## Principles, models and effect mechanisms



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### 3.1 Health development as a process

“Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love” (WHO 1986). Humans are in a state of continual interaction with their environment and the social systems to which they belong. This interaction can either strengthen or weaken an individual’s health. The aim of health promotion is to help shape these environments and systems. The world of work is an environment which is particularly rich in interaction. Here, people encounter situations that can place physical, mental and social demands and stresses on them: handling heavy loads, dangerous equipment and toxic substances; serving, assisting and caring for fellow human beings; producing, cooperating or operating in complex organisational forms and modern office environments.

This chapter starts by describing effectiveness models that can aid us in understanding this health-promoting or health-damaging process, focusing on theories and models drawn from the field of psychology, the science of human experience and behaviour. Such models can be used to assist companies in setting goals and making decision. They also provide a basis for making psychological processes accessible for (objective) measurement. How much energy should and must companies invest in which activities to develop employees’ health? How can we assess the impact of measures and projects related to workplace health management (WHM)?

### 3.2 Theories on the connection between work and health

Some influencing factors weaken health and others strengthen it. The world of work too can have a burdening or enriching nature: some aspects of work can have a negative effect on our health while others may have a positive one. This duality is taken into account in the sections that follow in order to achieve a balanced view of work and its impact on health.

#### 3.2.1 Work that is damaging to or promotes health

Stress in the workplace as a consequence of health-impairing work is one of the greatest challenges of the modern working world. The Job Stress Index from Health Promotion Switzerland shows that one in every four workers suffers from stress at work and feels exhausted. Swiss companies incur costs as a result, with an economic potential estimated at CHF 5.7 billion (Ilgic et al. 2017). There is a long tradition of approaches that focus on the origins of disease (establishing which factors contributed to an environment – such as work – causing illness). However, the question of health preservation (establishing which factors contribute to an environment not causing illness) is a more recent development: in 1979, Aaron Antonovsky coined the term “salutogenesis” and asked “What keeps us healthy?” An occupational psychology model that seeks to explain how work can lead to illness or contribute to health

should include as a minimum both factors that strengthen (resources) and weaken (stressors) (Zapf & Semmer 2004). In addition, it should emphasise the independent influencing factors for “positive” health that are not defined by means of disorders (Jenny et al. 2017; Seligman 2008).

**3.2.2 Stress (at work)**

Stress is vital for human survival: the body is flooded with hormones and glucose, all of the senses are on high alert and the field of vision narrows, readying an individual to fight or flee from hostile tribes and dangerous animals (see Michie 2002). However, people differ in what they perceive as hostile or dangerous. What may be a threat to some is an enjoyable challenge or simply routine for others. Personal resources (e.g. the ability to be optimistic about the future) or organisational resources (e.g. a healthy culture of error tolerance) play a role in whether and how a stressor is perceived, how much of a threat it is perceived to be and how confidently it is dealt with (see Fig. 3.1). There is therefore both an objective and a subjective component to the issue of stress. On the one hand, there are environments or situations which are highly stress-inducing (objective components; e.g. heat, noise, poor air quality). On the other hand, the extent to which potentially harmful environmental factors have an impact depends on the individual and their personal qualities (e.g. their coping strategies). Stress initially makes itself

felt in the form of a short-term physical and mental reaction (one’s pulse races, one sweats and blocks out the environment). The consequences of this short-term reaction may persist as a long-term physical and psychological issue (such as musculo-skeletal complaints, burnout/exhaustion, anxiety, depression, sleep disorders) (see Michie 2002).

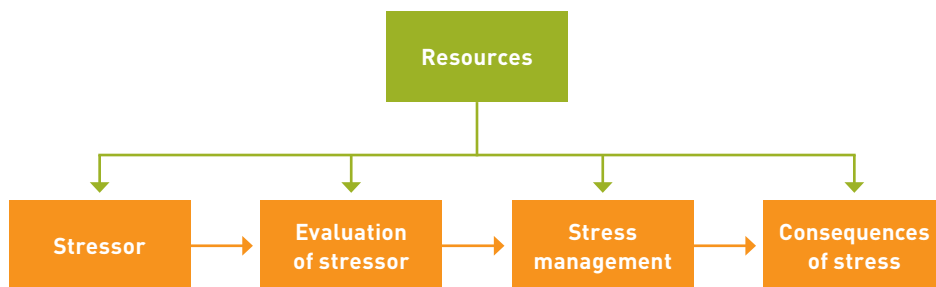
There is a desire for objective, measurable true facts to explain what is perceived subjectively – and not solely in the context of work. For example, threshold values (benchmarks) are defined for situations that cause stress responses in a large proportion of the population (Zapf & Semmer 2004). These are situations that are unpredictable or uncontrollable, uncertain, ambiguous or unfamiliar, or that involve conflicts, loss or performance expectations. Examples include exam pressure, deadlines at work, familial pressures, job insecurity or a long commute to work.

**3.2.3 Positive emotions**

The stress response is a mechanism of the human “avoidance system” which, as described above, serves to protect us if we find ourselves in a dangerous situation. However, we also have an “approach system”, which is responsible for positive emotions (e.g. joy, gratitude, curiosity, relief, pride, pleasure, inspiration, trust, euphoria) that encourages us to explore our environment, try out new ideas and make contact with other people (Schallberger 2006).

FIGURE 3.1

**Stress model**



See Zapf and Semmer (2004)

Barbara Fredrickson has explained this mechanism in her broaden-and-build theory (see Fig. 3.2; for an overview, see Fredrickson 2013). Positive emotions broaden our horizons and enable us to build new resources. In contrast, negative stress emotions narrow our horizons for logical reasons and cause us to retreat to what we are familiar with.

There are numerous research projects which focus on the broaden-and-build theory, and they specifically highlight the importance of positive emotions (Fredrickson 2013): laboratory experiments have shown that evoking positive emotions is the most efficient way to suppress or reverse the lingering after-effects of negative emotions. Experiencing positive emotions such as joy or cheerfulness accelerates the return to a normal cardiovascular state, and this increases resilience. In other words, people who often experience feelings such as happiness, joy or gratitude are better able to handle stress (whether at work or in their private life). Positive

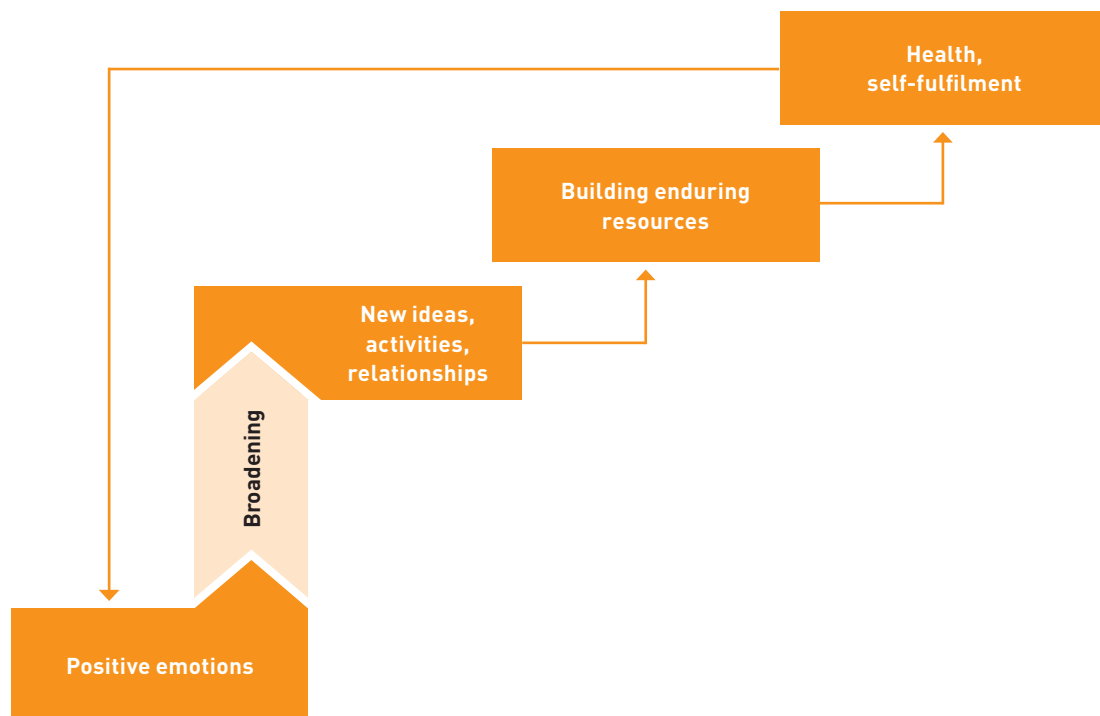
emotions not only act as a buffer against stress but also broaden our thinking and build resources. The feeling of joy, for example, creates the urge to play and explore, thereby promoting creativity. As positive emotions broaden our thinking and build our psychological resources such as resilience, they trigger an upward spiral that leads to increased emotional well-being. In other words: any positive emotion that we experience not only feels good but also increases the likelihood that we will feel good in the future (see Fredrickson 2013).

In the context of work, research has shown that frequent (genuine) positive feedback makes employees proud. Gratitude for and recognition of work performed well benefits both the recipient of this appreciation and the person expressing it.

Thus, during the recruitment process, it may be worthwhile taking particular care to employ “inspiring” managers who are able to trigger positive emotions (see Fredrickson 2016).

FIGURE 3.2

**Broaden-and-build theory**



See Fredrickson (2013)

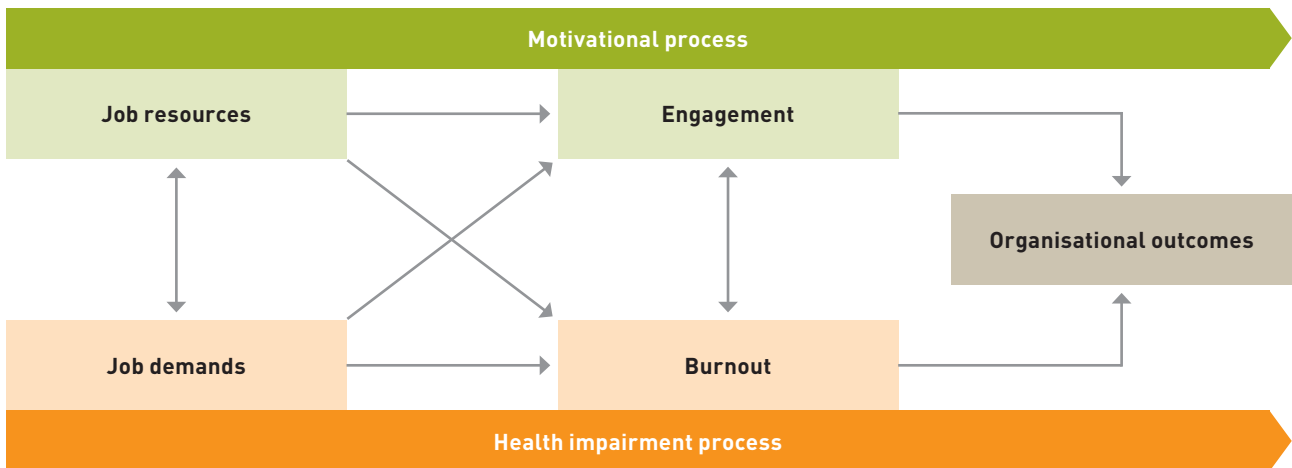
### 3.2.4 Modelling resources and stressors at work

Models that illustrate the impact of working conditions on health focus on both positive and negative factors. When optimum interaction of these factors is achieved, it generates motivation and engagement, while an imbalance can lead to exhaustion and burnout. This interaction can be observed in the job demand-control model<sup>3</sup> (Karasek & Theorell 1990), the effort-reward imbalance model<sup>4</sup> (Siegrist 1996) or the job demands-resources model<sup>5</sup> (Bakker & Demerouti 2007). Evidence has been found to reinforce the validity of all these models. The job demands-resources model (JD-R model) has gained recognition in recent years as a generalisable effectiveness model in social science research on work and health. The JD-R model (see Fig. 3.3) describes two different processes: a *positive, motivational process* and a *negative, health impairment process*. The health impairment process explains the exhausting effects of chronic job demands (e.g. work overload,

overwork, conflict with colleagues) on burnout. The motivational process illustrates how job resources (e.g. social support, autonomy, personal development) have the potential to stimulate and generate engagement in the employee. Engagement is characterised as a combination of positive activation and identification that includes three components: *vigour* (“I experience high levels of energy while working”), *dedication* (“I am enthusiastic about my work”) and *absorption* (“I am fully engrossed in my work”). These effect pathways are mutually beneficial. As the broaden-and-build theory shows, positive emotions (e.g. high levels of engagement) can help to strengthen and build resources, which in turn promotes engagement (*gain spiral*). Meanwhile, exhaustion leads to a depletion of resources and increased vulnerability to stress (*loss spiral*). This may be further aggravated by a lack of recovery (Meijman & Mulder 1998) or the inability to switch off from work (Sonnentag & Fritz 2015).

FIGURE 3.3

Job demands-resources model (JD-R model)



See Bakker and Demerouti (2007)

<sup>3</sup> The balance between demands and control is key.

<sup>4</sup> The balance between effort and reward is key.

<sup>5</sup> The balance between job resources and job demands is key.

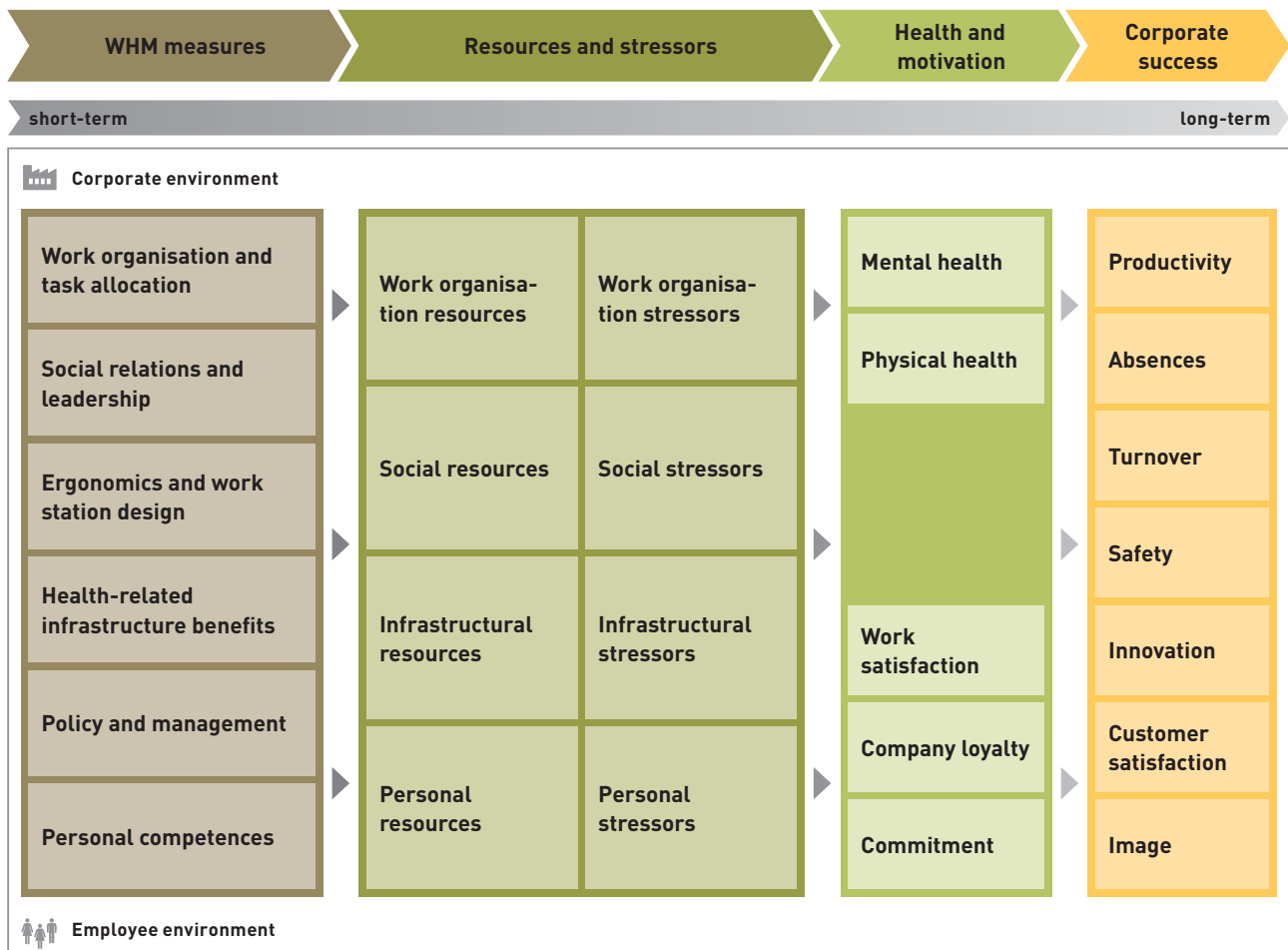
### 3.2.5 WHM effectiveness model from Health Promotion Switzerland

In the WHM effectiveness model from Health Promotion Switzerland (Krause et al. 2016), resources and stressors and their effects on the health and motivation of employees are also pivotal (see Fig. 3.4). This model specifically shows which WHM measures companies can use to strengthen the health of their employees and which aspects of the company's success can be positively influenced thereby. The effectiveness model is based on a chain of effects which illustrates the path initiated by WHM measures until they finally have an impact on aspects such as reducing absences or increasing efficiency. The logic of the chain of effects is as follows:

WHM measures aim to reduce or eliminate job demands and build or strengthen job resources. This in turn has a positive effect on health and motivation in the medium term, and a long-term contribution to the success of the company is achieved. Companies can use the WHM effectiveness model to classify the WHM measures carried out in their organisation, to estimate the impact of those measures on stressors and resources, and to illustrate their positive impact on health and motivation and, finally, their contribution to corporate success. This aids companies in selecting the appropriate measures and investing scarce resources sensibly. Companies using this model can also assess a specific problem that may be jeopardising their success (e.g.

FIGURE 3.4

WHM effectiveness model from Health Promotion Switzerland



absenteeism) and that they wish to address. In this case, consideration is given to the immediate causes of these absences (e.g. back problems). Then the company can establish the specific stressors that are leading to back problems (e.g. workloads involving long periods of sitting or lack of lifting and carrying equipment), whether they can be reduced or eliminated and what resources could help to avoid back pain (e.g. structuring work differently or infrastructure changes). In a final step, measures can be formulated and implemented with the aim of reducing stressors and simultaneously building resources (e.g. campaign to raise awareness for stand-up meetings, or the purchase of lifting and carrying equipment). The model is also of assistance when planning new WHM projects, for example as an aid to argumentation when it comes to demonstrating to managers that WHM measures can be worthwhile for the organisation by referencing actual chains of effects for projects. The WHM effectiveness model thus represents a balanced roadmap that can benefit companies in all sectors. The model features broad-based areas of activity which are equally well suited to HR, leadership and organisational development, for example, making WHM an accessible concept that can be systematically integrated into existing structures.

### **3.2.6 Interaction between the organisation and the individual**

The JD-R model and the WHM effectiveness model are both based on interaction between the organisation and the individual. Both models indicate that consideration must be given to organisational and personal factors. According to the Ottawa Charter (WHO 1986) mentioned at the beginning of this chapter, health development should be understood as the interaction between human (person) and system (organisation): ways of acting, thinking and feeling within an organisation can cause satisfaction and/or stress to the individual. The interplay between organisation and person can lead to either stimulating/motivating or damaging social phenomena (Jenny & Bauer 2013).

#### **Organisational factors: structure, strategy and culture**

Three factors can be identified in every company which may either promote or impair health: its structure, strategy and culture. Larger companies in particular are subdivided into organisational and

functional units and have clearly defined processes (i.e. “who does what with whom, when and where”; structure). In the context of work and health, the structural opportunities for participation, self-determination and social exchange as well as clear responsibilities are particularly relevant (Bond et al. 2006). Corporate strategy should include, among other things, a commitment to transparency, a responsible attitude to the environment and society (corporate social responsibility), health-promoting and motivating leadership principles (see Chapter 5.3) and a form of health management that suits the organisation in question (Gentile & Meier Magistretti 2015). Culture is described as the conviction of a group (“that’s how we do things around here”; see Schein 2010), and this also includes the fundamental conviction that employees are a success factor for the company, not just a cost factor. That is why a company with a healthy culture will involve its employees in decisions and foster their skills. Such organisational factors are often monitored on the basis of quality criteria, such as those set out in the Friendly Work Space evaluation (see below).

#### **Personal factors: personality and behaviour**

Three aspects of an individual’s personality in particular act to cushion the negative effect of job demands and have a directly positive effect on well-being: (1) self-efficacy expectations – the conviction that one’s own behaviour will bring about the (desired) consequence, (2) organisational-based self-esteem – the degree to which one believes that one can satisfy one’s own needs through work, and (3) optimism – the tendency to believe that life is generally going well (Xanthopoulou et al. 2007).

Studies have shown that these three personal resources are not only favourably associated with stress resistance but also have direct positive effects on physical and emotional well-being. “Sense of coherence” (Antonovsky 1979) should also be mentioned in this context: feelings of comprehensibility, manageability and meaningfulness are highly relevant to health and can be applied to the work context (Jenny et al. 2017). Currently, the conscious use of strengths of character is being investigated within the framework of “positive psychology”. For example, a sense of humour can help to alleviate tension in the event of conflicts in the workplace (see Bakker & van Woerkom 2018). The effects of coping strategies have been extensively researched,



but while coping involves a set of reactive behaviours, in recent decades researchers have increasingly referred to crafting as an active behaviour that individuals use to proactively shape their environment to suit their needs (Tims & Bakker 2010; Wrzesniewski & Dutton 2001). For example, job crafting has proven to be extremely beneficial to health as individuals spontaneously design their workplaces to be rich in resources and challenges. Job crafters actively seek out social support when they need it. In addition, employees who are motivated by their work are more frequent job crafters, which leads to a higher level of work-related and personal resources and, in turn, to a higher level of motivation (Bakker & Demerouti 2016). Of course, there are also personal behaviours at work that have a negative impact on health, including self-harming behaviours such as extending working hours, presenteeism, or taking substances and addictive drugs to recover or increase performance (Krause et al. 2015).

### 3.2.7 Current trends relating to resources and stressors

The JD-R model and the WHM effectiveness model are both very well suited as a basis for surveys on work and health. The way in which the interaction between different factors is presented makes it possible to tell a memorable “story” about work and health. Such stories are important; people need stories to function as a group. In addition, both models highlight the key importance of resources and stressors. The extent of such resources and stressors can be calculated, such as in the Job Stress Index from Health Promotion Switzerland (Ilgic et al. 2017), for example. Annual surveys carried out in relation to the Job Stress Index show that about a quarter of the Swiss working population has an adverse balance of job resources and job demands (Galliker et al. 2018). This corresponds to the self-assessment on stress perception that forms part of the European Working Conditions Survey (Krieger et al. 2017). Consolidating job resources and job demands into an index provides WHM managers at a company with a reference figure that can be linked to indicators relevant to business management (e.g. absences or customer satisfaction).

A glance at the years 2005 to 2015 shows that job demands and job resources remained relatively stable (Eurofound 2017), although it is possible to identify a

decrease in autonomy and an increase in monotony, repetitive hand/arm movements and tiring postures in Switzerland (Krieger et al. 2017). Unsurprisingly, work with IT equipment has expanded massively in the last decade. This leads us to a topic that will dominate the world of work and business in the coming years: the digitalisation of work and all its associated positive and negative consequences. According to forecasts, intelligent assistance and robotic systems, the globally networked platform economy and new forms of performance control and monitoring will have a significant impact on the general public (see Chapters 4, 5.1 and 5.2). At present the focus is on dealing with spatial and temporal work flexibility (keywords: desk sharing, coworking spaces, home office, work-life balance, etc.). It is becoming apparent that the relationship between the organisation and the person is becoming increasingly individualised, meaning that responsibility for its operation is increasingly attributed to individual employees.

## 3.3 Multicausal effect and areas of activity

The WHM effectiveness model from Health Promotion Switzerland as described above provides a good basis for formulating verifiable chains of effects that are also easy to communicate to stakeholders (employees, Executive Board, etc.): if a positive change is made in the ratio of job resources to job demands, there is an increased likelihood that employees will be more committed, more motivated and less exhausted. Everyone can learn from experience that this is both positively associated with performance and negatively associated with absences – the studies set out in Table 3.1 provide verifiable facts.

### 3.3.1 Multicausal effect

The question of the strength of the connection between work and health is often raised with regard to such effectiveness models. Approximately 10% to 15% of an individual’s general state of health can be attributed to their work (Zapf & Semmer 2004; see also Krause et al. 2016). As Zapf and Semmer (2004) explain, this is not surprising: many factors influence health, such as genetic predisposition, prenatal and early childhood development, physical constitution, personality factors (as described above), family relationships, individual health and leisure behaviour or personal living environment (housing,

infrastructure, nature, etc.). For this reason it makes sense, to a certain extent, to assign a prominent position in effectiveness models to aspects such as engagement and energy at work since these are more closely related to the work situation and the company’s success than the general state of health. For example, studies show that job resources and job demands are key to engagement: in particular, individual job resources such as development of skills, varied activities and congruence between work and personal values are especially relevant to engagement (Crawford et al. 2010). By means of engagement and exhaustion, resources and stressors also have an impact on performance and absences within an organisation (see Table 3.1).

**3.3.2 Areas of activity**

The WHM effectiveness model highlights areas of activity and measures that can be divided into four resource-/stressor-related areas. As illustrated by the “WHM house” in Figure 2.1 in Chapter 2, different functional areas are often responsible for these areas of activity, especially in larger companies (and this also reflects the evolution of WHM).

Functional areas generally also require different training and service approaches – thus case management or traditional health promotion are often assigned to HR, while occupational safety frequently forms its own staff unit and/or is affiliated with another department such as Facility Management.

In addition to the “WHM house”, the WHM pyramid in Figure 3.5 groups WHM measures according to the breadth of the target group. Case management and

absence management are targeted at the part of the workforce that does not work or has not worked for a (long) time (2–3%). Occupational safety, occupational medicine, ergonomics and health protection often target specific sectors (such as the manufacturing industry) and specific stressors, whereby topics such as posture and protection against unfair extension of working hours naturally apply to all workers. Traditional workplace health promotion (WHP) is also aimed at the majority of the workforce, but has less scope due to its optional nature and individual attitudes toward health behaviour: for example, in surveys 10–17% of the workforce stated that they were taking prevention courses; however, this percentage rose significantly to over 50% if these courses were offered by the company they worked for (see Bauer & Jenny 2016). However, the aim of HR and organisational development, and thus also WHM as a whole, is to reach the entire workforce.

Individuals assigned to the effectiveness review process may experience conflict between these areas because each functional area must legitimise its existence and use of resources. Furthermore, it is extremely difficult to achieve a consistent picture of the effects of different methods (campaigns, training courses, coaching, medical examinations, technical adaptations, etc.) – or even to prove their effectiveness in the first place – and to prevent a contest regarding who is more important to the company and how.

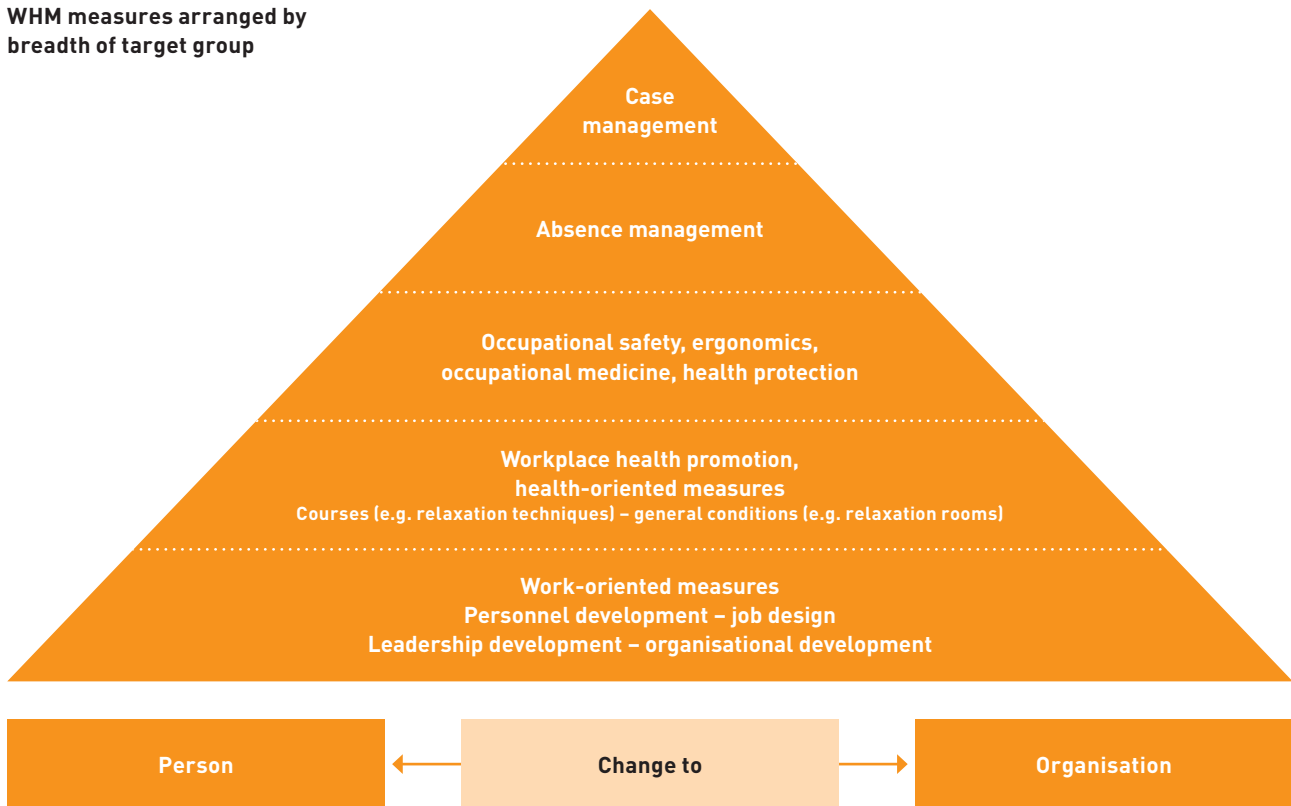
This is, however, a reality of management itself: WHM steering and controlling become a power-play,

TABLE 3.1

**Impact of engagement and exhaustion on performance and absenteeism within an organisation**

	Engagement	Exhaustion
<b>Performance</b>	30 % of work performance is explained by work engagement (20 %) and the individual’s attitude (10 %) toward their work (satisfaction, commitment) (Christian et al. 2011).	Fatigue and lack of energy are related to lower work performance; the proportion is approximately 10 % (Ford et al. 2011).
<b>Absences</b>	In an individual study, work engagement was observed to have an influence on the frequency of absences (about 3 % of explained proportion), while exhaustion had an influence on the duration of absences (about 7 % of explained proportion) (Schaufeli et al. 2009).	Feelings of overstrain and psychosomatic complaints are related to absences, although the range is unclear: between 6 % and 29 % can be explained by these factors (Darr & Johns 2008).

FIGURE 3.5

**WHM measures arranged by breadth of target group**

Bauer &amp; Jenny (2015)

where coalitions must be formed, priorities set and complex dynamics reduced to a few reference figures. Assuming that different business units are well interconnected and work well together, systematic WHM can contribute to the company's success.

**Information:** More about the implementation of WHM areas of activity can be found in Chapter 4, while Chapter 6 contains further details about Swiss-wide implementation.

### 3.4 Effect of WHM

As described above, a wide range of areas of activity and functions can be grouped together under the WHM label. The following sections focus on studies in the fields of occupational and health psychology

that examine the effect of participatory optimisation approaches (relational level) as well as individual WHP training (behavioural level).

#### 3.4.1 Approaches at the relational level

The latest comprehensive overview of studies on interventions at a whole-company level dates from 2014 (Montano et al. 2014). Based on 39 studies featuring high-quality methodology from the years 1980 to 2012, the authors show that half of the interventions had an effect. There is nothing new about the insight that effects can be very different and the interventions may often not be implemented as planned. In short: interventions work best when they "fit" the company in question. In real terms this means that there must be motivation for participation and support from supervisors, communication and participation must be aligned, and the wider operational context must be (reasonably) stable (see also Jenny et al. 2011).

What is fascinating about the overview by Montano et al. (2014) is that they divided up the interventions studied by whether they were targeted at physical factors, working time/intensity and/or work organisation (e.g. technical aids for reducing heavy loads, changing shift patterns, communication training, revised safety guidelines, etc.). The findings showed that it is beneficial if the focus of the changes is not too narrow and the topics are addressed in a broad manner. This overview, combined with everyday experience, indicates that organisational changes have the greatest reach, or in other words: interventions that take place at the relational level have the greatest potential for change (compared to measures at a lower level, such as individual behavioural change). One challenge remains within WHM, however: the implementation of (targeted) organisational changes can be influenced by many factors and so it is more difficult to provide real proof of effectiveness (see Krause et al. 2016, 37), but the plausibility of the effects can be established using chains of effects.

### 3.4.2 Approaches at the behavioural level

Traditional (individual) WHP measures are easier to evaluate in studies and their effectiveness on the group of persons involved has been proven. While one can only speculate about the effects on the company as a whole, diffusion of positive results at the individual and team levels seems plausible.

The well-known IGA study (Bräunig et al. 2015) concludes that WHP measures have positive effects on the health of employees and reduce sickness-related absences and healthcare costs. Likewise, effects are observed under different approaches to increasing work engagement: leadership courses, health-promoting courses, optimisation of job resources and strengthening of personal resources (e.g. courses on resilience or stress management) have been shown to have positive effects in a comprehensive study (Knight et al. 2017). It seems to be of benefit if these interventions are group-based. The effectiveness of the relaxation and mindfulness exercises that are currently so popular has also been proven (Hülshager et al. 2014).

In general, over recent years it has been shown that interventions based on theories of “positive psychology” are also effective in the context of work. In addition to mindfulness, such interventions target aspects such as gratitude, strength of character, op-

timism and positive feelings (e.g. Meyers et al. 2013; Neumeier et al. 2017). Furthermore, these measures are increasingly being carried out in digital format (see also Chapters 4 and 5.1). Here, initial summary studies show that these approaches are effective when they are focused (clear objectives and action planning), do not last for too long (up to two months) and are combined with personal support (Heber et al. 2017). In general, this also applies to non-digital interventions and differentiates them from the relational measures that should be more broadly structured and planned as longer-term interventions.

#### WHM success criteria

Well-implemented WHM measures are effective, as the summary studies show. They not only help to reduce health problems, but also promote engagement and well-being. This means that WHM measures can have a wide-spread impact on absenteeism and productivity in the workplace. As illustrated in the SWiNG study, optimising job resources and demands can potentially reduce absences by 2.5 days and increase work performance by 10 percentage points (Jenny et al. 2011; see also Chapter 3.3.1). The following relational measures are a prerequisite for successful implementation:

- The measures have top-down support.
- Communication is transparent and sufficient, both within and outside the project.
- Those affected are involved.
- All those involved in the change process are motivated.
- The intervention has a broad focus (not limited to a few topics).
- The operational context is at least reasonably stable.

If the measures aim at changing individual behaviour, it is important that they have a narrower focus, shorter time periods and personal support. The arguments for or against WHM are therefore not related to the individual WHM measures, rather to the organisational and personal environment where WHM must be introduced, implemented and rooted (see Chapter 4).

### 3.5 Reference figures, measurement methods and systems

Ten percent of Swiss companies conduct a systematic review of WHM effectiveness, and 24 % do so repeatedly (Füllemann et al. 2017; see also Chapter 6). This last section addresses the question of which reference figures, measurement methods and systems can be used to check the effectiveness of WHM measures in everyday operations. The Guidelines issued by Health Promotion Switzerland (Krause et al. 2016) describe how to establish and illustrate chains of effects along the WHM effectiveness model (see also the detailed version of the WHM effectiveness model in the annex to the Guidelines). Along the chain of effects, indicators can be defined which are reviewed on the basis of reference figures and survey data from the company or “only” in a discussion.

#### 3.5.1 Absenteeism: one figure, many questions

Every year since 2001, a report has been issued on absenteeism which, in addition to key topics such as leadership and health (2011), highlights levels of sickness-related absence in German industry. Collecting data on periods of leave or absences and their management is standard in business, and according to WHM monitoring it is performed systematically or repeatedly by 80% of organisations (Füllemann et al. 2017). However, one often gets the impression that these figures are not really satisfactory to anyone: the data is not easily or uniformly comprehensible, nor is it so straightforward to interpret that clear recommendations can be derived from them. Too many motivational, cultural or environmental factors are involved in absenteeism. Of course, there are intra- and intercompany comparisons that make clear the extent to which (very) bad working conditions are reflected in absences, and suggest an urgent need for action. In addition, the Job Stress Index indicates that absenteeism increases significantly when the ratio of job demands to job resources reaches a critical level (Igic et al. 2017; see also Jenny et al. 2011). Absenteeism as a factor is only partly suited to fine-tuning and monitoring under WHM, as there may be many causes for absence. In addition, monetisation of an absence is not as simple as just offsetting it against salary costs: in many cases, brief absences are likely to have a less damaging impact on the company than a

broad and ongoing lack of workforce engagement (see Table 3.1 and Chapter 3.5.3). Last but not least, individual studies show that engaged employees are more creative (Bakker & Xanthopoulou 2013), which is consistent with the broaden-and-build theory and is of great importance for the innovative power of companies. Therefore, other reference figures such as the degree of engagement (e.g. engagement index or Q12 factor) or the ratio of stressors to resources (e.g. Job Stress Index) are recommended, at least as a supplement, and have already been introduced in many organisations.

#### 3.5.2 Staff surveys as an analysis and motivational tool

More than half of Swiss companies conduct regular employee surveys (Füllemann et al. 2017). These provide the Executive Board with the views of employees on the strategy and direction of the company, benefits provided by the employer, job satisfaction and loyalty. Depending on the specific focus of a survey, it also provides detailed information on job resources and demands, for example with the Friendly Work Space Job Stress Analysis from Health Promotion Switzerland. It is important to state and make companies aware that surveys are much more than a snapshot or an opportunity to take stock – even if a reliable and representative one. The questions asked initiate a process for the survey participants. There may be informal discussions held on the issues, and sometimes individual employees may try to adjust or change something. Thus, a survey is also always a (minor) intervention (Inauen et al. 2012), so it is very important that those who carry out employee surveys keep in touch with the participants, following up on the survey with systematic feedback of the results, including an opportunity for joint reflection. In the best cases, this feedback also results in the joint development of measures (e.g. in the context of a workshop; “From Results to Action”).

As an additional supplement to large employee surveys, it is also possible to send out quick short surveys via e-mail or push messages, which are becoming more and more widespread with the digitalisation of work and health monitoring and which can also be supplemented with sensor data (e.g. from a step counter). Such data offer added value in that it is not just a snapshot of a moment in time which is provided. For example, it is possible to identify prolonged

periods of stress, which can be particularly damaging to health, or periods when work engagement was particularly high. The risks, opportunities and side effects of such approaches are discussed in Chapters 4 and 5.1.

### 3.5.3 Balanced indicator systems and reference figures

The roof of the “WHM house” from Health Promotion Switzerland is devoted to management or the Friendly Work Space (FWS) management system, which is based on the logic of the EFQM<sup>6</sup> model and reflects the six WHP criteria of the ENWHP<sup>7</sup>. Such systems are particularly relevant to medium-sized and larger companies, which are highly differentiated and where data, responsibilities and competencies constitute a kind of common internal currency. This makes it possible to compare WHM activities with other operating activities and estimate their “exchange value” (in terms of investment and impact). Systems such as FWS examine the structural, strategic and cultural prerequisites for WHM as well as the systematic implementation of WHM, including a target group approach and effectiveness review. Particularly in very large companies where there are many WHM specialists and activities, this can create a good system of order and an overview, provided that not too many unconnected reference figures and dimensions are used. In this context it is important to focus on central reference figures that are especially important for the respective company (e.g. specific job demands and resources or a mix of early and lagging indicators).

However, even when using a few control figures which are properly chosen and anchored in a model, there is the risk that what one actually wants to portray – the individual and the way they think, act and feel at work – may disappear behind the data. This can lead to an attack on the data, attempts to manipulate it or, in the worst case, people closing their eyes to the reality of the situation in the company. For this reason, no figure should be reported in isolation, but should always be combined with the widest possible exchange between interviewers and survey participants (e.g. in the context of a focus group).

Often there is also a wish to bring together the many figures that a business generates. This desire for clarity and control is understandable, but is also not without pitfalls that can be observed when dealing with complex systems. These include, for example, the sequential processing of grievances, thought processes which are too linear and not connected, or a fixation on individual topics and easily accessible indicators that already exist (see Vester 2002). However, consolidation of systematically recorded indicators that represent the most important “cornerstones” of an operation can be worthwhile, both strategically and communicatively. For example, in the Organizational Health Index, McKinsey summarises nine key areas of good governance, and in the Q12 Index, Gallup sums up twelve core elements of an engaging work situation (such as clear expectations, praise and recognition, opportunities for development; Harter et al. 2016). Thanks to the large databases of these consulting firms, they can show how business units with higher scores in these indices are more economically successful than those with lower scores. In the Gallup study, business units in the upper quartile were compared with units in the lower quartile (i.e. the best 25% versus the worst 25% in terms of the Q12 factor). On a scale of 0% to 100%, those in the upper quartile showed better customer satisfaction and customer loyalty (+10 percentage points) as well as higher profitability (+21 percentage points), higher sales (+20 percentage points) and lower absences (–41 percentage points; Harter et al. 2016).

<sup>6</sup> European Foundation for Quality Management, [www.efqm.org](http://www.efqm.org)

<sup>7</sup> European Network for Workplace Health Promotion, [www.enwhp.org](http://www.enwhp.org)



**Summary – a WHM “story”**

Work has two faces. Psychological research clearly shows that work can be simultaneously engaging and exhausting for an individual, and each has consequences for the manner in which an organisation functions. While engaged employees are creative and productive, severely exhausted employees are absent more frequently and are not capable of performing to their full potential. Overview studies show that up to 30% of absences and work-force performance can be explained by a work situation (defined by a certain level of psychosocial job resources and demands) that is “good” for people. Data relating to job resources and job demands can be gathered by means of employee surveys and presented in numerical form using indicator systems. However, it should not be forgotten that behind the averages are individual people for whom a severe imbalance in resources and stressors also represents a greatly increased risk to their health. The objective of WHM should be to reduce stressors as much as possible while building up resources. In addition, data should not blind us to the reality of life in the workplace, but should rather serve as a basis for dialogue between employees and managers. People are social creatures who interact and communicate with each other – they observe, talk, feel and act in groups. Data is the currency of management systems, but people need stories to function as a group. In the models presented here, WHM has a good “story” in order to set out an action-guiding pathway for work and health, and the facts and figures to back it up.

**Links**

- Broaden-and-build theory:  
<https://www.dgpp-online.de/home/fuehrende-forscher/barbara-fredrickson/>
- IGA Reports:  
<https://www.iga-info.de/veroeffentlichungen/igareporte/>
- Friendly Work Space and Job Stress Analysis:  
<https://healthpromotion.ch/economy/instruments-and-services.html>
- SWiNG Study:  
<https://gesundheitsfoerderung.ch/betriebliches-gesundheitsmanagement/studien-wirkung-bgm/studie-swing.html>
- European Working Conditions Survey:  
[https://www.seco.admin.ch/seco/en/home/Publikationen\\_Dienstleistungen/Publikationen\\_und\\_Formulare/Arbeit/Arbeitsbedingungen/Studien\\_und\\_Berichte/6\\_europaeische\\_erhebung\\_arbeitsbedingungen\\_2015.html](https://www.seco.admin.ch/seco/en/home/Publikationen_Dienstleistungen/Publikationen_und_Formulare/Arbeit/Arbeitsbedingungen/Studien_und_Berichte/6_europaeische_erhebung_arbeitsbedingungen_2015.html)
- WHM Effectiveness Review:  
<https://healthpromotion.ch/economy/studien-wirkung-bgm/whm-effectiveness-review.html>

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# 4 Implementing Workplace Health Management



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## 4.1 Introduction

Offers and measures that directly or indirectly benefit employees' health are widespread in companies. If we look more closely, health-promoting elements may be found in almost every company – in leadership and work organisation as well as at the level of health-promoting measures and offers, although the latter are mainly aimed at the achievement of behavioural changes (Gesundheitsförderung Schweiz 2017). For example, we frequently encounter appealing break rooms, free fruit, exercise sessions, lunch-time events, team outings and company events or various discounts. The latter are often communicated as fringe benefits provided on a voluntary basis, and the choice on offer is less oriented to identified needs than to their communicative impact. As great as the effect is for those who take advantage of these measures and offers, participation is often limited to employees who are already health-conscious. It is a challenge to keep finding new and attractive offers, and it is partly as a result of this that workplace health promotion has to some extent acquired the reputation of being costly health actionism which can only be afforded during the good times.

Fortunately, one key component of health promotion occurs much less consciously and often quite naturally in the context of daily work or by means of role models. If the basic human needs for autonomy, competence, and relatedness (Deci & Ryan 2000) serve as a guiding principle for structuring work and leadership, then this already does a great deal to boost motivation and thus mental and physical health. It can be achieved, for example, by assigning challenging tasks to employees, when discussing

current challenges at regular meetings, when constructive feedback is on the agenda or when participation is actively practised. It is more about the type of leadership and how people work together than about providing expensive measures and offers. Many companies are therefore unaware of the things they already achieve in terms of health promotion. These come to light during the process of developing a holistic WHM system when the organisation is viewed through the WHM lens as part of an initial status report and pre-existing measures are clearly rooted in a WHM system (see Chapter 4.5). It is then not such a long journey to reach the destination of systematic WHM. Ideally, the next step is to make health promotion a strategic management task and assign it a permanent place in the organisation in the form of WHM. The aim is to create a health-promoting culture that incorporates the perspective of health into daily work as well as important decisions.

The Swiss quality criteria for WHM (Health Promotion Switzerland/WHM Criteria working party 2017), which are based on the quality criteria for workplace health promotion issued by the European Network for Workplace Health Promotion ENWHP (BKK Dachverband 2003), provide important information on what to consider when developing WHM and how to achieve a specific methodology. This chapter, which describes the systematic, demand-oriented implementation of WHM, is based on these guidelines and mentions them where appropriate. Chapter 4.2 outlines the framework conditions for a successful WHM system. From Chapter 4.3 onwards, information is provided in relation to ideal implementation and aspects to which attention may be paid.

## 4.2 WHM as an overall system – developing successful and sustainable WHM

In order to firmly root health perspectives in the organisation and to be able to practise WHM successfully and sustainably, a superstructure is required to indicate who is to play which role in the WHM process (Chapter 4.2.1). In addition, it is helpful to consider what issues should be included under the WHM umbrella (Chapter 4.2.2). A promising course is to tackle issues at various different levels in the company, thus influencing the organisation as well as leadership and health behaviour (Chapter 4.2.3). When developing and practising WHM, wherever possible it should be linked to existing structures, processes and offers. This reduces costs and ensures that changes will be sustainably integrated into the company and enjoy wider support.

### 4.2.1 WHM organisational structure – creating effective committees and cross-divisional collaboration

It is important to define who will be in charge of WHM right from the outset, clarifying responsibilities, tasks and competences. Experience has shown that promising WHM structures feature a steering committee and a WHM office (see Health Promotion Switzerland/WHM criteria working party 2017, Criterion 3a). The actual composition of a WHM organisational structure may differ considerably from company to company. While in a small business, under certain circumstances, a member of the Executive Board or the company owner may be responsible for steering and implementing WHM, a large company will have, for example, a larger WHM steering group and a WHM specialist group consisting of numerous members from various functions and business areas. Irrespective of how many people are assigned responsibility for WHM, it is possible to define the following tasks, which are usually carried out by a steering committee and a WHM office.

The WHM steering committee represents the link to the Executive Board, regularly obtaining their commitment to WHM and ensuring that WHM has sufficient resources to enable it to be practised successfully. The steering committee makes decisions about the prioritisation and implementation of major projects, reviews WHM targets and regularly assesses its progress and success.

By contrast, operational implementation is entrusted to the WHM office which consists of one or more individuals, depending on the size of the company. The WHM office plans and coordinates implementation in cooperation with other key individuals and ensures a continual flow of communication. It evaluates the status and effectiveness of WHM. The WHM office is headed by a person responsible for WHM, who often works in Human Resources (HR) and in whose job profile WHM is specified as a binding element. Frequently, the person responsible for WHM also performs other functions within the company, such as case management (CM), health and safety at work (H&S), personnel development or other HR-related tasks.

If there are several people in the WHM office (WHM specialist group), then key individuals from different areas, different locations and different functions will cooperate. This takes account of the fact that WHM is an interdisciplinary issue that concerns different areas and all functions. Thus it should be ensured that the specialist group includes areas that are thematically related (e.g. CM, H&S, personnel development, employee representation, quality management) and that it properly reflects the organisation (e.g. the different functions, professional groups and locations). Overall, all relevant bodies that can make a contribution to the success of WHM should have a place in the WHM organisational structure (see Chapter 4.2.2) to enable WHM to achieve the necessary penetration and so that it is not just perceived as an HR task. Some bodies are directly involved as members of the WHM office/specialist group, while others can be brought in to contribute their expertise when required by a specific topic. Close collaboration with any communications office is strongly recommended to ensure that the workforce is kept continuously provided with information appropriate to their level about WHM-related goals, measures, offers and successes.

As a result, many different bodies have a direct or indirect influence on the creation of good working conditions and quality of life in the workplace. Good cooperation between health-related functions is important in order to exploit synergies, coordinate topics and projects, and pursue common interests with pooled resources.

The need for cooperation between different specialist areas is particularly important, such as when



carrying out risk assessments for the prevention of psychosocial risks due to overstrain, for example. Overtaxing and stress can lead to increased accidents (Halbesleben 2010) as a result of inattention as well as short- and long-term absences due to exhaustion (Andersen et al. 2016). Stress prevention is thus in the interests of H&S as well as WHP. Prevention aims to avoid working conditions that put employees' health at risk and to ensure that excessive demands as a result of stressors do not occur in the first place. Health promotion measures go beyond mere prevention and are also characterised by focused resources. They aim to enable employees to recognise, develop and promote their own health potential and to make work and company culture beneficial to their health (behavioural and relational orientation). It is therefore advisable for WHP and H&S to tackle issues in close cooperation. This collaboration between HR/WHP and H&S gains even greater importance when considering the practical focus on "psychosocial risks in the workplace" since the cantonal labour inspectors also examine issues such as work tasks and processes, work organi-

sation, social relationships and working environment ([www.psyatwork.ch](http://www.psyatwork.ch)) when carrying out their audits.

If a company engages external specialists to assist them, these individuals usually work closely with the person responsible for WHM, which makes sense, especially in the context of developing WHM. External consultants should be engaged for their expertise to assist in developing competences within the company.

### Key questions

- Are all responsibilities, tasks and competences for WHM clearly defined?
- Are sufficient personnel and financial resources available to fulfil WHM-related functions and tasks?
- Is the WHM organisational structure optimally positioned and able to act, so that decisions can be made quickly?
- Which positions/functions are relevant to WHM and should be kept regularly informed in order to exploit synergies and avoid duplication?

## BOX 1

### Examples of WHM organisational structure in practice

#### Machinery and plant construction

75 employees at two locations  
(Production/Sales)

- A member of the Executive Board (CFO), who is in charge of Finance and HR, is both responsible for WHM and acts as the steering committee. He spends approximately 5% of his working time on WHM.
- He has an assistant who helps him with implementation.

#### Regional hospital

350 employees (300 full-time equivalents/FTE) at one location

- The HR manager spends approximately 20% of her working time on the implementation of WHM; she is not a member of the Executive Board.
- She is assisted by a health team consisting of representatives from various (management) functions (doctors, nursing, accommodation and catering services, administration), staff representatives and H&S representatives, holding four meetings per year.
- The steering function is performed by a member of the Executive Board.

#### Health insurance company

3000 employees at nine locations  
across all parts of the country  
(G, F, I)

- The WHM specialist group (representing 1.8 FTE), consisting of WHM specialists and case management, acts as the core team and is part of HR (at head office). It plans and coordinates WHM, working closely with HR business partners (as individuals who are locally responsible for WHM).
- HR management acts as a steering committee and represents WHM on the Executive Board.

**4.2.2 WHM model – developing a thematic WHM structure**

Alongside the clarification of WHM-related responsibilities, it is necessary to define the functional structure for WHM. Often WHM is represented as a “roof” (in the sense of a superordinate model), which rests on WHM-relevant subject areas. The “WHM house” shown in Chapter 2.1, for example, includes the relevant pillars of health and safety at work (H&S), workplace health promotion (WHP) as well as absence management (AM) and case management (CM). Other models place greater importance on personnel development or the working environment, for example, and present them as separate subject areas, with AM, CM and H&S assigned to them. Each company should seek out the model that enables the best possible cooperation between existing health-relevant functions and incorporates central topics, structures and processes.

**Key questions**

- Is it clear what WHM will involve?
- Are the important WHM topics apparent in the WHM model?
- Do the various WHM areas work together satisfactorily?

**4.2.3 WHM areas of activity – intervention at three different levels**

Within all pillars of WHM, it is possible to intervene at different levels in order to tackle WHM targets such as healthy and productive employees, high performance or attractiveness as an employer by reducing existing stressors and encouraging the development of resources that may be missing. Corresponding interventions can relate to aspects of the organisation in terms of healthy framework conditions (organisational development), or may focus specifically on activities to aid management and employees in gaining work-related skills (personnel and leadership development). A third level of intervention concerns health in the narrower sense (health behaviour) (see Table 4.1). In order to achieve sustainable implementation of WHM, it is often useful to take action at all three intervention levels, thereby structuring work and the organisation in a health-promoting manner, and empowering and motivating employees to adopt health-promoting behaviour. To make work more ergonomic and easier on the back, for example, lifting platforms may be installed in terms of infrastructure, while in the area of personnel development, courses may be offered to train employees on proper lifting and carrying

TABLE 4.1

**Areas of activity for health-promoting interventions**

Organisational development (healthy organisation)	Personnel and leadership development (work-related competences)	Health behaviour (health-related competences)
Corporate culture and working atmosphere	Leadership behaviour (health-oriented leadership)	Lifestyle (exercise, nutrition, relaxation/recovery)
HR processes	Teamwork and collaboration	Addiction
Task allocation and work organisation	Personal (work-related) competences	Safe behaviour in leisure time
Working environment and infrastructure		

techniques, and personal health behaviour can be promoted by means of back training with targeted exercises to be performed at home.

The range of interventions for better health, motivation and performance is diverse and often indirectly affects health by creating human-oriented conditions that cater to basic human needs as well as possible (see also Chapter 4.7).

### 4.3 WHM feedback cycle – practising WHM successfully

Effective, systematic WHM follows a feedback cycle (see Fig. 4.1) and pursues the principles of continuous improvement, thereby ensuring a systematic procedure and regular evaluation of the quality of the WHM system in the context of a continuous improvement process (CIP).

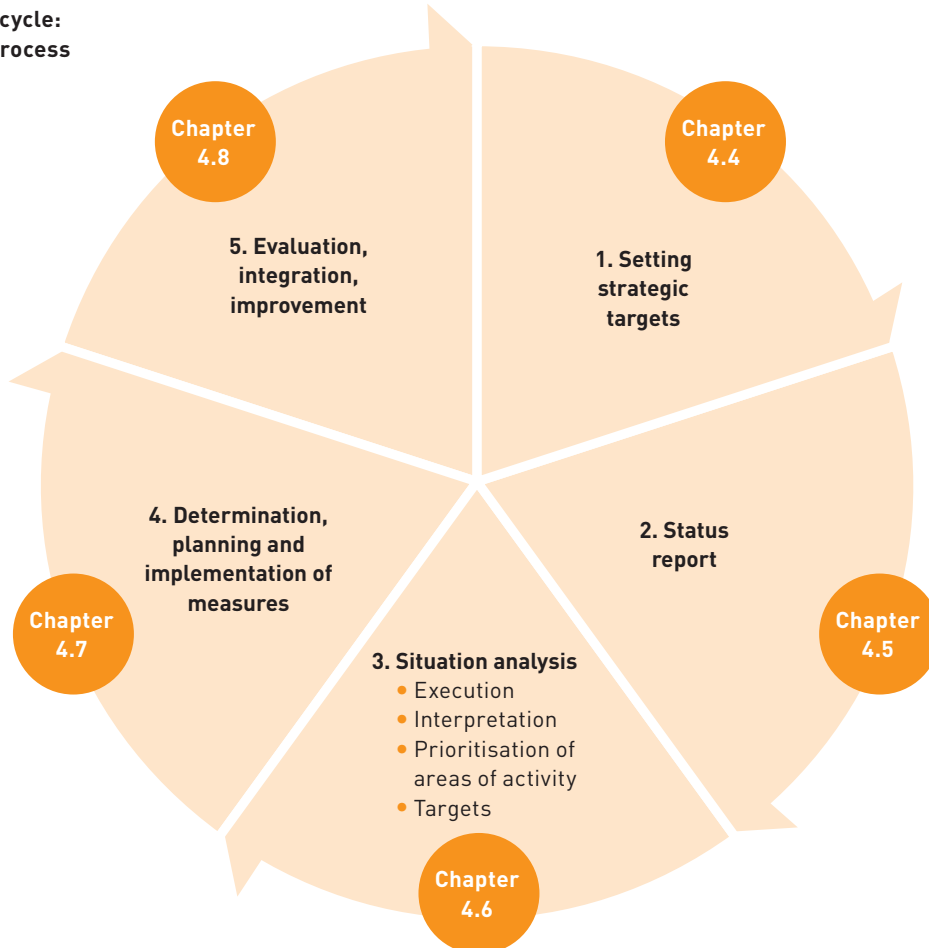
During the course of the feedback cycle, the following five steps are carried out:

1. Set strategic targets
2. Draw up an initial status report to clarify the status quo in order to be able to build on existing processes and structures as well as on existing health-promoting measures and offers
3. Carry out a situation analysis in order to determine areas of activity based on the results
4. Select, plan and implement target-oriented measures
5. Evaluate implemented measures and programmes (effectiveness review) as well as WHM structures and processes (management system evaluation)

The individual steps are set out in the chapters below (4.4 to 4.8).

FIGURE 4.1

**WHM feedback cycle:  
circular WHM process**



#### 4.4 Setting strategic targets – defining directional targets for WHM

By focusing on strategic WHM targets (see Health Promotion Switzerland/WHM Criteria working party 2017, Criterion 3b), it is possible to clarify the benefits that WHM should bring and the extent to which it will contribute to the achievement of predominant company objectives and thus to the company’s success. When strategic objectives are created for WHM, they set the direction and help align all activities to it. For example, a company may wish to improve their attractiveness as an employer because they are experiencing difficulty in finding skilled workers. In this case, the ultimate aim of WHM measures is to contribute to ensuring that employees are committed to the organisation and remain working there for longer, as well as easier recruitment. If, on the other hand, lengthy absences and associated staffing shortages are the main reasons for WHM, the target of “employee health” will determine the direction of the measures taken. Specific parameters are used

to operationalise strategic targets, thereby making them measurable and laying the foundations for regular evaluation. For example, the target of “commitment” can be operationalised by means of the objective parameter of staff turnover and subjective information from employee surveys regarding personal loyalty to the company and intentions to hand in their notice. The WHM effectiveness model by Krause et al. (2016) can provide important guidance in formulating realistic targets and deriving measures which are appropriate to them.

#### Key questions

- Is it clear what improvements are to be achieved over the longer term thanks to WHM?
- Are the strategic WHM targets integrated in the company’s strategy so that they contribute to the company’s success?
- Has the method for checking target achievement been specified (operationalisation of strategic WHM targets)?

**BOX 2**

#### Examples of setting strategic targets in practice

<p><b>Machinery and plant construction</b> 75 employees at two locations (Production/Sales)</p> <ul style="list-style-type: none"> <li>• <b>WHM targets</b> <ul style="list-style-type: none"> <li>– Healthy employees up to the age of retirement</li> <li>– Maintain a good working atmosphere</li> </ul> </li> <li>• <b>Evaluation parameters</b> <ul style="list-style-type: none"> <li>– Retirements, absence reference figures, accident statistics, atmosphere and participation in company events</li> </ul> </li> </ul>	<p><b>Regional hospital</b> 350 employees (300 FTE) at one location</p> <ul style="list-style-type: none"> <li>• <b>Strategic company objective</b> <ul style="list-style-type: none"> <li>– To become the number one provider of medical services in the region</li> </ul> </li> <li>• <b>Strategic WHM target</b> <ul style="list-style-type: none"> <li>– To recruit and retain the best specialist staff thanks to a good reputation as an attractive employer</li> </ul> </li> <li>• <b>Evaluation parameters</b> <ul style="list-style-type: none"> <li>– Staff turnover, commitment, satisfaction with development opportunities, job vacancy duration</li> </ul> </li> </ul>	<p><b>Health insurance company</b> 3000 employees at nine locations across all parts of the country (G, F, I)</p> <ul style="list-style-type: none"> <li>• <b>Vision</b> <ul style="list-style-type: none"> <li>– Quality of life for customers and employees</li> </ul> </li> <li>• <b>Strategic WHM target</b> <ul style="list-style-type: none"> <li>– Effective employees with good mental health</li> </ul> </li> <li>• <b>Evaluation parameters</b> <ul style="list-style-type: none"> <li>– Absences (long-term), exhaustion, work-life balance, recovery from work, quality of sleep, stress, optimism, engagement</li> </ul> </li> </ul>
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#### 4.5 Initial status report – viewing the overall system through the WHM lens

Taking stock of the existing health-relevant offers, structures and processes within a company facilitates a structured approach, especially at the outset, and helps financial and human resources to be utilised in a targeted fashion. Various checklists/tools (see Table 4.2) can be employed to view the company through the lens of WHM. The preliminary review is performed by key individuals within the company, revealing the current state of WHM and identifying any gaps in holistic coverage, enabling

areas of activity to be derived from it. For example, an initial status report may highlight the need for uniform handling of sick and injured employees or the desire to promote a supportive leadership culture.

Once these needs have been determined at the company level, the first improvements to the WHM system can be made. The collection of other health-related information provides important indications as to where the problems lie from the perspective of the workforce. In particular, the subjective view provided by employees helps to define targeted improvement measures (see also Chapter 4.6).

TABLE 4.2

#### Tools for drawing up a WHM initial status report

Friendly Work Space Check	WHM Check (in accordance with VitaLab)	KMU-vital management survey
Online check based on the 25 quality criteria of the Friendly Work Space label. Of particular interest to larger companies with over one hundred employees who wish to obtain the Friendly Work Space label at a later date.	Online check based on ten subject areas. Particularly helpful for smaller companies wishing to carry out a quick self-assessment.	Written questionnaire to draw up an initial status report assessing the health-promoting nature of work and workplaces
Online check to clarify the extent of workplace health management (WHM) already in place within a company. An evaluation shows where the company's strengths lie and where improvements can be made. It is possible to translate the ratings performed into the self-assessment tool for obtaining the Friendly Work Space label.	WHM Check to raise awareness of the diverse range of measures and topics related to health promotion and prevention. The check provides an overview of the various areas of activity (attributes and significance) in the form of a spider chart including practical tips for the implementation of measures.	Written management survey provides important information on the need for action and raises awareness of the topic of workplace health promotion. It includes questions about work organisation, personnel management, the status of workplace health promotion and the general stress profile and risk potential of the company.
Suitable for an initial assessment of the WHM status and significant areas of activity		Suitable for a top-down assessment, for example as a complement to an employee survey (bottom-up)
<a href="http://www.whm-check.ch">www.whm-check.ch</a>		<a href="http://www.kmu-vital.ch">www.kmu-vital.ch</a> (management survey, downloadable as a PDF – not available in English)

**BOX 3**

**Examples of an initial status report for WHM as an overall system in practice**

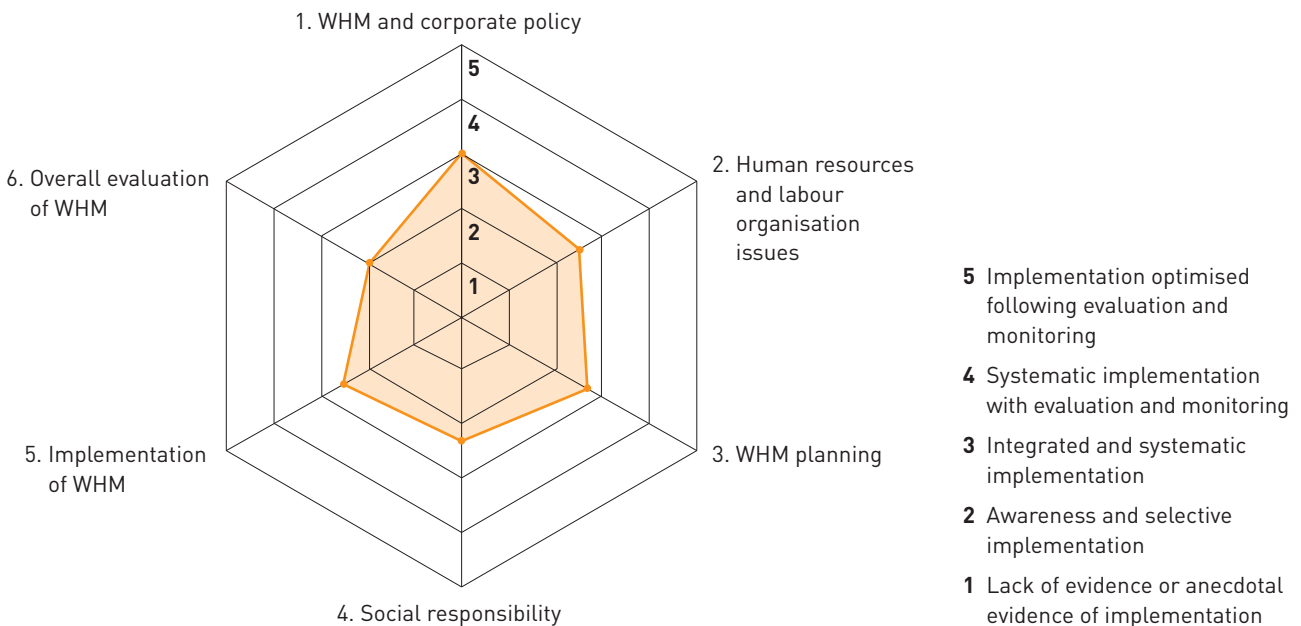
**Regional hospital**  
350 employees (300 FTE) at one location

FWS Check reveals both strengths (quality criteria with a rating greater than or equal to 3) and potentials (criteria with potential for improvement). The criteria listed below (divided into strengths and potentials) are those which were considered important by the regional hospital.

<p><b>Strengths: Criteria with score of 3</b></p>	<p><b>Criteria with potential for improvement</b></p>
<p>1a) Company guidelines (4) 1b) Resources (3) 1e) Health-related infrastructure and ergonomic work conditions (3) 2d) Participation (3) 5a) Survey of the current position (3) 5d) Definition and implementation of measures (3)</p>	<p>1c) Management review (2) 2b) Overtaxing and underemployment (2) 2c) Development opportunities (2) 2e) Support provided to employees and positive work environment fostered by line managers (2) 2f) Absence management and reintegration measures (2) 3b) WHM targets (strategic and operational) (2) 5b) Interpretation of the current position (2) 6a) Evaluation parameters (2)</p>
<p><b>Results of FWS Check</b> Weighted total score: 2.53 "There is still potential for improving the implementation of workplace health management."</p>	

**FIGURE 4.2**

**Results graphic for FWS check**



Friendly Work Space Check, Health Promotion Switzerland (2014)



#### 4.6 Situation analysis – establishing where action is required and creating a basis for need-specific measures

For a need-specific approach, evaluation of information on employees' health, well-being, stressors and resources, in addition to the analysis of structures, offers and processes (see Chapter 4.5), is of immeasurable value. The situation analysis lays the foundation for measures which are appropriate to needs. It provides important information on where to start in order to improve health, motivation and performance in a target group-specific manner, thus ensuring that defined measures are based on an ascertained need and have the objective of bringing about a noticeable improvement. Interventions that are specific to target groups and needs can replace random measures which are indiscriminately applied.

When performing the situation analysis, all available information and data are gathered together, allowing statements to be made about health, well-being or specific stressors and resources (see Chapter 4.6.1). Reference figures which were previously often considered in isolation are consolidated. As a rule, the situation analysis includes an evaluation of reference figures as well as a survey on employees' subjective perspectives. Different bodies within the organisation contribute to the situation analysis; personnel-related reference figures and reasons for leaving are often held by the HR department, for example, while accident statistics and causes of accidents are recorded by Health & Safety. Reasons for long-term absences and reintegration information can be obtained from Case Management. Survey results are usually provided by the HR department or WHM itself. If any information is missing which would be relevant for a meaningful situation analysis, it should be gathered as a supplement in the form of an employee survey, for example (see Chapter 4.6.2).

The results of the analysis form the basis for identifying needs and requirements and prioritising areas of activity for different target groups, from which targets and measures can be derived.

While an initial situation analysis is primarily useful for the definition of suitable measures, every subsequent situation analysis carried out in addition serves to check the effectiveness of the implemented measures (see Chapter 4.8).

##### 4.6.1 Health-related information – defining subjective data and reference figures

How do we gain insight into employees' well-being, stressors and resources? How can we tell if there is a problem? What indicates that things are going particularly well in a specific department? These questions are central to the compilation of a company-specific parameter set for the situation analysis, consisting of objective reference figures and subjective information (dimensions, see Health Promotion Switzerland/WHM Criteria working party 2017, Criterion 5a). It is also helpful to refer to the effectiveness model here (Krause et al. 2016; see also Chapter 3). The overview can be consulted to determine which additional information should be collected in order to record the current situation in a meaningful way. It is also worthwhile checking the level of detail of the data which have already been collected. For example, in the case of absence rates, the distinction between short-term and long-term absences represents an important added value, because the former provide important indications of possible stressors in the context of early detection. Companies should put together their own set of tools in order to provide answers to the above questions with a reasonable amount of effort. A selection of important and frequently used health-related information can be found in the third column in Table 4.3.

Once a set of parameters has been chosen and potentially already displayed in a suitable form (e.g. as a cockpit), the evaluation units must be defined. Information about the entire organisation is often not very meaningful, because particularly well-running departments pull the figure for areas of particular stress up and the mean values appear unremarkable. In order to identify possible problem areas and to be able to take a target group-specific approach to planning measures, evaluations performed should be as specific as possible to an individual department, division, location or function. In most cases, the organisational chart provides a framework for defining evaluation units, which makes sense when considering potential department-specific measures. Depending on the organisation, a different method may be preferable, such as differentiating units according to location or function. For reasons of cost and anonymity, it is advisable to survey only that information which is actually used when needed to create target groups for improvement measures.

Too much detail raises doubt about anonymity and brings little added value (e.g. detailed age bands, exact years of service).

A target-oriented situation analysis thus consolidates all health-relevant information. With careful interpretation and analysis of interrelationships between different types of information (e.g. subjective assessment of leadership quality and absences), a situation analysis performed at regular intervals will generate a department-specific picture of stressors, resources, health, and motivation within the organisation.

### Key questions

- Is the necessary data available to enable a complete picture of the current stressors, resources, health, motivation and attitude of the workforce to be obtained?
- Is the data consolidated and regularly evaluated by department or function, so that target group-specific needs and areas of activity may be determined?

#### 4.6.2 Selecting appropriate survey methods

If it is clear which health-related data (reference figures and dimensions) are to be interpreted within the scope of the situation analysis, then any missing parameters have to be determined. There are various different survey options, which can vary greatly depending on the type of information required and the organisation in question. Health-related reference figures are related to quantifiable events and can be surveyed directly. Health-related dimensions describe subjective evaluations of aspects of work and health by employees that cannot be directly interpreted. They are visualised and made comparable with the aid of sociological survey methods (see Health Promotion Switzerland/WHM Criteria working party 2017, Criterion 5a). Thus both objective and subjective survey methods are applied in the situation analysis (see Table 4.3).

Various options are available for surveying health-related dimensions in particular, all of which have their specific advantages and disadvantages. It is worth considering carefully which survey method is best suited to the organisation and the current situation.

Written surveys are performed most frequently, and there are standardised questionnaires which have been tried and tested in practice ([www.fws-jobstressanalysis.ch](http://www.fws-jobstressanalysis.ch), FWS Job Stress Analysis; [www.kmu-vital.ch](http://www.kmu-vital.ch), *KMU-vital*, employee survey [MitarbeiterInnenbefragung, MAB]). Before using them for the first time, it is important to check whether the questionnaires (see Health Promotion Switzerland/WHM Criteria working party 2017, Criterion 5a) adequately depict the desired health-related topics and are qualified. Written surveys are a particularly cost-effective option for large samples and offer the chance of making a direct comparison between different groups and of evaluating measures by carrying out the same survey at a later date. In the event of individual or group interviews or workshops in the form of health circles or focus groups, in-depth analysis is conducted with those affected through direct dialogue. This simultaneously provides an opportunity to request suggestions for improvement. This type of data collection and development of measures usually enjoys a high level of acceptance among employees, so it is worthwhile using a combination of workshops and written surveys. Workshops involving selected target groups (e.g. teams) offer the opportunity of substantiating survey results and deriving target group-specific improvement measures from them. The method of objective activity observation is used less frequently. In this method, work processes are subjected to external analysis and stressors are surveyed objectively. Personal well-being carries less weight here. Activity observations are well accepted and offer the opportunity of comprehensive analysis, the results of which provide meaningful information on characteristics of work and task allocation (e.g. job control, working conditions).

In addition to traditional survey methods, information can also be obtained by occasional, more unconventional means. For example, participation rates at company events can also allow conclusions to be drawn about the working atmosphere. A creative approach may also be taken when selecting survey methods. With regard to regular repetition of surveys, the time and effort involved should be limited.

TABLE 4.3

**Examples of objective and subjective survey methods and health-related information**

	<b>Methods</b>	<b>Health-related information</b> (reference figures and dimensions)
<b>Objective methods</b>	Reference figure analysis/ evaluation of personnel-related reference figures	Illness (short-term and long-term absences, duration and frequency)/absence costs, accident figures (duration, frequency, accident patterns and accident circumstances), staff turnover rate (net)/turnover costs
	Usage analysis CM	Number of CM cases and main areas of CM focus
	Activity observations	Stressors and resources
	Medical examinations	Case numbers
	Physiological measurements	Heart rate variability, pulse and blood pressure
	Analysis of disease diagnoses	Disease diagnoses (provided in anonymised form by daily sickness benefits insurers)
<b>Subjective methods</b>	Written surveys*	Stressors** (work organisation, social, infrastructural), resources** (work organisation, social, infrastructural), health** (mental health, well-being, physical health, disorders), attitude and motivation** (job satisfaction, commitment, engagement), reasons for leaving
	Workshops, health circles, working groups, focus groups	Stressors, resources, health, attitude and motivation, suggestions for improvement
	Interviews/group interviews	Stressors, resources, health, attitude and motivation, causes of illness or accident, reasons for leaving
	Discussions (e.g. return-to-work meetings) in the context of absence management	Reasons for/causes of absences
	Real-time: survey via app	Stressors, stress levels and own state of well-being
	Customer surveys/feedback	Customer satisfaction, customer complaints

\* Trend towards more frequent, shorter surveys

\*\* Examples of actual scales/topics can be found in "Promoting WHM via Effectiveness Review – Guidelines for Organisations" (Krause et al. 2016, 47) or in "Quality Criteria for Workplace Health Management", WHM Criterion 5a (Health Promotion Switzerland/WHM Criteria working party 2017, 57–59).

## BOX 4

**Examples of situation analysis in practice: survey methods**

<p><b>Machinery and plant construction</b> 75 employees at two locations (Production/Sales)</p> <ul style="list-style-type: none"> <li>• Health circle (one in each location; three meetings, each lasting three hours per circle)</li> </ul>	<p><b>Regional hospital</b> 350 employees (300 FTE) at one location</p> <ul style="list-style-type: none"> <li>• Analysis of reference figures (staff turnover, short- and long-term absences, accidents)</li> <li>• Own survey tool with emphasis on stressors and health (carried out every two years, differentiated by function and area)</li> <li>• Activity observations and interviews with selected target groups</li> </ul>	<p><b>Health insurance company</b> 3000 employees at nine locations across all parts of the country (G, F, I)</p> <ul style="list-style-type: none"> <li>• Comprehensive employee survey (online) with evaluation according to organisational chart (department-specific results)</li> <li>• Recording and evaluation of reasons for leaving</li> <li>• Causes of long-term absences (annual, anonymised)</li> <li>• Analysis of personnel-related reference figures (absences, vacation and overtime balance, staff turnover)</li> <li>• Presentation of the results in the form of a cockpit</li> </ul>
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#### 4.6.3 Interpretation of the current situation – identifying connections and prioritising areas where action is required

The information collected in the situation analysis serves to identify employees' needs as well as areas where action is required and target groups. To this end, the various parameters are linked and assessed together in order to gain a deeper understanding of possible causes of negative issues such as high staff turnover rates. Joint interpretation of available information provides an overall view that prevents premature conclusions being drawn on the basis of individual reference figures (e.g. due to high levels of absence). Increased absence figures in certain departments are thus compared with subjective information on stressors, helping to establish possible reasons behind these frequent absences. Joint inter-

pretation of all available information also makes it possible to spot departments where there is a particular need for action. Interpretation as a logical consequence of a survey on the current situation helps to identify urgent topics, areas of activity and departments which are under particular stress. Expected and desired improvements are drafted on the basis of this information, and take the form of measurable targets.

#### Key questions

- Has all the various health-related information been jointly examined and linked together?
- Does the interpretation of the current situation allow conclusions to be drawn about specific areas of need in specific departments/teams or individual professional groups/functions?

## BOX 5

## Examples of interpretation of the current situation in practice: areas where action is required

**Machinery and plant construction**

75 employees at two locations  
(Production/Sales)

**Results of health circle**

Production:

- Unvarying activities, high levels of physical stress
- Inconsistent information
- Desire for greater recognition

Sales:

- Desire for more support from line managers
- High time pressure
- Inconsistencies in the job

**Areas of activity/targets**

- Raise awareness of resource-oriented leadership
- Improve ergonomic working conditions (Production)
- Strengthen competences in relation to time management and self-management (Sales)

**Regional hospital**

350 employees (300 FTE)  
at one location

**Survey results**, in-depth discussions with employees and **analysis of reference figures** indicate:

- Average commitment, coupled with average satisfaction, opportunities for development and high staff turnover, especially among nursing staff
- High time pressure and high levels of stress among junior doctors (long working days) and decrease in satisfaction with work content (especially due to high levels of administrative bureaucracy); results of the activity observation point to interface issues and communication problems
- Increase in long-term absences over entire workforce

**Areas of activity/targets**

- Increase commitment (nursing)
- Ease administrative burden and increase job satisfaction (junior doctors)
- Investigate causes of long-term absences (whole hospital)

**Health insurance company**

3000 employees at nine locations  
across all parts of the country  
(G, F, I)

**Results of the employee survey**

- Positive results are observed for the company as a whole, but there is an increase in the levels of stress and exhaustion and associated cases of long-term absence. Among the reasons for leaving, work-life balance is in third place.
- The survey indicates above-average increases in overtime and increased exhaustion in three departments. Increased psychological strain as a result of work interruptions and the fast pace of work.

**Areas of activity/targets**

- Raise awareness of mental health (early detection, personal opportunities for action)
- Promote work-life balance
- Reduce stress in the three departments concerned

#### 4.6.4 General recommendations regarding the situation analysis

Performance of a survey must be properly planned in the context of professional project management. It is worthwhile paying special attention to a few points:

- Draw up a schedule covering all steps from preparation through information, execution, evaluation, interpretation and presentation of the results, handling of the results, determination of measures and any budgetary approval to controlling of measures.
- Involve middle management and employees in the entire process, for example by having employee representatives on board at the design and planning stage.
- Select a suitable survey method that is geared to the WHM targets and the circumstances of the organisation (e.g. foreign employees).
- Provide employees with sufficient information on the entire process in good time (according to the schedule), from analysis to controlling of measures (e.g. in the form of a verbal kick-off). Inform executives in advance to gain their support.
- Guarantee confidentiality (ensure anonymity and data protection).
- Provide enough time and personnel resources for analysis, interpretation and the subsequent development of measures.
- Interpretation: The results of a written survey should not be overstated or inappropriately generalised, especially if the participation rate is low (at least 50% response rate; Klages 1997).
- Quick, transparent feedback of results to all those involved.
- Consistent implementation of change measures so as not to disappoint expectations raised by the analysis.

Details about the planning, execution, interpretation and information of written surveys can be found in the “Friendly Work Space Job Stress Analysis” checklist (<https://www.fws-jobstressanalysis.ch/condition>) or in the “Employee Survey Guidelines” for KMU-vital ([www.kmu-vital.ch](http://www.kmu-vital.ch)).

#### 4.7 WHM measures – exploiting diversity and working on multiple areas of activity

The initial status report (Chapter 4.5) and situation analysis (Chapter 4.6) highlight gaps and areas with potential for improvement, and action is taken as appropriate during the implementation and ongoing performance of WHM.

Involvement of the affected employees in the development of improvement measures is an important factor to ensure success and promote acceptance. Providing prompt and comprehensive information on the results of the situation analysis and requesting active participation by employees both show that the situation analysis was performed with a view to making serious improvements and will encourage a high participation rate in future surveys. Measures which are developed in a participatory manner are often more relevant to day-to-day work and meet the identified needs more precisely.

Combining measures to improve conditions and individual health behaviour has proved to be effective in practical implementation and in numerous studies (iga.Report 28, Pieper & Schröer 2015). On the one hand, WHM interventions make a difference to aspects of the organisation in terms of healthy framework conditions, while on the other, they empower management and employees to improve their work-related competences and, ultimately, their health in the literal sense. There are numerous starting points for this within an organisation (Chapter 4.2.3) and a wide range of intervention options are available. If, for example, the situation analysis shows high levels of exhaustion, then a package of measures could be put in place that provides for flexible working time models, home office regulations or greater job control at the organisational level. In the area of leadership, the issues of workload and life-domain balance could be regularly addressed in discussions, while in the area of personnel development the issue of constant availability could be raised in order to make employees aware of the importance of using their leisure time for recovery. A relaxation session during the lunch break could be provided as a voluntary activity in relation to health behaviour.



Consequently, it is often not possible for specific measures to be implemented by WHM alone. They may relate to HR processes, leadership development or occupational safety/health protection and must be tackled together with the relevant bodies (see Chapters 4.2.1 and 4.2.2). HR and its traditional core processes are of particular importance. Various tools and processes in the areas of recruitment, personnel management, personnel development and personnel retention ensure that employees have the skills and standard of health they need to perform their work without being overtaxed or underemployed (see Health Promotion Switzerland/WHM Criteria working party 2017, Criteria 2a–2e). The personnel recruitment process, for example, uses health risk profiles and assessment procedures which focus on soft skills as well as the required professional qualifications. If these processes and tools are used to carry out health promotion, this automatically guarantees systematic integration and WHP does not run separately as an additional task. Cost and effort are kept in check, and the benefits are proven.

Table 4.4 gives an overview of a selection of specific measures that can be taken if a need for action is identified in the areas of organisation, personnel and leadership development and health behaviour. The measures shown in the table are each assigned to a established need, although their positive effect also contributes to the reduction of other stressors or the promotion of other resources. Organisational measures in particular often influence the culture of a company and thus have an impact on work in the broadest sense. The needs listed in the table are shown schematically and serve to group the measures. In practice, more detailed information is required in order to be able to derive need-specific interventions.

TABLE 4.4

## Examples of measures implemented for selected requirements

Need established on the basis of the situation analysis	Organisational development (healthy organisation)	Personnel and leadership development (work-related competences)	Health behaviour (health-related competences)
Excessive <b>workload/</b> excessive <b>time pressure/stress</b> and cases of <b>burnout</b>	<ul style="list-style-type: none"> <li>• Reduction of overtime</li> <li>• Employee appraisals which also address workload and general well-being and set realistic targets</li> <li>• Health circle</li> <li>• Kaizen board</li> <li>• Silent time (period of uninterrupted working time)</li> <li>• Systematic survey of training needs and creation of corresponding offers</li> </ul>	<ul style="list-style-type: none"> <li>• Better handling of work interruptions (both personally and in the team)</li> <li>• Time management</li> <li>• Raising awareness among executives regarding employees' health and a health-promoting leadership style</li> </ul>	<ul style="list-style-type: none"> <li>• Life-domain balance (with self-assessment check)</li> <li>• Personal stress management course (also available via an app solution)</li> <li>• Mindfulness workshop</li> <li>• Learning relaxation exercises (live or via a health app)</li> <li>• Presentation on the subject of burnout</li> </ul>
Impaired <b>mental well-being</b> (exhaustion, depression, sleep problems, mental dissociation from work, limited ability to recover)	<ul style="list-style-type: none"> <li>• Clear rules regarding availability</li> <li>• Relaxation area</li> <li>• Introduction of regular team meetings with discussion about existing stressors</li> <li>• Introduction of buddy system for new employees</li> </ul>	<ul style="list-style-type: none"> <li>• Resource-oriented leadership with a focus on appreciation, social support, fairness and working atmosphere</li> <li>• Workshops to increase team resilience</li> </ul>	<ul style="list-style-type: none"> <li>• Presentations on switching off and active recovery</li> <li>• Workshop on mental health and well-being (personal resilience)</li> <li>• Mental health awareness campaigns – ten steps to mental health</li> </ul>
High <b>absence figures</b> and <b>absence-related costs</b>	<ul style="list-style-type: none"> <li>• Case management</li> <li>• Absence management processes (including early detection)</li> <li>• Health circles in departments where problems are identified</li> </ul>	<ul style="list-style-type: none"> <li>• Leadership training for early detection and discussion where problems are identified (including risks of presenteeism)</li> <li>• Web-based training to prepare for and consolidate absence management training courses</li> </ul>	<ul style="list-style-type: none"> <li>• Provision of flu vaccinations</li> </ul>
Dissatisfaction with <b>management</b>	<ul style="list-style-type: none"> <li>• 360° feedback</li> <li>• Appraisal of managers by employees</li> <li>• Leadership principles and corresponding performance evaluation</li> <li>• Leadership circle, peer-to-peer team coaching</li> </ul>	<ul style="list-style-type: none"> <li>• Leadership training with a focus on "soft skills"</li> <li>• Leadership coaching (e-coaching)</li> </ul>	
Increased <b>staff turnover rate</b> and <b>inclination to leave</b> , decreasing <b>commitment</b> (voluntary departures, resignation, low levels of loyalty, inner detachment)	<ul style="list-style-type: none"> <li>• Participation structures/suggestion scheme</li> <li>• Expansion of development opportunities through job enlargement, talent pools, functional model</li> </ul>	<ul style="list-style-type: none"> <li>• Leadership seminar on motivation and effort-reward balance</li> </ul>	
<b>Back problems</b>	<ul style="list-style-type: none"> <li>• Ergonomic work equipment and fixtures</li> <li>• Job rotation</li> <li>• Reduction of stressors (see above: workload/time pressure/stress)</li> </ul>	<ul style="list-style-type: none"> <li>• Advice about ergonomics in the workplace</li> <li>• EKAS box on intranet</li> <li>• Lifting and carrying fitness course</li> <li>• Instruction on risks and preventive work techniques</li> </ul>	<ul style="list-style-type: none"> <li>• Movement exercises in the workplace</li> <li>• Discount on gym membership</li> <li>• Step counter competition</li> </ul>
<b>Intra- and inter-team collaboration</b> (interfaces, communication, lack of social support and appreciation)	<ul style="list-style-type: none"> <li>• Job swap (change of perspective in other teams)</li> <li>• Cross-team events</li> </ul>	<ul style="list-style-type: none"> <li>• Team workshops on appreciation and social support</li> <li>• Team building</li> <li>• E-coach (at the team level)</li> <li>• Communication and conflict management</li> </ul>	

### Key questions

- Are the measures target group-specific and do they address a known need?
- Do the measures promote health by means of improvements in conditions and behaviour?

### BOX 6

#### Examples of WHM measures in practice

##### Machinery and plant construction

75 employees at two locations  
(Production/Sales)

###### Overall operation

- Use of half-day leadership retreats to raise managers' awareness of the importance of appreciation, social support and communication for health

###### Production

- Workplace inspections including physical assessment and instruction in exercises to increase required resilience; raise awareness of correct lifting and carrying techniques

###### Sales

- Workshops to enable reflection on individual time management and how to deal with one's own working method

##### Regional hospital

350 employees (300 FTE)  
at one location

###### Nursing

- Use of the management meeting to raise managers' awareness of the relevance of personal development and to provide an overview of opportunities for job enlargement in nursing (e.g. through additional functions, participation in project teams)
- During the course of the next staff discussions with all employees, talk about development and training needs, formulate goals and track them throughout the year

###### Junior doctors

- Working group with junior doctors and medical assistants to reach a better solution for the division of administrative tasks

###### Overall operation

- Job swap project, in which each employee spends between a half day and a full day working in a different role and department, with the aim of promoting understanding and improving communication
- Meeting with daily sickness benefits insurers with the aim of analysing main areas of diagnostic focus and, consequently, establishing the causes of long-term absences

##### Health insurance company

3000 employees at nine locations  
across all parts of the country  
(G, F, I)

###### Overall organisation

- Annual campaign to raise awareness of mental health with
  - information and checklists/self-tests
  - a range of presentations and voluntary workshops on the topics of switching off and active recovery, life-domain balance, mental health, well-being and happiness
  - notification of points of contact
- Encouragement of home office working by means of clear regulation

###### Three departments under particular stress

- Workshops on better handling of work interruptions
- Team participation in the announced workshop on the topic of switching off and active recovery (see above)

#### 4.8 Evaluation and integration – ensuring sustainability and continuous improvement

A critical eye should be regularly cast over the entire WHM system as well as all measures implemented and the results observed. The evaluation raises questions about the relevance of the activities, the effectiveness of the implementation, efficiency and fit. On the one hand, it examines how WHM is positioned (e.g. reviewing the ability to act of the WHM organisational structure), the penetration of WHM-relevant issues (e.g. implementation of health-related values in everyday management) and whether the targets which are set (Chapter 4.4) and thus their desired effects are achieved (e.g. improved levels of leadership satisfaction in the appraisal of managers by employees). The repetitive nature of the WHM feedback cycle means that defined parameters (operationalised WHM targets) are checked, and conclusions can thus be drawn about the effectiveness of the measures taken and projects carried out. This allows statements to be made about their effects on health, motivation and company success, and thus on the progress of WHM.

Aspects of the evaluation/effectiveness review are discussed in more detail in Chapter 3. Additionally, in the Guidelines for WHM effectiveness reviews (Krause et al. 2016), a practical example gives a step-by-step illustration of the reference figures and questions which can be used to check the effectiveness of WHM measures.

By performing this evaluation, it is possible to ascertain which changes should be made to the overall WHM system or to specific measures and projects in order to enable WHM to progress. The review provides concrete information and allows WHM to be steered and changes to be made. The Executive Board should comment on the evaluation and progress of WHM at least once a year as part of a management review (Health Promotion Switzerland/WHM Criteria working party 2017, Criterion 1c). For this purpose, the results of the evaluation are briefly summarised and made available in the form of a WHM report.

The capability of the organisational structure, the cross-functional and cross-thematic structure of WHM, the integration of health-related topics into organisation and leadership, and implementation in

accordance with the feedback cycle all ensure that the topic of health is sustainably integrated, thus indicating that WHM has made the transition from project status to standard operation.

#### 4.9 Selected success factors in WHM implementation

To summarise, there are six factors which are key to the successful implementation of WHM:

##### **Win management over to WHM**

Management plays such a central role within WHM that implementation cannot be successful without its support. As part of the organisation, managers use their leadership style to influence the day-to-day work of their teams, support health-promoting processes or initiatives, act as role models, and actively contribute to the working atmosphere. It is essential that this be taken into account in WHM interventions. Managers should always be involved, both to win them over as supporters and to enable them to implement health-promoting processes and leadership. Managers take a more health-promoting attitude to leadership when they take an interest in their own health. They should therefore be included as a target group when providing offers for improving personal health.

##### **Build on the existing situation**

To improve the overall situation, new developments should be linked to existing structures, processes and offers whenever possible. This method reduces costs and ensures that changes will be sustainably integrated into the company. In all cases, it is worth considering how the reduction of stressors and the promotion of resources could be achieved in this way before additional offers are created. The use of existing instruments (e.g. management events, employee information, team meetings, leadership developments) as a means of approaching health-promoting topics is often preferable to carrying out isolated special events. If WHM interventions can be integrated directly into existing circumstances within a company, they will have a wider and more sustainable impact.

**Participative development of measures**

Measures can be particularly promising if they are developed together with the employees concerned in workshops or working groups, as they are then more widely accepted and often meet needs more precisely. It is important to remember, however, that certain stressors cannot be reduced, and endeavouring to promote resources is worthwhile since this has proven to be very effective in reducing the negative consequences of stress and can often be achieved more easily. Reliable tools that support a participatory approach, including specific instructions, are available free of charge; these include the health circle ([www.kmu-vital.ch](http://www.kmu-vital.ch); “Gesundheitszirkel”) or the no-stress workshop for teams or small businesses ([www.stressnostress.ch/nostress-workshop.html](http://www.stressnostress.ch/nostress-workshop.html)).

**Communication**

Timely, comprehensive and repeated communication is another relevant success factor that is all too often underestimated. It is worthwhile considering the announcement of WHM activities, targets and achievements in the context of planning (e.g. annual WHM planning) and recording them in the form of a communication plan, for example. Using different communication channels can prove to be useful, although the benefits of verbal communication predominate, especially for critical topics. To ensure that messages are reaching the workforce effectively, employees’ understanding of information should be regularly checked.

**Motivation, time-related resources and a functioning network**

The effects of WHM only develop over time. Those individuals who are responsible for WHM need staying power and an inner passion for the topic and, above all, must have the necessary time-related resources. In larger companies in particular, it helps to build up a network of people who can provide support with the implementation of WHM and assist efforts to improve employees’ health. The required time-related resources should be defined during the start-up phase (see Chapter 4.2) and adjusted as necessary after initial experiences are gained.

**Demonstrate added value**

One final point relates to the closure of the feedback cycle. An evaluation in the form of an effectiveness review helps to demonstrate the added value of WHM. Positive changes in the areas of resources and stressors, well-being, health and motivation become apparent, thus clearly illustrating the contribution made by WHM to the achievement of strategic corporate goals. The evaluation generates important arguments supporting the credibility of WHM and provides valuable information for useful adjustments or improvements..

**Links**

[www.whm-check.ch](http://www.whm-check.ch)

[www.fws-jobstressanalysis.ch](http://www.fws-jobstressanalysis.ch)

[www.kmu-vital.ch](http://www.kmu-vital.ch)

[www.psyatwork.ch](http://www.psyatwork.ch)

[www.npg-rsp.ch](http://www.npg-rsp.ch)

[www.stressnostress.ch](http://www.stressnostress.ch)

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## 5 Trending topics: Embeddedness

As mentioned in Chapter 1, topics were selected for this report on the basis of interviews. In addition to the fundamental chapters (Chapters 2, 3, 4 and 6), Chapter 5 presents a range of subjects which are referred to as trending topics in this report:

- 5.1 Effects of digitalisation and World of Work 4.0 on mental health
- 5.2 Mobile/flexible working and health
- 5.3 Management/corporate culture and health
- 5.4 Mental health among older employees in Switzerland

These sections have been drawn up by specialists who are pioneers in their respective subject areas. They conduct research, coach others and implement developed interventions in practice, as well as publishing their research results. For this report, they have focused specifically on mental health within these topics.

# 5.1 Effects of digitalisation and World of Work 4.0 on mental health



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## 5.1.1 Background – defining the changes associated with digitalisation and World of Work 4.0

This chapter discusses the effects of a digitalised world of work on mental health. In contrast to Chapter 5.2, “Mobile/flexible working and health”, here we focus less on actual changes to everyday working life, and more on changes at a macro level, examining both the economic and the socio-political perspectives. The debate is presented in a more essay-like than scientific style, in that it gathers together the most important connections.

In this context, “changes” essentially refers to digital structural change, which is creating new work content, forms and relationships. This is a double transformation: on the one hand, digitalisation is changing the ways in which companies create value and, on the other, the ways in which they work together. The first case is referred to as automation, involving machinery which is both obviously visible and (increasingly) invisible, and the second case is referred to as the platform economy (see e.g. Parker et al. 2016). This means the way in which the global economy is undergoing reorganisation as a result of new types of companies (Airbnb and Uber are typically used as examples) which are transforming both consumption and employment relationships.

In Germany in particular, this double structural change is addressed as “Industry 4.0” or “Work 4.0”

(Bundesministerium für Arbeit und Soziales 2016; Genner et al. 2017), although there is a lack of general understanding among scientists and policy-makers of this fourth “incarnation”. These terms are primarily used as buzzwords at conferences and in publications, where everyone has a different concept of what they actually mean. Alternatively, reference is made to the fourth industrial revolution, the Internet of Things, data networking or the growing importance of the fourth sector, i.e. knowledge work. Instead of a historical outline, therefore, this section includes a description of the most important forces for change in the context of digitalisation of the world of work which are expected to have an impact on mental health:

- Virtualisation
- Information overload, acceleration and fragmentation
- Transferral of knowledge work to machines and customers
- New organisational forms
- Transparency through data

Consequently, we will abbreviate the term as “new (world of) work”. Ultimately, change is being driven by new networking technologies. While previously, during the first phase of digitalisation, change was primarily concerned with smartphones and social media, the second phase is focused on areas such as artificial intelligence, smart speakers, augmented reality and virtual reality or blockchain technology (Cachelin 2016c). These technologies are helping to create a more intensively networked society, involving a further increase in the mobility of goods, people and information. At the same time, the ways in which we live, communicate and document our knowledge bear increasing resemblance to a network.

### **Virtualisation**

Digitalisation in the narrower sense means the shifting of communications into the digital space. Specifically, it relates to the use of e-mail, but increasingly also applies to messengers (such as WhatsApp and Skype) and social media (Instagram, Facebook, Twitter, XING and LinkedIn). The latter in particular illustrate clearly how the work and private spheres overlap in the digital world. Furthermore, every digital communication leaves a trail. Instead of meeting in person to have a discussion, an e-mail is written. This development is putting pressure on the telephone as a means of communication; young people in particular perceive calls as invasions of their privacy, considering them to be impolite and intrusive (Ulrich 2017). Studies show a 30% drop in telephone calls between 2013 and 2016 (Schregenberger 2017). Virtualisation means that smartphones are increasingly important. 92% of Swiss citizens access the Internet via a smartphone; 2017 was the first year when the level of mobile Internet access was higher than that of access via a computer (Y&R Group Switzerland 2017). 54% use a second screen while watching TV (Y&R Group Switzerland 2017). It is unclear how long smartphones will maintain their position as the primary interface, or whether and when smart glasses, contact lenses or projectors may take their place.

### **Information overload, acceleration and fragmentation**

Rising digitalisation is leading to an increase in the volume of information we need to handle on a daily basis. Often it is impossible to draw a clear line between job-related and personal information. 52% of the population check the latest news several times a day (Bundesverband Deutscher Zeitungsverleger e.V. 2017), with 72% considering themselves to be well informed about current affairs. If the subject area is restricted, however, this number decreases significantly (Bundesverband Deutscher Zeitungsverleger e.V. 2017). For example, only 29% of those questioned feel well informed about current developments in relation to Russia. According to a study carried out in 2014, managers receive an average of 30,000 e-mails per year (Bain & Company Schweiz 2018). Digital communication is accelerating the world of work (see Rosa 2005) due to shorter expected reaction times (e.g. compared to conventional mail), but also as a result of globalisation. Inter-

national corporations operate on a 24/7 basis. The digital flow of information is causing daily working routines to fragment; for example, nurses are interrupted 62 times a day – which is once every four minutes (Baethge & Rigotti 2013). With office work, it is assumed that employees will be interrupted every eleven minutes due to an e-mail or a telephone call, looking something up on a search engine or posting on social media, for example (Gassmann 2011).

### **Transferral of knowledge work to machines and customers**

Digitalisation is an opportunity for companies to reduce their personnel costs. Work is delegated to machines or to customers (e.g. e-banking). Unlike in the past, the current structural change focuses not on the automation of physical labour, but mental work, and applies to all routine tasks that do not require any interpretation or refinement of information by humans. Employees who are not especially well qualified are particularly affected – typically including clerical staff, sales staff, customer service representatives and accounts staff. The digitalisation of services and knowledge work conceals a gender issue. In many professions which are threatened by digitalisation, the majority of employees are female – such as in sales or clerical administration. The advent of machines is triggering a skills shift. New skills are needed for people to be able to differentiate themselves from the machines and cope with the decreasing half-life of knowledge. The frequently quoted Oxford study (Frey & Osborne 2013) refers to skills of dexterity, social intelligence and creative intelligence. Personal competence and methodological competence should also be mentioned as key skills that enable an individual to assert their place in the structures of the new world of work.

### **New organisational forms**

In addition to automation using robots and digital processes, structural change is being shaped by new organisational forms. At the macro level, this refers to the “platform economy” where networking effects are pursued. This business model seeks to exploit synergies that result from the integration of offers or users on the same platform. Typical platforms of this type include Uber, Netflix, Facebook and Google. To make themselves competitive or agile, they reduce their fixed assets and their fixed costs (Choudary et al. 2017; Srnicek 2018). The or-

organisational principle of the platform is also reflected at the micro level. Companies are trying to break down hierarchies and departments in order to become more agile and capable of change. Two potential solutions are presented for the new organisation: holacracy and the marketplace of projects. The latter in particular illustrates clearly how new organisational forms can relativise the relationship between employers and employees. Long-standing working relationships are being replaced by temporary relationships. Studies show an increase in atypical employment – albeit to a very uneven extent (Pekruhl & Vogel 2017; Deloitte 2016) – of between 10% and 25%, and a considerable proportion of these new relationships may comprise a combination of self-employed and employed activity. Gains in freedom – in terms of the location, time and content of work – are counterbalanced by work insecurity, which can sometimes lead to precarious employment relationships (Burri & Forster 2018). In any case, individuals working in agile organisations require new (self-)competences in order to be able to hold their ground in more fluid, decentralised and potentially contradictory working conditions that now rely more heavily on the principle of self-organisation.

### Transparency through data

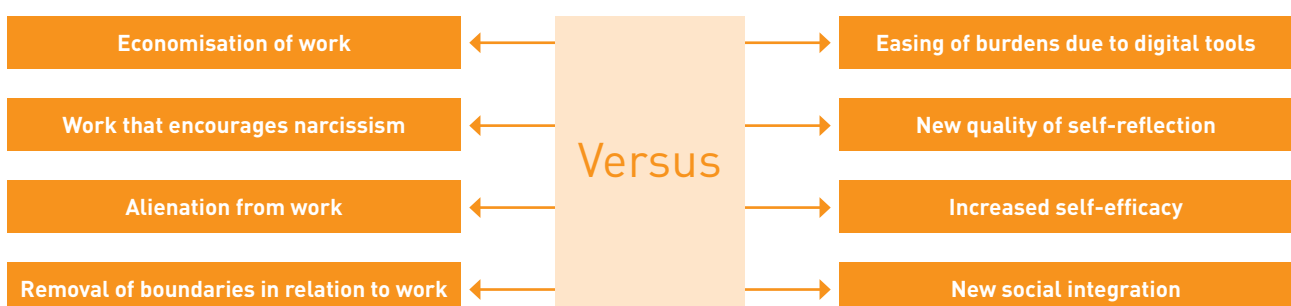
From the point of view of physical health, increased transparency needs to be mentioned as it affects human capital as well as our health. Virtualisation means that more and more of our activities are digitally documented. A digital record is kept of the documents we work on, the people we connect with, and the articles we “like” on LinkedIn. From the point of

view of human resources management, our interest networks are particularly relevant. They highlight the areas in which we are expert (such as via LinkedIn, but also documents we have processed or e-mails sent), who we know (e.g. influencers and specialists) and whether we are at the centre or on the edge of these networks. A similar level of transparency applies to our health. Our photos, voices and networks disclose our mood, our physical activity (number of steps, radius of movement, heart rate, etc.) or our ageing process. At the same time, appearances are likely to become more important in the new world of work. Because work knowledge is equivalent to performance for an increasing number of people, and thus plays a role in how we appear, how we present ourselves and our knowledge, and how we talk about ourselves and our projects, visual appearance must undoubtedly form part of this (Reckwitz 2017). The way in which we look after, style and enhance our bodies and draw attention to ourselves – in other words, the way we market ourselves – is thus an increasing economic success factor.

In the sections below we discuss possible negative and positive effects of these trends on our mental health. Figure 5.1.1 groups these into four areas. A simultaneous perspective has been deliberately chosen in order not to engage in one-sided technological pessimism when portraying the risks. Looking at both positive and negative consequences simultaneously underscores the importance of digital literacy as this approach establishes from a subjective viewpoint whether the negative or positive consequences of change are paramount. If digital literacy is lacking, it is not possible to make use of the

FIGURE 5.1.1

### Possible risks to and opportunities for mental health related to new working environments



positive aspects of change to improve mental health and individuals are more exposed to the negative effects of change. It also demonstrates that it is the degree of this competence in the individual which is key in a risk situation, rather than demographic characteristics. There is a tendency to equate this with young, urban, well-educated people, but one should not ignore the differences within these groups. There are very young people with little digital literacy, and older people who are naturally agile and open to change.

Digital literacy applies to both individuals and organisations. Skills that make a difference at a personal level include the use of search engines and social media, data transfer between devices, self-reflection, and mindfulness (Brandt 2018). In its report on the effects of digitalisation on employment and working conditions (“Auswirkungen der Digitalisierung auf Beschäftigung und Arbeitsbedingungen”), SECO explicitly emphasises the importance of “soft skills” alongside a fundamental affinity with IT, analytical skills, customer orientation and communication. Specifically, the authors mention flexibility, the ability to adapt to change, creativity, innovative ability and thinking outside the box, systemic and process-oriented thinking and dealing with uncertainties (Schweizerische Eidgenossenschaft 2017) as skills which help to avoid the negative effects of digitalisation on mental health. This package of qualities and abilities is also called resilience. A digitally literate company, in turn, will use digitalisation to rethink its structures and adapt its corporate culture to take account of new employment relationships, challenges or the expectations of future generations (see Deloitte 2017). The goal should be to reduce the risks of the old world of work, such as stress or heteronomy.

### 5.1.2 Risks of the new world of work – negative effects of digitalisation on mental health

This section describes the threats to mental health in the context of the world of work in relation to digital transformation. It is then demonstrated further below that digitalisation can also have a positive impact on mental health, provided that the individual and the organisation possess the requisite digital literacy.

#### **Economisation of work – acceleration and stress**

The new world of work can also be understood as the economisation of knowledge work. Employees are becoming human capital, to be deployed and developed as efficiently and effectively as possible. The platform economy and automation are putting pressure on jobs. According to a German study, 14% of those questioned were fearful of losing their job (Holler 2017); this fear is most pronounced in the information and communication industries as well as in the financial services industry. Economisation is reflected in time pressure, a higher density of deadlines and tasks, pressure to multitask, an increase in temporary commitments (instead of permanent contracts) or intensified competition between employees. Economisation is proven by a number of studies (although due account should be taken of the target audience when evaluating the findings). According to the DGB-Index, 60% of employees feel rushed or under time pressure (DGB-Index Gute Arbeit 2017), while in Switzerland, according to the Job Stress Index, a quarter of employees feel exhausted and stressed (Gesundheitsförderung Schweiz 2016). A study by Swisstaffing found that 80% of temporary employees would like to have a permanent position (Spichiger & Osterfeld 2015), while 60% of German employees are faced with the stress of multitasking (Komus et al. 2016). Economisation goes hand in hand with a commitment to ongoing training. In Germany, 78% of those questioned said that technological innovations mean they constantly have to update their skills (Arnold et al. 2016). Anyone who does not commit to further training will eventually no longer be employable. However, not all employers are so far-sighted as to invest financially in their employees or allow them to engage in further training while working. Ultimately, there may be a future virtually without work, in which all tasks are performed by machines. Then we would engage in work indirectly (Daum 2017), for example by providing our data. In this case, however, reference is made to the particular problem that would result from depriving individuals of their sense of purpose.

#### **Work that encourages narcissism – an exaggerated sense of self**

The economisation of knowledge work, the skill shift and new organisational forms all require individuals to have a distinct level of personal competence if they want to remain healthy and satisfied. This inevi-

tably requires us to take a more critical look at ourselves – our strengths, weaknesses and peculiarities as well as our appearance and own values. If we want to be competitive, we not only have to be sure of ourselves, but also engage in ongoing skills development and “market” our individuality. Stigmas and oddities can even be helpful, depending on the job market. This carries with it the risk of narcissism – an inability to take a step back from oneself. Narcissistic personality disorder involves exaggerated feelings of self-importance as well as self-loathing (Kohut 1976). Narcissism is intensified by various self-tracking methods, beginning with step counters (paradoxically used by employers in WHM measures or even by health insurance companies with an interest in transparency) and continuing with (self-) monitoring of clicks received on articles posted on social media (whereby professional social networks such as XING and LinkedIn are gaining in importance due to new forms of cooperation and their future significance for recruitment or active sourcing). Because our appearance has an impact on our economic success, narcissism also has a physical component, which varies depending on the gender of an individual. According to a study by Health Promotion Switzerland (Gesundheitsförderung Schweiz 2017), 59% of young women believe that they are too fat. Men, on the other hand, suffer from fitness and muscle addiction (Fritz 2017): 54% of the young men surveyed wanted more muscle, with 4% using anabolic steroids, 1% using creatine and 13% using nutritional supplements to achieve this.

### **Alienation from work – loss of the connection to work**

For many people, digitalisation means working in front of a screen. Thus the tactile and physical aspects of working are often lost. Under certain circumstances, digitalisation can cause fragmentation. 15% of Germans believe that the demand for their skills is falling. In a study published in 2016, three-quarters of executives surveyed believed that their employees were bored at work (Half 2017). The most important reasons cited for this boredom were being underemployed (30%), too many or poorly organised meetings (30%), and a lack of variety and diversity (22%). Digitalisation causes an individual to become alienated from their work when the connection to the product, the activity or their own self is lost (Elbe 2014). This alienation can be psychologi-

cally dangerous if social relationships are lost (e.g. through decentralisation, zone concepts or working from a home office), value creation becomes invisible (e.g. in e-banking, where customers complete their transactions at home and so hardly visit their local branch any more) and employees can no longer relate their work to themselves. In the “DGB-Index Gute Arbeit”, 45% of those questioned expressed feelings of powerlessness as a result of digitalisation, or of being at the mercy of digital technology during their work. This sense of powerlessness is sustained by new working environments because old (external) anchors for a person’s working identity such as individual offices, (contributions to) a company car, hierarchies, occupations, job descriptions or even firm corporate boundaries are becoming less important. Fixed team configurations are also becoming less frequent in the new world of work. These developments emphasise the importance of identity development for the new world of work in order to enable employees to secure themselves against external instability by means of internal anchors. Maintaining a mindful lifestyle and nurturing personal relationships also helps. In general, it is good to question work as a source of meaning every now and then, i.e. to seek purpose in life outside of work (Kitz 2017).

### **Removal of boundaries in relation to work – loss of the ability to “switch off”**

An increasing number of employees have the opportunity to work from a home office. The removal of boundaries or limits is shown in the individual’s need to be permanently online – in the increasing overlap of analogue and digital reality during the process of virtualisation. Colloquially, we refer to mobile phone addiction, while scientists speak of destructive or excessive and problematic Internet use (Richter et al. 2016). This is linked to the world of work because for those engaged in knowledge work, digitalisation applies to their communications, working locations and tools. In addition, continuing education involves also obtaining digital information about current developments in the evenings and on the weekends. According to Fachverband Sucht, no precise figures are available at present (Richter et al. 2016). However, Sucht Schweiz lists depression, the feeling of a loss of control and stress as psychological consequences of destructive Internet use. At a social level, the information document speaks of



isolation, family issues and money problems (Schweizerische Eidgenossenschaft 2017). It has been confirmed that the new work has negative effects on sleep quality. 19% of people under the age of 30 believed that they slept less well if their phone was lying on their bedside table next to them. People who are glued to a screen before sleeping risk reduced melatonin production, which in turn can disturb control of the day/night rhythm. As a result, it takes longer to fall asleep, and the REM sleep phase is less intense (Gmel et al. 2015). Bad sleep in turn leads to somatic problems, back pain, exhaustion and headaches (Gmel et al. 2015). 8% of Germans (Wohlers & Hombrecher 2017) regularly take sleeping pills, while in Switzerland the figure is 7% (Suchtmonitoring Schweiz 2018).

### 5.1.3 Opportunities of the new world of work – positive effects of digitalisation on mental health

The new world of work does not necessarily have to be accompanied by negative consequences for mental health; the opposite can even be the case. In fact, digitalisation can help reduce the threats described. New forms of digital communication can become means by which mental health is supported – in particular through increased self-reflection. These may include apps, chatbots (text-based, technical dialogue systems) or digital processes (instead of paper-based forms). New forms of work and associated new concepts of leadership can also reduce the psychological risks of the world of work. As mentioned at the beginning of the chapter, this requires organisational digital literacy on the part of employers as well as personal digital literacy on the part of employees. The potential positive changes to mental health are briefly outlined below.

#### New quality of self-reflection

Digitalisation and the new worlds of work associated with it are creating new opportunities for self-reflection. These counteract the risks of alienation and the removal of boundaries. The source of this new quality of self-reflection is found in digital tools that disclose our behaviours, including apps and wearables (e.g. fitness trackers) for monitoring our own health-promoting activities. These show how many steps we took or how much water we drank. Other

tools offer short meditation exercises (7Mind GmbH 2018) or help us assess our well-being. Particular mention should be made of programmes that measure sleep, and those that regularly remind us to carry out a subjective assessment of our current state of happiness. Data can be thought of as a new dimension in prevention (e.g. in terms of stress). Of course, the data collected may also lead to greater surveillance and limits on freedom.

Self-reflection is also strengthened by new organisational forms (for an overview see Laloux 2016), such as project exchanges or holacracies where commonality often brings greater decentralisation, and new concepts of leadership. After all, in order to find your place in a network, you have to know who you are. Human resources and managers can foster this engagement with the self by means of feedback tools, supporting a culture of feedback, or corresponding training modules. Our profiles on social media, both private and professional, play an important role forcing us to come to terms with who we are, what we want and what we can do.

#### Easing of everyday burdens due to digital tools

A second benefit of digitalisation is its ability to reduce employees' administrative workload. If the time spent carrying out tedious tasks is lessened – such as by recording expenses through apps, using QR codes to pay bills, or automating appointments by means of artificial intelligence (x.ai 2018) – this should also reduce stress. Burdens are also eased if new forms of work, new workspaces and new working conditions lead to a reduction in interfaces and the need for management supervision. Co-working or video telephony can reduce the stress of commuting. Obviously, achieving this kind of reduction in “supervision-itis” takes courage from experienced managers to actually provide these types of freedom. This means doing away with “management by sight”, investing in the digital working environment, and counteracting the culture of copying people in on e-mails and arranging meetings by investing in corporate culture. Administrative workloads can also be relieved by eliminating obsolete HR tools such as Management by Objectives, as has already been done by a number of companies (Imwinkelried 2017). Finally, new digital tools can help reduce the heightened flood of information, which also has the effect of lightening the administrative burden. Often the courage to replace existing tools (e.g. e-mail) or

paper-based processes is simply lacking. The use of chatbots in HR, for example (e.g. for the settlement of expenses; Chatbotsmagazine.com 2018), could reduce employees' administrative workload to a significant degree in the future (but also involves new risks with regard to the removal of boundaries).

### **Increased self-efficacy**

The real core promise of the new world of work is to liberate people from administrative structures, allowing them to develop their creativity and their passions. In an ideal situation, employees experience a feeling of self-efficacy. Instead of the risk of alienation, they identify more closely with their work. At present, the concept of self-efficacy drawn from motivation theory (for an overview, see Rheinberg 2002) is experiencing a renaissance, particularly due to the work of star philosopher Hartmut Rosa (2017). Perceived scope for decision-making is decisive for an individual's sense of self-efficacy. The "DGB-Index Gute Arbeit" observes that this perception undergoes expansion as a result of digital transformation in 26 % of employees (Institut DGB-Index Gute Arbeit 2017), with the greatest increase taking place in the highest income bracket. Increasing self-efficacy requires greater freedom for employees to work at a time they select in a location of their choice. For people with physical disabilities, new technologies mean new opportunities for integration, such as when computers can be controlled by voice.

### **New social integration**

Finally, the new world of work brings with it additional possibilities for networking, finding fellowship with like-minded people and thus identification, social embeddedness or integration. It has never been so easy to find people with similar needs, interests, challenges or personal difficulties – even mental illnesses. The vision of the new world of work (e.g. Bergmann 2017 or Cachelin 2017b) is one of communities comprising self-determined people who share values and work together on similar visions. One e-mail is enough, and you usually get the opportunity to talk to someone for an hour. Employment relationships (and, by association, project marketplaces or trainee programmes) increasingly extend beyond the boundaries of individual companies (Cachelin 2017a). In the context of job crafting (Spiegel.de 2017), we seek out individuals with the same interests and similar work motivation – both inside and

outside our own company. Examples include co-working offices (Josef & Back 2016), where employees from very different companies share a workspace. Needless to say, this package of benefits also requires personal competence. Strong self-confidence is fundamental to enable an individual to open up to people who are similar but strangers in new and unknown configurations. However, those who are extremely self-absorbed and strive for confidence in themselves are bound to face the risk of narcissism.

### **5.1.4 Recommendations**

In this final section, we have compiled a series of recommendations that serve to actively shape the digital world of work. The recommendations aim to avoid risks to mental health and to exploit the positive effects of digital tools. Since ultimately, digital literacy is key to the occurrence of opportunities or risks, the recommendations also aim to strengthen digital literacy among employees and within organisations. In a world where work is networked, everyone bears a part of the responsibility, and so the suggestions are also directed at different institutions and bodies. One final important theoretical note: health spreads in networks (Spektrum.de 2008). In other words, our level of happiness or confidence also depends on our relationships and can influence the mental health of our fellow human beings, in and through our work.

#### **Recommendation to experts in the new world of work:**

##### ***Avoid abridged negative lines of argument and incompetence in new media***

Strong digital literacy is a must for anyone who wants to be taken seriously in the discussion about the consequences of digitalisation. This applies particularly to those who want to protect us from the risks. It holds true for parents, teachers, line managers, trade unions and politicians. Those who only refer to the risks of digital transformation without also recognising the opportunities presented by the new world of work will lose credibility in the eyes of those concerned. This is important if they wish to be heard by the digital-savvy individuals involved in structuring the future world of work. Generations Y and Z in particular pay attention both to content and

to the way in which information is conveyed, in order to decide whether to trust an addressee. This means that campaigns on the risks and opportunities of the new world of work must be presented in a digitally consistent way and, if possible, in dialogue form. This can also mean preparing a campaign in the form of chatbots rather than in the form of printed PDFs.

**Recommendation to employers and HR:**  
***Strengthen personal and organisational digital literacy***

Whether the opportunities outweigh the risks of digitalisation (or vice versa) in relation to mental health depends on the digital literacy of the individual and the organisation in the chosen line of argument. Digital literacy reduces the risks to mental health and allows us to exploit the advantages of ongoing digitalisation in everyday life and the world of work. On the one hand, digital literacy includes IT literacy; on the other, it includes a personal pleasure for tackling changes. At the technical level, this means employers should empower their employees to use digital tools, but being provided with hardware and software should not be seen as a new status symbol. In addition, when discussing digital literacy, one should not underestimate the fact that smartphone use in Switzerland is below average compared with other (especially Scandinavian) countries, but is already at 73% (2017; Bundesamt für Statistik 2018). Digital literacy can only be taught in the classroom to a limited extent, since it is not (or not only) knowledge in the true sense. A digital mindset is more important. In addition to enjoyment of change, it requires courage to keep moving out of one's comfort zone and to recognise mistakes as an opportunity to learn. This attitude can be changed most effectively by means of low-threshold formats such as lunchtime presentations or speed dating with free coffee (and suggested subjects for discussion about the future of work, its opportunities and risks) – or with targeted interventions in corporate culture (Cachelin 2016a). Employers need to raise awareness among their employees that this kind of change in culture can take a number of years.

**Recommendation to employers, HR and WHM:**  
***Address concepts of leadership***

If the working world of the future aims to free people from administration, monitoring and economisation, there needs to be a fundamental discussion about

leadership. Push leadership has to become pull leadership (Cachelin 2015), while hierarchies must give way to networked structures, such as cooperation in projects.

New leadership activities such as moderating, coaching, networking and empowering are coming forth. This change will not be possible without today's managers losing some of their power. If managers are to lead their employees into a new world of work, they should not be afraid of it and, in particular, should not perceive the changes associated with digital transformation as a threat. If they act as custodians, holding on to existing conditions, they will pass the pressure on to their employees. Responding to the psychological risks of a new world of work means employers must invest in leadership development. The focus here is less on professional competence and more on strengthening resilience and examining self-perception and the perception of others. Cultures of fear should give way to cultures of feedback. One important topic is the promotion of self-reflection, to enable individuals to cope with the loss of status symbols and the security previously provided by defined roles and structures. In addition, organisations with digital maturity should have the courage to address any inadequate concept of leadership. If managers and their leadership style are no longer consistent with an (agile) culture, they will act as multipliers, passing on their dissatisfaction.

**Recommendation to employers, HR and WHM:**  
***Address the psychological effects of digitalisation explicitly***

To prevent possible negative consequences of digitalisation as regards the removal of boundaries in relation to work, it is important to have jointly negotiated rules as well as personal competence. These may generally be issued in the form of laws or policies or can be developed at a decentralised level in teams. Forgoing general regulation offers the advantage of being better able to take account of specific situations (e.g. job profiles or personal preferences). However, if rules are implemented decentrally, this is more challenging for managers because they would be in charge of negotiating the rules, ideally by means of dialogue. In any case, the rules should address mutual expectations regarding communication during non-working hours or the possibilities and limitations of mobile working and

the home office. This in turn highlights the organisational aspect of digital literacy which is reflected in the corporate culture – and thus in the concept of leadership and the dominant concepts of the individual. In real terms, “taster weeks” (Cachelin 2016b), games or lunchtime talks can help to address these issues appropriately. Online training courses or posts on the Internet should also incorporate the opportunities and risks of the new world of work. To increase the impact, members could blog on these topics or managers could be supported with a workshop kit. Because there are direct opportunities resulting from digitalisation, by means of corresponding apps (for meditation, for going offline or for self-reflection), for example, an exciting app could be presented every month.

#### **Recommendation to trade unions:**

##### ***Greater focus on psychological risks***

The SECO report on digital structural change mentions the risk of trade unions losing their significance, as a result of the fact that more and more people are working in the service sector and in knowledge-intensive professions – areas that are traditionally less well covered by trade unions – rather than in industry. Trade unions have their roots in the protection of workers engaged in intensive physical activities. However, the new world of work is likely to lead to an increase in the number of people working in atypical employment relationships, which are generally overlooked by trade unions. In addition, in the future, employees are more likely to suffer from mental health problems as a result of work rather than physical disorders. Aside from greater focus on a new clientele, given the risks described above and the structural change that is currently taking place, this presents trade unions with a huge opportunity to take a stand on the mental health risks outlined. The more work becomes knowledge work, the more the non-physical risks associated with work will come forward. Trade unions will only be able to influence this discussion if they themselves possess digital literacy and avoid a one-sided risk debate. Only then will they be able to help shape change.

#### **Recommendation to the individual**

##### ***Take care of your mental health***

The new world of work offers new possibilities for us all. But equally, it also obliges us to make use of the new freedoms. How can we all handle this requirement? Firstly, it is obvious that lifelong learning will become even more important. Continuing education will mean in particular a focus on strengthening one’s creativity and relationships, so formal education is also desirable, as well as travel, changes of perspective and career breaks. Secondly, self-reflection is not only the key to survival in the working world of the future, but also to developing a mindful approach to the digital world, its tools and networks. We can promote these elements through moments of silence, coaching, psychotherapy or simply through honest conversations with our fellow human beings. The point of digital transformation cannot be to turn us all into hyperdigital, machine-like cyborgs. However, we will all be obliged to find our position in relation to future technologies and new socio-political designs and reforms, and we all have to find a healthy way to cope with the analogue and digital worlds. Each of us must choose our own personal approach, in accordance with our individual abilities, preferences, habits and needs.

#### **Links**

- Human factors and the future of work: [https://www.zhaw.ch/storage/psychologie/upload/iap/studie/IAP\\_Studie\\_2017\\_Englisch\\_Part\\_1\\_final.pdf](https://www.zhaw.ch/storage/psychologie/upload/iap/studie/IAP_Studie_2017_Englisch_Part_1_final.pdf)
- The future of work and its risks in science fiction films: <https://www.wissensfabrik.ch/digital-nachhaltigerarbeitgeber/>
- On alienation from work: [http://www.rote-ruhr-uni.com/cms/IMG/pdf/Entfremdete\\_Arbeit.pdf](http://www.rote-ruhr-uni.com/cms/IMG/pdf/Entfremdete_Arbeit.pdf)
- Swiss Work Smart Initiative: <http://work-smart-initiative.ch/de/>
- Effects of digitalisation on employment and working conditions – chances and risks: [www.seco.admin.ch/digitalisierung](http://www.seco.admin.ch/digitalisierung)

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## 5.2 Mobile/flexible working and health



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In the following chapter we will show first the prevalence in Switzerland of work which is flexible from both a temporal and locational perspective – mobile/flexible working (Chapter 5.2.1). Secondly, we will explain that the actual design of mobile/flexible working in organisations determines whether the resultant impact on health will be more positive or more critical (Chapter 5.2.2). A particular distinction must be made regarding the extent to which flexibility requirements can be defined by the organisation in terms of its capacity or whether flexibility options can be used on the basis of the needs of individual employees. As discussions about mobile/flexible working have rekindled reflections on ideal office and spatial design, we discuss in detail how mobility

and flexibility are finding their way into the office, and how newer office concepts take due account of employee mobility, the diversity of working activities and the associated flexible use of different workplaces, zones and spaces. Using two specific examples, we illustrate what needs to be taken into consideration in terms of mobile/flexible working and office design (Chapter 5.2.3). In Chapter 5.2.4 we make recommendations for the positive design of mobile/flexible working.

### 5.2.1 Mobile/flexible working in Switzerland: importance and prevalence

#### What is mobile/flexible working?

In the following, mobile/flexible working is understood as a type of working that extends beyond the workstation at the employer's premises to other locations such as at home, on the road, in a coworking space or at the customer's premises and can take place at times other than the typical daily business hours of 7 a.m. to 7 p.m. The prerequisite for this way of working is support provided by information and communication technologies such as mobile devices, WLAN access, cloud data storage, etc., which make it possible to work outside the company in the first place (Schulze et al. 2015). As a concept, mobile/flexible working is close to teleworking (Garrett & Danziger 2007), but focuses more on the aspect of locational and temporal flexibility. As a rule, mobile/flexible working applies to employed individuals (Schat & Flüter-Hofmann 2012), although efforts are also currently under way to include self-employed persons in this definition (Weichbrodt et al. 2016).

**Mobile/flexible working means**

- not only working at a fixed workstation at the employer's premises, but also working in other places (locational flexibility),
- work does not always have to be performed at the same time; working hours may vary and work can also be performed at atypical times (temporal flexibility), and
- information and communication technologies are used to enable this.

With mobile/flexible working, employees have at least a partial influence on their working location and working hours. Greater temporal and locational authority for employees and teams is accompanied by changing demands on the role of the manager (including an increased focus on achievement of goals and outcomes of work; fostering personal responsibility for performance and health).

**Why is flexibility becoming more important?**

Together, digital technologies and mobile devices open up possibilities for working independently of time and place. At the same time, companies are also facing increased flexibility requirements, for example due to global competition, technological advances and customer expectations, which demand a rapid response. Consequently, flexibility requirements are on the rise for employees at all hierarchical levels (Meissner et al. 2016). Companies want to use their employees in the best possible way, both in terms of time and location, on the basis of customer demand, order situation or organisational strategy, for example. Accordingly, just under 85% of companies in the manufacturing sector state that the greatest advantage of flexible working models is an increase in their flexibility, with only a small number mentioning advantages in relation to productivity and quality (Schat & Flüter-Hofmann 2012). At the same time, the working population would like flexibility options to enable them to achieve a balance between career, family and leisure time. In comparison with 1950, when employees in Switzerland worked an average of 2,400 hours per year, nowadays they work far less – 1,500 hours per year – but over a variety of working models, such as part-time work, and atypical working hours, such as shift work

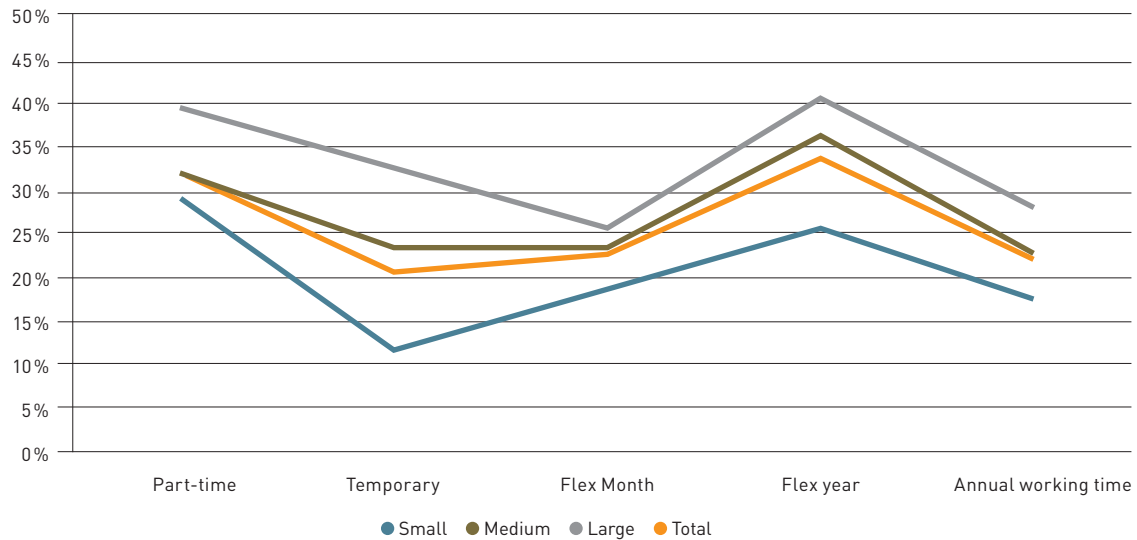
and night work (Siegenthaler 2017). Employees are no longer limited to working their hours from a workstation at the employer's premises; today they can work on the road, from home or in a coworking space. In addition to mobile/flexible working models, approaches that focus on flexible, agile working in network-like structures and that challenge traditional corporate hierarchies are in great demand (Robertson 2015). This is also reflected in novel concepts for office and workplace design that do away with dedicated workstations and allow employees to choose their workplace according to their needs or the task at hand (e.g. desk sharing, flexible office; Windlinger et al. 2015).

**Temporal flexibility in Switzerland**

Weekly, monthly and annual working time models with margins for daily start and end times (e.g. flexi-time) applied to 36% of employees in Switzerland in 2016, while just under 9% had no formal requirements at all regarding their working hours. For a slight majority of Swiss employees, the start and end times of their working hours were fixed (SAKE; Lässig Bondallaz & Murier 2017). According to the European Working Conditions Survey (EWCS study; Krieger et al. 2017), Switzerland has the highest proportion of employees (11.7%) who can set their working hours completely individually, whereas in the European Union the proportion is 5.6%. At the same time, there are more frequent regular short-term changes in working hours in Switzerland, where information about such changes will be partially provided only the day before or on the working day itself. The EWCS study also shows that part-time work is noticeably common in Switzerland, while rates of night and weekend work are comparable to other European countries. Figure 5.2.1 illustrates that larger companies in Switzerland are more likely to use flexible working time models than smaller companies.

The Bundesamt für Statistik (2017) estimates that Swiss full-time employees work an average of 43 hours per year of overtime which is not compensated by free time or reduced working hours. A quarter of the Swiss workforce reported working long hours, i.e. more than 48 hours a week or more than ten hours a day at least five times a month (Schweizerische Gesundheitsbefragung; Marquis 2014). This applied in particular to men over the age of 30 with a high level of education or who are

FIGURE 5.2.1

**Use of flexible working time by size category**

Prevalence of flexible working time models in Switzerland: flexible time on an annual basis (33.7%), part-time employment (32.3%), flexible time on a monthly basis (22.8%), variable annual working time (22.0%) and temporary employment (21.1%).

Bienefeld et al. (2018), Digitalisierung in der Schweizer Wirtschaft: Ergebnisse der Umfrage 2016. Teil 2: Ziele, berufliche Kompetenzen und Arbeitsorganisation, p. 20

self-employed. Among highly qualified employees, work with temporal flexibility is more widespread than among the general population (Genner et al. 2017). However, the proportion of long working hours is also particularly high in the agriculture and hospitality industries (Krieger et al. 2017). 5.1% of Swiss employees provided a standby service or worked on-call in 2016 (Lässig Bondallaz & Murier 2017).

**Locational flexibility in Switzerland**

According to the FlexWork study, which is representative of Switzerland, in 2016 about 38% of employees (about 1.8 million individuals) not only worked at their employer's premises, but also spent a proportion of their time working in other locations such as a home office or on the train. Regularly (from several times a month to several times a week), 24% of the working population work on a mobile basis (Weichbrodt et al. 2016).

**FlexWork Survey 2016**

The "FlexWork Survey 2016" study conducted interviews with 2003 individuals and 594 companies and authorities in the German- and French-speaking regions of Switzerland. The study was commissioned by the Swiss Work Smart Initiative and was carried out by the Hochschule für Angewandte Psychologie (FHNW) in the spring of 2016.

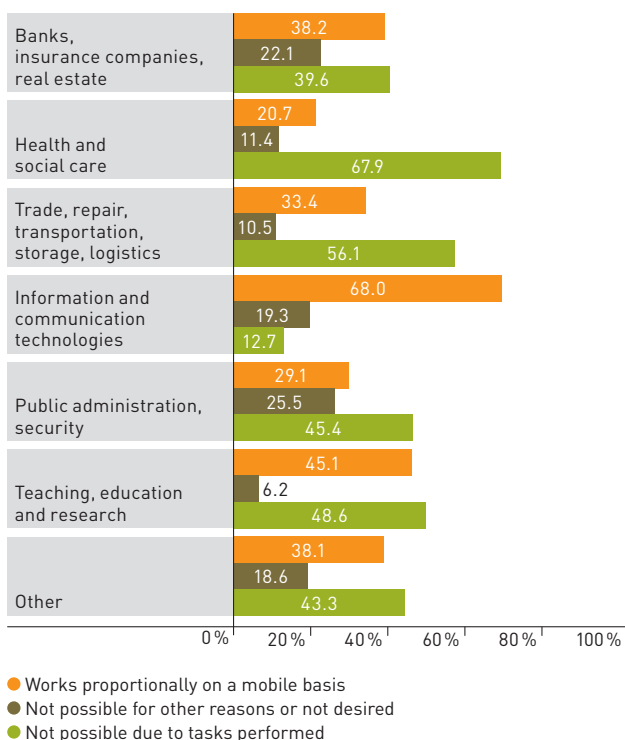
Link: <http://hdl.handle.net/11654/24099>

Compared with 2014, a significant increase was observed in 2016 in relation to working on the road and outdoors, as well as a decrease in work at the customer's premises. In the 2016 survey, just under one third of all Swiss workers stated that they would like the opportunity to work on a mobile basis more or more often in the future (Weichbrodt et al. 2016). For 45% of the workforce, the nature of the tasks

they perform is one of the most important reasons preventing mobile working. A certain reluctance to offer mobile forms of work was also observed among Swiss companies. A Swiss-wide, representative company survey conducted by the Swiss Economic Institute at ETH Zurich showed that fewer than half (48%) of the surveyed companies offer a home office option and just under a third (30%) offer mobile working on the road and/or at different locations (Bienefeld et al. 2018). Large companies are much more likely to offer their employees home office and mobile working opportunities than medium-sized and small companies. No significant differences were observed between the Swiss regions; however, those companies located in rural areas were more likely to respond that mobile working is not possible than those located in cities and agglomerations (Weichbrodt et al. 2016). The striking differences between industries are illustrated in Figure 5.2.2. Mobile/flexible working is most widespread in

FIGURE 5.2.2

**Distribution of mobile/flexible working by sector in percent (excluding industry, manufacturing, energy, due to lack of data)**



Weichbrodt et al. (2016)

the “Information and communication technologies” and “Teaching, education and research” sectors. In the sectors where mobile working is less prevalent, such as in “Health and social care” or “Trade, repair, transportation, storage, logistics”, it is often the case that mobile working is not possible due to the tasks performed (Weichbrodt et al. 2016).

Women engage in mobile/flexible working less frequently than men because they are more likely to work part-time and are more likely to do tasks where mobile/flexible working is not possible. Another difference in the distribution of mobile/flexible working in Switzerland is between age groups. Individuals in the youngest age group (up to age 24) are least likely to engage in mobile working, and they are also least likely to be able or allowed to work in such a way due to the tasks performed. In contrast, a good third of those aged 55 to 64 spend a proportion of their time engaged in mobile/flexible working. Compared to the other age groups, this group is significantly more frequently represented in the group of those who engage in flexible work “very often”. This indicates a higher weighting of locational and temporal autonomy during the transition to retirement. Among those who work on a mobile basis, the majority state that they have freely chosen a mobile form of work, while for almost one in five, mobile working is a job requirement (Weichbrodt et al. 2016).

With regard to mobile working inside offices, as is typical for activity-oriented office concepts with a free choice of workstation, only rough estimates currently exist in relation to prevalence, amounting to between 10% and 30% worldwide (Steelcase 2016). A cautious extrapolation by the *Neue Zürcher Zeitung* dated 1 April 2017 (Steck 2017) results in an estimate for Switzerland of approx. 10% of the working population, primarily in large companies with desk-sharing rates of between 0.6 and 0.9 (ratio of workstations to employees).

### Other aspects of flexibility

In addition to temporal and locational flexibility, there are other flexible forms of work which are not included in the focus of the present article but should be mentioned briefly. For example, companies may refrain from permanent employment, instead employing individuals via third-party companies or as freelancers in order to be able to react more flexibly to market changes. Crowdsourcing platforms pro-

vide workers for short-term employment. Such “gig workers” only account for 2% of Swiss workers (Pekruhl & Vogel 2017). Similar numbers are observed for contractors (2.5%), who are self-employed but spend over 75% of their time working for a single client. A detailed analysis of atypical precarious employment in Switzerland shows that such jobs are more common in certain sectors (such as the hospitality industry, the arts or in private households) and in certain regions (Ticino and the greater Geneva area) (Ecoplan 2017). The social challenges cannot be addressed here. It should be stressed, however, that the insecurity associated with atypical employment conditions favours the development of health-critical effects.

There is little reliable data available for Switzerland in relation to the distribution of management concepts which require a particularly high level of flexibility, such as holacracy or agility. In a representative study of Switzerland, Germany and Austria, 4% of employees stated that they use agile methods on a daily or weekly basis (Weckmüller 2017). However, it is well known that agile methods have become predominant among IT companies in comparison with traditional project management methods, even in Switzerland (Kropp & Meier 2017).

### 5.2.2 The importance of mobile/flexible working for health

In occupational science research, the effects of working time on health are well documented (see information box providing facts from occupational science). Long working hours of more than ten hours per day or more than 55 hours per week, short recovery times or the absence of breaks have proven to be health risks. To what extent does mobile/flexible working affect these health-relevant parameters?

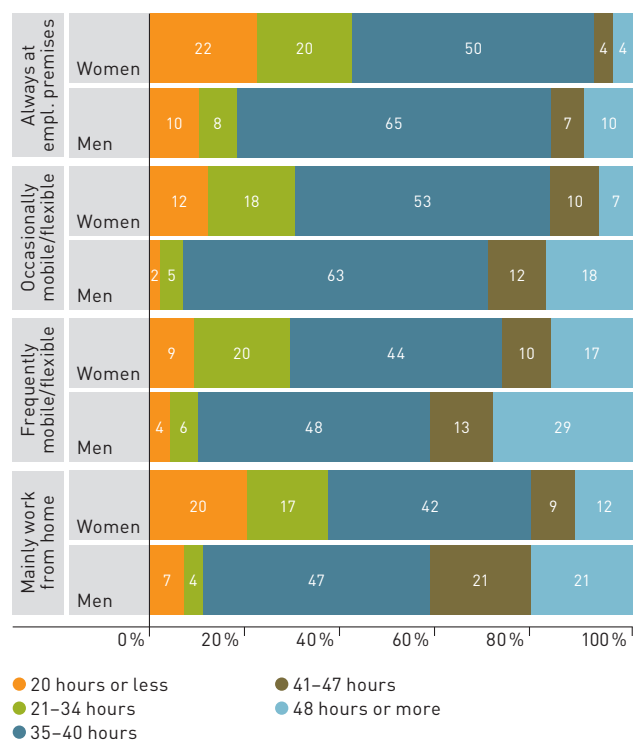
The impact of mobile/flexible working on extended working time is now well documented and is reflected, for example, in the pan-European EWCS studies. Messenger et al. (2017) make a distinction between four profiles of mobile/flexible working in terms of scale and preferred location: *mainly* work from home, *frequently* mobile/flexible, *occasionally* mobile/flexible or *always* at the employer’s premises. Employees who engage in mobile/flexible working are more likely to work more than 48 hours a week compared

to employees who work in a single location on company premises (see Fig. 5.2.3). This relationship between mobile/flexible working and longer working hours persists even after controlling for other influencing factors such as gender, age and country, even though men generally tend to work longer hours.

A connection has also been discovered between mobile/flexible working and when working hours occur, whereby those who engage in mobile/flexible working tend to work until later in the day and on Saturdays significantly more frequently than those who work in a single location (Messenger et al. 2017). A similar connection is reported by Degenhardt et al. (2014) for Switzerland. Employees who engage in mobile/flexible working are also more likely to miss out on breaks than those who work in a single location. An online study by Degenhardt et al. (2014) of approx. 600 employees who used a home office showed that around half of those who regularly worked from a home office stated that they took breaks infrequently or belatedly. In summary, em-

FIGURE 5.2.3

**Mobile/flexible working and working time**  
Proportion as a percentage



Derived from Messenger et al. (2017, 22)



ployees who engage in mobile/flexible working work longer hours, work outside of normal business hours more frequently and take fewer breaks. This correlation between the extent of mobile/flexible working and the work intensity experienced is also supported by the observation from the EWCS study that employees who work more frequently in different locations report a higher level of stress than those who primarily work at the employer's premises (Messenger et al. 2017).

Another proven effect of mobile/flexible working relates to work-life balance. In the 2016 EWCS study, those who worked frequently in different locations indicated difficulty in fitting their working hours around their family or social obligations, with the best match reported by those who worked more often from a home office. On the other hand, employees who worked frequently from home in particular complained about a blurring of the boundaries between work and private life. Messenger et al. (2017) suggest that training on boundary management may be useful (see also Gisin et al. 2014 and 2016).

### **Autonomy and mobile/flexible working**

To understand the impact of mobile/flexible working on health, a distinction needs to be made between flexibility which is required by an organisation in terms of capacity, and flexibility that can be controlled by employees. A recent review on the state of occupational science research made this distinction and showed that the links with health follow the predicted pattern (Amlinger-Chatterjee & Wöhrmann 2017): Flexibility "decreed" for organisational reasons was determined, for example, on the basis of a lack of predictability of working hours, irregular and variable working hours as well as on-call duty or being on standby. This tends to go hand in hand with negative consequences such as exhaustion and stress. Individual flexibility which can be influenced by the employed person includes opportunities for involvement, such as the possibility of influencing start and end times, break times, number of hours, when working hours occur and vacation days. Flexibility that is tailored to the individual tends to be associated with better health and fewer absences (Amlinger-Chatterjee 2016; Wöhrmann 2016). For example, if employees are able to influence the start and end times of their working day or can predict

their working hours in advance, then this tends to be associated with a better work-life balance and fewer complaints. When it comes to mobile/flexible working, the flexibility frequently originates from the individual: more than half of Swiss employees who engage in mobile/flexible working do so voluntarily (Weichbrodt et al. 2016). The reservation should be noted, however, that the effects of organisational versus individual flexibility on health are rather weak, i.e. they only explain a small proportion of the differences in health, and thus other influencing factors have to be considered (Amlinger-Chatterjee & Wöhrmann 2017).

### **Actual structure of mobile/flexible working is crucial for health**

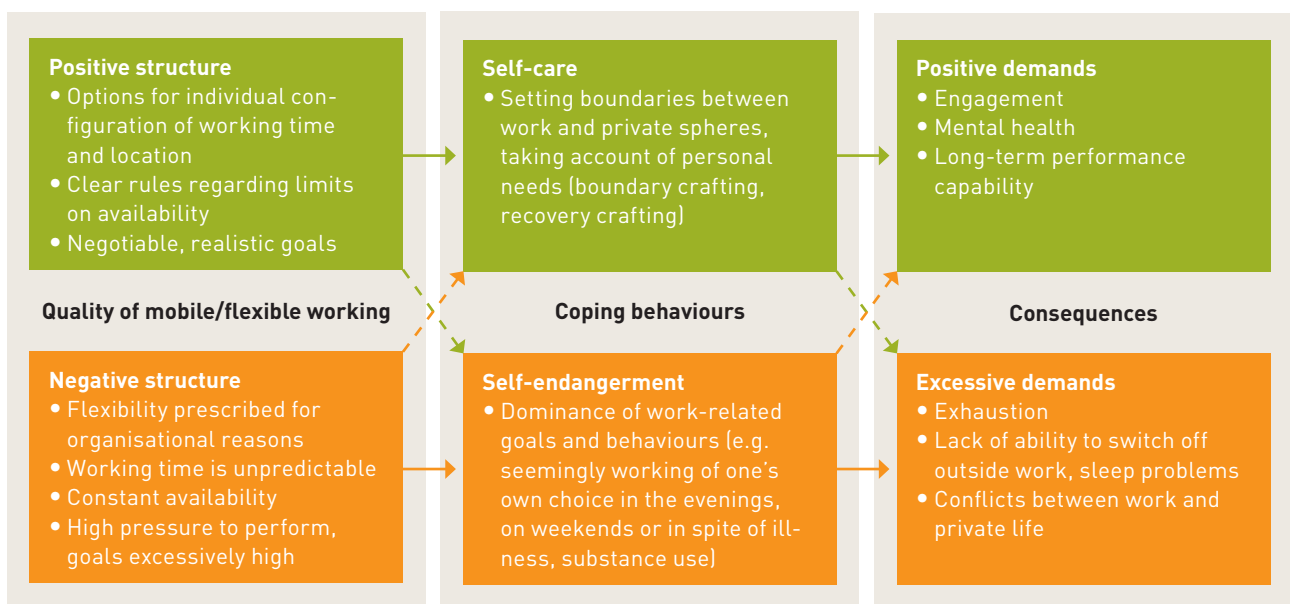
Freedom of choice in relation to working location and time does not necessarily lead to working hours that promote health. The question is how to structure mobile/flexible working so that the positive health effects prevail. The growing importance of mobile/flexible working in progressive organisations cannot be attributed solely to technical innovations (mobile devices, working in the cloud, etc.), but also relates to new forms of performance control that leverage self-regulation, initiative and employee creativity more effectively for the business. This development has been observed for some time in the field of sociology in particular, and various terms have been used to describe it such as "employee entrepreneur", "subjectification" or "indirect control" (Meissner et al. 2016). Essentially, the new practice of indirect control includes the requirement that individual employees and teams focus more on the market and on the customer, take responsibility for the success of their work and prove their economic contribution to the company's success by contributing to key performance indicators, for example (Krause & Dorsemagen 2017). In this respect, it is the degree of target achievement that matters, not working hours or attendance time. According to Peters (2011), indirect control leads to employees developing an entrepreneurial interest in success and reaching their performance limits on their own (i.e. without direct instructions from a manager) in order to achieve success and avoid failure. This phenomenon is referred to as motivated self-endangerment, which occurs when individuals attempt to meet work-related demands at the expense of their

own regeneration and health, such as by extending and intensifying working hours, taking stimulants and sedatives, or working when ill (Krause et al. 2015). If external limits and thus the external justification for setting limits are absent when requirements increase, this can lead employees to behave in such a way as to ignore individual performance capacity. Even if such behaviours have the desired performance-enhancing effects in the short term, they can present a risk to health in the long term. Since mobile/flexible working can feature a reduced or entirely absent level of external limits, employees must possess decision-making skills and the ability to impose limits if they are to engage in this form of work. When working from a home office, for example, it is completely possible for an individual to work on more extensive or time-critical assignments for 12 hours or more and to continue to work the next day without having 11 hours of rest. If aspects of motivated self-endangerment persist over a longer period of time during mobile/flexible working, this can be viewed as an indication that the mobile/flexible working structure is lacking a health-oriented approach (Krause et al. 2015).

When engaging in mobile/flexible working, deliberate engagement with one’s own personal resources promotes self-care (Krause et al., in press), including self-directed improvement of working conditions (job crafting), consciously setting boundaries between work and other areas of life (boundary crafting), and shaping one’s own recovery during leisure time (recovery crafting). Depending on the framework conditions applied to mobile/flexible working in an individual organisation, positive or negative effects on health may be projected. Positive health effects, for example, are more likely to occur if the operational goals are negotiable and realistic, and if support is provided or goals adjusted when particular difficulties occur (e.g. long-term illness of colleagues in a team). This prevents employees from compensating for unrealistic performance expectations by removing limits from their working hours to the detriment of their recovery time. Figure 5.2.4 illustrates in summary that, when structuring mobile/flexible working, the quality of this structure is critical to the health and performance capability of the workforce (detailed explanation of opportunities and risks: Beermann et al. 2017).

FIGURE 5.2.4

**Specific structure of mobile/flexible working is of importance as regards effects on behaviour and health (dashed lines indicate negative correlations)**



### Facts from occupational science

Findings from occupational science on the duration of working hours and when they occur as well as on recovery times can be applied equally to mobile/flexible working, in the absence of any indications to the contrary. The Labour Act contains provisions that are intended to ensure health protection and place limits on maximum daily and weekly working hours. Self-management gains in significance in relation to mobile/flexible working, and so employees increasingly have to address this issue themselves and ensure that they comply with these requirements.

- The negative effect of long working hours is proven. Long working hours are often considered to be more than ten hours a day or more than 48 or 55 hours a week. Such long working hours are associated with increased health complaints, burnout symptoms and higher stress levels (Amlinger-Chatterjee 2016). A meta-analysis took longitudinal data (cohort studies) from more than 500,000 individuals into account. Compared with a 40-hour week, the risk of stroke increases by one-third when working more than 55 hours, or 27% (49 to 54 hours) or 10% (41 to 48 hours) (Kivimäki et al. 2015). When combined with other potentially unfavourable working time features (e.g. poor predictability of working hours, shift work), long working hours increase the risk of harm to health and social participation (Wirtz 2010).
- Accident risk increases exponentially from the eighth working hour (Rothe et al. 2017). About 13% of all accidents at work are attributable to sleep problems (Uehli et al. 2014).
- The risk of atypical working hours such as shift work for cardiovascular diseases has been proven (Vyas et al. 2012).
- A rest or recovery period of at least 11 hours must be observed between two working days. This rest period should be reduced to eight hours only in exceptional circumstances, and at most once a week. 20.8% of working men and 14.9% of working women in Switzerland had not observed the stipulated 11-hour rest period between two working days during the previous month (Krieger et al. 2017, 67). If the rest period is less than 11 hours, then the length of time spent sleeping is reduced (Arlinghaus 2017).
- Employees engaged in mobile/flexible working can often make their own decisions about when to take a break, but then breaks are often delayed or missed entirely (Degenhardt et al. 2014). The use of several short breaks (with a single break lasting only a few minutes or a maximum of 15 minutes) proved conducive to reducing musculoskeletal problems and fatigue as well as positively influencing mood and work performance (Wendsche & Lohmann-Haislah 2016). If an individual works during their leisure time, this can mean they are less successful at switching off from work (Wendsche & Lohmann-Haislah 2017). Challenges such as time pressure increase engagement but also reduce the quality of recovery processes, making it particularly important to consciously use recovery strategies during leisure time (Bennett et al. 2018).
- Conflicts between work and private life lead to negative effects, and these in turn can stimulate conflicts between work and private life (Nohe et al. 2014). It has been proven that mobile/flexible working can have compensatory effects in relation to work-family conflict, but it is even more important for an employee to receive support in maintaining a balance from managers and their company (Allen et al. 2013). Temporal flexibility has a more stress-reducing effect than locational flexibility. In addition, the very concept of temporal flexibility has an impact in principle if it is possible, even if it is not used. In contrast, locational autonomy acts as a resource when it is actually used (Allen et al. 2013).
- Working part-time has a positive effect on health. Thus part-time work was identified from surveys in Switzerland as an important resource with the Job Stress Index: "People who work full-time are more exhausted than those working part-time. This is especially true for those aged 25 to 39. Whether an individual is exhausted or not depends much more on whether they work full-time or part-time than on their age" (Ilgic et al. 2016, 4).

### Side note: Effects of office design on health

In the past, and to some extent still today, office workplaces have often been considered to be a factual necessity rather than a resource for working. Investigations of the effects of office design on health have usually focused on physical and ergonomic aspects. However, more recent studies have shown that the office environment can also have an impact on mental health, both as a stressor and as a resource (Windlinger et al. 2014). The following describes the design aspects of office environments which can affect the health of those using them. The functionality and adequacy of the working environment are of paramount importance when it comes to mental health. They describe the extent to which the working environment is suited to work tasks and processes, the culture of the organisation, and individual and group-related needs (Rashid & Zimring 2008). Office environments also always carry symbolic messages. High-quality, attractively designed working environments can express the organisation's high level of appreciation of its employees and make them feel proud (Goins et al. 2010; Windlinger et al. 2015).

In addition to these predominant aspects, it is possible to make a distinction between three groups of environmental determinants with an influence on health (McCoy & Evans 2005):

- The material environment includes building materials, furniture, location of the building, spatial organisation and layout (Rashid & Zimring 2008). The subject which is probably most frequently discussed in relation to health and office space is the basic office form or office type, often addressing the effect that the office type or the openness of the office layout has on our health ("Do open-plan offices make us ill?"). However, there are no studies with reliable results which would indicate whether open-plan or cubicle offices are generally better for our health (De Croon et al. 2005). On the contrary, it seems that there are both healthy and unhealthy forms of the different office types: open-plan offices and cubicle offices can be both good and bad. The quantitative description in terms of the number of people sharing an office is thus less significant for the purposes of health and well-being than the qualitative description of an office in terms of its perception and assessment by those using it. For example, perceived workplace and aesthetic quality are important predictors of well-being in relation to the material environment (Windlinger et al. 2015). The positive effect of plants and natural elements is also widely acknowledged (Gillis & Gatersleben 2015).
- The indoor environment includes acoustics, air quality, climate, light and the ability to influence or control these factors (Rashid & Zimring 2008). The most important factor in terms of health is acoustics. "Noise" is a constant issue in most offices. Generally speaking, there is no loud noise in offices; instead, there is a low to medium intensity background noise. In most cases, complaints about noise in the office relate to disruptive or annoying noises. The most common source of acoustic disturbance is conversations between co-workers in the same room, regardless of their volume. For office acoustics, intelligibility is more important than the volume of background noise (Liebl et al. 2011). Reducing the volume of background speech only helps if speech intelligibility is reduced at the same time to ensure that irrelevant linguistic stimuli do not lead to interruptions and distractions (Schlittmeier & Liebl 2015). In contrast to office acoustics, indoor climate and air quality can be regulated relatively well in terms of building technology, and the values are generally within the recommended range (Janser et al. 2015). However, subjective perceptions and assessments of climate and air quality have a greater impact on health than physically measurable variables (Hedge et al. 1996). The assessment of climate and air quality depends on the perceived ability to influence these parameters, and this affects well-being (Marmot et al. 2006). A similar situation applies to light: again, the possibility of individual adjustment is important for well-being (Veitch 2005). The presence of daylight is also key; the positive effect of daylight on the well-being of office users is well documented (Veitch et al. 2007).

- The socio-spatial environment relates to the fact that offices are usually used by multiple people together at the same time, and that their relative positions in that space have a social meaning. This dimension includes privacy, crowding and social density (Evans & Cohen 1987). The importance of privacy for satisfaction and well-being is consistently described in the literature (Veitch et al. 2007). Privacy is the endeavour to maintain an ideal level of interaction with other people, and is also referred to as selective control of access to the self (Altman 1975). In office design, individuals are supported in regulating such interaction by providing spaces where they can withdraw. If privacy is compromised, crowding can occur. However, the significance of crowding for the health of office users has not yet been sufficiently investigated from a scientific perspective. Finally, social density describes the number of people in a room. Social density is expressed above all in the frequency of disturbances and distractions that arise for individual office users and that can lead to stress reactions and negative health consequences (Baethge & Rigotti 2010).

For all these factors related to office space, however, the truth is in the eye of the beholder. These are users' perceptions and assessments in relation to well-being and health, rather than meas-

ured physical or chemical parameters. Studies conducted in Swiss offices show that the assessment of material factors (e.g. the quality and functionality of a facility) and the assessment of socio-spatial factors (e.g. disturbances, distractions, privacy) are more important influencing factors for health than the assessment of the indoor environment (Janser et al. 2015; Windlinger 2012).

They also indicate that the impact of the factors described above must always be considered situationally, since effects occur in interaction with each other, but also in relation to work tasks, corporate culture, applied technology and – last but not least – the chosen method of mobile/flexible working. Similar interventions do not necessarily lead to similar results, so planning or improvement of health-conscious office spaces should therefore be based on specific analysis and staff participation (Konkol et al. 2017). In order to achieve the best possible office environment design, each organisation needs to identify the factors that are critical in their offices in order to positively influence the mental well-being and engagement of their employees. In the context of WHM, measures in relation to office environments offer starting points with a low threshold in terms of time taken, complexity, investment and ease of explanation.

### 5.2.3 Good practice: Starting points for active design

The sections above show that mobile/flexible working per se does not have a positive or negative impact on productivity, well-being and health. Rather, it depends on the actual structure and organisation of the mobile/flexible working method chosen, taking into account the framework conditions of the respective organisation as well as the line managers, team and employees involved. There are checklists and guidelines that can help organisations to implement mobile/flexible working, such as a guide to designing a charter at the team level (Weichbrodt et al. 2015), or a managers' guide from the Work Smart Initiative (2015). However, it often remains unclear how this

assistance can be implemented in a specific case. Two examples of action-oriented good practice are presented below, providing the content of a policy for mobile/flexible working and recommendations for health-promoting flexible offices, and using Health Promotion Switzerland as an example.

#### Good practice 1: Policies for mobile/flexible working

The term policy is understood to mean rules and guidelines which are set out in writing and negotiated between those involved at various levels (e.g. between managers and employees at the organisational or team level). The development of policies has been proven in practice to establish a common understanding of the objectives and design of mo-

bile/flexible working. An assessment of operational practice shows that such guidelines are still rarely used: in the online survey by Degenhardt et al. (2014), written regulations were only available for approximately 10% of employees using a home office. More than 50% of home office users felt that their method of mobile/flexible working was not governed by a valid agreement with their employer (Degenhardt et al. 2014). By contrast, just under 80% of respondents in the online study by Tanner et al. (2014) said that they wished their mobile/flexible working method was explicitly regulated in written form or at the very least by verbal agreement.

In practice, the actual development and implementation of policies for mobile/flexible working repeatedly raises questions about the content of such guidelines. Based on experience gained in operational use (Tanner et al. 2014; Steffen et al. 2017), key characteristics of policies for mobile/flexible working are summarised below.

***(1) Policy content: Attitude of the organisation to mobile/flexible working***

Although in the past policies primarily focused on home offices, now they increasingly address both temporal and locational flexibility due to the widespread use of various third-party locations such as trains or coworking spaces (Tanner et al. 2014). Employees want their company management to set out a strategic position in relation to mobile/flexible working which provides direction and security (Tanner et al. 2014). In this context, the Swiss Work Smart Initiative has launched a “Charter for structuring flexible and location-independent working”, which 172 companies and organisations, representing almost 97,800 employees, have already signed up to (Work Smart Initiative 2015). Signing this Charter is an opportunity for strategic positioning. A typical strategic statement could be: “The Executive Board believes that more flexible ways of working present an opportunity to offer attractive, fair and healthy working conditions for employees, and also correspond to our corporate strategy of responding flexibly to client needs.”

***(2) Policy content: Regulating the approval process for mobile/flexible working***

Alongside a declaration of intent by the Executive Board, the process by which mobile/flexible working is applied for and approved is a second key section

of any mobile/flexible working policy. Very often, the decision as to who is permitted to engage in mobile/flexible working – and who is not – is assigned to the line manager (Tanner et al. 2014). In previous versions, the manager was required to justify permission given for mobile/flexible working, but there are now positive experiences with the opposite approach where line managers are only required to justify their decision to HR if they reject a request, for example a request for working from a home office. The formulation of binding eligibility criteria for mobile/flexible working has also proved helpful. Tasks that require an employee to be physically present in the workplace, such as in industrial production, in clinical consulting or even in agile project management teams, impose limits on temporal and locational flexibility options. The study conducted by Tanner et al. (2014) states that employees involved in team or project work would also like to have agreement and approval at the team level in addition to general approval by their line manager. Agreeing on a trial period for mobile/flexible working as well as a regular feedback process either in the management duo or in the team would also be sensible additions to the regulation process.

***(3) Policy content: Agreements on availability and reaction times***

Rules about availability, reaction times for e-mails, and the employee’s physical presence on company premises must be explicitly stipulated. Thus, in the study by Tanner et al. (2014) about 75% of respondents endorsed the concept of regulations on availability. In a wider survey of managers in Switzerland (Genner et al. 2017), 60% stated that they determined their own level of digital availability, while more than half (55%) also supported the idea of employers clearly defining availability expectations outside working hours. Availability can be regulated, for example, by creating a virtual calendar (e.g. in Outlook Calendar) for the team and the department, and by entering times when an individual can or cannot be reached. If coordinated appropriately within the team or the organisation, calendar entries such as “home office”, “mobile office”, “meetings”, “on-site work” or “at client” are usually sufficient. In addition, expectations can be agreed in relation to e-mail response times. Taking due account of the greater level of stress-compensating time-related autonomy when working from a home



office or at another third-party location, for example, it is expedient that e-mail response times should be extended to between half a day and a full day. Shorter response times undermine the benefits of undisturbed and self-determined work and jeopardise the compensatory effect of mobile/flexible working.

One disadvantage often reported by those who frequently work in a home office or at other third-party locations is a reduction in shared physical presence, meaning fewer chances of informal encounters (Weichbrodt et al. 2016). This problem can potentially be solved by, for example, agreeing meeting days, i.e. ensuring that departmental and team meetings or other “fixed days” take place as far as possible within specific time windows, thereby increasing the probability of an individual’s physical presence on site. “Formal-informal events”, such as a weekly breakfast or lunch or an after-work party, also present opportunities for spontaneous exchange.

#### ***(4) Policy content: Working hours***

Policies on working hours often refer to the collective employment agreement and working-time regulations (Tanner et al. 2014). However, this is no longer adequate in view of the frequent deviations from traditional understanding. Under current legislation, working on the train is not considered to be working time, but is often practised nonetheless (Müller 2017). In the context of trust-based working hours, the obligation to record working time is no longer required, especially when working in third-party locations or in a home office. As noted, this can contribute to the phenomenon of longer working hours among those engaging in mobile/flexible working (Messenger et al. 2017). In the context of policies, this issue can potentially be solved by explicitly defining working on the train or in the car as working time as well as individual recording of working hours. Writing down and envisioning working time in discussion with a manager can be used to create a more realistic estimate of working time and ensure better regulation. The interview study by Weichbrodt et al. (2016) involving employees and managers engaged in varying levels of mobile/flexible working revealed that it becomes harder for

managers and employers to exercise their duty of care as the locational and temporal flexibility of their employees increases. In this situation, those with experience of mobile/flexible working recommend regular management dialogue to address experiences and, in particular, the duration of and stressors caused by mobile/flexible working methods.

#### ***(5) Policy content: Data protection***

At present data protection regulations are gaining in importance in light of increasing digitalisation and associated cyber attacks. In the context of a policy, for example, rules can be specified to determine what types of documents may be handled and in what ways when engaging in mobile/flexible working. Guidelines for using hardware and software on company-owned or employee-owned mobile devices, such as smartphones and tablets, may also provide security and guidance.

#### ***(6) Policy content: Degree of formalisation for regulations and “maturing” policies***

Organisations with less experience with mobile/flexible working tend to take a more formalised approach and their rules are more clearly articulated (Weichbrodt et al. 2016). The aim of this is to support the process of implementing new flexible working methods, to reduce uncertainties surrounding their application and to ensure the greatest possible clarity and transparency. Organisational units with more experience, on the other hand, tend to be more open and vague in terms of their specifications (Tanner et al. 2014). This reflects their understanding that, in principle, rules can only outline a limited number of the many different circumstances that may occur. In this respect, companies and organisations with more experience of mobile/flexible working rely on guidelines instead of regulations for each individual case and action-guiding standards rather than specific procedures. This seems to work well if, in the context of processes to establish meaning and communication, employees develop a common understanding of how to apply vague rules to actual situations. These exchange processes can also function as a basis for proposing additions to or clarifications of the regulations, which will then ultimately lead to a maturing (or developing) policy.

### **Good practice 2: Structuring the flexible office in a health-promoting manner**

Healthy, flexible offices are created through user-oriented planning. An example of such an approach can be observed in the case of the Health Promotion Switzerland foundation which, as part of the “Offices, Change, and Health” research project, acted both as the implementation partner and as a user of the guidelines for health-promoting office spaces (Konkol et al. 2017).

During the planning of the tenant fit-out in a new building, the consistent approach followed was that of ensuring the “Office environment design and planning” process was participatory (for a detailed description see Windlinger et al. 2016). The process kicked off with a workshop for the Executive Board that set out the vision and goals for the new office environment at a strategic level. Among other things, the role of the project as a model for health-promoting office space design was set out, establishing that the future environment should support the well-being, health and performance capability of employees. A fundamental decision was also made to create an open plan office without fixed workstations to encourage interaction between employees. In addition, the Executive Board decided not to have any separate offices created for themselves in order to exemplify interaction in practice. Further planning decisions were worked out in several “loops” with user representatives. One primary area of focus was working methods, which served as the basis for the formulation of requirements and needs. Both the Executive Board and the user representatives planned the areas and functions of the new office space using a layout puzzle, and the input from these activities served as the basis for the first draft drawn up by the office planner; this in turn was worked on by the user representatives in a further workshop and additional requirements and ideas were incorporated. The preferred procedure for managing change (workplace change management) was also discussed with the user representatives. In the subsequent Executive Board meeting, the office space plan and the change management plan were approved. When working out

the detailed planning of the layout, the user representatives were closely involved once again in order to ensure health and well-being in the later use of the space.

The office environment created by means of this process is fundamentally characterised by its activity-specific focus, i.e. various work settings are provided that support both different working activities and personal preferences. Employees do not have a personally assigned workstation in this area but can use any of the spaces provided in the office environment, thereby regulating their privacy. The furniture and the furnishing elements can be adapted to the needs of different users, and the height of the desks can be adjusted so they can be used in different seated or standing positions.

The user-oriented approach ensured that the functionality, atmosphere and symbolic messages of the office space match the employees and the organisation. The layout is designed so that the standard workstations are located by the windows and receive plenty of natural light, while the meeting spaces, withdrawal spaces and other support areas are set back. The arrangement of the various zones and traffic routes reduce disturbances and distractions, and the open area is broken up by smaller zones, which avoids any feeling of confinement whilst also preventing the space from feeling like a huge open room. A regeneration room is provided for relaxation or sleep. A silent working zone is provided for work where high levels of concentration are required; no telephone calls or conversations are permitted in this area. Furthermore, the areas are arranged so that noisy and quiet zones are acoustically separated from each other. Throughout the office, plants and natural elements are used.

Analyses conducted after moving into the new office confirm the high quality of the new office environment: employees expressed high levels of satisfaction, and values regarding various aspects such as well-being, functionality, assessment of the physical and social areas, and indoor environment were higher both in relation to the previous situation and in comparison with other office spaces.

### 5.2.4 Recommendations

For mobile/flexible working to have a positive impact on health and performance, it is necessary to create a good framework and to foster the necessary skills among employees and their managers. Companies are primarily responsible for designing framework conditions.

It is now particularly important for organisations to create a good framework for mobile/flexible working. The FlexWork phase model by Weichbrodt et al. (2016) (see Fig. 5.2.5) can be used as a starting point for categorising the status and future of mobile/flexible working in your own organisation. Mobile/flexible working is still the exception rather than the rule in many Swiss companies, particularly administrative and industrial companies. During the early stages of a shift towards mobile/flexible working, written guidelines (policies) are necessary for orientation, as set out in the example procedure explained above.

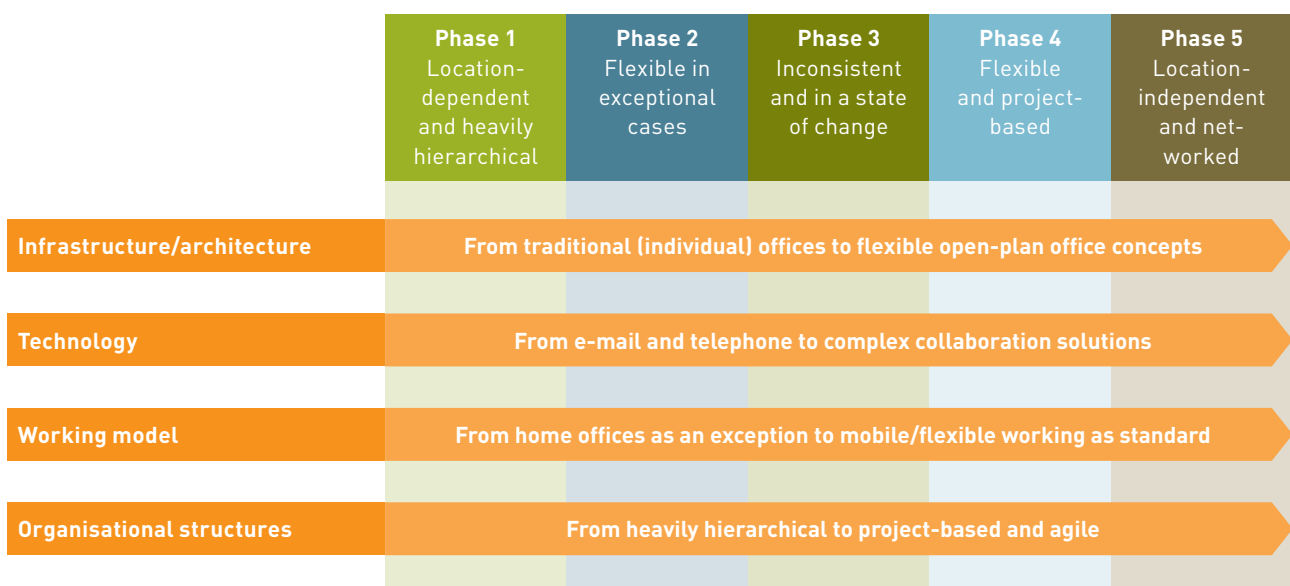
Employees experience the positive effects of mobile/flexible working when there is actually an increase in self-regulation, personal responsibility, decision-

making and planning competence. Thus skills-acquisition measures are recommended which firstly enable managers to promote self-management among their employees, and secondly empower employees to achieve work goals while taking due account of their own needs. Consciously addressing the boundaries between work and private life and observing recovery times are part of this type of support service.

Mobile/flexible working is an expression of new technological possibilities and indirect control in companies where attendance time in the workplace is less important than successful, autonomous achievement of work goals and reference figures. Thus the negotiation of work goals, tasks, times and locations between employees and management increases in significance: what can be done (and where), and what cannot? This type of negotiation must be reinforced within organisations and integrated into daily work routines. The practice of having annual objective agreement meetings and checking to see if these objectives have been achieved after a year has passed is quite common but does not seem sufficient to do justice to this dynamic situation. A short-

FIGURE 5.2.5

#### FlexWork phase model



Weichbrodt et al. (2016)

er negotiating cycle for objectives and work packages is more appropriate for operational practice. Proposals from software development projects on agile working are one example of the dynamic negotiation of objectives that empower teams to organise themselves. If implemented well, positive effects can be generated for productivity as well as health (Kropp & Meier 2017; Tuomivaara et al. 2017).

Specialists who are involved in shaping the shift towards mobile/flexible working should identify and take account of areas of conflict which are relevant to health and performance, such as:

- offering training that encourages employees to set their own boundaries between work and private life;
- clarifying where negotiations can take place between managers and employees or within teams on which objectives are realistically achievable (on an ongoing basis and not just once a year);
- providing offers in which leadership behaviour is reflected and further developed in line with the new forms of work (e.g. coaching, peer-to-peer counselling); assessing managers to see how they create the right framework conditions to enable successful self-organisation and trouble-free working in their team;
- establishing an early warning system, i.e. ensuring that removal of limits in relation to work and health-critical behaviours (self-endangerment) such as working on vacation or when ill come to light and are addressed (e.g. in written questionnaires or discussions between managers and employees) without employees having to fear any sanctions (such as job loss).

During the process of planning and designing office spaces, WHM managers and HR can take on the following responsibilities (see the guidelines issued by Konkol et al. 2017):

- They can ensure that health protection and health promotion are adequately taken into account.
- They are responsible for reconciling working models (e.g. mobile/flexible working) and workspaces (e.g. creating opportunities for different activities, such as making telephone calls or silent, focused work, to be performed in different places).

- During the process of change, they pay attention to employees' and managers' skills or aptitude with regard to entering a new working environment.
- After a change of premises, they ensure that policies, training opportunities and employee information (e.g. for new hires) match the new conditions.
- Finally, during the use phase of the office space, they can ensure that health-promoting design aspects are not watered down.

### Working regulations

Since there are no special regulations governing mobile/flexible forms of work in Switzerland, the employment regulations under public and private law also apply to work which takes place independently of time and location. Specific agreements may be drawn up for the implementation of mobile/flexible working under collective and individual employment contracts. From the perspective of public law, the Labour Act governs the protection of employees against health problems, such as those associated with long working hours. Due to increasing flexibility options, repeated adjustments to working time regulations will be required. Opponents fear that as rules on employee protection are relaxed, this will entail health risks for employees. Ordinance 1 to the Labour Act of 4 November 2015 (Staatssekretariat für Wirtschaft 2018) provides for simplified recording of working hours and even dispensing with timekeeping altogether under certain conditions. That said, it makes sense to document one's own working hours from an occupational science perspective as it has been found that dispensing with timekeeping goes hand in hand with the extension of working hours (Beckmann et al. 2017; Matta 2015), and this also applies in Switzerland (Dorsemagen et al. 2012). It is reasonable to have legislation which limits working hours and ensures rest periods, even if employees do not always comply with these times, for example if they check e-mails in the evening and thus do not adhere to the required rest period.

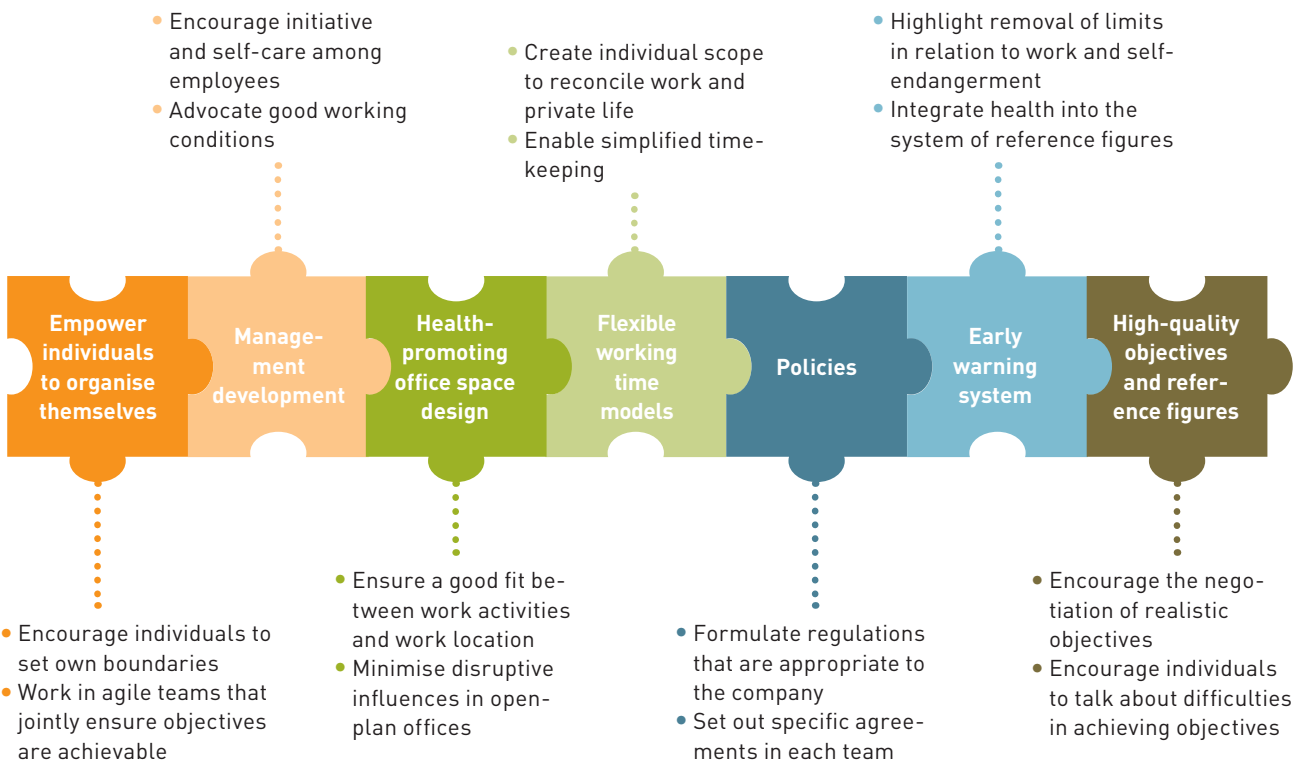
### 5.2.5 Summary

Depending on the mobile/flexible working structure chosen, there are different consequences for employees. When mobile/flexible working is poorly structured, this goes hand in hand with longer working hours, difficulty in predicting working hours, blurred boundaries between different areas of life, conflict between work and private life, and increased

levels of exhaustion. On the other hand, if employees are actively involved in shaping mobile/flexible working and are not required to be constantly available, there is the possibility of achieving a better balance between work and private life as well as professional and personal fulfilment, and this can act as a health resource. Figure 5.2.6 highlights areas of activity which facilitate a mobile/flexible working structure that promotes health.

FIGURE 5.2.6

#### Important areas of activity



## Links

The following guidelines and brochures provide details on what should be observed during the implementation process in order to achieve health-promoting effects.

- Guidelines for health-promoting office space design:  
<https://gesundheitsfoerderung.ch/betriebliches-gesundheitsmanagement/projekte/offices-change-health.html>
- Guidelines on working time organisation from St. Gallen:  
[https://www.sg.ch/home/soziales/gleichstellung/vereinbarkeit\\_von.html](https://www.sg.ch/home/soziales/gleichstellung/vereinbarkeit_von.html)
- Work Smart Initiative (including examples of implementation, guidelines for managers):  
<http://work-smart-initiative.ch/de/smart-arbeiten/beispiele-aus-der-praxis/>  
[http://work-smart-initiative.ch/media/36147/work-smart\\_leitfaden-fuehrungskraefte\\_de.pdf](http://work-smart-initiative.ch/media/36147/work-smart_leitfaden-fuehrungskraefte_de.pdf)  
<http://work-smart-initiative.ch/phasenmodell>
- Information about timekeeping, working hours and rest periods (SECO):  
<https://www.seco.admin.ch/seco/de/home/Arbeit/Arbeitsbedingungen/Arbeitnehmerschutz/Arbeits-und-Ruhezeiten/Arbeitszeiterfassung.html>
- Opportunities and risks of working methods with temporal and locational flexibility:  
<https://www.baua.de/DE/Angebote/Publikationen/Berichte/Gd92.html>
- Overview of different forms of working time flexibility:  
<https://www.baua.de/DE/Angebote/Publikationen/Praxis/A49.html>
- Opportunities and risks of «indirect control»:  
[http://www.vbg.de/SharedDocs/Medien-Center/DE/Broschuere/Themen/Gesundheit\\_im\\_Betrieb/Fachwissen\\_Fuehren\\_durch\\_Ziele.pdf?\\_\\_blob=publicationFile&v=6](http://www.vbg.de/SharedDocs/Medien-Center/DE/Broschuere/Themen/Gesundheit_im_Betrieb/Fachwissen_Fuehren_durch_Ziele.pdf?__blob=publicationFile&v=6)
- Information portal for questions relating to professional integration:  
[www.compasso.ch](http://www.compasso.ch)

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# 5.3 Management/ corporate culture and health



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### 5.3.1 Background and perspectives on health-promoting management

Research and practice have long been concerned with management effectiveness, such as in relation to the performance of employees and teams, and attitudes, such as commitment and job satisfaction (Rigotti et al. 2015). Interest in management and mental health is a more recent development, but has intensified lately.

A range of connections can be made between management and health. With regard to the management of health, it has long been emphasised that WHM must be initiated by senior management, and that commitment from lower management is essential for its implementation.

In addition to these connections with management of WHP, other cause-effect relationships can be identified (see Franke et al. 2015; Montano et al. 2016). Table 5.3.1 gives an overview of this which serves as a common theme for this article.

The first three cause-effect relationships mentioned relate to the **behaviour** of managers in their interactions with their employees:

1. Managers directly influence the mental health of employees through their behaviour. This includes (a) general health-promoting behaviour, but also (b) early recognition and (c) handling of mental illness.
2. The second cause-effect relationship is the way in which managers handle their own health. Managers' state of health has an impact on their behaviour and thus indirectly influences the health of employees.
3. Managers are observed. Their behaviour sets an example. Observational learning influences the health behaviour of employees.

TABLE 5.3.1

#### Management and mental health: interactions and effects

##### Behavioural level

1. Direct impact of leadership behaviour
  - a. General health-promoting behaviour (primary prevention)
  - b. Early recognition (secondary prevention)
  - c. Handling of mental disorders/illness (tertiary prevention)

2. Self-management

3. Manager's function as a role model

##### Relational level

4. Indirect impact of job design and organisational planning

▲  
5. Culture in dealing with health and illness

Derived from Franke et al. (2015) and Montano et al. (2016)

The fourth cause-effect relationship concerns the **relational level**:

4. Line managers influence the health of their employees indirectly through job design and organisational planning. In this section we discuss the health-related impact of tasks and the relationships with the predominant control within organisations (objectives, resource planning).

At the same time, these cause-effect relationships describe four primary approaches or leverage factors for health-promoting leadership activities. The fifth aspect – **culture**, in the sense of health-related values and beliefs – influences the opportunities and limitations of the four primary leverage factors, thus creating an important framework, which is apparent in Table 5.3.1.

### 5.3.2 The direct impact of leadership behaviour

The first mechanism of action relates to general health-promoting behaviour. It should firstly be noted that managers’ behaviour can be both a resource and a stressor (Gregersen et al. 2011; Montano et al. 2016).

- **Resources** such as opportunities for co-determination, recognition and appreciation, line manager support, the quality of communication with the line manager, and a perception of fairness are well-documented (Gregersen et al. 2011).

- On the other hand, **detrimental leadership behaviour** (e.g. unfairness) or even destructive leadership (e.g. disparagement or belittling behaviour) is relatively consistently linked with feelings of stress and strain such as emotional exhaustion and symptoms of depression and anxiety (Franke et al. 2015; Harvey et al. 2007; Schyns & Schilling 2013).

Three general concepts of management style (see Table 5.3.2) have been more intensively studied in recent years with regard to their relevance to health. These concepts are (1) employee-oriented leadership, (2) transformational leadership (Bass 1985) and (3) the leader-member exchange concept (LMX concept; see Graen & Uhl-Bien 1995).

- **Employee-oriented leadership** has a positive connection to the health and well-being of employees (Montano et al. 2016). This is unsurprising since it involves aspects that are often mentioned in terms of their relevance to health promotion (such as social support, participation, recognition and fairness).
- **Transformational leadership** places emphasis on the fact that inspiration, encouragement, trustworthiness and attention can enhance the intrinsic motivation of employees. It is associated with good mental health, low stress levels, and comparatively less exhaustion (see Montano et al. 2016).

TABLE 5.3.2

#### General concepts of management style with relevance for mental health

##### Management styles

##### Behaviours

##### Employee-oriented leadership

- Pays attention to employees
- Provides support according to need
- Enables appropriate participation, informs appropriately
- Gives feedback, expresses appreciation
- Strives for fairness and cooperation

##### Transformational leadership

- Inspires, formulates attractive visions of the future
- Appears trustworthy and acts as a role model
- Encourages independent thinking
- Helps employees to develop themselves

##### Leader-member exchange (LMX)

- Pays attention to the quality of individual relationships
- Gives employees confidence
- Shows respect, loyalty to employees



- The **LMX concept** emphasises the importance of the quality of the relationship and communication between line managers and employees. Employees whose situation and needs are taken into consideration in this context report relatively few symptoms of burnout and good mental well-being (see meta-analysis by Huell et al. 2016).

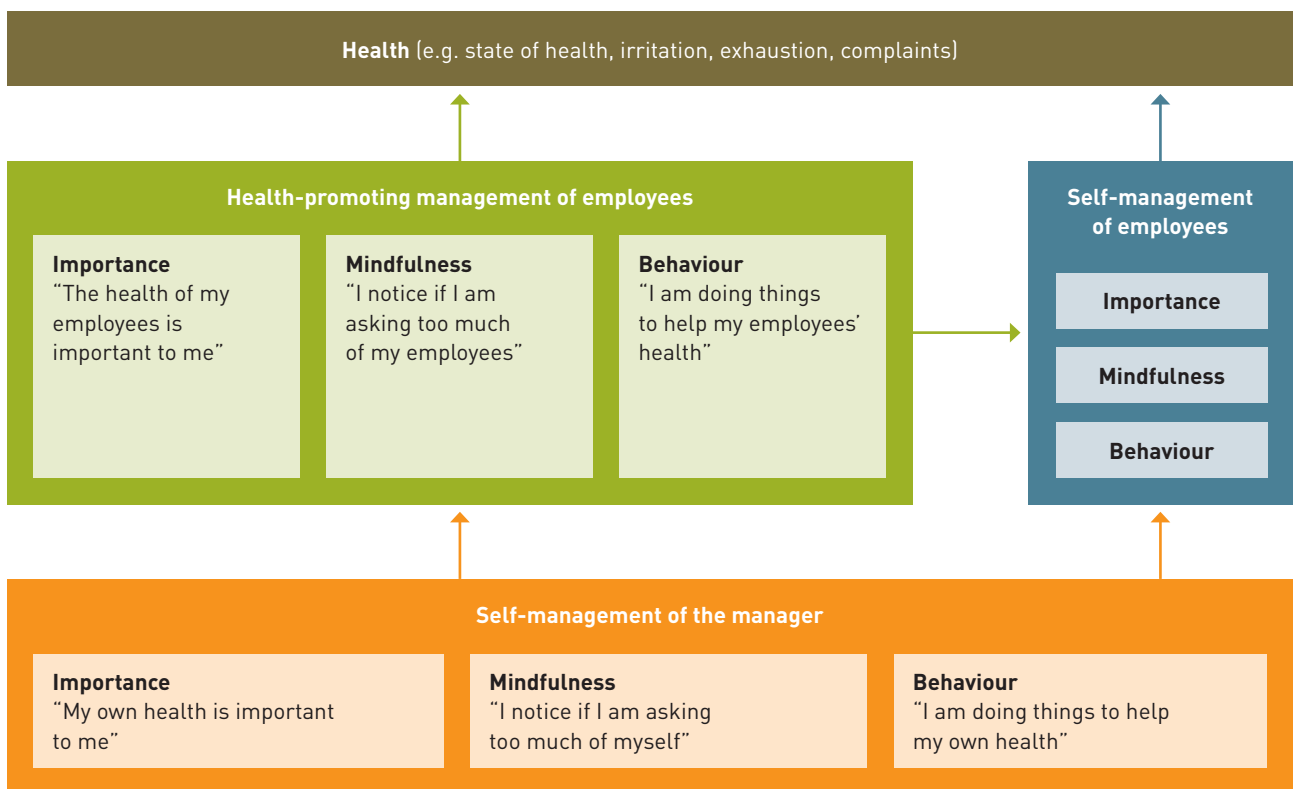
These three concepts were not specifically developed with a view to health promotion (Rigotti et al. 2015). A more recent approach complements these ideas. The concept of Health-oriented Leadership (HoL) put forward by Franke et al. (2014; Pundt & Felfe 2017) assumes that a good match between a

manager’s approach to their own health and their approach to their employees’ health is experienced as genuine and strengthens the exemplary effect. The analytical tool developed for this purpose enables self-assessments and third-party assessments to be carried out, taking the three dimensions of importance, mindfulness and behaviour into account in each case (see Fig. 5.3.1).

In fact, Franke et al. (2014) found that managers who consider their own health to be a priority are also more attentive when it comes to the health of their employees. In addition, employees who rate their line managers positively in this regard also report better health outcomes.

FIGURE 5.3.1

**The HoL approach with sample questions**



Derived from Pundt & Felfe (2017)

**Summary:** On the basis of research and practice, the following **general behaviours** may be considered as important aspects of health-promoting management (see also Matyssek 2011):

- **Recognition, appreciation, feedback:** Effort and accomplishments must be seen and recognised; appreciation is a key health-promoting resource. Feedback should be provided for both positive and negative results of work. As a rule of thumb, the ratio of positive feedback to critical feedback should be about 3:1. People who are given positive feedback are more likely to respond well to critical feedback.
- **Interest, attention, contact:** Employees in whom interest is shown and to whom attention is paid feel that they are seen as a whole, so in this sense employee-oriented leadership has a health-promoting effect. Successful social relationships are a basic need, and regular contact with line managers is part of this.
- **Transparency, openness, orientation:** Employees do not want to decide everything for themselves, but they want to be kept informed in a transparent and open manner. In addition, employees want to know where they are heading, so it is particularly important to provide them with sufficient orientation, especially when they are faced with changes.
- **Tailoring, needs, inclusion:** Not all employees need the same things. Understanding and (as far as possible) consideration of individual needs can have a health-promoting effect. The same applies to inclusion in terms of employees' areas of responsibility and objectives.
- **Discussion, self-care, role model:** Adequate communication forms the basis of all these behaviours. Line managers can only credibly demonstrate the described behaviours and act as a role model if they feel healthy.

### **Early recognition and handling of mental health problems**

In addition to general health-promoting behaviour, it is important to identify and respond to behavioural issues such as social withdrawal, performance fluctuations or signs of exhaustion at an early stage as they may be caused by mental stressors or complaints. As a rule of thumb, issues of this kind should be addressed sooner rather than later (see, for example, <https://www.wie-gehts-dir.ch>). If an active approach is taken when early signs of mental health problems are detected, it is often much less stressful and costly for those affected and involved than the treatment of serious mental health problems at a later stage when it may have become a full-blown medical condition.

However, it may not be readily apparent whether behavioural issues are just everyday fluctuations or have already developed into a more serious mental health issue, and the same applies to the level of severity (Wilde et al. 2009). For example, if chronic exhaustion is suspected, line managers should seek internal or external support at an early stage. It is not part of a manager's job to diagnose or treat mental illness.

In a representative study involving more than 2,000 executives from German-speaking Switzerland, Baer et al. (2017) showed how challenging it can be for managers when they need to handle mental health problems and illnesses:

- 80% of the respondents reported experiences with mental health problems.
- Recurrent, severe issues were often not addressed at all or only at a late stage.
- The line managers themselves felt extremely stressed by such problems.
- Experienced line managers tended to intervene more frequently, offering more support and taking less disciplinary action.
- Termination of the employment relationship was often the solution chosen.
- Problems were usually dealt with within a narrow circle (line manager, person affected, team).

- Absence Management, Case Management or social insurances were involved at a late stage, if at all, because often the individual never got to the point of being signed off on sick leave.

From these results, it cannot be concluded that managers are not sufficiently committed. Only 30% of those involved in the study by Baer et al. (2017) reported having received any training on these topics. Training was primarily provided in large companies; small organisations often lack the necessary resources and contact to support systems.

**Summary:** Below you will find advice on **how to handle mental health problems:**

- **Basic knowledge:** Knowledge can diminish uncertainty and encourage action. Among other things, this involves basic information about risk factors, early warning signs and symptoms of typical mental health problems and illnesses (see, for example, <https://www.wie-gehts-dir.ch>).
- **Discussion:** Discussions about mental health issues can be challenging, but advice and training can help here (see <https://www.wie-gehts-dir.ch/gesprachstipps>).
- **Patience:** Time is a scarce commodity, and this can create a conflict of priorities as the handling of mental health issues requires patience and continuity.
- **Interaction:** Mental health is often still a taboo subject, and people are often uncertain how to deal with issues that arise. Interaction to share information and experiences can help, such as in workshops to raise awareness, as part of peer-to-peer counselling or in discussions with experts (e.g. HR, Case Management).
- **Guidelines:** It is challenging enough when mental health issues occur. Companies should provide clear guidelines on this topic to offer security and guidance.
- **Triage, responsibilities:** Responsibilities should be clarified within a set of guidelines. It should be clear who is responsible for what up to which point and who the contact persons are.
- **Networking:** Organisations should reach out to and network with providers of psychological and psychiatric services, to ensure that they are available when needed.
- **Small businesses:** Small businesses have fewer resources, so awareness of and contact with experienced GPs and providers of psychiatric and therapeutic services in the area can help; local networks with other companies may also be of assistance.

### 5.3.3 Self-management and the manager's function as a role model

The second and third mechanisms of action are closely related: they involve self-management and the manager's function as a role model.

The day-to-day work of many managers is characterised by time pressure, interruptions and an intense workload (see for example Mintzberg 2004). Despite high levels of stress, however, research also shows that managers rate their health comparatively positively (Rixgens & Badura 2011). This could have something to do with the fact that, for managers, the overall ratio between demands, stressors and resources is generally positive. However, the ratio seems to be less favourable for lower management levels (Pangert & Schüpbach 2011). This level of management reports similar stressors to employees and is "sandwiched" (Franke et al. 2015). Managers therefore have to take care of their own health (second mechanism of action). However, this task may not be completely individualised. Possibilities for easing the burden on managers who have a heavy workload should be jointly evaluated in management circles. Self-care is not just an individual behaviour-related task; it also affects the group, which must create appropriate conditions to enable managers to take care of their own health.

Furthermore, employees observe their managers to see how they deal with stress, how many hours they work, whether they take breaks and their vacation entitlement, and whether they comply with safety standards, for example. This means that managers' behaviour has an exemplary effect (third mechanism of action). Managers can be authentic role models or multipliers if they themselves demonstrate the behaviour they require from their employees (Franke et al. 2015, 256). If they succeed in this regard, they can assume that their employees are more likely to adopt these behaviours.

#### Summary of behaviour-oriented mechanisms of action:

The behaviour of managers can influence the mental health of employees and should therefore form part of corresponding WHM activities. This involves (1) behaviour during day-to-day leadership work (e.g. showing appreciation, providing support, giving guidance), (2) early recognition through to (3) proactively dealing with more serious problems or illnesses. While behaviour-oriented measures are often accessible and welcome, they can also lead to resistance, particularly if line managers feel they have to compensate for organisational shortcomings. If this is the case, there are two potential causes. There may be problems in job design and organisational planning (fourth mechanism of action), for example if the workload is permanently (too) high. Associated with this, behaviour-oriented measures can only have a limited effect if employees believe that their tasks are not particularly meaningful, that they have little development potential and autonomy, or if roles are unclear (see Arnold et al. 2007; Nielsen et al. 2008; Rigotti et al. 2014). Alternatively, the culture of an organisation may impose limits on WHM (fifth mechanism of action).

### 5.3.4 The indirect impact of job design and organisational planning

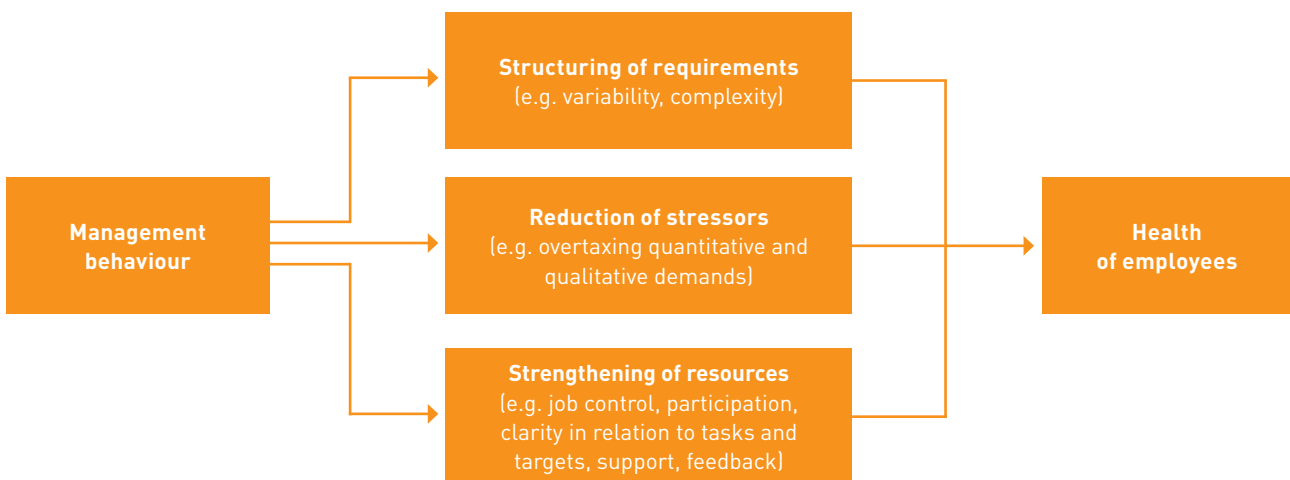
#### Tasks in the narrower sense

Concepts for the health-promoting design of tasks and working conditions are a regular topic of discussion (see Ulich & Wülser 2018). The health relevance of tasks with diverse requirements, sufficient job control and development opportunities, for example, is well documented. At the same time, task-related stressors, such as hindrances in the sense of frequent or unnecessary interruptions, or missing or incorrect information, represent a risk to mental health. Vincent (2012), for example, believes that leadership behaviour is particularly beneficial to health if challenging tasks are provided, resources

are strengthened and stressors or (excessive) strains are reduced. In other words, activities here go beyond behaviour in the narrower sense and focus more on optimising tasks and working conditions (see Fig. 5.3.2). From this basic concept, Vincent (2012) derives three main functions of health-promoting management: (1) enabling development by structuring requirements, (2) reducing stressors and (excessive) strains, and (3) ensuring support by strengthening resources. The focus here is on the “manager in their function as (co-)creator of the working task and working conditions” (Vincent 2012, 54). Rigotti et al. (2014) found that health-promoting management understood in this way was associated with comparatively less emotional exhaustion for employees, among other things.

FIGURE 5.3.2

#### Health-promoting management by means of task design



Derived from Vincent (2012)

**Predominant control, targets and resources**

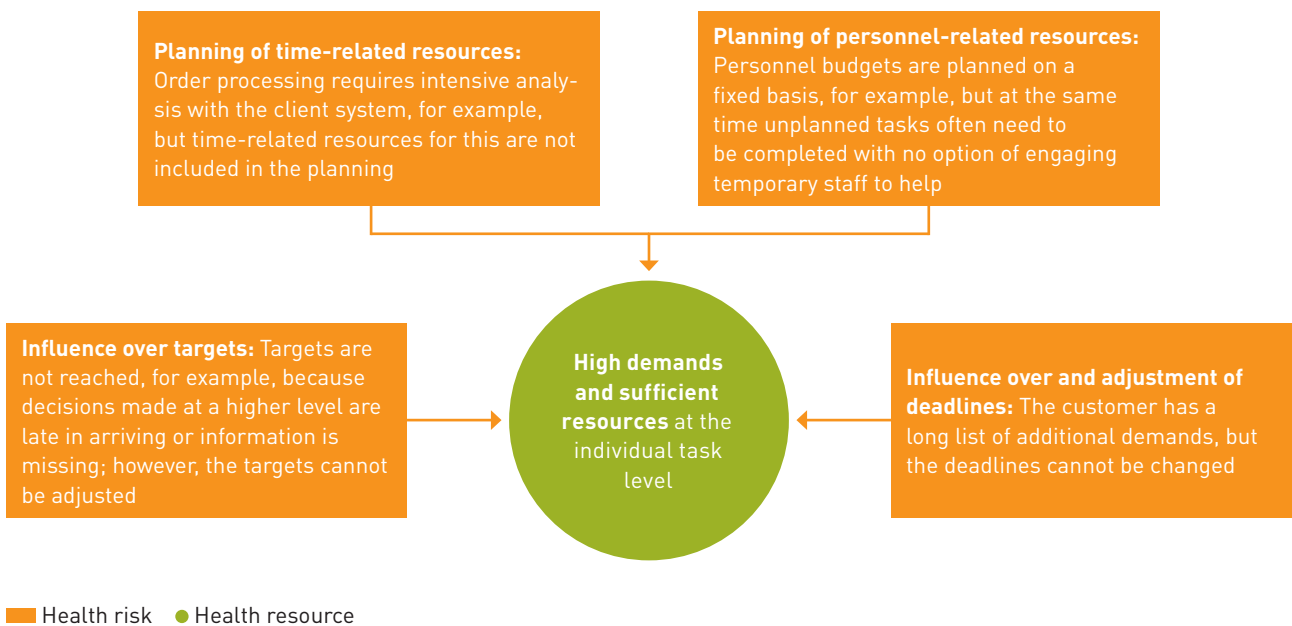
Managers who exhibit health-promoting behaviours and perform health-promoting tasks make a relevant contribution to the promotion of mental health. However, requirements may be too high, or inconsistencies may arise in relation to higher-level planning and control. The following topics are particularly relevant for the promotion of mental health (see also Moldaschl 2005):

- Lack of room to negotiate with regard to predominant control
- Resources are too scarce or are not aligned with the tasks
- Lack of flexibility in resource planning
- Lack of influence on targets

For example, tasks with high requirements and sufficient task-related resources are health-promoting, as we have discussed. However, the positive effect of this can evaporate if higher-level planning is not coordinated with the tasks (see Fig. 5.3.3). If there are such areas of tension, a paradox may arise whereby employees consider their tasks to be interesting and meaningful, but nevertheless experience extreme mental stress due to their lack of influence over relevant conditions for execution. There is the risk that the positive effect of well-structured tasks can turn into the opposite. The task of managers here is to balance these perspectives.

FIGURE 5.3.3

**Task design in an area of conflict with conditions for execution**





**Summary of job design and organisational planning:**

This leverage factor has a great deal of potential for the promotion of mental health, particularly in combination with behavioural orientation. However, corresponding activities are often associated with the WHM field of activity only to a limited extent. If this leverage factor is to be strengthened, the tasks of employees and teams should be properly coordinated with controlling activities. Information on these two levels may be found below.

**Working task in the narrower sense**

Create challenging tasks, strengthen resources, optimise stressors, specifically:

- Comprehensiveness, and diversity of requirements
- Possibilities of social interaction
- Autonomy, job control
- Development opportunities
- Time elasticity and adjustability (stress)
- Reasonableness
- Optimise qualitative and quantitative stressors
- Reduce hindrances (interruptions, information problems, etc.)

**Predominant control, targets and resources**

Continuous coordination of targets, resources and tasks, specifically:

- Check that targets are achievable (both in terms of quantity and with regard to conflicting target areas)
- Allow target flexibility if the framework changes
- Check flexibility of resource usage
- Plan resources for projects and special tasks
- Prompt rest phases after intensive work phases
- Encourage flexible forms of working, working times and locations, but set out a clear framework (e.g. working hours)
- Provide orientation by means of a vision, strategy and prioritisation

All of this takes place against the backdrop of the importance that organisations attach to health. Thus questions arise in relation to cultural preconditions for health-promoting management (fifth mechanism of action).

**5.3.5 The role of corporate culture**

In this context, culture means shared values and beliefs in relation to an approach to health. For example, it relates to concepts of humanity, responsibility, the question of whether leadership can and should influence the health of employees, or the role of leadership in WHM in general. Culture provides collective orientation and is relatively deeply ingrained. It cannot be changed rapidly, but it must be taken into account when planning health-promoting management programmes because it significantly affects the possibilities of and limits on activities. It should be noted that culture is not readily apparent and cannot be defined by managers, though their behaviour is clear to see. This can relate to questions of everyday interaction with employees, handling of a stressful situation or current planning practice, for example. Schein (1985) views managers as primary culture-shaping figures and identifies behaviours in this context that have a cultural impact (see Table 5.3.3, including examples for management and health).

TABLE 5.3.3

**Management behaviours that influence business culture**

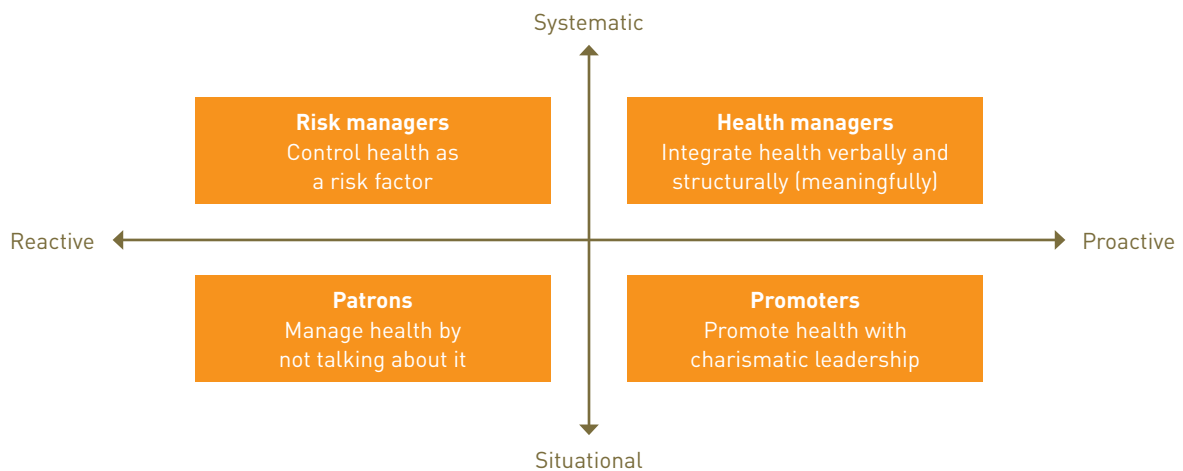
Behaviours that influence business culture	Examples for management and health
What managers regularly observe and/or measure	Do managers recognise stressors? Do they address symptoms of mental health issues? Is health taken into account in management systems?
What managers control and provide feedback on	Is overtime recorded or commented on?
How managers respond to critical incidents and crises in the organisation	How do managers react to burnout cases, for example?
How managers use scarce resources	Is the stress situation taken into account in the context of planning tasks and resources within the company?
Whether managers consciously act as role models	Do managers themselves promote good health, for example in relation to dealing with their own stressors?
What the criteria are for reward and status	Is health-conscious behaviour publicly acknowledged as a positive thing?
What the criteria are for promotion and exclusion	When management positions are filled, is account taken of employees who pay attention to their work-life balance?

The behaviours that are demonstrated are actually closely related to health-related beliefs. In their interviews with top executives, Gentile & Meier Magistretti (2014) identified four ideal-typical management profiles when it comes to dealing with health. These

profiles can be differentiated according to whether a situational or systematic approach is taken (technical/functional dimension) or whether there is a reactive or a proactive framework for action (conceptual/value-based dimension) (see Fig. 5.3.4).

FIGURE 5.3.4

**Areas of action and management profiles**



Gentile & Meier Magistretti (2014, 11)

The management profiles may be further elaborated as follows (Gentile & Meier Magistretti 2014, 12 ff.):

- **The “patrons”:** Management is responsible for ensuring a good working atmosphere and good business prospects. This is a prerequisite for enabling employees to take responsibility for their own health. Beyond this, there is no need for WHM.
- **The “risk managers”:** Management is responsible for ensuring a safe working environment and service provision. It is concerned with managing risks of illness and accident by means of absence management and case management. Any further responsibility for the health of employees is negated because health is a private issue and is the personal responsibility of employees.
- **The “promoters”:** Health has a value in itself. Health-related offers are available, but there is no structural integration. Based on individual convictions and behaviours of managers (role model). Shared responsibility between management and employees.
- **The “health managers”:** Health is understood as an interdisciplinary topic and is an issue on the agenda of the Executive Board. Management is responsible for health in the company, employees should go along with and support health promotion and contribute their concerns. A holistic management approach is taken to health.

These ideal-typical profiles provide information about what needs to be clarified in the practice of health-promoting management to ensure that corresponding programmes are accessible. Convictions associated with this can shape the primary approach to the topic. For example, if the idea of independent “management” of health is pushed too strongly on the “patrons”, this risks a lack of understanding and resistance. If the “promoters” are taken too far in the direction of job design, there may be a similar outcome. For WHM in practice, this means that the clarification and planning phase of programmes must be carried out carefully, ensuring that decision-makers are involved. Having an understanding of how the system “ticks” in this sense creates accessibility for the procedure.

**Summary of corporate culture:** When choosing approaches for strengthening health-promoting management, the accessibility of the procedure must be taken into account by focusing on convictions in relation to dealing with health (culture). This is important because management has a key role to play in the process. If unsuccessful, the topic is likely to lose momentum, or WHM stakeholders will end up bearing too much responsibility for a topic in which every single manager should be involved. Particular importance should be attached to clarifying the assignment with decision-makers.

### 5.3.6 Looking to the future

Current discussions on the future of work reflect a complex picture, which can only be briefly outlined here. Some aspects are discussed in detail in Chapters 5.1 (Digitalisation/World of Work 4.0), 5.2. (Mobile/flexible working) and 5.4 (Mental health among older employees in Switzerland). More and more organisations find themselves operating in volatile, insecure environments and, from the perspective of many employees and managers, complexity has increased. This has implications for leadership (see Geramanis & Hermann 2016, for example). The most relevant trends in relation to management and health are shown in Table 5.3.4. These trends do not apply equally to all organisations, but they are likely to gain in importance. Furthermore, all these trends involve both opportunities and risks for mental health. It is worth noting that there are growing areas of conflict with direct relevance for health-promoting management (Krizanits et al. 2017, 132–134):

- To what extent can diversity of values – and thus very different needs and interests – be reconciled with organisational requirements?
- How can an organisation deal with the double bind of calling for autonomy, an equal footing and negotiating power for employees on the one hand, and meeting needs for orientation, security and care on the other?

- How can employee-centred management be ensured if direct interaction is increasingly limited by home office days and selectable working locations in deskless offices?
- How is it possible to reconcile the requirement to balance different spheres of life when this conflicts with pressures on time, costs and results, and with a workload that requires a high level of attention?

Progress is in full swing, supported by the many possibilities offered by digitalisation. Ideas and information on dealing with these trends are readily available, but there are no clear-cut answers, and nor should any be suggested when dealing with management and health. Instead of demanding clarity, these areas of conflict or paradox must be discussed together with line managers to enable creative solutions to emerge. These relativisations do not bring into question the perspectives presented, nor do they lose their fundamental relevance. But there is no single “best way”. Just as management is continually changing, proven approaches to health promotion must be reviewed and new ideas tested. This is where the ideas and experiences inherent in WHM can and must be integrated, including attentive and inquisitive engagement with managers and the future development of their leadership in practice. There are also case studies that can serve as inspiration, two of which are presented in Chapter 5.3.7.

### 5.3.7 Case studies

#### “Healthy management” at the Federal Office of Public Health

With approximately 600 employees, the Federal Office of Public Health (FOPH) is responsible for a wide range of tasks in the areas of public health promotion, health policy and development of the health-care system. The requirements are complex and have increased overall. At the same time, some differences may be observed between the organisational areas, among others in relation to demands and resources. In some areas the volume of work is continually very high, for example, while in others employees face the challenge of dealing with unpredictable peaks in demand. Workplace health management (WHM) should make a relevant contribution to keeping the organisation and its employees healthy and productive. Special significance is attributed to management in this context, which is why the FOPH launched the “Healthy management” project in 2017:

- Relevant foundations on which the project was based can be found in Office-specific management principles and in the FOPH personnel strategy. In addition, the Office takes into account the criteria of the Friendly Work Space label.
- The aims of the project include (1) greater integration of the topic in managers’ everyday lives (dealing with increasing demands, strengthening their function as role models/self-management,

TABLE 5.3.4

#### Trends with relevance for mental health

##### Selected trends

- Flexibility (times, locations, forms of work)
- Individualisation and diversity of values
- Decentralisation of responsibility
- Autonomy in relation to task performance, only results targets are specified or agreed
- Associated with this, indirect control through targets and reference figures (less direct management)
- Digitalisation, intensified use of communication technologies
- Resource optimisation (e.g. core and peripheral staff, streamline processes)

##### Associated topics with relevance for mental health

- Recovery:** Dealing with intensification and extensification of work
- Conflicts:** Challenge of resource allocation, unclear boundaries, compatibility of areas of life
- Prioritisation:** Dealing with high, ambiguous or contradictory targets
- Motivation:** Dealing with “motivated self-endangerment”
- Health:** Dealing with the exhaustion of health resources
- Orientation, sense:** Ensuring orientation, dealing with lack of transparency

promotion of health literacy), (2) optimisation of health-relevant framework conditions, as well as (3) contributing to the reduction of illness-related absences, rising accrual of credit hours and over-time.

- The operational management of the project is the responsibility of the Personnel and Organisation section, and senior management is responsible for its overall control. All management levels and teams are actively involved in the process.

The project is roughly divided into the following five phases (see also Fig. 5.3.5):

1. Initially, an online survey was conducted based on the effectiveness model of the Health Promotion Switzerland foundation, including questions on (1) self-management by managers, (2) health-promoting management of employees and (3) health-promoting framework conditions. Figure 5.3.6 gives an overview of the areas of inquiry, including the main health-related strengths identified and areas with potential for improvement identified at Office level.

2. Based on the results of the survey, senior management and department heads worked out predominant areas of activity, which were then set out in concrete form with the help of feedback from the teams.
3. Workshops were held during which the overall results were reported back to all managers. Associated with this, line managers received supporting materials for processing the results for their area (including a script for a team workshop, information and tips on presenting the results).
4. All teams at the section, department and directorate level independently ran workshops to work on the results for their area. Due account was taken of the diversity of the task areas.
5. The process is currently in phase 5, "Implementation". A distinction is made between measures at the Office level and at the area level. After the measures are implemented, another assessment will be carried out.

FIGURE 5.3.5

**"Healthy management" at the Federal Office of Public Health: Project phases**

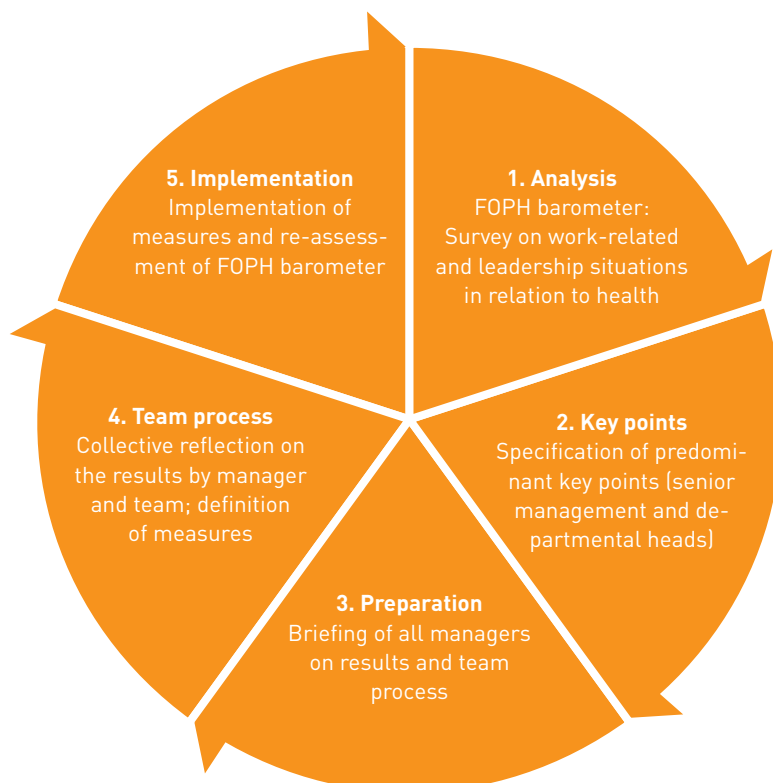
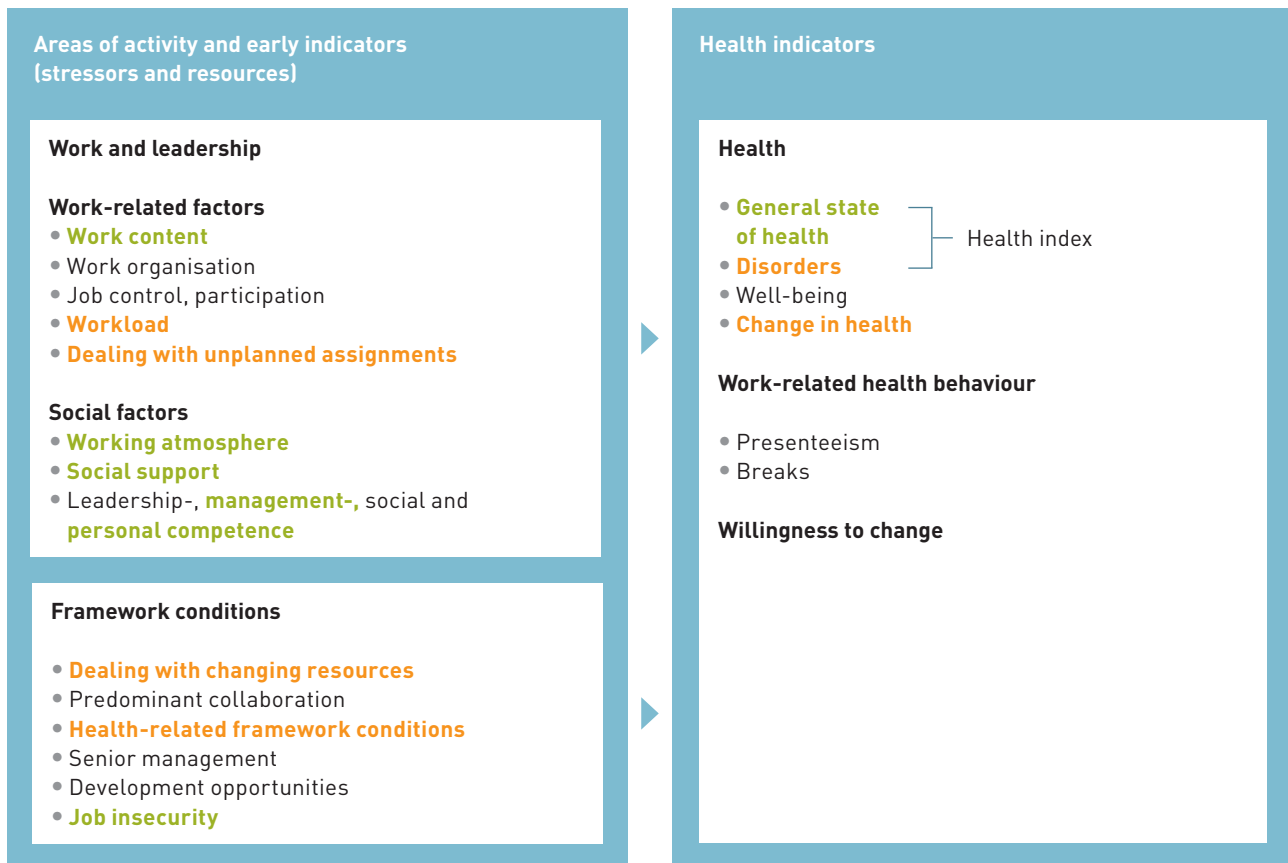


FIGURE 5.3.6

**FOPH barometer: Types of questions, strengths and areas with potential for improvement**

● Areas with potential for improvement ● Strengths



At the overall level, the following measures were defined in summary:

- 1. Vision/strategy:** Clarification of conflicts of strategic objectives; clarification of roles for strategic, enforcement and support tasks; integration of HR strategy into the Office strategy
- 2. Human Resources:** Increased flexibility of cross-departmental personnel deployment
- 3. Senior management:** Among other things, reflection on their role, decision-making processes, state of health
- 4. Processes, forms, tools:** Short-term, evaluation of possibilities for simplification/increased flexibility; long-term, utilisation of process digitalisation for further simplification
- 5. Professional perspectives:** Facilitation and optimisation of development opportunities
- 6. Contact between senior management and employees:** Greater cultivation of informal contacts, optimisation of internal communication

At the team level, a host of other smaller and larger measures were also defined, taking into account the individual situation of each management area.

#### **“Health is a management task” at the Migros Cooperative Zurich**

The Migros Cooperative Zurich (Genossenschaft Migros Zürich, GMZ) employs approximately 9,000 people. It operates over 200 Migros retail outlets, speciality stores, restaurants and leisure facilities. Increasing competitive pressure, digitalisation, on-line trading and changes in customer behaviour are generating constant changes in the retail trade. Among other things, these are reflected in growing demands on line managers and employees, such as cost pressure, longer shop opening hours and increased flexibility. Promoting the health and performance capability of employees is therefore very important.



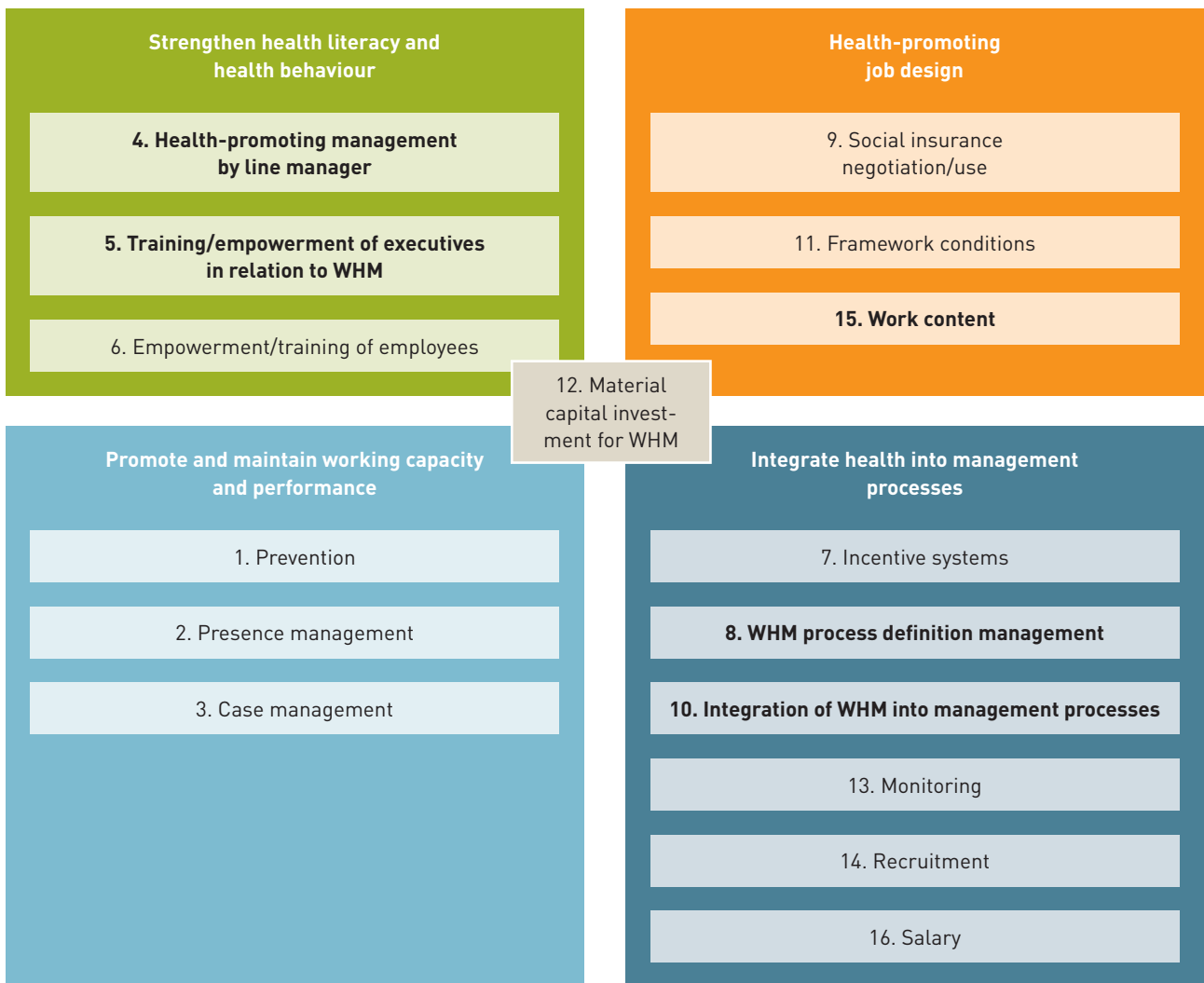
The WHM activities practised by GMZ are essentially based on a health strategy. The criteria of the Friendly Work Space label are also implemented. An important factor on which the strategy is based is WHM success logic, which was developed in close cooperation between HR management, executives and other experts at GMZ. This joint reflection on influences, objectives and leverage factors in relation to health brought about an enhanced mutual understanding of WHM and is conducive to the well-found-

ed development, planning and review of WHM measures and projects. Health-promoting management was identified as one of the most important components of the GMZ health strategy.

On the basis of success logic, the strategy defined four areas of activity with a total of 16 leverage factors; see Figure 5.3.7 (the leverage factors with particular relevance to health and management are highlighted in bold).

FIGURE 5.3.7

**Health strategy at GMZ: Areas of activity and leverage factors**



Measures and projects have been defined for each of the 16 leverage factors, and these will be implemented in the current strategy period (five-year plan). Table 5.3.5 shows examples of measures and projects for two directly management-related leverage factors. In addition, further measures have been established to strengthen health-promoting management:

- **Integration of health into management processes:** Currently, activities are primarily focused in the areas of ergonomics and occupational safety by means of participation in construction and planning processes (e.g. new cash desk workstations, branch logistics, ramps)
- **Cost Center Manager as Health and Safety Officer (HSO):** Training of branch managers and centre managers to become HSOs, transfer of responsibility for safety at work and health protection, WHM and fire prevention. The managers are now direct contacts on these topics and are trained in these areas by WHM on an annual basis.
- **WHM newsletter:** Several times a year, members of management receive a newsletter with information on important WHM topics, with references

to WHM campaigns as well as training courses, further education, etc.

- **Health report:** The health report provides the Executive Board and managers with relevant reference figures and qualitative observations that can serve as a basis for area-specific measures.

Process and results targets were set for each measure, the achievement of which can be checked by means of success criteria. The reference figures recorded in the health report also provide an overview of the development of health-relevant indicators at GMZ.

In large, decentralised organisations such as GMZ, it is a challenge to keep all managers and executives fit for the topic of “healthy management”. A broad mix of measures helps to ensure that the subject is addressed according to needs and requirements. The strategy approved by the Executive Board provides a useful framework for this, and its implementation, taking all levels of leadership into account, supports the effective use of scarce resources and is an important element in the process of integrating the issue of health-promoting management.

TABLE 5.3.5

**Management-oriented leverage factors for measures and projects (two examples)**

Leverage factor	Measures	Formalisation
4) Health-promoting management by line managers	Support measures in the area of health promotion for managers	Establishing advice and support for managers to aid them with the implementation of health promotion measures in their areas/branches
5) Training/empowerment of managers in relation to WHM	Health “toolbox” for managers	Establishing a “virtual box” of WHM offers for managers and their teams. Examples: <ul style="list-style-type: none"> <li>• Seminars on various health-related topics (can be booked through WHM)</li> <li>• Day seminars on the topics of resilience and health-promoting discussions</li> <li>• Conducting health workshops, etc.</li> </ul>
	Raising awareness and empowerment of managers in relation to health issues	Conducting two full-day training courses (first course held in 2016; refresher in 2018/2019) Topics: Health definition at GMZ, factors influencing health, stressors and resources, current figures from the health report, early detection of psychological stress, etc.

**Summary of case studies:** At the Federal Office of Public Health and at the Migros Cooperative Zurich, the topic of health-promoting management is understood relatively broadly. In both cases activities were based on intensive discussions with decision-makers. This was an important prerequisite for the projects. However, the case studies also show that quite different measures were used, which were therefore tailored to the organisation in question, based on an overview of the stressors and resources situation in each case.

### 5.3.8 Recommendations

The information provided in this section illustrates a number of approaches to management and health. Not every health-promoting management programme has to include all possible leverage factors. The framework conditions, the stress situation, the convictions of the decision makers and the available resources must be coordinated with effectiveness considerations. In addition, it is definitely recommended that the subject of management and health should be developed as a gradual process. It is true that the topic has attracted growing attention. Systematic programmes as illustrated in the case studies are comparatively uncommon. More frequently, the topic is dealt with in one-off events as part of awareness-raising activities and training measures.

In light of this, the following recommendations may be summarised:

- In the context of promoting mental health through management, four leverage factors should be explored: employee-related behaviour, self-care, role models, and job design and organisational planning. Consideration of the associated health-related culture constitutes a fifth leverage factor that significantly influences the possibilities for activities.
- Combined programmes have greater potential (see Ulich & Wülser 2018), but are more complex and demanding: for example, a clear commitment is required from decision makers. Sufficient human resources and competences in the field of WHM and organisational development must be available.
- If not all the dimensions of health-promoting management can be taken into account, this should be reflected in realistic targets for the activities. It can be helpful to take a gradual approach to developing the subject.
- A focus on leadership behaviour is widespread and accessible in many places. When clarifying the procedure, assessments should be conducted to establish whether the evaluations of the need for action are adequately covered.
- Measures should include both primary prevention/health promotion as well as secondary and tertiary prevention.
- Managers must be encouraged to take an active interest in mental health issues. This means that they must have access to support services and be aware of them.
- In order to ensure this, tasks and roles must be clarified (e.g. by employees, line managers, HR, WHM, social counselling, etc.).
- Networking with psychologists and/or psychiatrists is recommended when dealing with mental illness; this is where HR and Case Management reach their limits.
- The subject of health and management is closely linked with other topics relating to personnel, leadership and organisational development. Clever networking of WHM is recommended as this aids the exploitation of synergies and acceptance of WHM as a whole.
- In addition to dealing with disorders and illnesses, the potential of health-promoting management should be given more weight from a comparative perspective. Identification and promotion of positive management behaviour and positive work design offer good approaches, for example.
- Small businesses need low-threshold access to information, guidelines, recommendations for action and support options.

### Links

- Tips and suggestions on “healthy management”:  
<https://www.compasso.ch/gesunde-fuehrung.htm>
- Tips and simple principles for “healthy management”:  
<https://www.do-care.de/gesund-fuehren/>
- Tips for dealing with mental illness:  
<https://www.wie-gehts-dir.ch>
- Suggestions for management and more, beyond the immediate subject area:  
<https://www.hernstein.at/newsroom/>
- Also goes beyond the immediate subject area, useful e.g. as a suggestion for literature:  
<https://managementwissenonline.de/s/fuehrung>

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## 5.4 Mental health among older employees in Switzerland



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Chapter 5.4.7: Examples in practice

### 5.4.1 General introduction

Work is an important part of an individual's life and is closely related to other areas of human existence such as family, leisure or health. The Ottawa Charter states: "Changing patterns of life, work and leisure have a significant impact on health. Work and leisure should be a source of health for people. The way society organizes work should help create a healthy society." (OMS Europe 1986) Indeed, when reasonable working conditions are adhered to, gainful employment fulfils important functions for the well-being and mental health of the individual, such as contact with others, social status or the feeling of being in charge of one's own life (Jahoda 1982). Unfortunately, evidence from the literature shows that in Western countries the current situation is characterised by increasing physical and psychological problems in the workplace. In 2010, about one-fifth of employees in Switzerland believed that their employment had a negative effect on their overall health and posed a risk to their safety (Moreau-Gruet 2014).

Taking account of the current demographic ageing of the working population, this chapter looks at the mental health and well-being at work of the Swiss labour force, focusing in particular on those over the age of 50 (hereinafter referred to as "older employees"), and the main factors influencing this.

### 5.4.2 Demographic ageing of the workforce

Since the beginning of the twentieth century, Switzerland has experienced a significant demographic ageing of its population, characterised by an increase in the proportion of older people (aged over 65) and a reduction in the number of younger people (Kohli et al. 2006). For example, between 1900 and 2016, the old-age dependency ratio (i.e. the number of over-65s per 100 adults aged from 20 to 64) rose from 11 to more than 29 (Office fédéral de la statistique 2017b).

Demographic ageing also has an impact on the world of work. The increase in the average age of the general population is accompanied by a progressive ageing of the workforce – older employees are becoming an ever more important factor on the labour market. Between 1991 and 2017, the average age of the workforce in Switzerland rose from 39.0 to 41.7 years (Office fédéral de la statistique 2018), while the employment rate among 55–64 year-olds also continued to increase, rising from 62% to 73% in the period from 1995 to 2015. Although this rate is among the highest in the OECD countries (Secrétariat d'Etat à l'économie 2016), it should be noted that this finding applies in particular to men under the age of 60 and with a high level of education (OECD 2014b). For women – who have not had access to the labour market for so long –, the over-60s and low-



skilled people, on the other hand, the situation was not so positive (OECD 2014b). Moreover, in view of current demographic developments in Switzerland, the number and proportion of older employees will continue to rise in the decades to come (Zölch et al. 2007).

However, the combination of an ageing workforce, the large number of baby boomers entering retirement in a relatively short period of time and a significant shortage of skilled workers to replace them, also entails the risk of a lack of skilled labour in some sectors.

To address the various challenges posed by the ageing of the working population, the majority of authors believe that the involvement of older workers is essential. For example, in 2015, about 25% of 55 to 64 year-olds did not work (18% of men and 28% of women) (Secrétariat d'Etat à l'économie 2017). It is therefore important to further reduce the number of individuals taking early retirement and to encourage older people to work until legal retirement age (or even beyond) (Office fédéral des assurances sociales 2016; Trageser & Hammer 2012). Although there is an increase in the number of people working beyond official retirement age, as well as a decrease in those taking early retirement, many older people still leave the labour market prematurely (Secrétariat d'Etat à l'économie 2017). In 2012, for example, about one in five Swiss employees retired early, either because of health problems, compulsory retirement or "to enjoy life" (Moreau-Gruet 2014). According to a study carried out on behalf of the Federal Social Insurance Office (FSIO) in 2012, good health, a good working environment, flexible working hours and other conditions that encourage a good work-life balance are the main reasons for remaining employed until statutory retirement age among Swiss citizens aged between 58 and 63/64 (Trageser & Hammer 2012).

In view of the current situation, it is therefore essential to maintain the motivation, ability to work and health of older employees and, on the other hand, to continue to support (or to create) the conditions that enable employees of all ages with family responsibilities to continue to work (Zölch et al. 2007).

### 5.4.3 Mental health and well-being in the workplace in Switzerland

Aside from the ageing of the working population, the world of work has undergone major upheavals in recent decades, mainly due to economic and social changes and the increasingly technological nature of the professional environment. Although the level of physical exertion required is still high in certain sectors in particular, these days the demands placed on employees are also of a cognitive, emotional and psychosocial nature. The current labour market is characterised, among other things, by instability and higher demands, such as in terms of productivity, individual assumption of responsibility or dealing with long periods of uncertainty and furthering one's own professional career (Ilmarinen & Weiss 2006; Rudisill et al. 2010). There is an increasing feeling among employees that they have to "do more and more with less and less". Workers of all ages must therefore cope with and adapt to new challenges in the face of ever-changing conditions (Ilmarinen & Weiss 2006).

Two of the most commonly used models to explain health and performance at work are the demand-control model (DCM) by Karasek (1979) and the job demands-resources model (JD-R) by Bakker and Demerouti (2007). These models agree that: (i) health and productivity in the workplace are the result of multiple factors, such as the resources (i.e. the protection factors) and the job demands or stressors (i.e. the risk factors) that interact with each other; (ii) achieving a balance between the individual's resources (both professional and personal) and the demands of the workplace is central to maintaining a good state of health. For example, according to the DCM, the balance between psychological demands and scope for decision-making in the workplace determines the pressure perceived by the individual and affects their physical and mental health.

Of course, the tasks performed and the working conditions experienced by individuals over the years (or decades) also have a significant impact on their well-being and physical and mental health. Unfavourable physical and mental working conditions will therefore increase the risk of morbidity and early retirement (Marmot & Wilkinson 2006). Furthermore, poor employee health also represents an issue for employers and the economy, because of the

associated effects on unemployment, utilisation of the healthcare system and productivity (OECD 2014a). In 2010, the costs related to mental health disorders were estimated at CHF 11 billion, half of which can be linked to indirect costs such as absenteeism, incapacity to work and early retirement (Schuler et al. 2016).

How should we rate workplace health in Switzerland now? Overall, in an international comparison, the situation in Switzerland in terms of subjective health measures and working conditions is positive. This can also be said in comparison with other European countries (Krause 2016). Such a statement is important because it reflects the efforts made in Switzerland to date. However, despite this finding, the many existing risk factors and dysfunctional situations must not be forgotten. As evidenced by the number of applications for disability insurance benefits (including from individuals suffering from mental health disorders) which has been increasing since 1995 at an average annual rate of 1.7%, the country still faces major challenges (Krause 2016; OECD 2014a).

Using the models mentioned above as examples (i.e. DCM and J-DR), the pages that follow will present a set of indicators for job demands (or stressors), job and personal resources, and mental health and well-being at work.

### **Job demands (stressors)**

Among the physical demands and stressors, the most important risk factor in Switzerland is the ergonomic characteristics of the workplace (such as repeated movements, tiring and painful positions or even carrying heavy loads). In addition, there are chemical and biological factors, noise and very low or very high temperatures (Marquis 2010). Of course, these factors can also bring about negative effects of a mental nature, such as anxiety, mental exhaustion or declining self-esteem (Krause 2016).

However, as noted above, the workplace challenges of today are very often cognitive, emotional and psychosocial in nature (Börsch-Supan et al. 2007). According to the 2012 Swiss Health Survey (Schweizerische Gesundheitsbefragung, SGB), approximately 40% of respondents said they always (or usually) had to rush to perform the required work, while 45% said that most of the time they had to think about too many things at the same time (Moreau-Gruet 2014).

In addition, the 2010 stress study indicated that almost half of the workforce had to stop working to respond to unplanned inquiries often or very often (Grebner et al. 2011).

With regard to perceived psychological stress, according to the 2012 SGB about 18% of respondents stated that they always (or usually) felt stress in the workplace, and more than 45% occasionally felt such pressure. Incidentally, those who felt more stressed were also more likely to suffer from mental health problems. Looking at age group categories, those aged between 25 and 34 felt the most stress, while those aged over 45 were least affected by stress at work (Moreau-Gruet 2014).

Job insecurity, i.e. the fear of losing a job, and the helplessness associated with this, are among the main work-related stressors (De Witte 2005). According to the literature, the negative impact on an individual's mental health and well-being of an employment relationship which is felt to be insecure is comparable to the consequences of unemployment. Despite a slight decline since 1997, in 2012 12% of employees in Switzerland were still afraid of losing their jobs. It is striking that workers between the ages of 45 and 55 suffered the most from this fear (about 15% of this group). Among those aged between 55 and 65, the proportion was about 12%. As far as mental health issues are concerned, mental health disorders were suffered by only 14% of people who were not at all worried about the prospect of job loss, compared with 27% of those who feared losing their jobs (Moreau-Gruet 2014).

Bullying in the workplace is also a risk factor that can have very serious consequences over time, especially as a result of its chronic nature. In the 2007 European Social Survey (ESS), 8% of respondents reported having experienced bullying during the previous year. In addition, it is evident that the situation appears to worsen with age. In fact, those aged between 45 and 64 were the age group most affected by this problem (Secrétariat d'Etat à l'économie 2011).

### **Job and personal resources**

According to the resources in relation to working conditions evaluated in the 2015 European Working Conditions Survey (EWCS), 90% of Swiss employees considered themselves to be treated fairly by their line managers and 59% said they received help from

them (Krieger et al. 2017). In addition, about 86 % felt that they were doing useful work and 49 % said that they were able to implement their own ideas at work (Krieger et al. 2017). In turn, the SGB (2012) points out that some 33 % of employees have the opportunity to contribute in some way to the selection of future colleagues. 57 % state that they are able to influence important decisions about their own work. It is interesting that this last aspect remains more or less stable in professional life from the age of 25. However, a lack of freedom in relation to work performance is most often reported by employees aged from 15 to 25 (16.6 %) and those aged from 55 to 64 (14.3%; Moreau-Gruet 2014).

Optimism is one of the main protection factors against psychological vulnerability, and counts among the most important personal resources in the workplace. However, this decreased slightly between 2000 and 2012 in Switzerland. According to the Swiss Household Panel (SHP), the proportion of optimistic and very optimistic individuals fell from 77 % to 73 %. However, there are no major fluctuations between the individual age groups in terms of their degree of optimism (Moreau-Gruet 2014).

In terms of feeling in control of their own lives, in 2012 about 40 % of the Swiss population said they had a high level of control while 20 % felt as though they had little control. This feeling seems to increase steadily throughout life. Indeed, the proportion of people with a strong sense of control increases from approximately 36 % among those aged 15 to 34 to over 50 % among the over-65s (Moreau-Gruet 2014). Somewhat surprisingly, the energy and vitality index increases with age. According to the SGB 2012, about 65 % of people aged 55 to 64 and those over the age of 65 report high levels of energy and vitality, compared to only 53 % of 15 to 24-year-olds. The fact that this index is based both on physical factors and mental health – for which some indicators also improve with age – may explain this trend, at least in part (Moreau-Gruet 2014).

Finally, a good work-life balance is essential for many people and may be a source of well-being and motivation in terms of work. Overall, according to the SHP 2012, about 20 % of employees feel a strong (or very strong) imbalance between work and family responsibilities; those aged between 35 and 54 experience the greatest problems when it comes to reconciling these two areas adequately. This result

can be explained, at least partly, by the level of importance often attributed to these areas by middle-aged adults (Moreau-Gruet 2014).

### **Indicators for mental health and well-being**

Job satisfaction is one of the main indicators for mental health and well-being at work, contributing to other factors such as performance capability, engagement, intention to change jobs and absenteeism (Moreau-Gruet 2014). According to the EWCS 2015, Switzerland rates above the European average in terms of satisfaction with working conditions. 88 % of employees stated that they were satisfied or very satisfied (Krieger et al. 2017).

This also applies to older employees. According to some authors, their high level of satisfaction could primarily reflect the fact that they are “able” to work in view of the current difficult situation in the job market and the potential risks for older people. Given the theoretical framework set out in this chapter, it seems particularly relevant to mention the Job Stress Index. This is a new measure of the relationship between workplace stressors and an individual’s resources (Ilgic et al. 2014). According to studies carried out to date, although available resources outweigh stressors for most employees in Switzerland, among 25 % of respondents, the resources are lower than the stressors. In other words: about a quarter of workers are at particularly high risk of developing health problems. With regard to age groups, the imbalance between stressors and resources decreases as employee age increases. For example, those aged from 45 to 54 and from 55 to 65 seem less stressed than their younger counterparts (Ilgic et al. 2014). This result could be explained by the fact that, as employees get older, they are more likely to hold positions with responsibility which naturally involve more potential stressors but also more available resources (e.g. greater scope for decision-making, greater influence on the working method). In addition, numerous studies (e.g. Hertel et al. 2015) have shown that employees develop more effective problem-solving strategies over time to meet their professional needs.

As described by Demerouti et al. (2001), exhaustion reflects a sense of energy loss, overwork and extreme fatigue, and poses a major health risk. Exhaustion therefore involves both physical and psychological components. The study conducted by Ilgic

et al. (2014) observed that about 24% of the employees surveyed were exhausted. Looking at the different age groups, older employees (55–65 years) were the least exhausted (17.2%), while those aged 15–24 were the most exhausted (33.3%).

Absenteeism for health reasons is another measured value that is often used for performance and health in the workplace. On average, in 2010 every Swiss employee was absent for approximately 14 days due to health problems. In an age group comparison, when looking at relatively short periods of time (0 to 15 days), those aged 55 to 64 were less likely to be absent (57.8% vs. 90.7% among those aged 15 to 24). Incidentally, the largest proportion of those who had not been absent at all during the previous year (4.4%) was observed among the oldest employees. By contrast, those aged between 55 and 64 were more likely to be absent for longer periods of time (60 days and over) due to health problems (11.1% vs. 1.1% for those aged 15 to 24) (Moreau-Gruet 2014). In direct contrast to absenteeism is the concept of presenteeism (i.e. continuing to work in spite of illness, especially due to fear of losing one's job). In general, this tends to decline with age: the level of presenteeism observed was 55% for 15 to 24-year-olds and 25 to 34-year-olds, and 40% for 55 to 64-year-olds (Moreau-Gruet 2014). It should be noted, however, that the business-related costs associated with presenteeism – caused by more mistakes and accidents or lower quality of work performed, for example – amount to double the costs associated with absenteeism (Schuler & Burla 2012).

Furthermore, as stated at the beginning of the chapter, a large proportion of employees feel that the working environment has a negative impact on their overall health, although this can vary depending on age. The EWCS 2010 highlights that in Switzerland, cases of work-related back problems or headaches/eye strain are reported particularly by those aged between 25 and 44 (Moreau-Gruet 2014). On the other hand, according to the SGB 2012, as they grow older employees tend to perceive work as a factor which has a positive influence on their state of health. As Moreau-Gruet (2014) points out, this seemingly paradoxical result could partly be explained by the fact that this question was only answered by older people who are still in employment – i.e. who are healthy enough to be able to work.

#### 5.4.4 Conditions with specific reference to older employees

In this part of the chapter, we will address two specific situations that are characteristic of the experiences of many older employees in the current labour market and that can have a significant impact on health and well-being: long-term unemployment and age-related discrimination.

##### Unemployment among older workers

Since 2000, unemployment (as defined by the International Labour Organization ILO) has risen sharply in Switzerland. The worst hit are those aged from 15 to 24, while 50 to 64-year-olds are the least affected (Secrétariat d'Etat à l'économie 2017). In 2016, the unemployment rate for 50 to 64-year-olds was around 3.6%, compared to 7.8% for 15 to 24-year-olds (Office fédéral de la statistique 2017a). However, the figures for older employees should be interpreted with some caution. People aged over 50 often take early retirement after losing their job or have to leave the labour market due to health problems (Office fédéral de la statistique 2008), and so these cases are not included in the unemployment statistics. Among the younger age groups, frictional unemployment is also higher, which may be attributed, for example, to the wish to return to the labour market after a family break or a period without employment between two employment contracts (Office fédéral de la statistique 2008).

On the other hand, it is worrying to note that older people in the employable population have more problems finding a job again and are thus more vulnerable to long-term unemployment (OECD 2014b; Secrétariat d'Etat à l'économie 2017). In 2016, the proportion of long-term unemployed (i.e. one year or more) was 37% among 25 to 39-year-olds and 47% among 40 to 54-year olds, while it was 56% among 55 to 64-year-olds (Secrétariat d'Etat à l'économie 2017). This situation can still be explained today by the fact that employers have certain reservations about employing older jobseekers. According to the Federal Social Insurance Office (Bundesamt für Sozialversicherungen), about 60% of companies believe that it is useful and important to have older staff members among their employees; however, recruiting older workers when there is a shortage of labour is the strategy that is least likely to be followed, with

preference given to recruiting employees from abroad and/or younger jobseekers (Trageser & Hammer 2012). The most common justifications given for these reservations among employers are the excessive contributions to occupational pensions (second pillar) and the belief that older employees' qualifications are outdated (Buchs & Gnehm 2016).

Overall, the scientific literature clearly shows that unemployment – especially long-term unemployment – has negative impacts on the physical and mental health of people of all ages (Paul & Moser 2009). For example, among 50 to 64-year-olds, those who are unemployed report more symptoms of depression than those who are in work (Brugiavini et al. 2008). In turn, the summary of studies by Paul and Moser (2009) highlights that the negative effects of unemployment on subjective well-being (including anxiety, self-esteem or symptoms of depression) are more pronounced among the youngest and the oldest (i.e. 50 and over). Finally, impairment of mental and physical health also contributes to greater difficulties in finding a new job, as well as hasty decisions to leave the labour market for good (Marmorola & Ritter 2015). It is conceivable, therefore, that the impossibility of finding work again, irrespective of health problems, may cause many older individuals who are still motivated and perfectly capable of working to take early retirement without really wanting to.

### **Age discrimination in the working environment**

Age discrimination, i.e. prejudice and systematic discrimination against older people (Butler 1989) is a phenomenon that is very common in our society and can have a significant impact on personal well-being and performance (Abrams et al. 2011). The 2008 European Social Survey found that in Switzerland people over 65 are more often affected by age discrimination (23%) than by sexism (12%) and racism (8%) (Abrams et al. 2011). This trend was also observed in the other countries that participated in the survey<sup>8</sup>.

Unfortunately, the world of work is no exception, and far too often older employees are victims of age discrimination in the workplace, both at an organisational level and as an individual (Swift et al. 2017). A survey conducted in 28 countries around the world

(including Switzerland) in 2006 showed that, alongside sexism, age discrimination is one of the most common forms of discrimination in the workplace – especially in relation to job searches (Kelly Services 2006). In the current working environment, age discrimination can take different forms: exclusion from training programmes and opportunities for promotion, reservations about recruitment, pressure to take early retirement, poorer working conditions, poorer performance appraisals, tougher recommendations – such as dismissal – in the event of performance below expectations and condescending or derogatory forms of communication from colleagues or supervisors (e.g. Laplante et al. 2009; Swift et al. 2017). Like any other form of discrimination, age discrimination can have a significant negative impact on an individual's professional identity, self-esteem, the perception and application of one's own competences (e.g. intellectual and physical), or on the job motivation and engagement. Of course, these factors in turn affect health and well-being in the workplace. Thus this form of discrimination can also involve negative consequences at the state level (e.g. unemployment and disability insurance costs), but also for companies, which may face both a loss of productivity and lower levels of performance due to unsuitable recruitment (Abrams et al. 2016).

From advertisements (that may specify age criteria), through the procedure of assessing applications and candidates during job interviews, to making the final decision, all too often age-related forms of discrimination are observed during the recruitment process. Moreover, such behaviour also contributes to the greater difficulties that older unemployed people encounter in their reintegration into the labour market (Moser et al. 2008). Krings et al. (2011) conducted a series of studies among students and HR managers in Switzerland examining the effects of age-related stereotypes on the assessment of candidates' qualifications during the recruitment process. The data showed that older candidates are considered to be more caring (social skills) but less competent (subject-related competences) and they are less likely to be invited to interview even if the job particularly requires an individual with social skills. Ultimately, the results obtained from the students and HR managers were comparable overall

<sup>8</sup> Although the term "age discrimination" is generally used to describe discrimination against older people, it should be noted that young people (e.g. aged 15 to 25) can also be victims of age-related discrimination in various areas of life (such as work).



(Krings et al. 2011). Another study involving HR managers showed that the same application is generally rated less positively if the photograph shows an older employee (Kaufmann et al. 2017).

Age-discriminatory behaviour, whether deliberate or not, is often based on negative stereotypes that classify older employees as less motivated, less interested in taking part in further training, more negative towards change, less willing to cooperate with others, less healthy, slower and less efficient, and less able to maintain a good work-life balance (Nelson 2002; Ng & Feldman 2010). Nevertheless, the scientific studies prove (as may be seen above) that the situation is often quite different and more positive.

More specifically, studies on different aspects of productivity show that they are not necessarily influenced by age (Ng & Feldman 2008). For example, general productivity does not decline with age. On the contrary: older employees are less likely to be late or absent, are more supportive of their colleagues and exhibit less aggressive or risky behaviour (e.g. drug abuse) in the workplace (e.g. Moser et al. 2008; Ng & Feldman 2008). On the other hand, studies that focus on occupational attitudes highlight that older workers often have positive (and/or less negative) attitudes to work compared with other age groups. For example, older workers report more job satisfaction and loyalty to their employer, as well as greater identification with the company and a stronger sense of control. Furthermore, they are less likely to be involved in conflicts with colleagues (Ng & Feldman 2010). The scientific literature also suggests that the differences observed in relation to age are also the result of interaction between the person's individual traits, their life history and their professional environment, rather than just their advanced age. Finally, there are often greater differences within the same age group than between employees of different age groups (Ilmarinen & Weiss 2006).

It is interesting to look at the stereotypes relating to generational differences, which may also influence interactions between different age groups. Research in Switzerland specifically shows that personal goals during different stages of life have changed from generation to generation over the last five to six decades. For example, compared to previous cohorts, the importance of family and working life among today's young adults has diminished while more weight

is given to personal development and leisure time (e.g. travel or social engagement) (Bangerter et al. 2001). These changes reflect a trend toward individualism and personal fulfilment in modern society (Grob et al. 2001). However, other studies (e.g. Costanza & Finkelstein 2015) have not revealed any significant work-related differences between baby boomers, Generation X and Generation Y. According to Costanza and Finkelstein (2015), the observed differences between employees of different ages in terms of job satisfaction or intentions to change job are attributable to other factors, such as the economic crisis.

#### 5.4.5 Recommendations for the future

Notwithstanding the efforts already made and the overall positive situation in Switzerland, as illustrated by international comparisons or studies of our companies, in this final section of the chapter we would like to make some practical suggestions for the future. These will serve to protect and further promote the mental health and well-being of older employees, and apply to our social fabric at the micro-level (employees), the meso-level (companies and social partners) and the macro-level (the state, politics and the economy). Of course, these recommendations may be of use to employees of all ages. On the one hand, they can improve general working conditions in a company (and thus benefit all employees), and on the other, they can be adapted to address the needs of younger employees.

#### Promoting mental health and well-being in the working environment

- With its ability to reach the workforce, the workplace is and must remain a key factor in the promotion of mental health.
- Measures must aim at improving working conditions as well as developing the resources of employees. For example, the adaptation of work organisation and working time flexibility to the changing needs of employees (internal and external occupational mobility and greater consideration of job-specific ergonomic criteria) is an important issue to be considered. Ideally, this should be done individually according to the needs of each employee and their specific situation.



- In terms of resources, access to continuing education should be offered and facilitated throughout an individual's working life in order to maintain and develop key professional qualifications. It is therefore essential to ensure that employees always have the necessary and sufficient resources to meet the challenges they face in their working environment. In addition, such measures would also enable companies to be more attractive to current and prospective employees.
- In order to promote the implementation of the proposed measures and thus their effectiveness, it is important to take the views of the target audience into account when defining the necessary measures and to involve them as much as possible in the implementation. In fact, employees must be able to be partners and driving forces, and take responsibility for their own health within a framework that enables and rewards this.
- In Switzerland, several institutions offer workplace health promotion programmes. Health Promotion Switzerland, for its part, offers a series of measures to sustainably promote employee health and performance through its Workplace Health Management (WHM) programme. These measures relate to various topics such as occupational safety, management of absences or raising awareness of stress (Füllemann et al. 2017). As the first available studies show, the implementation of WHM measures (which are also helpful for small companies) has a positive effect on the promotion of mental and physical health (Krause 2016).

### **Promoting the ability to work of older employees and combating long-term unemployment**

- Access to measures that improve older employees' ability to work is an important factor in facilitating their professional reintegration and thus combating long-term unemployment. Special attention must be paid to groups of older individuals who are frequently excluded, such as women and low-skilled people. It is therefore necessary to continue to develop and ensure access for all to retraining or professional development measures, in order to meet the new demands of the labour market.
- To guarantee an enduring effect even for the most vulnerable groups (such as those with a lower level of education), the individual's ability to engage in continued training must also be taken into account and, where appropriate, their ability to learn so that they can benefit fully from such measures (Ilmarinen & Weiss 2006).

- As regards the different forms of discrimination in recruitment, one possibility would be for employers to take positive action when determining the vacant posts to be advertised and in the recruitment procedures, in order to encourage older candidates to apply, and to ensure objective assessment and equal opportunities for access to the posts.

### **Raising awareness and training to combat age discrimination in the workplace**

- The implementation of new awareness-raising measures in the face of these facts, which are all too often ignored, and their negative consequences is an essential element in the promotion of mental health. Awareness of and overturning incorrect negative stereotypes about older employees as well as opportunities for an exchange of information and positive cooperation (e.g. via intergenerational mutual mentoring) play a central role in these measures.
- In order to tackle age discrimination even more effectively in the workplace, there is also an urgent need to strengthen the available legal instruments with respect to discrimination in the workplace. On the one hand, Article 8.2 of the Bundesverfassung (Federal Constitution of the Swiss Confederation, Constitution fédérale de la Confédération suisse du 18 avril 1999) contains elements for the protection of the person (and the employee), according to which individuals may not be discriminated against, either due to their age or for any other reason. Such elements also exist in Article 328 of the Obligationenrecht (Code of Obligations), which states: *"Within the employment relationship, the employer must acknowledge and safeguard the employee's personality rights, have due regard for his health and ensure that proper moral standards are maintained."* (Loi fédérale complétant le Code civil suisse du 30 mars 1911). On the other hand, in contrast to other countries – such as the USA with its Employment Act of 1967 (Age Discrimination and Employment Act 1967) – Switzerland does not currently have a specific law covering age discrimination in the workplace.

- Ultimately, as with measures to promote employees' resources, initiatives to combat age discrimination must also be based on sound scientific findings and evidence, and must take a continuous and long-term approach. In fact, research shows that selective, isolated measures are not sufficient to change points of view and attitudes that have often been ingrained in an individual for a long time.

#### 5.4.6 General summary

Data on working conditions and mental health show that Switzerland is (quite) often at the top of the list when compared to other western countries. Nevertheless, our goal must not be limited to being better than others; our endeavour must be to achieve health and well-being in the workplace for all. Promotion of the individual's mental health and well-being in the workplace also means facilitating good health and appropriate performance in other spheres of their life. Equally, investments in this area can have a major impact on a company's performance and consequences for the economy in general, for example by helping people to stay in work for longer. Indeed, we have found that older employees usually have important resources and qualifications and, just like younger employees, can help to ensure that the labour market in Switzerland continues to function well. To reduce an individual to their age alone is a serious form of discrimination. Every person, every employee must be judged on their merits and qualifications and not on the – mostly incorrect – criteria assigned to an indicator such as age. Obviously, such objectives can only be achieved through the participation and joint efforts of different stakeholders and partners in the world of work (employees and employers, scientific research, employers' associations and trade unions, political decision-makers and the state). Public authorities, for their part, must continue to contribute to these efforts and motivate employers to continue and expand their efforts in relation to older employees, but to start sooner in their respective careers. Such an approach would prevent many mental health issues – and their development into chronic problems – throughout an individual's working life, so that interventions would no longer only be implemented after the emergence of problem situations.

#### 5.4.7 Examples in practice

*David Blumer, Dipl. Psych. FH, SBB*

Effective and economically viable approaches to reducing mental stressors in different age groups should always be preceded by a phase during which understanding is gained. All of the following measures relate to the "Work and Age" and "Mental Health" initiatives at SBB and represent only a small selection of a possible range of measures that may be implemented throughout an individual's working life.

##### **Focus on work organisation**

The "Flexa" working life model allows voluntary "banking" of time and money elements which can be "drawn" later (time off or a reduction in the degree of employment). Thus stressful life phases (e.g. elder care) can be cushioned or stressors decreased by reducing the degree of employment (e.g. partial retirement). It is important to ensure that the "bankable" elements are carefully defined (e.g. overtime, 13<sup>th</sup> month salary) so as not to trigger any health risk (e.g. at a younger age).

Short breaks are an old but very effective approach to reducing exhaustion. For example, in Sales at SBB, where significant emotional labour is required, employees take short breaks of five to ten minutes every two hours (away from their workplace!) It is key to have a clear-cut pilot phase to prove that there is no drop in productivity and that there is a substantial improvement in relevant health indicators (e.g. mental stress).

An age-related tandem system is another measure that can reduce some of the stressors of older employees (e.g. time pressure) and strengthen resources (e.g. providing an opportunity for them to pass on their knowledge). If properly used, more vacation entitlement (e.g. from the age of 50 or 60) can also contribute to recovery.

##### **Focus on matching employees with their activity**

Ensuring that there is a perfect fit between employees and the work they do is key to maintaining good mental health until retirement. This means that employees must regularly ask themselves how long they think they can continue to perform their current job in a healthy and motivated manner ("pit stop"). If carried out at regular intervals, or triggered by critical life events (e.g. care of sick family members),

the pit stop makes it possible to determine the situation with regard to working capacity and employability. With support from an expert, the pit stop process empowers employees to analyse their personal situation and to draw up a possible action plan, thus ensuring that the right course can be set in good time and situations where overwork might occur can be avoided at an early stage (see also Fig. 5.4.1).

In the context of a pit stop, for example, it may turn out that an activity can no longer be performed over the longer term due to an individual’s mental health. Horizontal career models involving sideways movement to bring about a reduction in specific, age-critical stressors (e.g. sustained attention) while making best use of age-specific resources (e.g. experiential knowledge) can be of assistance in this context.

Approaches such as the pit stop have to be embedded in organisational processes (such as staff appraisal or development). For employees involved in high-risk activities, it is possible to carry out a so-called health dialogue at regular intervals from the approximate age of 40 onwards (e.g. every five years up to the age of 50, and then every two years). Thus evolving job requirements are periodically compared (as assessed by experts) with the individual’s changing health-related competences in order to identify potential deltas at an early stage, before illnesses arise.

**Focus on a “gradual exit”**

A model which is the subject of much discussion but is often difficult to achieve is that of “flexible retirement” (e.g. from the age of 58). Among those at certain specialist and executive management levels or senior project managers, the constant high time pressure and the dynamics of change can lead to an increasing amount of strain. It can be a relief to hand over that responsibility to someone else. Issues related to this career model which are perceived as detrimental include loss of status, salary and, above all, pension fund benefits. It is therefore important to minimise the loss of status (e.g. by means of consulting groups, retaining the position on the executive team, joining the “club of wise men”, etc.) and, above all, to eliminate any pension fund losses as far as possible, because greater weight is often given to this loss from a subjective perspective than a possible loss of salary. The advantages must also be made apparent by using story-telling, for example (see also Fig. 5.4.2).

Flexible retirement may also involve a reduction in the level of employment; however, this can be addressed as a separately designed model. The “Activa” model in use at SBB promotes an early reduction in stressors from the age of 60 by reducing the level of employment and compensating for the loss of pension fund entitlements by extending working life up to a maximum of three years after normal retirement age.

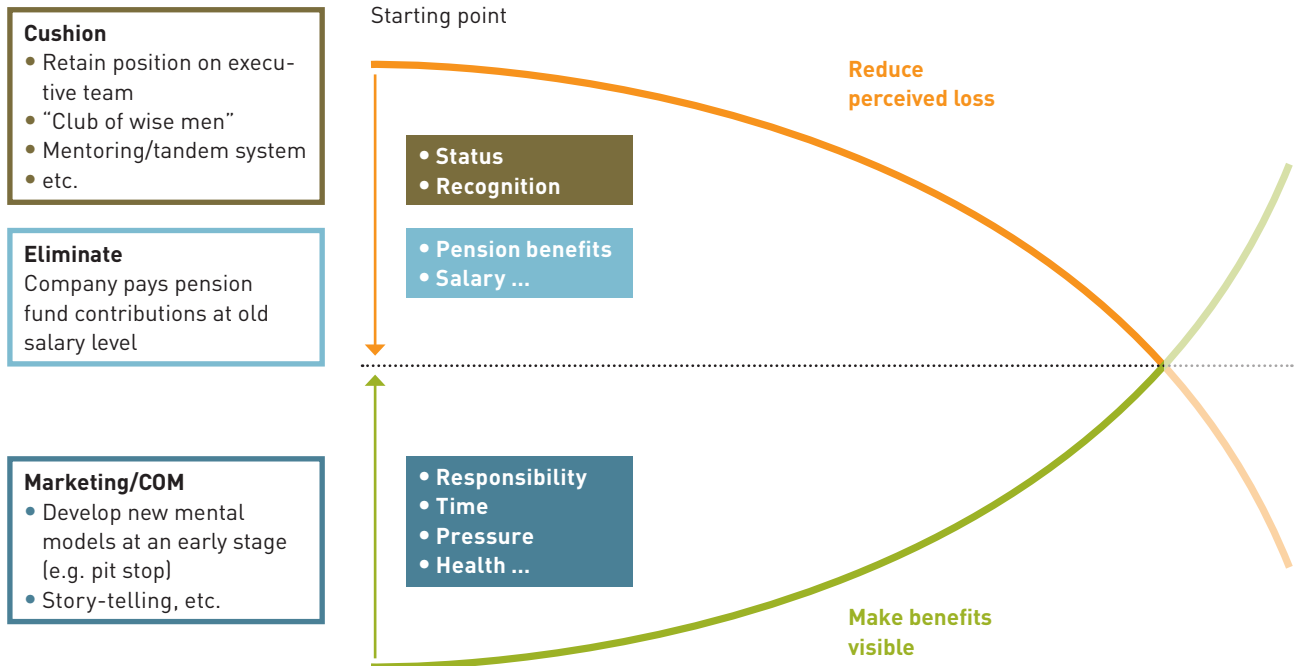
FIGURE 5.4.1

**Pit stop process**



FIGURE 5.4.2

## Effect mechanisms and leverage factors for successful flexible retirement



### Focus on leadership, culture and supporting measures

Measures that shape the culture of an organisation, such as destigmatising campaigns (which deliberately bring different generations together, for example), can help to correct the often deficit-oriented image of older employees, and consequently their position as an important resource is given greater appreciation. The age-related tandem system mentioned above can help in this situation, for example. Age-appropriate leadership is an important building block. It is crucial to raise awareness among managers about age-critical stressors (such as rapid change) and the needs of older employees (e.g. passing on their knowledge). Especially where there are large age differences within management configurations, mutual understanding is required so that the potential of older employees (their high levels of expertise and social skills) can also be used. Accompanying measures such as support for care of family members or courses on proper pension planning (from the age of 50!) or preparing for retirement are specifically aimed at reducing typical mental stressors among older employees. In addition,

health literacy can be systematically increased by means of MBSR courses (mindfulness-based stress reduction), or social support can be promoted through shared experiences (of a sporting or cultural nature). At SBB this is provided via the "SBB aktiv" platform, where employees can set up offers for other employees and the company supports employees in the organisation and financing of such events.

### Links

- [http://www.arbeitundalter.at/cms/Z03/Z03\\_50/home](http://www.arbeitundalter.at/cms/Z03/Z03_50/home)
- [https://www.baua.de/DE/Angebote/Publicationen/Praxis/Arbeitsgestaltung.pdf?\\_\\_blob=publicationFile&v=9](https://www.baua.de/DE/Angebote/Publicationen/Praxis/Arbeitsgestaltung.pdf?__blob=publicationFile&v=9)
- [http://www.inqa.de/SharedDocs/PDFs/DE/Publicationen/bausteine-fuer-ein-vernetztes-alternsmanagement.pdf?\\_\\_blob=publicationFile&\\_\\_sm\\_\\_au\\_\\_=iVV20R20N4P2sN0q](http://www.inqa.de/SharedDocs/PDFs/DE/Publicationen/bausteine-fuer-ein-vernetztes-alternsmanagement.pdf?__blob=publicationFile&__sm__au__=iVV20R20N4P2sN0q)
- <https://demographie-netzwerk.de/>
- <https://www.fachkraefte-schweiz.ch/de/50plus/>

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# 6 Situation regarding Workplace Health Management in Switzerland – taking stock



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## 6.1 Introduction

Switzerland is one of the most competitive countries in the world, not least thanks to the motivation, efficiency and health of its workforce. But is Switzerland also top when it comes to WHM? Are companies doing enough to ensure that their employees experience “healthy” conditions? Are employees supported in their efforts to remain healthy and productive despite an increase in – particularly mental – stressors? Although the economic and human resource challenges make a case for systematic and comprehensive WHM, many companies are still very far from achieving this, usually lacking an all-encompassing health strategy. Also, employees and managers are not sufficiently involved in the planning and implementation of WHM. Companies are aware that psychosocial stress is an area of major need where currently too little is being done. This is also apparent in an international comparison, with Switzerland ranking in the lower midrange.

## 6.2 WHM as a backdrop to social, healthcare and economic challenges

Concern for the health and well-being of employees is not a new corporate trend. However, it is only in recent years that the systematic management and promotion of health in the workplace has come to forward. Accordingly, there have been very few studies addressing the areas of focus, drivers, challenges and implementation status of WHM in Switzerland, despite social, socio-political and economic

challenges, which also have a significant bearing on health policy in organisations.

- With the number of over-65s set to rise to almost 40% by 2030, the proportion of older employees will increase (Bundesamt für Statistik 2015). Pensions are falling as an economic consequence, and pressure on pensions will continue to remain high. Employees will have to defer retirement in order to secure their pension benefits. Within organisations, there will be increased potential for conflict due to employees “struggling” with their health and motivation in the period prior to retirement. The demand for WHM measures will rise.
- Businesses will have no choice but to take steps to actively and continuously promote the motivation, performance and – ultimately – health of younger and (in particular) older employees in order to keep employees in the company for as long as possible due to the shortage of skilled workers. For older employees, it is also a matter of maintaining their productivity and preventing an increase in ancillary labour costs due to illness, accident and disability.
- The demands and expectations faced by employees in relation to qualifications, efficiency and continuous training are on the rise. Depending on the employment market, the high standards set by employers are met by corresponding demands on the part of employees, especially career starters and highly qualified employees, for good working conditions, a satisfactory work-life balance and a healthy corporate culture. Thus WHM is becoming even more important for organisations in respect of HR marketing.
- The world of work faces mounting complexity and pressure, so resources, especially healthy leadership and organisational structures, are important in helping to absorb this pressure. In addition, personnel development measures are essential in order to provide employees with the tools to withstand the many stressful situations to which they are exposed, especially in a

psychosocial context. The promotion of self-competence and health literacy as part of WHM will become even more significant as a result.

- Rising healthcare costs particularly relate to non-communicable diseases (such as cardiovascular diseases, cancer, chronic respiratory diseases, diabetes mellitus and mental illness). More than two million people in Switzerland suffer from a noncommunicable chronic disease (Bundesamt für Gesundheit 2016). Among the over-50s, 20% have two or more chronic diseases. The resultant indirect medical costs in particular, such as loss of productivity due to absences, early retirement, disability or premature death, are estimated at CHF 15–30 billion, and are primarily borne by companies. The demand for prevention strategies is likely to have an impact on WHM.
- Finally, alongside the rise in mental stressors in the workplace, there is also demand for legislation on greater health protection. This would mean that – as already implemented in Germany and Austria – mental, work-related stressors would have to be systematically assessed and, if necessary, reduced.
- Legal provisions mean that companies face socio-political pressure to employ individuals with proportional performance impairments in order to reduce the costs of disability insurance. The integration and support of individuals who are “performance-impaired” could in turn require additional WHM measures.

In this economic and socio-political environment, many interest groups have identified workplace health management (WHM) in recent years as an opportunity for pursuing their goals and interests.

### 6.3 Interest groups and stakeholders in workplace health management

As a voluntary complement to health and safety in the workplace provided by companies, WHM is an area of activity where many stakeholders play a part, as presented in Table 6.1.

Despite its current highly topical nature, WHM has only partially established itself as a comprehensive, effective operational concept in the Swiss business world. This raises the question of whether companies consider the subject of health to be as important and pivotal as might be suggested by the multiplicity of institutions and interest groups mentioned. Fundamentally speaking, a company can only be expected to take an interest in WHM and invest in it if there is a resultant benefit for the business or its staff, or if there is a legal obligation to do so. The economic benefits expected by organisational decision-makers are a central – if not the sole – predictor for WHM (Downey & Sharp 2007).

The various interest groups pursuing social or health policy objectives via WHM cannot force companies to implement them – if the legal requirements are met. However, they can help to encourage their implementation. Well-founded and cost-effective analytical tools, such as the Job Stress Analysis stress prevention survey from Health Promotion Switzerland, can help companies reduce the costs of efficient analysis as the basis for targeted WHM measures.

TABLE 6.1

**Stakeholders and interest groups in workplace health management**

	Stakeholders	Interests and objectives
<b>Companies (users)</b>	<ul style="list-style-type: none"> <li>• Company (managers, employees)</li> <li>• Internal WHM officer, WHM offices, WHM specialists, WHM committees</li> <li>• HR department</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce wage and ancillary labour costs (costs of daily sickness benefits and accident insurance)</li> <li>• Increase productivity and quality of work</li> <li>• Improve job design and work processes</li> <li>• Increase employee satisfaction</li> <li>• Increase the willingness to innovate</li> <li>• Provide assistance in difficult work-related, team or leadership situations</li> <li>• Reduce absences resulting from illness and accidents</li> <li>• Reduce administrative and organisational costs</li> <li>• Reduce staff turnover</li> <li>• Increase employer attractiveness</li> <li>• Fulfil legal requirements</li> <li>• Fulfil quality standards</li> <li>• Improve image and fulfil customer expectations</li> <li>• Perform duty of social responsibility and contribute to the common good</li> <li>• Maintain health and well-being as a central personal need of employees and companies</li> </ul>
	<p>Insurance companies</p> <ul style="list-style-type: none"> <li>• Daily sickness benefits</li> <li>• Accident insurance</li> <li>• Pension funds (Heimer 2017)</li> <li>• IV (disability insurance)</li> </ul>	<ul style="list-style-type: none"> <li>• Increase market opportunities as an insurance provider</li> <li>• Reduce insurance risks (costs)</li> <li>• Reduce economic costs</li> <li>• Set an example as a health- or prevention-promoting institution or as a provider of WHM</li> <li>• Promote preventive measures in borderline areas of responsibility, e.g. in cases of depressive exhaustion (burnout), which is considered to be a work-related disease, not an occupational disease</li> </ul>
<b>Providers</b>	<p>Other service providers</p> <ul style="list-style-type: none"> <li>• Service providers for holistic WHM</li> <li>• Specialist providers in the fields of occupational science (occupational psychology, occupational hygiene, ergonomics, occupational medicine)</li> <li>• Providers of absence management and case management solutions</li> <li>• HR and organisational development</li> <li>• Occupational safety</li> <li>• Health centres and clinics</li> <li>• Providers of measures in relation to health behaviour</li> </ul>	<ul style="list-style-type: none"> <li>• Provide WHM services as own or extended business area with emphasis on promotion of resources, reduction of stressors, prevention, rehabilitation and reintegration, staff and organisational development</li> </ul>

*Continued on next page*

TABLE 6.1 (CONTINUED)

	Stakeholders	Interests and objectives
Market drivers	<ul style="list-style-type: none"> <li>Legislators and their controlling bodies such as SECO, cantonal employment inspectorates, Swiss Federal Labour Commission</li> </ul>	<ul style="list-style-type: none"> <li>Promote occupational prevention measures as a complement to the statutory provisions in the area of health and safety in the workplace</li> <li>Reduce the statutory burden of control if companies implement WHM measures systematically and effectively</li> </ul>
	<ul style="list-style-type: none"> <li>Universities</li> <li>Technical colleges</li> </ul>	<ul style="list-style-type: none"> <li>Research causal relationships, evidence, success criteria and cost-effectiveness of WHM measures</li> <li>Develop WHM tools</li> <li>Provide specialist training in WHM</li> </ul>
	<ul style="list-style-type: none"> <li>Employers' and business associations</li> <li>Chambers of commerce</li> </ul>	<ul style="list-style-type: none"> <li>Promote the attractiveness of jobs, prevent individuals from leaving the profession (e.g. timber construction, carpentry, butchery, nursing, teaching profession)</li> <li>Prevent further statutory requirements relating to workplace health or reintegration by promoting voluntary company initiatives (e.g. integration of disability pension recipients; risk analysis of psychosocial stressors)</li> </ul>
	<ul style="list-style-type: none"> <li>Company shareholders and suppliers</li> </ul>	<ul style="list-style-type: none"> <li>Demand social and health-related corporate standards (Schweizerische Eidgenossenschaft 2015)</li> </ul>
	<ul style="list-style-type: none"> <li>Employees' associations</li> <li>Trade unions</li> </ul>	<ul style="list-style-type: none"> <li>Demand satisfactory, health-promoting working conditions</li> </ul>
	<ul style="list-style-type: none"> <li>Foundations, associations, leagues</li> <li>Health Promotion Switzerland foundation</li> <li>WHM Forum Eastern Switzerland</li> <li>WHM Forum Aargau</li> <li>Cantonal health agencies</li> <li>Federal Office of Public Health</li> <li>Mental Health Network Switzerland</li> </ul>	<ul style="list-style-type: none"> <li>Develop, exchange and coordinate specialist expertise and progress reports on WHM</li> <li>Disseminate prevention offers and prevention knowledge</li> <li>Reduce operational and social (healthcare) costs</li> <li>Implement the National Strategy for the Prevention of Noncommunicable Diseases in organisations</li> </ul>
	<ul style="list-style-type: none"> <li>Media</li> </ul>	<ul style="list-style-type: none"> <li>Satisfy social needs for well-being and health</li> </ul>

#### 6.4 Dissemination and implementation of WHM

In a representative survey of 833 organisations in Switzerland with more than 50 employees (Gesundheitsförderung Schweiz 2017), the implementation status of WHM was assessed on the basis of four main factors: absence and case management, WHM strategy, workplace health promotion (WHP) and employee survey, as well as job design and staff and organisational development. Interviews were conducted with HR or WHM officers or company managers, and the study results show the following degree of implementation: 23% are fully implementing WHM, and 48% are mostly implementing WHM. 26% are implementing WHM to some extent. Only 3% have not yet implemented anything. The

degree of implementation is higher in larger companies. There are also regional differences: 25% of companies in German-speaking Switzerland are fully implementing WHM, while the figure in French-speaking Switzerland is 20% and in Ticino 7%. No major differences were observed between industries. Investment is most frequently made in the area of absence and case management. Job design comes in second place, followed by staff and organisational development. However, an all-encompassing WHM strategy is often missing, with only 15% of companies having such a strategy in place. According to the organisations surveyed, by far the greatest need for action is required in relation to raising awareness of stress and employees' mental health. Companies also identify an increased need for action in the promotion of physical exercise and sports

activities in the workplace, in balancing work and private life, and lastly in a good corporate culture and appreciative leadership.

In a study conducted in 2013 and 2015, company HR managers and employees in German-speaking Switzerland were surveyed (Grutsch & Kressig 2015). 63% of the managers considered WHM activities and measures to be very important. However, only 23% of them described WHM in their company as established or exemplary (25% of employees). Most HR managers considered WHM to be at an initial stage (44%). The majority of employees (40%) considered the implementation status of WHM to be at the development stage (advanced).

However, employees' needs were only partially met by offers provided by the company. Thus among those employees surveyed:

- 52% would prefer a wider range of offers,
- 36% would prefer the quality of offers to be improved,
- 34% would like more time flexibility to be able to use the offers, and
- 27% expressed a wish for better communication about the offers.

For WHM to be a success, the involvement of both employees and the management team are key. This is especially true when it comes to psychosocial stressors in the workplace. However, the study showed low levels of active employee participation in the development of WHM. Only 20% of employees were able to become involved in the development of WHM measures, such as by taking part in demands and needs analyses (surveys) or by participating in health circles. In 36% of the organisations surveyed, WHM is developed on the basis of a careful analysis. In contrast to the importance of their involvement, awareness and participation among managers was observed to be low. 20% thought that managers perceive WHM as a management task, and 14% believed that managers are actively involved in the implementation. In terms of impact, the study came to the following conclusion: 42% of employees said that WHM offers have had a positive impact on their behaviour in the company. Among managers, the number who positively assessed the effects of WHM was slightly higher at 51%. The study should be interpreted with caution due to the low response rate (27% response rate from 672 HR officers contacted, 3.9% response rate from 7,964 non-managerial em-

ployees contacted). However, it highlights a number of issues which are key to the implementation of successful WHM:

- The needs of employees and decision-makers only partially coincide. Consequently, it is not enough to base WHM measures only on the opinions of the decision-makers in the company.
- Active participation as a key determinant of success is not given sufficient consideration in the implementation process.
- In contrast to their importance, managers are not included enough in WHM.

Occupational health and safety management in Swiss companies ranks third to last in a European comparison, with an index score of 5.3 out of 9 points, as shown in study findings from 1,019 interviews with members of management in Switzerland and the EU (EU-27 and four additional countries including Switzerland; over 31,000 interviews in total) (Europäische Agentur für Sicherheit und Gesundheitsschutz am Arbeitsplatz, EU-OSHA, 2012). The same study also surveyed the status of psychosocial risk prevention in the form of an index. The index was composed of various questions, such as on the use of specialists (psychologists) or procedures for dealing with work-related stress, further education and information on dealing with psychosocial stressors. Again the study showed that implementation in Switzerland is at a low level in comparison with the rest of Europe, ranking 23<sup>rd</sup> out of 31. The ESENER-2 follow-up study (European Agency for Safety and Health at Work, EU-OSHA, 2018) assessed the status of psychosocial risk management in 28 EU and three EFTA states, including Switzerland, from 2014 onwards, and derived a total value from different criteria. For example, the study assessed whether a stress prevention action plan existed or a psychosocial risk assessment was carried out. Ranking 17<sup>th</sup> out of 31 states, Switzerland was in the lower mid-range.

In an online survey conducted in Eastern Switzerland (St. Gallen, Appenzell) and Liechtenstein in 2016, managing directors, executives and HR managers from 470 organisations and from different sectors were interviewed about the status of WHM in their company (Grutsch et al. 2017). 21% stated that WHM was being implemented as part of an overall concept. 19% said that they had such an overall concept in development. 60% had no WHM

concept yet. The results indicated higher levels of implementation in large and medium-sized enterprises. There was a general development trend towards WHM measures for stress reduction and mental relaxation (23% in 2013, 29% in 2016), balancing work and private life (68% in 2013, 80% in 2016) and absence management (50% in 2013, 88% in 2016). The authors of the study point to a need for further measures to counteract stress and overloading as well as to actively promote mental health. In addition, they highlight the need to promote health among older employees. Finally, they draw attention to further operational implementation requirements for the systematisation of health promotion and thus for the sustainable, strategic integration of WHM into operational processes.

In summary, there is a trend towards greater systematisation and increased measures, especially for the promotion of psychosocial health, in the implementation of WHM in Switzerland. In the case of the latter, both company managers and the European comparison figures indicate that there is still a long way to go.

### 6.5 Motives and influencing factors on WHM implementation status

Improving employee satisfaction, performance and productivity or reducing absences are openly declared by company decision-makers as motives behind the implementation of WHM measures (Gesundheitsförderung Schweiz 2017). A lack of specialist expertise or financial and human resources are mentioned as limiting factors (Gesundheitsförderung Schweiz 2017; Grutsch et al. 2017). The implementation status of WHM is also influenced by the size of a company, the industry in which it operates or the (language) region.

Additional factors influencing the implementation status of WHM are shown in the results of an online survey conducted among employees at 417 SMEs, 24 decision-makers and 12 WHM experts in Germany (Meyer 2008). According to the study, preference is given to measures which can be implemented cost-effectively and with little time spent by employees. This includes, for example, ergonomic measures such as optimising office workstations by handing out flyers or purchasing the correct protective clothing for workplace safety. Employers pay primary

attention to carrying out those measures required within the framework of workplace health and safety legislation. According to the study, measures that aim to encourage health-promoting behaviour among employees on a sustainable basis are implemented less frequently. These may include:

- specialist presentations and health days in the company
- courses on sports, addiction prevention (tobacco, drugs, alcohol), first aid
- organisational development measures, including the establishment of quality or health circles
- staff development measures, including seminars/workshops on leadership issues for line managers
- courses to promote teamwork, and measures to prevent bullying.

The cost and the time and effort or resources required are also important criteria that speak in favour of or against WHM in Swiss organisations. In Germany, legal obligations seem to “provoke” the implementation of WHM a little more strongly.

The study authors identified some interesting results in the personality traits of the decision-makers. The age, education and lifestyle of members of management have an influence on the implementation of WHM measures.

- Younger managers under the age of 40 generally implement more measures than older managers. For example, they invested three times more in organisational and staff development.
- Bosses who described themselves as “active” or “health-conscious” also tended to arrange seminars and courses for their employees more frequently. Managers who were smokers had implemented 25% fewer individual measures than their non-smoking managerial colleagues.
- And finally, the study observed that the less “technical” a manager’s education was, the more likely they were to actively encourage workplace health promotion.

Although these study results are drawn from German companies, it may be assumed that similar results could be expected in Switzerland with regard to personality traits.

There is a strong correlation between organisational framework conditions and WHM implementation features. If an organisation has both an employee



representation committee and high commitment to health and safety at work at a managerial level, it has been observed that, compared with companies that do not have this combination (Eurofond & European Agency for Safety and Health at Work, EU-OSHA, 2014), these organisations are

- seven times more likely to have high-quality occupational health and safety management,
- and almost five times more likely to have a high degree of implementation for good psychosocial risk management.

According to the same study, the following features support the implementation of WHM – especially resource and stress management:

- a concept-based, systematic approach,
- a well-established occupational health and safety system,
- legal requirements complemented with practical instructions and tools for implementation,
- management support and good dialogue between management and staff,
- strong involvement of employees or their representation throughout the process.

### 6.6 Identifying where there is a need for WHM measures in a company

Where do WHM experts who are most familiar with the subject of WHM in organisations think action is needed to enable the further development and dissemination of a high-quality holistic WHM approach? According to them, the areas with the greatest need for action are requirements analysis, inclusion of management in the planning and implementation of WHM and, finally, the description of a comprehensive WHM strategy (Gesundheitsförderung Schweiz 2017). They also believe that there is a need for action in relation to building up WHM expertise within organisations.

In individual areas of activity, WHM experts consider that there is a need for measures to raise awareness of stress/mental health and other topics (see Fig. 6.1).

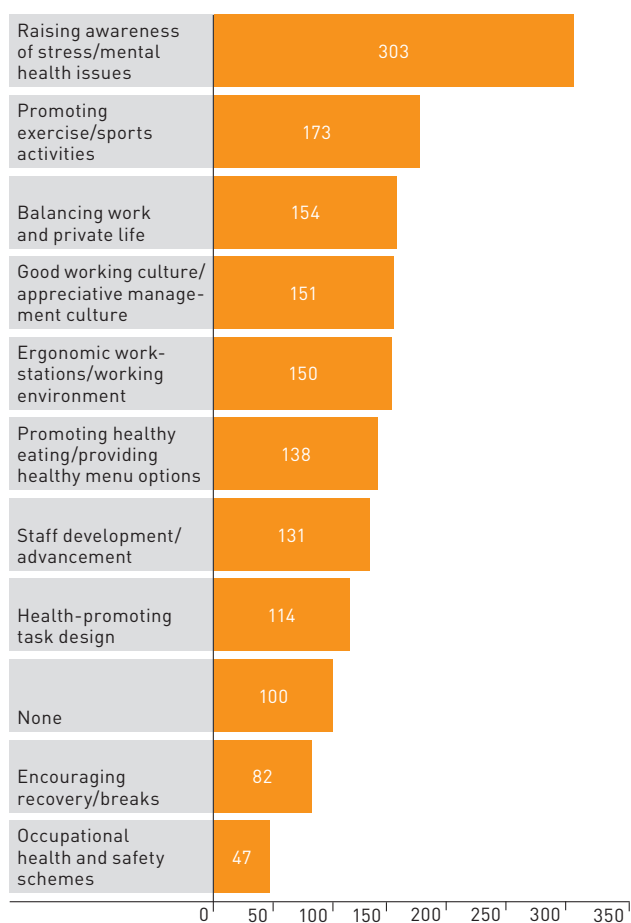
From an operational perspective, the question of whether sufficient investment is being made in WHM is not an easy one to answer. Decision-makers may have the impression that a great deal has already been achieved and more effort is not worthwhile.

Experts in companies (WHM, HR and safety specialists, employee representatives) may identify an increased need for targeted measures, but may not be able to reasonably justify them and push them through due to a lack of reference figures and supporting arguments. For them, the challenge is also to present the benefits of WHM as outweighing the costs, and this is often not possible due to complex causal relationships. As mentioned, there is a lack of the necessary time and expertise for developing WHM that is systematic yet “lean” and effective. This is all the more important when we consider that embedding WHM in operational processes lays the foundation for long-term, sustained engagement. In turn, this long-term basis guarantees that em-

FIGURE 6.1

#### In which areas do you think your organisation should invest more?

Multiple answers (max. 3) allowed (total of 833 organisations)



Gesundheitsförderung Schweiz (2017, 4)

employees' health can be improved and increased productivity demonstrated (Füllemann et al. 2017).

Even though the workplace setting is very well suited to the general promotion of health, companies should not be required to do so "only" for disinterested, socio-political and health policy reasons. Efficiency lies at the heart of every enterprise. Here, simple implementation aids, such as do-it-yourself prevention models, financial incentives from insurers, or support in the form of specialist help or tools, could act as drivers for the further dissemination of WHM, especially in smaller companies.

Daily sickness benefits insurers, accident insurers, pension funds or Swiss federal disability insurance have only a limited perspective on companies and their employees. They often use the argument of costs and rising premiums in the event of poor "claims experience", but even this argument and leverage does not convince all companies, as the health-related costs for an organisation – especially the indirect costs – and the benefits of WHM are often underestimated and the cost of WHM is overestimated. In addition, the very idea of insurance implies that the costs are "insured" and thus covered. Industry-specific examples of good practice – especially for stress prevention – could serve as role models and motivators in this regard.

Legal controls aim to meet standards for the prevention of occupational accidents and occupational diseases and for compliance with the provisions of the Labour Act in companies, but these controls are rarely performed due to effort and expenditure and the limited human resources of the controlling

bodies, and are primarily confined to systemic controls on workplace safety and technical or organisational shortcomings. In their present form, they hardly serve to promote the degree of implementation of WHM. "Controls" with the additional use of online methods – for example to pre-check the implementation quality of health and safety in the workplace and to prevent the consequences of psychosocial stress – could boost motivation for more WHM. Politicians, legislators and state institutions are reluctant to regulate and enforce a process of systematic review and optimisation of psychosocial stress factors in companies. The freedom of the individual company is therefore given greater weight than the existing scientific evidence on the benefits of occupational measures to combat stress-related illnesses and accidents, despite the fact that there is a clear and proven need for action to cope with the increase in mental stressors in the workplace. If the level of psychosocial stressors in the world of work continues its upward trend, there will also be an increasing need for legislators to require that measures are implemented by companies or to control these measures more closely.

Alongside international metastudies on the benefits of measures to combat psychosocial stressors, the SWiNG study conducted by Health Promotion Switzerland provides evidence that reductions in absenteeism and increases in productivity are quite possible and can save costs (Gesundheitsförderung Schweiz 2011). However, there are still no good industry-specific examples from practice or proof of their effectiveness.

## 6.7 Summary

Workplace health management has arrived in Switzerland and a great deal is being achieved, especially in medium-sized and large companies. Nevertheless, there is still room for improvement, as only 5% of companies consider themselves to be WHM professionals (Gesundheitsförderung Schweiz 2017). There must be a greater and more widely communicated conviction among companies that the investments they make in WHM in terms of time, personnel and finance are worthwhile and that effective tools and measures exist.

A particular need for action exists in relation to:

- a belief in WHM among decision-makers, especially within SMEs and in technical and artisanal industries. Here, further training activities offered as part of management courses could be of great value, as could examples of good practice from companies in the same line of business. The integration of WHM topics, particularly psychosocial risks, into the training of executives and organisational safety experts could contribute to the dissemination of WHM;
- the definition of a workplace health strategy, the systematic development of WHM (e.g. according to the requirements of the Friendly Work Space label) and participatory inclusion of executives and employees in planning and implementation;
- a cost-effective risk and needs analysis, accompanied by “simpler” effective solutions. The analytical tools required as well as the collection and provision of solutions could be offered in a cost-effective way by insurers and the Health Promotion Switzerland foundation. Job Stress Analysis (Gesundheitsförderung Schweiz 2018) or StressNoStress (Stressnostress.ch 2018), in particular, are tools for the analysis of psychosocial stressors and resources which already have a proven track record;
- the collection of implementation scenarios and examples of good practice which demonstrate effective solutions, especially for employees’ psychosocial health. The Grand Prix Suisse “Gesundheit im Unternehmen” (Health in the Workplace) awarded by Citizen@Work Swiss (Citizen@Work-Swiss 2018) has been collecting examples of and rewarding the commitment of companies to the health and safety of their employees for a number of years. If a specialist unit were created, this would allow systematic collection and dissemination to be carried out;
- real cost-benefit examples and proofs of success, which should also be prepared and communicated to SMEs in a sector-specific manner.

### Link

[www.suva.ch/praeventionsmodule](http://www.suva.ch/praeventionsmodule)

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# 7 Workplace Health Management from the perspective of different stakeholders

## Perspectives/personas

### Question 1

**Workplace health management (WHM) is important/not important for companies because ...**

#### Employers



**Hans-Ulrich Bigler**  
Director, Swiss Trade Association (Schweizerischer Gewerbeverband sgV), National Councillor FDP

Healthy employees are more productive, happier and more conducive to a good working atmosphere than those who are ill. For this reason, it is in the interest of every company owner to exert a positive influence on the health of their staff members, within their means and while respecting their employees' personal rights. However, it is not necessary to have an actual workplace health management system in place to do this. Small businesses and micro-enterprises would simply not be able to set up such a thing, so a pragmatic approach is needed. In industry there is usually a close working relationship between the boss and employees, and in this situation it is quite possible to influence employees' behaviour without requiring WHM.

### Question 2

**What challenges do organisations face when they introduce systematic WHM?**

Small businesses and micro-enterprises in particular simply do not have the capacity to set up WHM. In such businesses, the individual in charge has a range of different activities to perform and would find themselves hopelessly overwhelmed – financially, in terms of time, and due to a lack of expertise – if WHM had to be introduced, so a pragmatic approach is needed.

#### Employees



**Dr. iur. Luca Cirigliano**  
General Secretary, Head of Employment Rights/Employment Conditions/International Divisions, Swiss Federation of Trade Unions, part-time district judge

WHM is important for companies as it allows them to analyse and control absences and productivity. But many companies do not seem to consider WHM to be important, as concluded by the results of the ESENER study<sup>9</sup>. The probable reason for this is that WHM is not obligatory in Switzerland. The law only stipulates the part of the employer's duty of care as well as relevant rules from the Labour Act and Accident Insurance Act vis-à-vis the employee. Many employers are still unfamiliar with the legal regulations, and thus many aspects of WHM are only "nice to have" for companies. In my view, it follows that comprehensive WHM should form an obligatory integral part of legislation or collective labour agreements.

Currently WHM providers have to sell WHM to companies as a "voluntary" product. Companies simply choose not to adopt whatever part of it does not suit them or is not a requirement for them to be able to provide their service to the market. This is not always helpful when it comes to objective assessment of the claims and benefits of WHM. In order to minimise this challenge, systematic WHM standards would have to be established in legislation and in the voluntary sphere (e.g. collective labour agreements), which would ultimately be binding for all companies.

#### Large companies



**Irene Zeller**  
Director of Human Resources, Compass Group (Switzerland) AG

Healthy, happy and motivated employees are the most important resource enabling any company to operate successfully and position itself in the market. Employees are not only important in terms of solid performance, but also make a crucial contribution to shaping the image of the company both internally and externally. We feel proud to have achieved Friendly Work Space certification in 2014 and recertification in 2018. The health of our employees is important to us. We view WHM as part of our culture as a modern organisation and the basis for our recognition in the marketplace as the best company in the field of community catering and food services. At present there is clear evidence in the labour market that, in addition to physical safety, workplace health is gradually becoming focused on mental well-being. Health and safety at work is increasingly a management and cultural issue and it cannot be controlled by means of environmental factors alone.

In my mind, topmost priority should be given to an understanding of WHM: how can you explain what WHM really is in a simple and easily comprehensible way? Employees often think that WHM equates to free fruit or free water provided by their employer, so communication must be one of the most important elements when introducing WHM – tangible changes must be created and integrated into everyday working life, such as addressing health-related topics on a daily basis or providing regular health-related training courses. Every meeting and every service briefing starts with a "safety moment" in which employees are actively involved and which includes examples from everyday life. Another challenge I see is the system. WHM can only be successful if it is shaped by all management levels. This includes regular working groups and "leadership exchanges" with measures integrated by everyone – top-down and bottom-up.

#### Small and medium-sized companies

... we are a service provider and healthy, motivated employees are one of the keys to a successful company.

Depending on the size of the organisation, many aspects of WHM will already be in use before systematic WHM is introduced. The challenge is to bring these different health-promoting activities together in a system or a framework and to be able to evaluate and adapt the results continually over time.



**Regina Gripenberg**  
Head of the Internal Services Division/Partner/Member of the Board of Directors, Opacc Software AG

<sup>9</sup> European Agency for Safety and Health at Work [EU-OSHA] (2018). *Management of occupational health and safety in European workplaces – evidence from the Second European Survey of Enterprises on New and Emerging Risks [ESENER-2]. European Risk Observatory Report.* <https://osha.europa.eu/en/tools-and-publications/publications/management-occupational-health-and-safety-european-workplaces> (access: 01.11.2018).



## Perspectives/personas

## Question 3

**Should the voluntary component of WHM be enshrined in law?**

## Question 4

**What will it take to make WHM more widely established in Switzerland?**

## Employers

No, absolutely not.

Nothing. Companies are already doing a great deal. Ultimately, it is primarily up to individuals to keep themselves fit and eat healthily. If additional effort is required, then employees' personal responsibility must be strengthened. And that responsibility cannot be transferred to the organisation.



**Hans-Ulrich Bigler**  
Director, Swiss Trade Association (Schweizerischer Gewerbeverband sgv), National Councillor FDP

## Employees

In my opinion, WHM per se should not be voluntary. Every company should be required to practise WHM, precisely because it is legally interpreted as one possible specific legislative provision governing the non-voluntary duty of care as well as other statutory requirements in respect of health and safety in the workplace. On the current "voluntary track", I see WHM as an optional provision, for example in the context of the Workers' Participation Act and the Labour Act. These regulate how and when employees are entitled to participate in company matters. The right of participation would have to be better "meshed" with WHM and enshrined in law.

If comprehensive WHM were obligatory for all companies in Switzerland, it would be easy to provide a rapid answer to this question. If we remain on the "voluntary track" for WHM, I recommend working closely with social partners. So for example, in the case of CLA formulations, we should continue to work with SECO and, in particular, with the cantonal employment inspectorates or the Swiss Federal Employment Inspectorate as "overall supervisor" of the cantonal employment inspectorates. It is equally important to work together with Suva, which also manages aspects of WHM. And it would certainly be helpful to establish WHM in legislation, at least in the context of employee participation in the company (as mentioned in question 3).



**Dr. iur. Luca Cirigliano**  
General Secretary, Head of Employment Rights/ Employment Conditions/ International Divisions, Swiss Federation of Trade Unions, part-time district judge

## Large companies

Compared to other countries, we already have many laws in Switzerland regarding occupational safety and employee protection. Although it sends a signal if there is a law in place, WHM is much more an issue of leadership and culture that cannot be expediently influenced if it is forced or regulated. At Compass Group (Switzerland) AG, we are aware that community catering is a low-margin and volume business in a competitive market. In comparable economic sectors, legal regulation would create more pressure on companies, which would ultimately be passed on to employees. That would be counterproductive. More could be gained through incentives and/or a better understanding of current health issues in the workplace and in society, as well as educational activities.

It is important to understand that everyone bears some responsibility: as a company, but also as an employee for yourself. There is no point to sophisticated WHM if all the precautions are taken in the workplace but individuals do not consciously focus on health in their personal sphere. WHM goes beyond employer responsibility and is ultimately a social issue. Presumably, the greatest progress would be achieved if there were a broader and clearer understanding of what WHM is and how it can be actively embraced in practice. In any event, it would make sense for the Swiss federal government to establish and support offers regarding measures and communication, or else an inter-company escalation system. At Compass Group (Switzerland) AG, we operate an anonymous reporting system called "Speak-up" which can be used by all employees throughout Switzerland if they have any concerns which cannot be clarified with their line manager or the HR department. The neutral panel assesses the situation and helps to find a joint solution.



**Irene Zeller**  
Director of Human Resources, Compass Group (Switzerland) AG

## Small and medium-sized companies

No, in my opinion that wouldn't help. WHM requires the right corporate culture, so if this is not in line with the WHM measures implemented, it is not effective. WHM must be embraced in practice, not set down in a law.





















It's hard to say. Without a doubt, more and more companies want to engage in WHM, but the necessary resources are lacking, especially in SMEs. There is no WHM officer, and getting started with systematic WHM seems complicated and time-consuming. The entry threshold should be made simpler so that more companies can get involved and more employees are informed.



**Regina Gripenberg**  
Head of the Internal Services Division/ Partner/ Member of the Board of Directors, Opacc Software AG

# Annex

## Photos and function details: Steering group, project leader, project management, internal and external review boards

Steering group/ internal review board		<b>René Marcello Rippstein</b>	Head of Workplace Health Management/Member of the Board of Directors, Health Promotion Switzerland	External review board		<b>Dr. sc. ETH Marc Arial</b>	MA; Eur.Erg. CREE, Head of Labour and Health Department, State Secretariat for Economic Affairs SECO
		<b>Dr. Sven Goebel</b>	Head of WHM Development, Health Promotion Switzerland			<b>Kathrin Favero</b>	MSc ETH in Kinesiology, Head of Health Promotion and Prevention Division, Federal Office of Public Health FOPH
Project Leader		<b>Anita Blum-Rüegg</b>	Dipl. Psych. FH, WHM Development Project Manager, Health Promotion Switzerland			<b>Regina Studer, PhD</b>	lic. phil. in Psychology, Department of Occupational Health, Institute for Work and Health (Institut universitaire romand de Santé au Travail, IST)
Project Management		<b>Peter Roos</b>	Occupational and organisational psychologist lic. phil., MSc in organisational development, Managing Partner at the "büro a&o"			<b>Dr. Jürg Bailod</b>	Occupational and organisational psychologist, Partner at the "Büro für Arbeitspsychologie und Organisationsberatung (büro a&o)"
		<b>Désirée Aebersold</b>	Partner Relations Project Manager, Health Promotion Switzerland			<b>Annette Hitz, MSc</b>	Project Manager, Mental Health Network Switzerland
		<b>Eric Bürki</b>	Head of WHM Training & Support, Health Promotion Switzerland			<b>Dr. sc. nat. ETH Urban Studer</b>	Head of Strategy, Steering and Development of Employability, Health & Social Work, Human Resources, SBB AG, Berne
Internal review board		<b>Philippe Haeberli</b>	Head of Communication, Health Promotion Switzerland			<b>Prof. Dr. med. DrPH Georg Bauer</b>	Head of Public & Organizational Health Department/Center for Salutogenesis, Institute of Epidemiology, Biostatistics and Prevention, University of Zurich
		<b>Dr. Kathrin Krause</b>	Outcome Management Project Manager, Health Promotion Switzerland			<b>Dr. phil. Urs Näpflin</b>	Head of WHM Advisory Group, Prevention Services Division, Suva
		<b>Dr. Fabienne Amstad</b>	Head of Programme Development, Health Promotion Switzerland			<b>Corinne Zbären-Lutz</b>	Lawyer, Deputy Head GF IV, BSV
		<b>Karine Gautschi Hälg</b>	Head of WHM Awareness and Dissemination, Health Promotion Switzerland				
		<b>Reto Kälin</b>	Head of Partner Relations, Health Promotion Switzerland				

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