



Employee Perception of Workplace Health Promotion and
its Effects on Stress-Related Absenteeism in the Workplace

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Abstract

The purpose of this study was to investigate employee's perception of workplace health promotion on stress-related absenteeism in the workplace. The aim of this research was to ask participants of a study various different questions relating to their experiences with workplace health promotion programs as well as mental health issues like stress. These factors were tied in with the ever growing issue of absenteeism in the workplace. The area of workplace health promotion along with stress and absenteeism is a worthwhile area to research because if you take each issue individually workplace health promotion is not widely known in Irish companies, therefore, it would be interesting to gather employee's awareness on the topic. Stress and other mental health issues are a much talked about area due to the recent awareness campaign etc. on mental health, therefore, it is interesting to see what effects the workplace can have on a persons mental health.

The methodological approach that was taken in this research study was quantitative which consisted of an online surveying of up to 100 participants. The survey was shared on the social media site LinkedIn where 100 people from various different business backgrounds answered questions on the subject topic. Along with the main areas of research, the study found many interesting statistics including a staggering percentage of workers that are employed in a company that does not have a workplace health promotion program. The hypothesis looked to support the relationship between workplace health promotion and a reduction in absenteeism and stress levels. The research also showed that there was a significant difference between male and females perception of workplace health promotion and stress-related absenteeism.

Student Declaration

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I, Dean Leonard declare that the information and material submitted for examination for an award of Masters Degree in Human Resource Management, from the National College of Ireland is wholly my own work. All materials consulted and ideas garnered in the process of researching the dissertation have been properly and accurately acknowledged.

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1. Introduction

The main area of research in the following dissertation is the issue of absenteeism in the workplace that has been brought on by various different mental health factors with the main focus on stress. There are two main objectives that will be researched: The first will explore the possible effects a workplace health promotion program can have on an employee's mental health and how it can reduce absenteeism in the workplace. The second will explore the employer and employee perception of workplace health promotion programs in relation to improving mental health issues. The area of workplace health promotion was chosen as a research topic because it is not widely used in Ireland with a small majority of organizations adopting the approach. "A workplace health promotion program can have multiple benefits on an employees physical and psychological health decreasing stress and anxiety etc. as well as increased weight loss and general well-being" Warburton et al. (2006 cited in Malik et al. 2014 p151). A sub-objective of this research will be to promote workplace health promotion in Ireland by making more employees and employers aware of its effects. As well as that, through the research, it will be interesting to see how people feel about the topic and if they feel as though it is a worthwhile area.

Absenteeism is a widely talked about area of research as it has such cost implications on business' around the world. McFarlin & Fals-Stewart (2002) believe that absenteeism as a whole is a worthwhile subject area to research due to its financial impact on organizations productivity and cost as well as the potential safety implications it fronts for employees. A recent Irish report conducted by the health and safety review (2013) on absenteeism confirmed that a total of 11 million days are lost to absence every year, costing businesses €15 billion. Another concern, that can be closely related to absenteeism, that companies are facing is the issues of presenteeism in the workplace.

Presenteeism can be described as an employee who is in work and accounted for but due to a physical or mental impairment the employee is not performing at the best of their ability. This could be down to sickness, mental or physical, lack of sleep, lack of food or any factor that may reduce an employee's productivity. Schultz and Edington (2007 cited in Pohling et al. 2016 p220) explains how "Existing findings suggest that presenteeism is a health problem that is not just caused by individual factors, as medical research has often assumed but that is also influenced by working conditions to a sizable extent".

There were two main reasons why the area of mental health was chosen as part of the research topic. The first was because of the amount of awareness around the world and the rise on suicide and depression. These issues are present in every country around the world and there has been and stress is a major part of peoples lives whether it is brought on by an employee's work or personal life. Stress can be such a big factor in many peoples lives with a lot of it brought on by working conditions, therefore, it will be interesting to see how big a part it plays in a person's life. The second reason as to why the area of stress and mental health was used as part of the research topic was due to the lack of research in the area. There is a lot of research into workplace health promotion and mental health separately but the two areas have not been widely researched together. It will be interesting to see the relationship between the two topics and see if workplace health promotion can have a positive effect on mental health.

In summary, the research will examine workplace health promotion and its effects on stress-related absenteeism in the workplace. The literature review will look at past research into the issue which will be a valuable starting point in the gathering of relevant information before the research is conducted. The research methodology will then be chosen in order to gather the sample data. The research will use a quantitative approach

using an online survey to collect data from participants. The participants will be asked their views on workplace health promotion, how it has or as not effected them mentally or physically as well as getting their views and knowledge on the issue. The proposed quantitative survey will look to see how widely known and implemented the area of workplace health promotion one of the main objectives of this research is to make people aware of the possible benefits that a workplace health promotion program or even any health promotion program can have on the mental and physical health.

2. Literature Review

2.1 Introduction

The literature review will discuss various different areas of workplace health promotion including the area of absenteeism, causes of absenteeism related to mental health issue. The review will then go on to look at health in the workplace as well as workplace health promotion and the benefits that it can have for companies. In the workplace, every person is different and certain employees of a company can develop stress or depression easily than other due to work related issues or even in their personal lives. The relationship between WHP and mental health is a very interesting area to research as it has not been widely researched in the past and it may give an insight into the benefits that such programs can have on a person.

The workplace is not just a place of work but also a place where people can learn, grow and develop and the introduction of WHP may only enhance that further. Before studying such a broad area one must first define what workplace health promotion is and distinguish between the different types of Health promotion programs what have been carried out in organisations. The literature review will take from many different pieces of literature to discuss the relevance of the area of study and the ways in which workplace involvement may improve absenteeism and mental health issues in the workplace. CIPD (2014 p 5) explain how in 2005, 48 percent of employees considered work to be central to their lives; this figure is now just over 28 per cent. With work being such a dominant part of a persons like it is easy for an employee to develop stress and anxiety etc. if they are not managed correctly in the workplace. However, the workplace can also be an ideal place for employees to grow and develop and become even better workers than what they were with tailored WHP programs to fit their needs.

2.2 Absenteeism

Locke et al (2007 cited in Bermingham 2013 p4) define Absenteeism as "the lack of physical presence at a given location and time when there is a social expectation for the employee to be there". In the discussion of absenteeism in an organization it is first important to look at how the issue effects employees and employers. A recent Irish report conducted by the health and safety review (2013) on absenteeism confirmed that a total of 11 million days are lost to absence every year, costing businesses €15 billion. "The Cost to an organization may include paying the person who is absent, paying their replacement, increased insurance premiums and loss of productivity" (Keane 2013 p10). Sherlock (2014) explains how the direct cost to small business with sick pay schemes is estimated at over €490 million. When you include additional costs, such as medical referrals, paying overtime, replacing staff, and indirect costs, such as loss of productivity and the time spent managing absence, the overall cost is said to be up to €1 billion. The area of absenteeism has long been researched and discussed to try and find out what are the main causes and what can be done to reduce it. Since the 2006 World Health Report, some studies have been undertaken to systematically measure absenteeism's effects; however, more needs to be done in this area to adequately address underlying motivation and accountability issues, inform country policies, and reduce health worker absenteeism (WHO 2006 Cited in Deussom et al. 2012 p1).

There are two types of absenteeism in the workplace which are voluntary absenteeism and involuntary absenteeism. Voluntary absence occurs when an employee chooses not to come to work even though they are well enough to do so. This can be a result of many reasons including poor job satisfaction, an unmotivated employee or an employee that may suffer from mental health issues like stress or depression that could be brought on by increased workloads and intense pressure from their superiors. Davey et al. (2009

Cited in Keane 2013) explain how involuntary absence occurs due to incidences outside of the persons control such as family death, weather or as is most commonly the case, or illness. McFarlin & Fals-Stewart (2002) believe that absenteeism as a whole is a worthwhile subject area to research due to its financial impact on organizations productivity and cost as well as the potential safety implications it fronts for employees. Deussom et al. 2012 explains how Absenteeism has high costs on many levels of a company: individual, organizational, and economic. So what are the main causes of absenteeism in organizations in Ireland? Wang et al. (2003 Cited in Hilton et al. 2009) explains how mental disorders including stress, depression, anxiety etc. are a leading cause of disability, being linked with a substantial increase in absenteeism in work. A report from a Canadian university (Université Laval 2002 Cited in WHO 2003) revealed that absences for psychological reasons had increased 400% from 1993 to 1999 and that the costs of replacement amounted to 3 million dollars for the year 2001.

It is widely recognized that many employees work hours beyond those expected of them, with an estimated 22% of the global workforce working more than 48-hours per week (International Labour Office 2007 Cited in Hilton et al. 2009). From an employer's perspective, not only is the increased working hours impacting negatively on their employee's health but it is also creating a negative work environment that can lead to increased absenteeism. It is important for employers to seek ways in which to improve an employee's work life balance as well as introducing a workplace health promotion programs that will improve an employees drive and motivation and in turn can reduce absenteeism. The employer should have two main objectives which are reducing absenteeism which in turn reduces cost, and introducing a workplace health promotion program that can have a positive effect on productivity. "Proactively supporting well-being can prevent company's employees from becoming sick, as it can help to deal with

the issue before it becomes a real problem. As well as that, with the estimated cost of absence to employers being around £550 per employee per year, the spotlight is very much on promoting workforce health” (CIPD 2015 p2). Research from the WHO (2014) has demonstrated that workplace health initiatives can help reduce sick leave absenteeism by 27% and health-care costs for companies by 26%.

2.3 Causes of Absenteeism

2.3.1 Mental Health

Mental health promotion is defined as “the enhancement of the capacity of individuals, families, groups or communities to strengthen or support positive emotional, cognitive and related experiences” (Hodgson, 1996 cited in Shattell and Apostolopoulos 2010 p494). Mental health is one of the largest growing concerns in modern day with suicide, depression at an all time high. These mental health issues can be brought on by the workplace factors like increased workloads long working hours and a poor work life balance etc. International Labour Office (2000 cited in Huang et al. 2014 p1) explains how “Long-term mental health problems of employees may lead to individual disability and inflated expenses, such as increased absenteeism, reduced productivity, greater compensation claims and high medical costs”. So why aren’t employers doing anything to combat this? It can be argued that this sensitive issue has not been explored as much in companies with the fear of upsetting anybody or “bringing it to the surface”.

Anderson (2012 p28) explains how most people do not think of health in terms of good mental health or, indeed, an ability to have a good quality of life. However, in the last couple of decades, this view is becoming more prevalent as people are becoming more aware that mental ill-health is now extremely common in the 21st century Western world. One of the most important and powerful definitions of the word mental health comes from

The Mental Health Foundation (MHF, 2008) that notes that mental health is defined by how individuals think and feel about themselves and their life, and that it affects how an individual copes and manages in times of adversity. Maslow (1968 cited in Bhugra 2013 p3) as seen in the hierarchy of needs, believed that a person's mental health needs to various factors in order to feel self actualization: these include "food, shelter, survival, protection, society, social support, and freedom from pain, environmental hazards, unnecessary stress and from any part of exploitation".

Mental health has become such a widely known subject in recent year dues to suicide and suicide awareness etc. with many suicides coming as a result of stress or depression that have been brought on by a poor work life balance or an increase in pressure in the workplace. "Mental health does not exist on its own. Current data indicates that depression alone produces a \$33 billion loss to the US economy in absenteeism and in the UK £8 billion (Greenberg et al. 1996 Cited in Hilton et al. 2009 p37). It is easy to imagine how many times a person can be put under stress or pressure in the workplace that could have an extreme effect on certain people who are not able to cope with it and if the stress continues certain employee's mental health issues can rise. Sartorius (2002 cited in Bhugra et al. 2013 p3) explains how "mental health is an integral and essential part of overall health, which can be defined in at least three ways as the absence of disease, as a state of the organism that allows the full performance of all its functions or as a state of balance within oneself and between oneself and one's physical and social environment".

"It is estimated that 50% of individuals in developed countries and 85% of people in developing countries have mental health problems but are receiving no treatment" (Pescosolido and Lafsdottir 2013 cited in Rafique 2103 p95). A person's mental health

can decline at any stage of their life due to various different reasons and it is so dangerous to many as they are so afraid to express themselves. Rafique (2013) explains how a systematic review of literature has shown a 34% prevalence of anxiety and depressive disorders of which 33% are men and 29-66% are women. Mental health is the emotional resilience which enables us to enjoy life, and survive pain, disappointment and sadness. Mental health can include a range of experiences or conditions that affect the health and wellbeing of everyone IBEC (2012). However, on the opposite side of this when a person is experiencing poor mental health they can't survive the pain, disappointment and pressure which builds up inside them. In a work situation many people have come under incredible amounts of work pressure and stress that have led to a decline in their mental health “.

Unfortunately, the concept of poor mental health still brings with it a great deal of stigma and is seen by many employees as a weakness. Some employers also believe that an employee who is suffering or has suffered from mental ill-health is somehow less able to do his job (Anderson 2012). So what are employers doing to combat mental health issues in the workplace? It is a responsibility to every employer to take action if they feel as though they have employees in their company that are suffering from poor mental health. Macdonald (2005 p35) explains that “Under the Health and Safety at Work Act (1974 s2(1) cited in there is a duty on every employer to ensure so far as is reasonably practicable, the health, safety and welfare at work of all his employees”. The Act covers mental health as well as physical health. In IBEC's (2012) guide to mental health and wellbeing in the workplace they explained how “A positive and proactive approach to the promotion of mental wellbeing will reap benefits in terms of reduced absenteeism and greater productivity... Working in a supportive team that cares about the wellbeing of its members can make a huge difference to the working environment for everyone”.

2.3.2 Stress

Stress is viewed as a relationship between the person and the environment that is appraised as exceeding the persons' resources for coping (Lazarus & Folkman, 1984 cited in kirkegaard and Brinkmann 2015 p84). Stress is a mental health issue and can be brought on by many different reasons in a persons work and personal life. Koolhaas et al. (2011 Cited in Jacobson et al. 2014) argue that pathological stress occurs only when the individuals' demands exceed their normal regulatory capacity over time. For example, in a work situation, an employee will have various different tasks to complete each day however if the number of these tasks increase and the workloads gets too much for the employee then it is easy for them to develop stress as a result of this. Macdonald (2005 p20) believes that "stress is not dependent only on the amount of workplace pressure, but can result from an imbalance between the amount of pressure placed on an individual employee and that employee's personal ability to cope with it". Macdonald argues that every employee is different and they experience stress in different levels which may be due to an individual's personal life at a certain time or their general ability to cope in certain situations. In a well known case Walker v Northumberland County Council (1995 cited in MacDonald 2005 p 25) involving workplace stress, a social care worker was put under so such an increase in work that he suffered a nervous breakdown. After a year out of work Mr. Walker returned to work and was promised additional resources and a decrease in the workload however the workload only increased further which caused the plaintiff to have a second nervous breakdown: Mr. Walker was awarded £175,000 in damages. This is an example of the effects that an increase in the workload can have on an employee and how it can affect employee and employer. Siegrist (2008) explains how findings from 12 research reports indicate a rather consistently elevated odds ratio of about 1.8 of depression among men and women who were exposed to high demand and

low control at work or who spent high efforts in combination with low rewards received in turn. Perscud and Wrigglesworth (2003 p94) explain how “businesses are now looking at prevention schemes rather than looking for a cure and are not just anxious to avoid potentially expensive court cases brought on by stressed employees, but they also want to protect their employees from incidents like this happening in their company”.

Although one might think of a workplace health promotion program being a scheme that solely helps employees eat better and exercise etc. it can also be used to combat many different issues including mental health which was mentioned above, and stress in the workplace. In 2012 the CIPD Absence Management Survey Report stated that 52% of employers in the UK and Ireland reported that there had been a huge increase in stress related absences in comparison to previous years (CIPD 2012 cited in Bermingham 2013). This could be as a result of the growing economy; as the economy grows the pressure and demand in organizations can grow with it which enhances workloads for employees. Schnall et al. (2009 cited in Siegrist et al. 2012 p1) explains how “work stress is now considered a growing threat to the health of employed people, especially so in association with aggravated competition, work intensification and job insecurity resulting from rapid spread of free market principles in a globalized economy”. It can be argued that these factors are some of the main causes of stress in the workplace in a big or small company it shows how employees can be either put under pressure to perform or are insecure about their job and feel stressed over their job security. Macdonald (2005 p 22) explains how “even if an employees level of stress does not appear to be having a serious effect on that person’s productivity in work, the stress levels still may result in minor ailments such as poor sleep patterns leading to fatigue difficulty concentration and a state of general anxiety or worry”. Once again this relates back to how employees, who are feeling stressed, mask their issues and try and work through it but it only results in them

feeling even more stressed. Nimbalker (2001) believes that stress is the USA's number one health problem and has a momentous effect on the attitudes and productivity of employees in an organization... According to one estimate stress is responsible for up to 250 million days of absenteeism each year in the USA and has been linked to all of the leading causes of death, including lung ailments, heart disease, cancer, cirrhosis, accidents and suicide. (Greiner et al (1998 Cited in Westman and Etzion 2001 p 596) explains how the "results of a study conducted on 308 transit operators indicated that individuals that are in a high stressor group were almost four times more likely to be in the high absenteeism group in comparison with individuals in low stressor groups".

2.4 Presenteeism

Presenteeism could be described as the opposite of absenteeism in which instead of an employee being absent, they are present and accounted for in work but due to ill health, physically or mentally, the employee's productivity in the workplace is at a low. In many organizations employees are under a lot of pressure to perform therefore this can result in said employees staying in work for longer hours and being put under a lot of stress. Pohling et al. (2016) believe that employees who are experiencing high risk conditions in the different areas of work life will suffer from both physical and mental health impairments; these impairments, in turn, will lead employees to engage in acts of presenteeism and suffer loss in health related lost productivity. As a result of this the employee will continue to work but will not be performing to the best of their ability due to the increase in work load and increased working hours. "Existing findings suggest that presenteeism is a health problem that is not just caused by individual factors, as medical research has often assumed but that is also influenced by working conditions to a sizable extent" (Schultz and Edington 2007 cited in Pohling et al. 2016 p220). This argues against the theory that presenteeism in the workplace is due to an employee being ill however

this point shows that presenteeism can be caused by a number of different things including job related issues like stress. Collins and Cartwright (2012 p430) believe that “Long working hours, long working weeks, frequent overtime and a mismatch between the amount of hours wanted by the employee and actual hours worked are all considered to be factors which lead to increased presenteeism”.

It can be argued that many employees could develop a fear of taking sick days in a company as they fear they may be seen as unfit for their job and may be replaced. Cser (2010 p2) explains how “Although presenteeism has been around for 15 years, it is still an undeveloped field of study. The definition of presenteeism is lost productivity or performance that occurs when employees come to work but perform below par due to medical or mental illness. The area research in presenteeism has only come to light in recent years but it has been since established that it has an even bigger affect on a company than absenteeism. “Presenteeism is often measured as the costs associated with reduced work output, errors on the job, and failure to meet company production standards. JPMorgan Chase estimated presenteeism to be as much as 84% of their productivity costs, with absenteeism and disability comprising the other 16%” (Hemp 2004 cited in Schultz and Edington 2007 p548). Schultz et al. (2009 cited in Pohling et al. 2016 p220) explain how “scholars have calculated the total economic burden of presenteeism for the U.S. economy to range from \$150 to \$250 billion per year”. But what are companies doing about this? Studies have shown that a small percentage of companies are taking action to combat presenteeism however a lot of companies are either ignorant to change or do not know what presenteeism is or its affects. Despite the costs of presenteeism the International Foundation (2008 cited in Cser 2010 p3) found that only 14% of organizations are taking any measures to address the issue. “The impact of participation in a worksite wellness program on presenteeism is a critical element of cost control.

Workers that are more productive can offer an organization major economic return by decreasing presenteeism” (Cser 2010 p2).

2.5 Health in the Workplace

Scott (2006 p 20-21) explains how “In order to understand the ability to influence health outcomes, we need to understand health at work. There is the physical work environment, the psychological work environment and the individual health practices”. Before researching WHP programs it is important to first look at what health is as well as health in the workplace. Work is such a central part of many peoples lives with employees spending over half their waking day in work many sat at an office chair with very little physical activity. The World Health Origination (1948 cited in Brussow 2013 p342) stated that “health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”. When exploring the area of health promotion in the workplace one must first look at the definition of health and how the many areas of health can affect a person. There are many words that we use in our everyday life that can have several different meanings. The word Health can be looked at from many different perspectives whether its general health, physical or mental health etc. The definition of the word is still argued to this day with many believing that there is no true definition for the word. Brussow (2013 p341) explains how “Classical medical research is disease focused and still defines health as absence of disease... In the Oxford Dictionary ‘health’ is defined as ‘the state of being free from illness and injury”. If one was to believe that the classical medical definition of health or the oxford definition was the correct one, then would everybody in the world be healthy as long as they didn’t have a disease? If this was the case then employees of a company would all be deemed healthy as long as they were not carrying any diseases even though a portion of them may be

chain smokers, borderline obese and have no active lifestyle.

Everly & Feldman (1985) have a more modernised view of the word health and believe that health consists of a state of complete mental, physical and social well being and not merely the absence of disease or infirmity. Aggleton (1990) explains how the word health may vary in different circumstances: For a younger generation, health may be equated with physical fitness or the ability to participate in a variety of activities because it is less common for a younger generation to firstly think of diseases. For a much older generation, health may be the ability to undertake a more restricted range of actions such as going to the local shop everyday or going for a walk. Anderson (2012 p28) explains how “the terms ‘health’ and ‘wellbeing’ rather like the term ‘stress’, often mean different things to different people. The word ‘health’ has been used for years and, therefore, is generally better understood than the term ‘wellbeing’”. In a work environment it may be quite difficult to measure an employee’s health or distinguish who is healthy. The World Health Organization (1995) believed that the creation of a healthy work environment and strengthening of occupational health services are seen as central global objectives for all countries and workplaces in order for employer and employee growth.

“For a wide range of reasons, there has been an increasing interest in the relationship between work and health status nationally and internationally since at least the middle of the twentieth century” (Ryan 2003 cited in Ryan et al. 2006). It is important for companies to realize how health promotion can improve the various different areas of their business for both employer and employee. “People spend at least 50% of their waking hours at work, from the time they reach the age of 16 up until the time they retire. The current life expectancy for men is 82 and for women it is 85... Given the amount of time people spend in the workplace, it is essential that workplaces are healthy environments that

encourage positive lifestyle choices” (Scott 2006 p20). The workplace is a very important and dominant part of many peoples lives. It takes up the best part of there day and can be responsible for many different benefits to an employee’s life including financial, motivation, educational etc. With employee’s being one of the most important assets to a company the health of an employee must be treated with equal importance. Employers needs to start investing in their most valuable assets which are their employees; If employees are given the opportunity to avail of a health promotion program then it would not only improve their health but it could be argued that it would also improve their productivity in the workplace which would be a long term benefit to their employer.

2.6 Workplace Health Promotion

Workplace Health Promotion (WHP) can be defined as “the combined efforts of employers, employees and society to improve the health and well-being of people at work” (ENWHP 2007, p. 1). The area of workplace health promotion is relatively new with many company’s knowledge on the subject, especially in Ireland, being quite low, due to disinterest or lack of understanding from employers. Ryan et al. (2006) states that “health promotion as a distinct area of interest, theory and practice can date back to the 1980s. while it is still a relatively new concept, the principles underpinning health promotion are not new”. But why isn’t there a health promotion program in every company ? there are many reasons for that have been previously mention, for example companies are not aware of such programs as well as cost and resource obstacles. According to the CIPD (2015) Just 8% of organizations have a stand-alone well-being strategy in support of their wider organization strategy. Employees of a company devote a great portion of their time and effort in work everyday and are vital assets to a company’s success so therefore it should be a top priority for each company to implement a WHP program to improve health and wellbeing of each employee. It could be argued

that if a WHP program was treated like an investment in employees and was managed correctly, that it could increase productivity, reduce absenteeism and improve employees mental and physical health which in turn would reduce cost and increase performance in a company.

Linnan et al. (2008) explains how employees spend over one third of their day at work. If the workplaces can introduce a WHP, it can have a positive effect on an employee's mental health issues if it is managed correctly, which in turn can help reduce absenteeism. Nohammer et al. (2013) conducted research to determine individual employee's perspective on WHP and ultimately improve employee's perceptions of WHP promoting the mental physical and social benefits. "Health promotion is often viewed as being limited to promotion of healthy lifestyles. However, it should also include the maintenance and promotion of workers' health and working capacity, improvement of working environments and work practices, as well as the development of work organization and working cultures which may enhance the productivity of the enterprise" (International Labour Organization 1995 cited in Naumanen and Liesivuori 2009 p218). It was previously mentioned that there are only a small number of employers that can see the benefits of a WHP program and are willing to implement on in their organization. The benefits of such programs are double sided improving a company's employer brand and performance as well as employee performance and on the other hand it can be responsible for improving employee's mental health and well being.

"WHP programs are reported to result in a general improvement of the employees' quality of life by reducing risk factors and work strain, to expand health-related knowledge and thus lead to empowerment, to enhance self-esteem, etc." (Badura and Hehlmann 2003 cited in Nohammer et al. 2013 p38). It could be argued that every company should

incorporate some sort of WHP program to provide more benefits to their employees who work everyday to help make money and improve the company. “The benefits of an active lifestyle are widely documented in the literature, and current public health guidelines recommend that healthy adults engage in a minimum of 150 min of moderate-to-vigorous intensity physical activity every week” (World Health Organization 2010 cited in Malik et al. 2014 p150). A workplace health promotion program can have multiple benefits on an employees physical and psychological health decreasing stress and anxiety etc. as well as increased weight loss and general well being. Warburton et al. (2006 cited in Malik et al. 2014 p151) explains how engaging in regular physical activity is important for both the physical and psychological well-being of people of all ages. “From a public health perspective, the workplace presents an ideal avenue for the delivery of initiatives to promote physical activity, overcoming commonly cited barriers such as a ‘lack of time’ and providing access to a large and diverse intersection of society” (Dugdill et al. 2008 cited in Malik et al. 2013 p151).

2.7 Benefits of Workplace Health Promotion

There are many benefits for an employee which will be discussed below however there are also many benefits of WHP programs for an employer which will also be discussed. In the discussion on WHP and how it can cater for employees it was mentioned that the programs are not just a dieting and exercised regime for employees to lose weight and get fit. There are many different types WHP programs that offer various different outcomes to employees including counselling for stress or depression. Further, “the Incorporation of mental health within broad public health strategies and as part of workplace health promotion has the potential to reduce stigma, increase cost-effectiveness, and provide multiple positive outcomes for employers and employees” (WHO, 2002 cited in Shattell and Apostolopoulos 2010 p4).

2.7.1 Employer Workplace Health Promotion Benefits

WHP programs are set in place for many reason mainly to help employees improve health and well being, however, what benefits do these programs offer to the employer? For example, Michaels and Green (2013 p473) explain how most of an employer's health care expenses are related to diagnosing and treating disease, so imagine the business impact of preventing disease from occurring in the first place. The age old saying that prevention in is the best cure works well in this explanation as employers that implement a WHP program can work towards preventing their employee's sickness and diseases in the future. As well as that there are many other benefits including an increase in productivity etc. which will be discussed below. "There is an associated economic benefit, as the combined cost of treating preventable illnesses and the loss of working days due to sickness absence, across the global is substantial" (Katzmarzyk and Janssen 2004 cited in Malik 2013 p151)

2.7.2 Employer brand

World Health Organization (WHO) (2015) explains the importance of workplace health promotion not only on a person's health but also improving an employer brand. Employers can benefit from gaining a positive and caring image as they can receive good publicity as promoters of healthy living. With technology dominating the the area of recruitment and job advertisements, employer branding has reached an all time high. Each company is fighting it out to see who can look the most attractive to potential employees. One of the main attractions that applicants want to see from a company is what it can offer them and a company with a WHP program only adds to its attractiveness. (Wright et al. 1994 cited in Sivertzen et al. 2013 p473) explains how "in order to be a resource for competitive advantage, the selection of human capital needs to have a high level of competence and willingness to show productive behavior". A WHP program as part of

an employer brand may or may not be the reason why potential candidates would wish to work for a company but it certainly stands out and shows the candidates that the company takes care of their employees and invests in their potential. “The term employer branding suggests the differentiation of a company’s characteristics as an employer from those of its competitors. The employment brand highlights the unique aspects of the firm’s employment offerings or environment” (Tikoo 2004 cited in Chhabra and Sharma 2011 p49).

2.7.3 Increase in Productivity

“The estimated total burden of mental health problems in Canada for 1998 was at least 14.4 billion dollars with 8.1 billion in lost productivity and 6.3 billion for mental health treatments” (Stephens and Joubert 2001 cited in World Health Organization 2003 p15). With the introduction of a WHP program companies can help reduce these issues not only related to mental health but other sickness and diseases. An increase in productivity is a positive for both employee and employer however it may be more important to an employer if productivity levels are up or down in a company. Patel and Knapp (1997 cited in World Health Organization 2003 p15) estimated “the aggregate costs of all mental disorders in the United Kingdom at £32 billion, 45% of which was due to lost productivity”. Picture a WHP program being like training for a professional football team; the owners and coaches of the football team put their player/employee’s through rigorous physical training in order to get them into shape to compete in football matches. This process is similar in a WHP program for employee’s working in an office because healthier, more active employees are more likely to have higher performance, productivity and engagement etc. in the workplace. Pescud et al. (2015 p1) explains how in study in a company “productivity was the most frequently mentioned outcome of importance in relation to having healthy workers”.

2.7.4 Reduced Absenteeism/Presenteeism

Absenteeism and more recently discovered presenteeism are one of the highest concerns from employers. So what can WHP programs do to combat this? Bertera 1990 (cited in Keane 2013) “Conducted a study in a large multi-location company and evaluated the impact of a workplace health promotion program on absences for almost 30,000 employees. It was found that over two years, sick days decreased by 14% and the WHP program paid for itself after the first year”. This proves that WHP are not costly and, if managed and implemented correctly, can save the company money as well as improve performance. From reading Bertera (1990) it can be argued that a health promotion program can be used as a prevention and a cure for absenteeism and presenteeism in the workplace and help reduce one of many company’s biggest concerns. Michaels and Greene (2013) believe that WHP or what they call “‘Worksite Wellness’ helps reduce direct and indirect health care costs, absenteeism, and presenteeism, avoid illness or injury and improve the quality of work life and morale. It has been previously mentioned that absenteeism is a growing problem in organizations and WHP programs can be designed to stop these problems from happening in the first place and reduce companies existing problems. Hancock (2011 p10) explains how “Studies have found that there can be up to 27% reduction in absenteeism” with the introduction of comprehensive workplace programs. Introducing a WHP program into a company can be seen as an investment in enhancing their employee’s potential”.

2.7.5 Employee Workplace Health Promotion Benefits

“Health promotion at the workplace is one of the most prominent approaches to improve individual well-being in the work setting, encourage health-related individual as well as organizational learning, and create a health-sustaining work environment” (European Network for Workplace Health Promotion (ENWHP) 2007 cited in Cited in Nohammer

et al. 2013 p38). It has been previously discussed that employees spend best part of their waking day in work and many different factors can influence how they eat, think and exercise. WHP programs can be designed and tailored to fit every employees needs whether its mental or physical health. Nicki Cooper BHF head of education (cited in Perscud and Wrigglesworth 2003 p43) explains how “researchers have found that employees who are more physically active can better manage stressful situations at work”. In the discussion above relating to the reduction of absenteeism and presenteeism is not just a benefit to the employer but also to the employee. With a reduction in absenteeism and presenteeism the employee will feel more secure and happy in their job which can relieve stress and give the employee more confidence. O’Donnell (2013 p28) explains how “most workplace health programs which involve lifestyle modification such as physical activity, diet and stress management have been shown to improve employees’ blood pressure”.

Blake et al. (2009) reiterates the positive effects of WHP explain how physical activity is increasingly recognized for its mental health benefits with several studies showing that engaging in regular physical activity can reduce the symptoms of depression and anxiety, improve mood, and aid stress management. When mental health was discussed, employees can easily find themselves in a great deal of stress therefore a reduce in these issues will benefit the employees stress levels etc. “Physical activity is increasingly recognized for its mental health benefits with several studies showing that engaging in regular physical activity can reduce the symptoms of depression and anxiety, improve mood, and aid stress management” (Paluska and Schwenk 2000 cited in Malik et al. 2014 p150). Many workplace health promotion programs have been shown to offer various different benefits to employees such as reduced absence, reduced sickness, reduced medical costs, improved productivity, produced happier, healthier and more loyal

employees and lowered disease prevalence (Jung et al. 2012 cited in Eng et al. 2016). WHP programs can be tailored to any employee need and is not just an exercise and diet plan, it can also be as simple as having a counsellor on site or an on site doctor etc. that would be beneficial to certain employees. The benefits are many when it comes to implementing a WHP program from improving an employee's health too improving their work life balance

3. Hypotheses

3.1 Hypothesis 1:

There will be higher frequency of zero day absences for those who do not avail of a workplace health promotion program compared to those who do. The following research will look to support this hypothesis.

3.2 Hypothesis 2:

There will be a significant difference in participant's views on a workplace health promotion program. Participants who are employed in a company that do not offer a workplace health promotion program will feel as though their past absences could have been avoided if they took part in a WHP program.

3.3 Sub Hypothesis:

There will be a higher frequency of male participants that take the survey that feel as though their past absence could have been avoided if they engaged in a workplace health promotion program. The following research will look to support this hypothesis.

3.4 Hypothesis 3:

There will be a higher level of stress in the workplace for those who do not avail of a workplace health promotion program. The following research will look to support this hypothesis.

3.5 Hypothesis 4:

Participants will feel as though implementing a workplace health promotion program would have a positive effect on a person's mental health. The following research will look to support this hypothesis.

4. Methodology

4.1 Introduction

This chapter will discuss the method used in the study in which the data will be collected. The following will outline the research philosophy, the methods that will be chosen, the demographic information and the design of the research for the proposed study. The proposed research question will seek to investigate employee perception of workplace health promotion programs and their effects on stress related absenteeism in the workplace. The main focus will be on the area of stress and how WHP can help reduce these issues. The area of workplace health promotion in Ireland is a relatively new topic therefore a objective of the following research will be to make employees aware of WHP programs and how they can have a positive impact on a persons mental and physical health. In the previous chapter there was a review of the literature in the area of workplace health promotion, absenteeism and mental health along with many other areas.

4.2 Research Philosophy:

“In ancient Greece the word ‘philosophy’ referred to virtually all forms of serious intellectual inquiry and its modern separation from ‘science’ would make little sense” (Carr 2006 p245). In terms of quantitative research, positivism is the main theme that linked itself to survey research. “A Positivist approach to research is defined as fact-based rather than impressions from ‘observable social reality’ which lends itself to statistical analysis” (Saunders et. Al 2009 p103). When exploring the different research methods, one must first distinguish between quantitative and qualitative, it is then important to look at the the different approaches that can be taken. Each approach poses different methods and outcomes; it is important to choose the most effective approach of research related to the chosen study. “It would be easy to fall into the trap of thinking that one research approach is better than another. This would miss the point that each approach is better at

doing different things” (Saunders et al. 2009 p116). Therefore, when conducting a study where surveying is the most effective method, it is important to make sure you have chosen the correct approach to research to get the best results. Classical positivism can be seen as very scientific approach to research.

Robson (2011 cited in Keane 2013) explains how “traditionally positivism views itself as being very scientific, factual, causative and value-free. It also attests that science should only deal with observable phenomena”. Ryan (2006 p13) explains positivism as an approach to research “using scientific method and language to investigate and write about human experience where the research is supposed to be kept free of the values, passions, politics and ideology of the researcher”. So why choose positivism? As suggested by Remenyi et al. (1998 cited by Holden and Lynch 2004 p2) “there are several major questions that require significant consideration by researchers such as how to research? and what to research? But central to the researcher’s answers is their perspective on, why choose positivist research?”. Saunders et al (2007) explains how each area of research is different and each area is better than one another at doing different things and that is why positivism can suit many people using quantitative research. “positivism as a chosen research philosophy has many significant implications; namely understanding the current situation and key intent of the investigative study to be undertaken” (Johnson and Clark 2006 cited in McDonnell 2013 p24).

4.3 Demographic Information

The surveys provided will ask various questions relating to the four main research objectives as well as the sub objective. The survey that will be available online and will be emailed to a chosen company where at least 100 participants, of both genders, will complete the questionnaire. It is vitally important that the participants of the survey be

employed by a company that has a workplace health promotion program implemented. It will be stressed that at least 70% of the people who take the survey will be those who avail of the WHP program in order to measure their results effectively. There will be no specific age target when conducting the research as it will be ideal to take samples from different age groups. The use of an online survey for this research has many benefits to the participants including ease of access and the ability to complete the survey in their own time in the comfort of their own environment. The survey will have multiple choice questions as well as questions that rate a persons views on a scale of 1-5. There will be no specific age barriers when conducting the interview as it will be a measure of performance however participants' age and health etc. will be compared. The area of mental health can be a delicate issue therefore the questionnaire will focus mainly around stress in the workplace and if a WHP program can help reduce related absenteeism in the workplace as well as promote productivity. The participants can be of any race, ethnicity, gender and age as well as marital status etc. as it will be important to work out the work-life balance.

4.4 Participants

As the survey will be conducted online there will be an email sent to the selected companies who will distribute the link to the online survey to the participants. Ideally it would be preferred that the survey be carried out in large multinational corporations that have a big concern on WHP and the health of their employees. It is important to take samples from participants from different companies and different career paths as it gives the research scope and as well as that, if the research was carried out in one company there would be a chance that the participants would be bias to the organisation and the results may not be entirely accurate. The sample size will be set up to 200 people with an expected number of over 100 to participate. It is important to collect surveys from over

100 people as it will give the researcher a good correlation of data.

4.5 Research Design

The different approaches to research and choices made in order to choose the correct methods are most commonly chosen by ‘peeling away the different layers’ of the research onion. Sanders and Tosey (2013 p58) explains how researchers use the metaphor of the research onion to illustrate how to choose the correct research technique. “It is the researcher’s understandings and associated decisions in relation to these outer layers that provide the context and boundaries within which data collection techniques and analysis procedures will be selected”. There were many different methods discussed when looking at carrying out the survey. The final research method that has been chosen from the research onion is a deductive approach. The research will be a cross sectional mono method survey. When looking at how the survey will be distributed the use of social media has been looked at as a valid approach at gathering the data needed in a quick and easy manner. Keane (2015 p34) describes how the use of social media helped in the gathering of research data; “A link for the online survey was posted on various LinkedIn groups, asking people who were employed in Ireland to complete the survey. These participants were encouraged to pass the link onto their colleagues, thus snowballing the survey”. This can be looked at as a good idea in collecting data as LinkedIn is primarily used by employees of many different companies around the world however if a survey is posted on social media there will be no way of knowing of the persons background or career.

This research will be used as a beneficial tool to all employees and employers in Ireland as a means of finding out the effects of a WHP program in a company. The quantitative research will be carried out using www.surveymonkey.com and will be sent to

approximately 100 to 200 employees of a subject company or companies. Swanson and Holton (2005 cited in Harbin 2013 p43) argue “quantitative techniques are effective for studying large groups of people and generalizing from the sample studied to broader groups beyond the sample”. To achieve the purpose of this research a quantitative approach will be conducted using a cross sectional study survey to assess a sample number of employees in one or more companies. The survey will be designed to explore the participants knowledge of workplace health promotion programs as well as taking their views on stress in the workplace and if a WHP program can reduce stress and stress related absenteeism. Carrying on with the quantitative approach, the research design will be mono method in nature as it will use an online survey at one point in time to gather its findings. Bock and Kim (2002 cited in Misuraca 2013 p89) noted that “this type of quantitative study is used to evaluate individuals through the use of surveys as it relates to workers’ satisfaction about their jobs, whereas a qualitative design is subjective in that the research tends to focus on the nature of the organization”.

4.6 Rationale for Research Design

This specific research design was chosen because it was best suited for addressing the research question which was to explore the relationship between WHP programs and their effects on stress related absenteeism. This method of research will be most affective as stress cannot be easily measured in a person however it may be easier to ask a person if they are stressed in the workplace and if a WHP program has helped them reduce this. An online survey would be most effective for this area as it gives the participants the freedom to answer the questions in their own time and space and, because it is entirely confidential, it will give the participants the opportunity to express their honesty. An argument can be made against using qualitative research in this area as the area of stress or any factor related to mental health is a delicate issue therefore some participants may

not be able to express their feelings so freely when being interviewed by a complete stranger. “Quantitative survey research is one of the most frequently used methods in organizations today because of its flexibility and quick data collection possibilities” (Schneider et al. 1996 cited in Misuraca 2013 p78).

4.7 Materials

The methodological research will be a quantitative design and this is a preferable option as it will answer the research hypothesis more affectively. The online survey was used as a means of collecting the data quickly and efficiently and an important factor in the research method using an online survey will make it easier to ask participants questions that may be seen as too delicate to ask in person. In order to gain the information required, various materials from three previously authenticated surveys were taken. Keane (2013 p31) explains how they used the same method for the same reason; “the main reason a survey was chosen was due to its simplicity and the ability to reach a large range of people. Also, due to some of the questions being of a somewhat sensitive nature, self-administration was considered to be the best method to extract the most accurate information”.

4.7.1 Self Rated Health Scale

“The self related health scale was originally designed to test participant’s awareness or perception of their health. Self-rated health relates to awareness of one’s own body, symptoms, functional status and received diagnoses” (Kaplan et al. 1996 cited in McHugh and Lawlor 2016 p415). This is a very useful tool in the proposed quantitative research study as it will be necessary to ask the participants about their current health as there will be no assessment or face to face interviews. McHugh and Lawlor (2016) explain how self-rated health can be a very valuable tool as it has great predictive power, and is

associated with morbidity and mortality outcomes even when functional status, depression and co-morbidities are accounted for. Bowling (2005) explains how the traditional self rated health status item consists of asking respondents to rate their health as 'poor, fair good, or excellent' and that various different versions of a self health rated scale. This method will be used in the current research study as it will be the most affective way of gauging the participant's health status. According to Singh-Manoux et al. (2006 cited in Mchugh and Lawlor 2016 p415), asking participants to rate their own health taps into six factors; age, early life and familial history of illness, socio-demographic variables, psychosocial wellbeing, health behaviors, and objective measures of health and disease.

4.7.2 Workplace Health Friendliness

Drach-Zahavy (2008 p197) describes Workplace Health Friendliness (WHF) as “an institutionalized, structural, and procedural arrangements as well as formal and informal practices aimed to design, create, and maintain healthy work environments that allow individuals to foster their health in their workplace”. Dowling (2015) explains how The WHP “was designed to measure how workplace health friendliness allows employees to foster their individual health in the workplace through five items or themes”. The workplace health friendliness scale measure employee health in the workplace using a scale from 1-5, with 1= not good up too 5= very good. In order to create the workplace health friendliness scale 69 high level nurses were interviewed. In Drach-Zahavy (2008 p198) article on WHF Jahoda (1988) explains the importance of WHF in relation to mental health in the workplace. “Mental health refers to an individual's capacity to realize his or her own ability, to cope with the normal stresses of life, work productively, and contribute to his or her community”.

4.7.3 The World Health Organization (WHO) Health and Performance Questionnaire (HPQ)

Kessler et al. (2013) explains the HPQ as a “self-report instrument designed to estimate the workplace costs of health problems in terms of reduced job performance, sickness absence, and work-related accidents or injuries”. The HPQ was initially established to measure absenteeism, presenteeism in the workplace after many observations into the lack of information in employee health care and quality of service in the workplace. Keane (2013) believes that the HPQ was used as it was specifically devised to measure absenteeism and presenteeism in employees. As well as that it was used as a means of calculating the total cost of work related illnesses. In relation to absenteeism and presenteeism the questions will ask the employees how many hours in the past seven days have they spent in work, how many hours does their employer expect them to work as well various other questions related to both absenteeism and presenteeism including how many days they have called in sick and how many times they have been present at work whilst sick. The HPQ not only looks at absenteeism and presenteeism but can also look at mental health in the workplace which will benefit the current study. Kessler et al. (2003) explains how given the low rate of depression treatment and the fact that treatment substantially improves role functioning among people with depression, such data suggest that it might be cost effective for employers to increase the proportion of depressed workers who receive treatment.

4.8 Ethical Considerations

When conducting the survey, the participants will be informed that the survey is completely voluntary and under no circumstances are they to feel pressured into completing it. As well as that if the participants feel as though the questions are too delicate at any time they can abort the survey process. Along with a voluntary consent page there

will be an introductory page which will explain to the participants what the study is about and the information that will be asked of them. No names or employees or companies are needed for this study which will further strengthen the confidentiality of the survey. Prior to starting the research in question an ethics form was submitted to the National College of Ireland Ethics committee where the idea of this research was deemed eligible.

5. Findings

5.1 Introduction

After the data was collected from the survey it was then analysed through a descriptive statistics software called SPSS. The first action that will be taken will be a Cronbach's Alpha test to test the reliability and validity of the study. The ideal test will measure over 0.7 which is the standard cut of point of a reliable scale. The second action will be to discuss the descriptive statistics and the hypothesis. The main pieces of descriptive statistics are represented below by charts and tables. Each of the hypothesis that were talked about above were analysed using various different tests through SPSS in order to prove right or wrong.

5.2 Cronbach's Alpha Test

The Cronbach's Alpha Tests the reliability and validity of a study. "One of the most commonly used indicators of internal consistency is Cronbach's alpha coefficient. Ideally, the Cronbach alpha coefficient of a scale should be above .7" (Pallant 2002 p90). The first cronbach's alpha test was conducted on the first scale in the study which incorporate the self rated health scale and workplace health friendliness scale which was used to ask participants to rate their stress levels in work as well as other aspects. There were 5 questions in this scale which was answered by 80 participants. The Cronbach's reliability test reported a value of .638 which was just under the standard cut off point of 0.7 for a reliable scale.

Table 1: Cronbach's Alpha Test 1

Cronbach's Alpha	No. of Items
0.638	5

The second Cronbach's Alpha test was carried out on the second scale in the study that focused on WHP and job related absenteeism. The idea for these questions was taken from The World Health Organization (WHO) Health and Performance Quiz (HPQ). The Cronbach's reliability test reported a value of .458 which was once again under the standard cut off point of 0.7 for a reliable scale. This may suggest that the participants did not answer the questions in the scale consistently or that the question may not have been designed in the correct manner in order to create a reliable result. The lower reliability value might also be explained by the size of the scale, as reliability is linked not only to consistency of responses but also to the number of items in the scale (Panayides 2013 cited in Dowling 2015 p32).

Table 2: Cronbach's Alpha Table 2

Cronbach's Alpha	No. of Items
0.458	12

5.3 Demographic Information

As mentioned in the methodology the original method of collecting data would be an online survey sent to approximately 250 employees of various different companies. When conducting the research there was a difficulty getting companies to participate in the survey so a decision was made to post the survey on the social media site LinkedIn. The use of LinkedIn left the survey open to participants that were employed by a company that did not have a workplace health promotion program, however this was not seen as a problem as the overall sample would give a good representation of WHP in Irish business'. As Keane (2013) mentioned, the use of social media can be a very useful tool

in gathering information as the site LinkedIn is home to many different employee of many different areas of work. 100 participants filled out the survey however 20 of those 80 surveys were incomplete which could have been a result of various different reasons including the fact that participants may have abandoned the survey at any point in time. As a result of this there were 80 surveys completed. Of the 80 (42) participants 52.5% (38) were Male and 47.5% were female. The survey was successful in reaching at least 70% of participants who are currently employed; out of the 80 surveys that were collected every participant was an employee of a company whether it was small or large. The majority of the participants worked between 30-50 hours per week with only 2.5% of those working over 50 hours in a working week. The use of LinkedIn as a means of collecting the data can be seen as a huge success as it collected data form employee from various different companies.

Table 3: Age Category

	Frequency	Percent
18-24	37	46.3
25-34	30	37.5
35-44	7	8.8
45-54	6	7.5
Total	80	100.0

Figure 1: Weekly Hours Worked Demographic



100% of the participants gave their full consent to take part in the survey. In the questionnaire the participants were first asked to specify their age category, gender, as well as average hours worked each week. Further on in the survey the participants were asked to answer various different question regarding their perception of workplace health promotion, WHP programs in their workplace and there were also questions related to stress and absenteeism in the workplace. The survey then took ideas from the three different past research methods which were to self rated health scale, the workplace health friendliness scale, and the world health organizations health and performance questionnaire. The participants were asked various different multiple choice questions with a majority of the questions on a scale from strongly disagree too strongly agree.

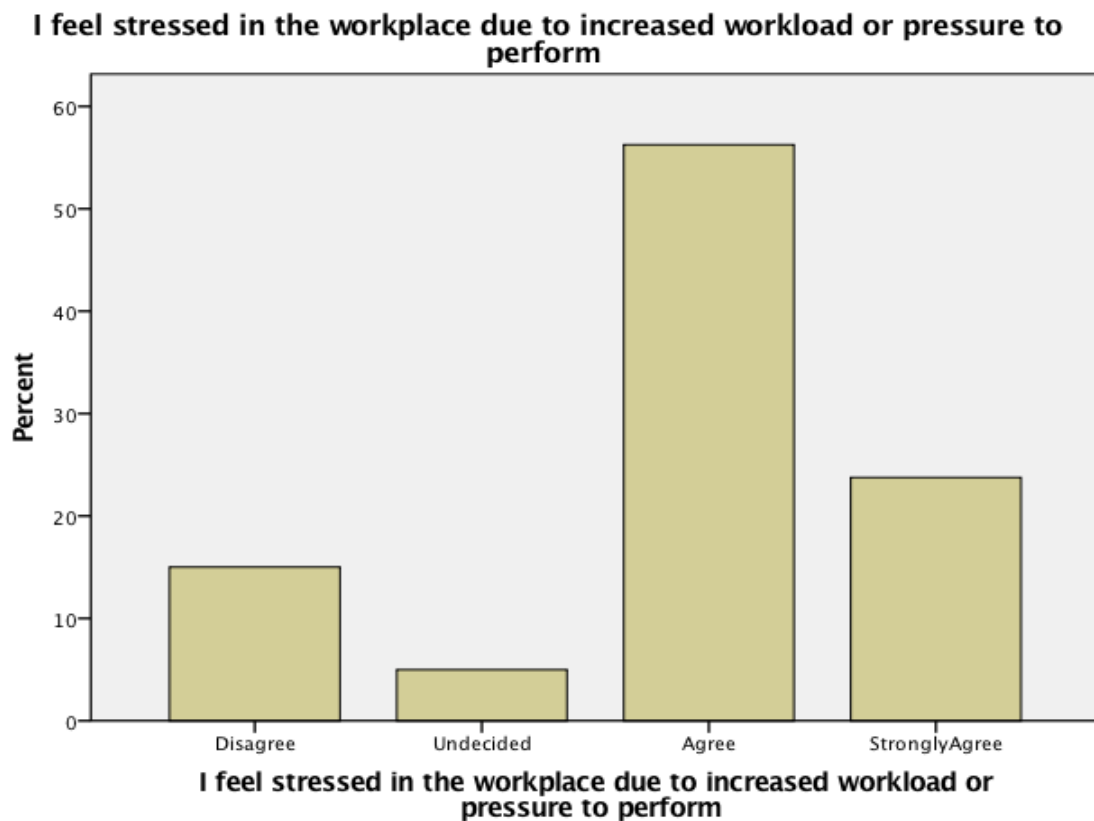
5.4 Mental Health Information

Throughout the methodology it was stressed that mental health is a delicate topic and therefore instead of asking the participants various different questions that could upset them or throw them off completing the survey, it would be better to focus more around the area of stress in the workplace and touch on the area of mental health. When the question “I often feel stressed in the workplace due to increased workload and/or pressure to perform 56.2% of participants selected ‘agree’ with 23.75% of participants selecting ‘strongly agree’. Further on 61.25% (49) of participants have said that they have skipped their allocated breaks just so they can catch up on their work. 71.25% (67) of participants felt as though the increase in stress negatively affected their performance in work therefore an argument can be made that from an increase in workload comes an increase stress which in turn cause a negative affect on an employee’s performance in work, therefore an increase n workload can cause a decrease in productivity.

The self evaluated health scale allowed participants to rate their stress levels on a scale of 1-5 or strongly agree too strongly disagree when asked various different questions relating to workplace stress and its effect on their mental health. Workplace performance as well as presenteeism and absenteeism. When the participants were prompted the question ‘I have called into work or thought about calling into work as a result of stress’ 33.75% (27) of participants selected either agree or strongly agree. Out of 80 participants it was not expected that one third of them have had this problem due to stress. It is a clear indication of the impact of such a silent and invisible health issue that is present in many people today. When the participants were asked to select from strongly disagree too strongly agree 96.25% (77) of participants selected either agree or strongly agree to the statement ‘A WHP program can be effective in decreasing employee stress’ and 92.5% (74) of participants selected agree or strongly agree to the statement ‘A WHP program

can have many positive impacts on a person's mental health'.

Figure 2: Stress related Self Evaluated Health scale



5.5 Hypothesis 1: There will be higher frequency of zero day absences for those who do not avail of a workplace health promotion program compared to those who do

In order to test the first hypothesis a Kruskal-Wallis One Way ANOVA Test was performed to see if there were a higher frequency of absences in participants that do not avail of a WHP program than those who do. The independent variable (IV) in this test will be the data collected from the question on whether or not the participants company has a WHP program and the dependent variable (DV) will be the data collected from the question on absenteeism in the workplace. To perform this test, it was firstly important to ask participants to state how many days they have been absent in the current calendar

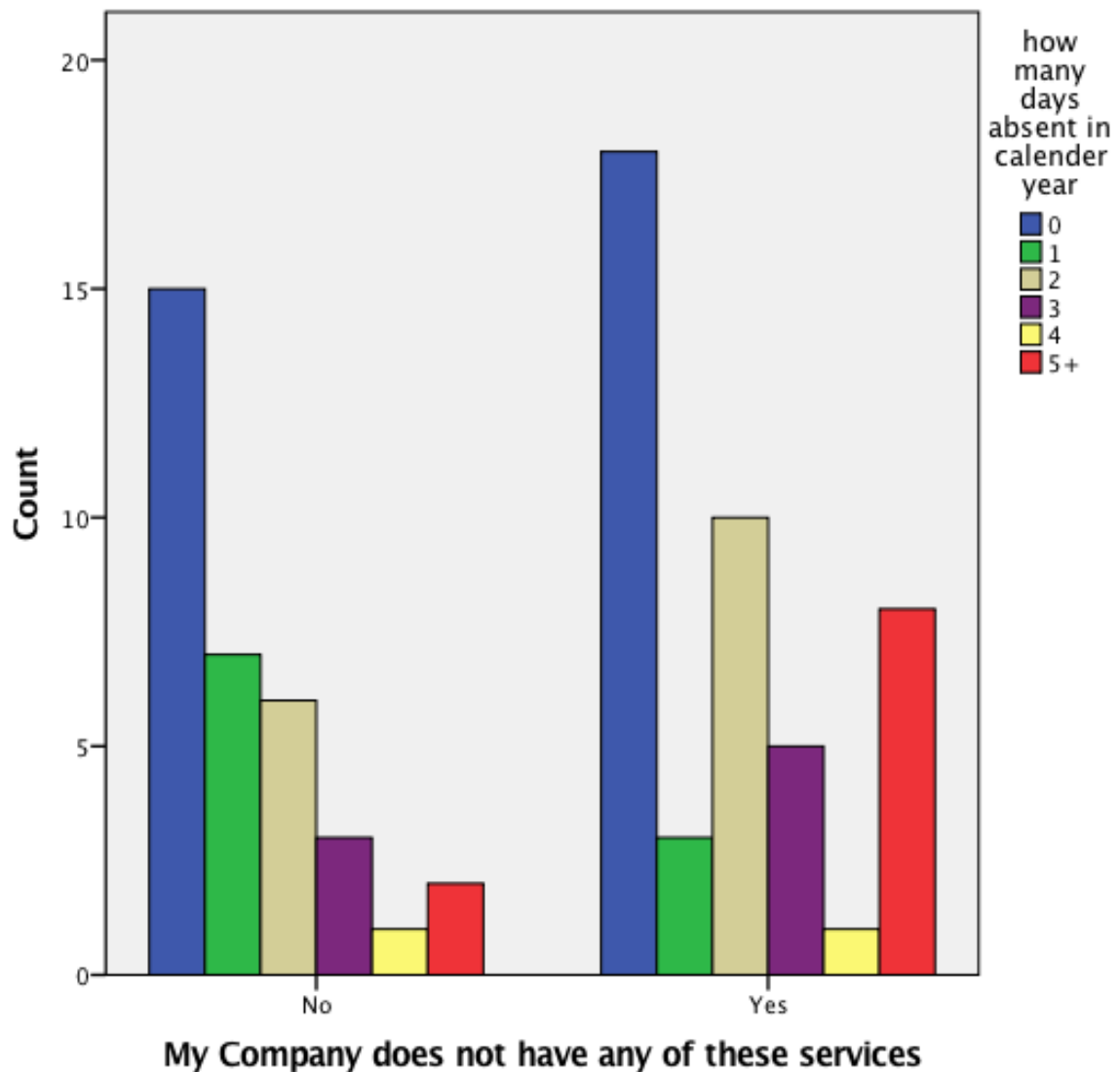
year. Then the participants were asked on a multiple choice question where they were asked what WHP services their company offered them.

One of the multiple choice questions stated ‘My Company does not offer me any of these services’ stating that their company does not offer them any WHP services. This question, along with the absence question were then used in an independent non parametric test called the Kruskal-Wallis One Way ANOVA test to distinguish if there is a significant difference. If there is a significant difference, then the null hypothesis will be rejected and the alternative hypothesis will be supported. From the test shown below there is a P. Value of 0.220 which means that the alternative hypothesis is rejected as the significance was outside the 0.05 cutoff. The One Way ANOVA test found no significant difference between the employee that did or did not avail of a workplace health promotion program and their absenteeism therefore the null hypothesis is retained.

Table 4: Results of Kruskal Wallis Test

Null Hypothesis	Test	Sig.	Decision
Absenteeism in companies that do not have a WHP Program	Independent Samples Kruskal-Wallis Test	.220	Retain the Null Hypothesis

Figure 3: Bar Chart measuring absenteeism in companies that have a WHP compared to those who do not. 'No' is the participants that do have a WHP program and 'Yes' are the ones who do not.



The bar chart above supports the Kruskal Wallis test in retaining the null hypothesis as it can be seen that participants that are employed in a company that does not implement a WHP program have a greater number of 0 days absent in a calendar year than those who do have a workplace health promotion program. However, it can be seen from the bar chart that the days including 2,3, and 5+ days absent the participants that are employed

in a company that does not have a WHP program has a greater value of days absent. Than those who have a WHP program. The Along the X axis of the table it shows the 'yes' 'no' participants when asked if their company has a WHP program and the Y axis shows the days absent ranging from 0-5+ days.

5.6 Hypothesis 2: Participants who are employed in a company that do not offer a workplace health promotion program will feel as though their past absences could have been avoided if they took part in a WHP program

In order to test the second hypothesis a Kruskal-Wallis One Way ANOVA will once again be performed in order to measure the significant difference between the Independent and Dependent variable. In this study the independent variable will be the data collected from the question on whether of not the participants company has a WHP program and the dependent variable will be the data collected from the question stated 'My past absences could have been avoided if I engaged in a WHP program'. Both independent and dependent variable were tested using the non parametric independent Kruskal-Wallis one-way ANOVA test to determine the significant difference between the two variables. If there is a significant difference, then the null hypothesis will be rejected and the alternative hypothesis will be supported. The test chart below shows P. value of 0.175 which once again rejects the alternative hypothesis as it is above the standard cut off point of 0.05 significance. Once again he null hypothesis is retained.

Table 5: Independent Sample Kruskal-Wallis Test

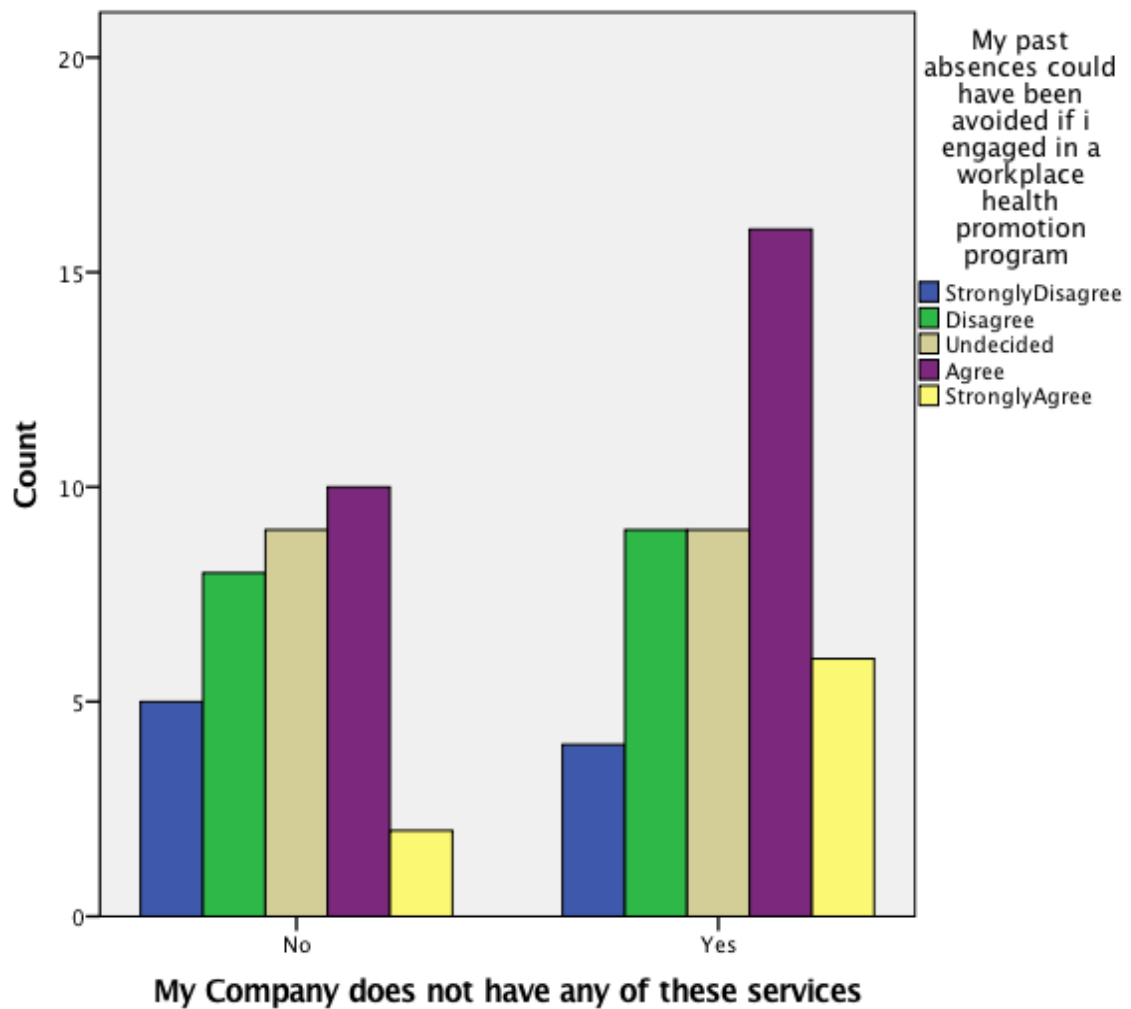
Null Hypothesis	Test	Sig.	Decision
Past Absences could have been avoided with WHP program. Company that do not have WHP program	Independent Samples Kruskal-Wallis Test	.175	Retain the Null Hypothesis

A second test was performed using the paired sample T test in order to try and prove the hypothesis. The paired sample T test looked to see if there were a significant difference between participant's views on the effects of a workplace health promotion program and if they believe that it could be effective in reducing absenteeism in the workplace. The T test found a significant difference of 0.00 which was below the standard cut off point of 0.5 which supports the alternative hypothesis and rejects the null hypothesis. On the next page there is a clustered bar chart that proves the hypothesis as it can be seen that participants that are employed in a company that does not have a WHP program have a stronger belief that it can be an effective way of decreasing absenteeism in the workplace.

Table 6: Paired Sample T Test

	Mean	Std. Deviation	Std. Error Means	T Value	Sig.
WHP Program – Avoided Absences	-2.526	1.224	1.39	-18.217	.000

Figure 4: Bar chart on participants who are employed in a company that do not offer a workplace health promotion program will feel as though their past absences could have been avoided if they took part in a WHP program



5.6.1 Sub Hypothesis: There will be a higher frequency of male participants that take the survey that feel as though their past absence could have been avoided if they engaged in a workplace health promotion program

The forth hypothesis will be tested using a clustered bar chart to prove there will be a higher frequency of male participants that take the survey that feel as though their past absences could have been avoided if they took part in a workplace health promotion

program compared to females. The Bar Chart's X axis shows Gender from male to female and the Y axis shows the result of the question 'My past absences could have been avoided if I engaged in a WHP program'. From the chart you can see that males agreed or strongly agreed more than females when asked if there past absences could have been avoided if they engaged in a WHP program therefore the sub hypothesis was proved. 40% (21) of male participants selected either agree or disagree when asked if there past absences could have been avoided and 27.3% (13) of female participants selected agree or strongly agree to the statement.

Figure 5: Bar chart on Male participants

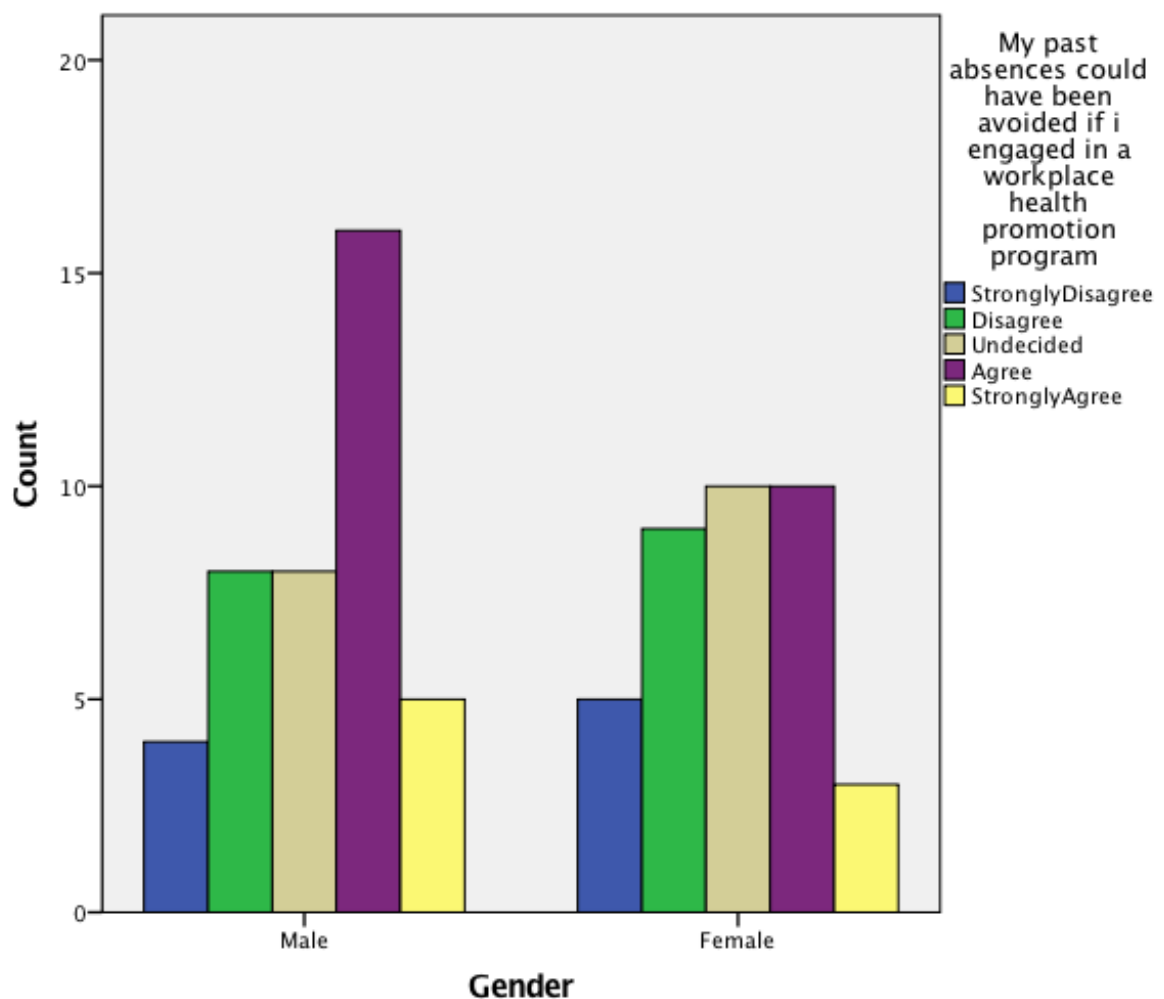


Table 7: Table on Males and Female Response to ‘My past absences could have been avoided if I engaged in a WHP program’

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
Male	4	8	8	16	5
Female	5	9	10	10	3

5.7 Hypothesis 3: There will be a higher level of stress in the workplace for those who do not avail of a workplace health promotion program.

In order to test the third hypothesis a non parametric Mann Whitney U Test will be performed in order to test the significance between the two variables. Taking from the workplace health friendliness scale the question on stress in the workplace asks participants about how they can become stressed in the workplace as a result of an increased workload.

Table 8: Independent Sample Mann Whitney U Test

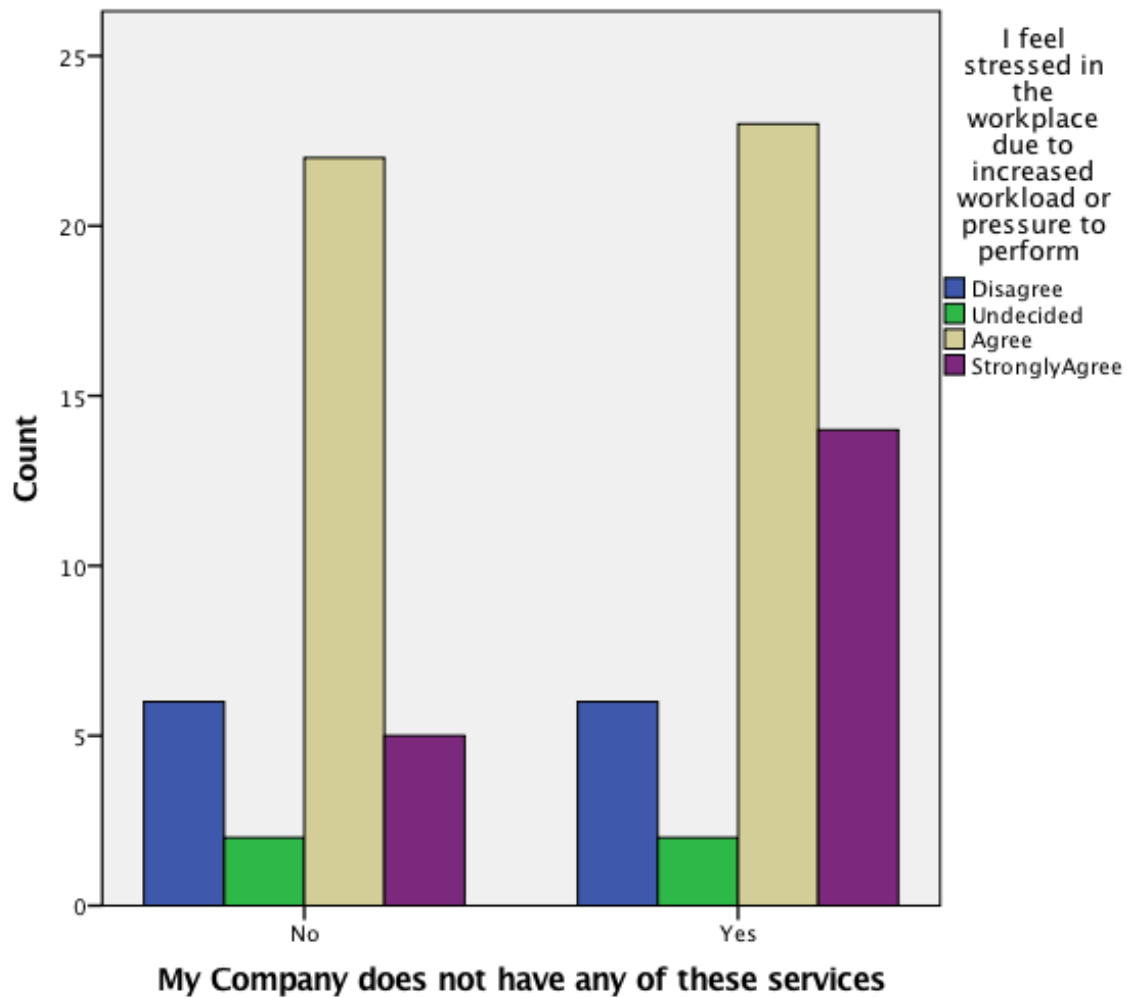
Null Hypothesis	Test	Sig.	Decision
Stressed in the workplace/ Company does not have a WHP program	Independent Samples Mann-Whitney U Test	.140	Retain the Null Hypothesis

The Mann Whitney U test measured the significance between employees who and stressed in the workplace in relation to those who do and do not have a WHP program. The test found a significant difference of .140 which once again rejects the alternative hypothesis and retains the null hypothesis. A second test was performed using a Pearson's bivariate correlation test in order to try and prove the hypothesis. The Pearson's test once again looked to see if there was a higher level of stress in the workplace for those who do not avail of a workplace health promotion program. The test found a significant difference of 1.36 which was above the standard cut off point of 0.5 which rejects the hypothesis. On the next page there is a clustered bar chart that proves the hypothesis as it can be seen that participants that are employed in a company that does not have a WHP program have a higher stress level than those who have a WHP program.

Table 9: Person Correlation test on hypothesis 3

Person Correlation	1	1.36
Sig.		.228

Figure 6: Employees who are stressed in the workplace in companies that do and do not have a WHP program

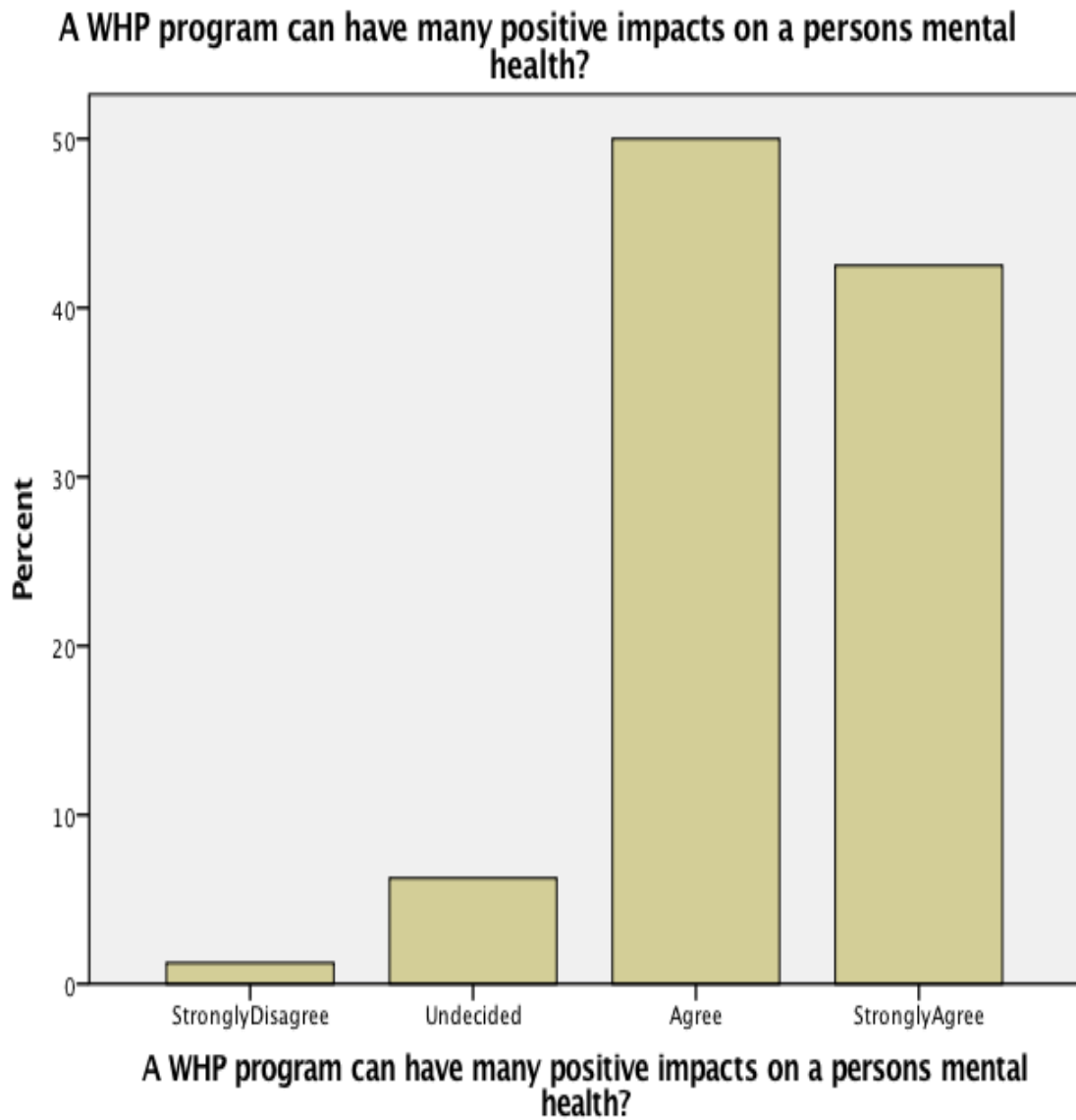


5.8 Hypothesis 4: Participants will feel as though implementing a workplace health promotion program would have a positive effect on a person’s mental health

To prove this hypothesis a bar chart is shown below that shows the results of the scale question ‘A workplace health promotion program can have many positive impacts on a person’s mental health’. The scale was ranked from 1-5 ranging from strongly disagree to strongly. The results show that 1.3% (1) of participants strongly disagree with the statement followed by 6.3% (5) of participants who are undecided on the matter. It then goes on to show that 50% (40) of participants agree with the statement with 42.5% (34)

stating that they strongly agree. Between 'agree' and 'strongly agree' 92% (74) of participants believe that a workplace health promotion program can have many positive effects on a person's mental health

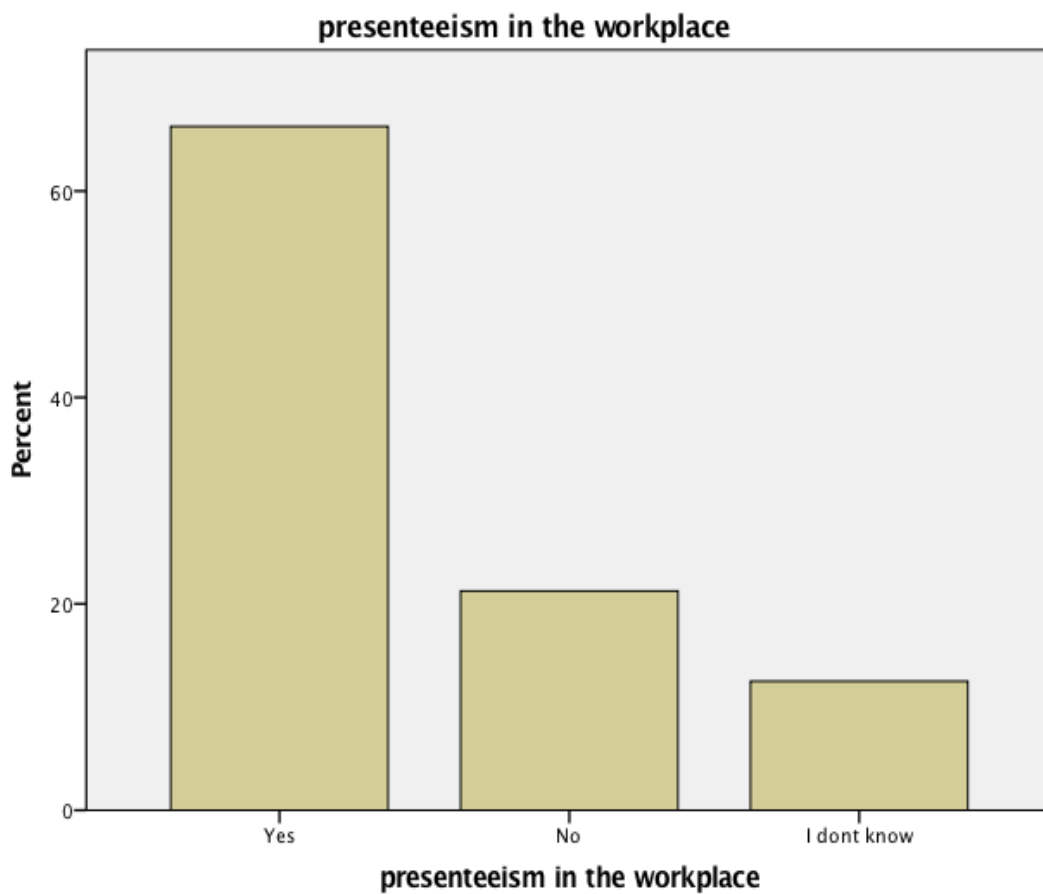
Figure 7: WHP can have a positive impact on a person's mental health



5.9 Other Findings (Presenteeism)

In the literature review the area of presenteeism was discussed therefore it was relevant to ask participants of the research survey if they have ever experienced presenteeism in the the workplace. 66.3% (53) participants said that they have experienced presenteeism in the workplace

Figure 8: Presenteeism in the workplace



6. Discussion

When testing the hypothesis above four of the five main hypothesis were rejected with one of the five supported and the sub hypothesis supported. The reason for the hypothesis were rejected could be down to many different explanations including inaccurate surveying or participants not accurately answering the scaled questions in the survey. Many statistically significant results were found when conducting the research which will also be discussed below varying from companies that do and do not have a workplace health promotion and how it can effect person stress/mental health. The discussion will look at the review of the literature and see if the results are similar or different when compared.

In the literature review Greenberg et al. (1996 Cited in Hilton et al. 2009 p37) explained how the financial impact absenteeism has on companies. The first objective in the research was to look at the frequency of days absent compared to companies who do and do not have a WHP program. The survey was used as a tool to gather information that could then be tested against each other to see if there is a relationship. From the test it was concluded that there were fewer absences from employees that are employed in a company that do not have a WHP program compared to those who do. This rejected the hypothesis, however, the figures showed that the participants that are employed in a company that does not have a WHP showed larger number of absences across the board with a higher frequency of absences of two or more days. It can be argued that there is no clear evidence that the participants take part in any of the WHP programs however the survey was designed to measure the participant's perception of WHP and its effects on absenteeism. In the literature review Wang et al. (2003 Cited in Hilton et al. 2009) explains how mental disorders including stress, depression, anxiety etc. are a leading cause of disability being linked with substantial increased absenteeism from work. It is

first interesting to discuss the working hours per week of the participants.

From the survey it can be seen that the average amount of hours an employee works per week is between 36-40 with 40 being the recommended maximum. This would be a persons average eight hour shift five days a week however many people work longer hours per week which can have a negative effect on their health and performance in work. The International Labour Office (2007 Cited in Hilton et al. 2009) explain how it is widely recognized that many employees work hours beyond those expected of them, with an estimated 22% of the global workforce working more than 48-hours per week. So what kind of effects does this have on an employee? The International Labour Office (2000 cited in Huang et al. 2014 p1) then goes on to say how these mental health issues can be brought on by many different workplace factors like increased workloads long working hours and a poor work life balance etc. From the results of the survey, out of the 80 participants 40% (32) people worked the recommended hours between 30-40 per weeks however, 38.75 (31) participants stated how they worked between 40-50 hours per week with 2.5% (2) of participants stating how they work 50+ hours per week. With over 41% of the participants working 40 or more hours it can be argued that this factor could have serious effects on a person's mental health. It can also be argued that different roles may require longer working hours however, employees who are working up to 50 hours a week can have many implications including increase in stress, decrease in productivity and lack of sleep etc.

The second research objective looked at the participants views on a workplace health promotion program and if their past absences could have been avoided as a result of this. When conducting the research an emphasis was put on the effect that a workplace health promotion program can have on absenteeism in the workplace and how various different

factors can influence absenteeism including mental health issues mainly circling around stress. Once again the hypothesis was rejected as there was no significant difference found. A second test was then carried out using a Paired Sample T Test which found a 0.00 P. value which is under the 0.5 standard cut off which shows a significant difference and supports the hypothesis. A sub hypothesis test was then carried out that followed on from the previous objective. The sub objective test showed that there was a higher frequency of males that feel as though their past absences could have been avoided if they engaged in a WHP program. Examining the literature was highly relevant for this area as it gave the researcher the idea to look at the relationship between WHP and absenteeism from an employees perspective. Greene (2013) previously mentioned that a WHP program or what they call “‘Worksite Wellness’ helps reduce direct and indirect health care costs, absenteeism, and presenteeism, avoid illness or injury and improve the quality of work life and morale. Bertera 1990 (cited in Keane 2013) also explained above how a study on 30,000 employees found that over two years’ sick days decreased by 14% and the workplace wellness program paid for itself after the first year.

The third research objective looked at stress in the workplace and how there can be a higher level of stress for those who do not engage in a workplace health promotion program. The third main objective was rejected as there was no significant difference found therefore the null hypothesis was retained. This may have been down to the fact that the participants did not accurately answer the questions correctly or it may be down to the fact all participants that took the survey felt stressed even if they were employed by a company that had a workplace health promotion program or not. Stress is a mental health issue that can be brought on by many different factors including pressure in the workplace. Earlier Siegrist (2008) explains how findings from 12 research reports indicate a rather consistently elevated odds ratio of about 1.8 of depression among men

and women who were exposed to high demand and low control at work or who spent high efforts in combination with low rewards received in turn. In the current studies other findings out of the 80 participants that were surveyed 80% (64) of participants stated how they often feel stressed in the workplace due to an increase in work of a pressure to perform. This is quite the jump from the CIPD (2012 cited in Bermingham 2013) Absence Management Survey Report which stated that 52% of employers in the UK and Ireland reported that there had been a huge increase in stress related absences in comparison to previous. But what is being done to combat these issues? From the survey conducted it could be seen that 12.5% of participants have an onsite or on call counsellor and 13.75% having health screening checks which can be measurement of stress, blood pressure etc. A fourth research objective was proposed that looked at participant's views on WHP and how it could have a positive impact on a person's mental health. From this study 92% of participants measured on a scale either agreed or strongly agreed with the statement 'A WHP can have many positive impacts on a person's mental health'.

If the 80 participants in the current research survey were to be used as an example of Ireland health promotion programs, then it is not a very positive representation. It can be argued that there is stress in many employees in every company in the country and from the survey it is clear to see that this stress not only have a negative impact on their performance in work but it also negatively effects their mental health. It may not be a big surprise that 70.25% of participants believed that their stress had a negative impact on their performance in work however, 33.75% of participants said that they have called in sick to work or thought about calling in sick as a result of stress. This is similar to Nimbalker (2001) discussed in the literature review, Nimbalker believes that stress is America's number one health problem and has an enormous impact on the productivity and attitudes of employees in an organization... According to one estimate stress is

responsible for up to 250 million days of absenteeism each year in America and has been linked to all of the leading causes of death, including lung ailments, heart disease, cancer, cirrhosis, accidents and suicide.

Another area that was looked at in the research was presenteeism. Presenteeism is a new area of research and it is similar to absenteeism in terms of the cost implications it has on companies each year. As Collins and Cartwright (2012 p430) mentioned above, “Long working hours, long working weeks, frequent overtime and a mismatch between the amount of hours wanted by the employee and actual hours worked are all considered to be factors which lead to increased presenteeism”. In the current research study an individual question was asked on presenteeism in the workplace and if the participants had ever experienced it. 66.25% of the 80 participants stated that they have experienced presenteeism with 21.25% of participants stating that they have not and 12.5% stating that they did not know if they had or had not. 75% of participants stated whether it was ‘agree’ or ‘strongly agree’ to the statement ‘A workplace health promotion program can be effective in decreasing employee presenteeism in the workplace’. Linking the previous discussion on working hours per week and what Collins and Cartwright mentioned above business’ who exploit their employees in these areas are not only negatively effecting them but also negatively effecting their company. If you push an employee beyond their maximum effort, it will only cause them to ‘burn out’ and lose interest in their role. An introduction of a WHP could have a great impact on the area of presenteeism in the workplace but it would only be a quick fix for the bigger issue which is long working hours and increased work loads. Only when employers reduce these to fit an employee’s capabilities will they see a dramatic difference.

The area of workplace health promotion is still a very new area of research. The majority

of companies in Ireland do not have a workplace health promotion program and this argument was proven from the results shown in the survey. According to the CIPD (2015) Just 8% of organizations have a stand-alone well-being strategy in support of their wider organization strategy. From the survey it can be seen that 56.25% of employees are employed in a company that do not offer any WHP services. The most common option that was selected when participants were asked about their companies WHP services was a health food option (28.75%) which can have benefits to people's health however when dealing with stress and mental health issues it isn't going to have any benefits.

6.1 Limitations

Throughout the research the author found limitations that need to be taken into account. The original idea for the research was a paper pen survey that would be distributed to employees of a chosen company. However, after many attempt to locate a suitable company to conduct the study there was no contact made so the decision was then made to use the social media site LinkedIn as a means of distributing the information. As a result of this the participants that were involved in the research were not from a specific company and therefore it was not guaranteed that any of the participants were currently employed or employed in a company that had a workplace health promotion program. When the decision was made to conduct the quantitative research using an inline survey it was also met with limitations. Originally the target audience was 250 participants in order to get a good sample size however when conducting the online survey, the author was only allowed collect surveys from a maximum of 100 participants which was a limitation of its only but it also posed a problem that if the participants did not complete the survey correctly it would reduce the number even further. As a result of this 20 out of the 100 survey that were received were incomplete and therefore it only 80 surveys were used in the research. The main limitation circled around these issues was time, the author

was under time pressure to get the survey completed which is the main reason why LinkedIn was used. The use of social media was useful as it was an effective way of collecting the data in the required amount of time.

6.2 Conclusion

The conclusion will close the topic of research; whilst looking at the results and main findings of the current research the author will discuss the relevance of the findings in companies today. If there is one thing that the research found that correlates with the literature review it is the fact that a lot of companies in Ireland don't have any aspect of workplace health promotion. Well over half the amount of participants were employed in a company that did not have a workplace health promotion program. Originally the research was proposed to evaluate the effects of workplace health promotion on stressed related absenteeism but later focused on an employee's perception on the topic. From the results of the survey it was clear to see that stress is very much alive in many employees in Ireland today and there isn't enough been done to combat this. With over 80% of participants in the study feeling stressed in the workplace an argument could be made that if there were up to 250 participants surveyed that the numbers of stress would still be at the same percentage if not higher. Absenteeism has become a major issue to companies in not just Ireland but around the world and one of the causes on absenteeism can be linked back to stress or fatigued workers. The findings show the majority of participants agreeing to the statements on how they skip lunch to catch up on work and how an increase in stress has a negative effect on their work.

So what has been done about these issues? Unfortunately, throughout the research there was no interviews with owners or managers of companies that may be able to shed some light on their situation and their views regarding WHP and its effects however it was

interesting to see what the participants of the survey had to say. Not only did the participants agree or strongly agree with the statements a workplace health promotion program can be an effective way of decreasing presenteeism, absenteeism and stress but also believed that it could have a positive effect on a person's mental health as a whole and could increase an employee's productivity. As well as that the participants, when asked if they would be interested in taking part in any type of WHP program, 78 out of 80 participants said they would be interested in one or more health promotion programs. From the literature review and the research there is no doubt that WHP can have a positive effect on an employee's health whether its mental or physical and in turn has a positive effect on their company. Employer need to invest in WHP with emphasis on the word invest as it can be a money saving productivity enhancing for them if it is managed correctly. Overall, if there is anything to take from this research is that WHP certainly doesn't have any downsides other than the possible cost for employers however, in this case, the pros definitely outweigh the very few cons.

7. CIPD

7.1 Recommendations

The research that was obtained in the literature review suggest the positive effects that WHP can have on an employee in a company and the current research shows the effects of stress from an employee's perspective and how a WHP program can have an effective on an employee's health and job performance. The first and most important recommendation for employers is to implement a WHP program into their company if they have not and if they do make sure that there is an element of it that combats stress and other mental health related issues. The implementation of an on site or on call counsellor or even regular health screening checks from doctors could go a long way in

maintaining a healthy environment in the workplace. However, a WHP program may not work if the employees of companies are still being subject to an over load in work and pressures to perform beyond their capability. It is therefore important for employers to manage the workload that is given to each employee so that they are able to work at a steady pace keeping down their stress levels and helping improve their performance. The current research study gave participants way of voicing their opinions on the area of workplace health promotion, absenteeism and stress too gather their experiences and concerns. Employees need a voice in a company therefore it is recommended that employers talk to their employee's in order understand their need and concerns and then tailor their health programs around the employee needs. In the CIPD (2015) article on how companies can promote better mental health it explained how employers support of employee mental health in the workplace has greatly improved with 74% of employees describing their health as good or very good. The CIPD article went on to stress the importance of line managers and how they are crucial to employees that may be suffering form poor mental health. Therefore, it would be recommended that line managers complete training in order to cope with these situations better. As well as that, line managers need to trained in order to identify these issues quickly and have the necessary tools to deal with the situation.

7.2 Implementation of Findings

The following examples will discuss look at the implementation of findings in a small company and a large organization. For a large organization the ideal program that would help reduce employee stress would be an on site counsellor that is on site one-day minimum throughout the year. The average counselling session can range form 50-100 euro per employee. It is then important to have a health promotion plan throughout the year. During the year, the company would be required to bring in guest speakers to talk

about various different methods of relieving stress. An example of this would be meditation classes and other stress relieving workshops. The Nutrition and Health Foundation (2016) conducted a workplace health promotion case study in Roughan & O'Donovan Consulting Engineers. The company organized a health screening for all employees that wished to avail of the service. The company also got three guest speakers to speak about health promotion, mental and physical including stress relief. The Health screening were calculated at a total cost of €7,031 and the health talks were 650 for three. The company explains how having a healthy workforce enables them to have the benefits of high productivity and efficiencies, low levels of sick leave, good concentration leading to high quality work outputs and increased morale. It would be recommended that a large scale company implement this type of health program to run throughout the year with counsellor being available for on call visits also and regular health screenings would be recommended also.

The Nutrition and Health Foundation (2016) conducted another workplace health promotion case study which looked at 'Creative Labs' and what they were doing to implement a worksite wellness scheme. Creative labs explained how each year they conducted a 'Wellness Week' where, for one week of the year they had a series of health screenings, workshops onsite health checks, guest speakers etc. which was tailored to suit every employee need. This can be very effective for SME or start up business' who don't necessarily have the adequate resources or funds for a full time wellness program that would run throughout the year. Creative Labs explained how they spend approximately 2000-3000 euros per annum on the program which would be a great way of promoting a mental health improvement scheme and although it is only once a year it can be something that start up companies can work with and they can improve on as their company grows. The idea of guest speakers and workshops would be useful for both small and large scale

organizations. Larger organizations can implement this idea into the above recommendations given.

7.3 Personal Learning Statement

During the course of the research I learned many valuable lessons that will be taken with him for the remainder of my life both personally in my career. The research posed many challenges throughout from its limitations to my high expectations and I was met with road blocks on the way but I have learned so much from these challenges.

Throughout the year I have learned so much that have helped me mature and grow as a person both personal and professionally. In conducting the research, I have learned many skills however, my knowledge in the area of workplace health promotion and stress related absenteeism has significantly grown. One of the main reasons I conducted my research in this area was to educate myself on the issues of mental health in the workplace and how workplace health promotion programs can help reduce these issues. From the literature review to the methodology to the findings and conclusion I came across areas of a dissertation that I had never explored before. This posed many challenges for me however, the skills and knowledge I gained from meeting these challenges are what academic writing is all about.

Some of these challenges included time management, meeting deadlines and prioritizing tasks. If I was to undertake the research again I would set aside more time for myself to complete each task. The most important part of the research is the research itself and I expected myself to conduct better research initially however, the many time constraints meant that the research that was carried out and collected was not as good as I first expected. Time management, along with many other challenges that I have met on the road to completion of the dissertation have only taught me lifelong valuable lessons.

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Appendix 1: Email to companies and Social Media Post

Hi my name is Dean Leonard and I am currently researching for my Master's Degree in human resource management in the National College of Ireland. I am emailing you to politely ask if it would be at all possible to survey employees of your company as I have seen that your company implements a very good workplace health promotion program as seen in your careers description.

The area I have chosen to research is workplace health promotion and its affects on stress related absenteeism in the workplace. Along with this main area of research I will also be looking at the possibility that workplace health promotion programs can also enhance productivity as well as reducing presenteeism in the workplace. If I am successful in researching in your company I will conduct an online survey on [surveymonkey.com](https://www.surveymonkey.com) that will be emailed to your head office and then distributed to your employees. I believe that an online survey is not just efficient and hassle free but also gives the participants the freedom to complete the survey in the comfort of their own time and space. As well as that it enhances the confidentiality of the survey as absolutely no names are needed from either company or employee.

The survey will involve various different questions that will ask the participants their knowledge of WHP programs as well as scales from 1-10 on how they feel health promotion can decrease stress and absenteeism in the workplace as well as promote productivity. At anytime i can email a draft of the survey to you to view it if necessary.

Thanks very much for you time,

Dean

Appendix 2: Online Survey

Welcome to My Survey

Hi my name is Dean Leonard and I am inviting you to take part in a short survey to help me in my chosen research project. I am currently researching for my Masters Degree in Human Resource Management in the National College of Ireland. The area I have chosen to research is Workplace Health Promotion programs and their affects on stress related absenteeism. Along with this main area of research I will also be looking at the possibility that workplace health promotion programs can also enhance productivity as well as reducing presenteeism in the workplace.

The survey will involve various different questions that will evaluate participants knowledge of Workplace Health Promotion programs as well as matrix scales from 1-5 (strongly disagree to strongly agree) on how they feel health promotion can decrease stress and absenteeism in the workplace as well as promote productivity. The questions will be based around workplace health promotion, Employee work conditions, employee stress, absenteeism, and presenteeism

I would just like to stress that this survey is 100% voluntary and at no point should the participants feel as though they are pressured into taking part. It is important to note that if the participants feel as though the questions in the survey are too delicate for them then they can stop at any time and abort the procedure. If you wish to take part in the survey you will be asked to consent below.

If you have any further questions or concerns please contact me at deanleonard26@gmail.com or you can contact the supervisor of this study Jonathan Britton

* 1. Please select 'Yes' if you are willing to participate in this survey

Yes

2. Sex

- Male
- Female

3. What is your age?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

4. What is the Average amount of hours worked by you each week ?

- 10-20
- 20-30
- 30-40
- 40-50
- 50+

5. To your knowledge, what types of health promotion activities does your company offer? (Check all that may apply)

- Onsite gym or subsidised membership to gym nearby
- Health Food options
- Onsite or on call counsellor
- Health Screening (Blood Pressure, Cholesterol, BMI Checks)
- Exercise during lunch break
- GP Visits
- My Company does not have any of these services

6. How many days have you been absent in the current calendar year ?

- 0
- 1
- 2
- 3
- 4
- 5+

7. Please answer the following questions measured on a scale of 1 (Strongly Disagree) to 5 (Strongly agree)

	Strongly disagree	Disagree	Undecided	Agree	Strongly Agree
I avail of as many workplace health promotion programs as I can	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often feel stressed in the workplace due to increased workload or pressure to perform	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't take breaks so i can catch up on my work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have called in sick or considered calling in sick as a result of stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I have an increase in stress it has a negative affect on my performance at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My past absences could have been avoided if i engaged in a workplace health promotion program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Have you ever experienced presenteeism in the workplace?

Presenteeism can be described as the opposite of absenteeism in which instead of an employee being absent they are present and accounted for in work but due to ill health, physically or mentally, the employee's productivity in the workplace is low.

- Yes
- No
- I don't know

9. Please answer the following questions measured on a scale of 1 (Strongly Disagree) to 5 (Strongly agree)

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
Your company offers you various different Workplace health promotion (WHP) programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You are more inclined to apply for a job in a company that has an active WHP program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A good WHP program is one of the main reasons why you work at your current company	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work is hard enough without having to do extra curricular activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A WHP program is an effective way of improving an employer brand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A WHP program would cost too much and be a waste of time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WHP programs should be incorporated into every company where possible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A WHP program can be effective in decreasing employee stress ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
A WHP program have many positive impact on a persons mental health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A WHP program can be effective in decreasing employee absenteeism ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A WHP program can be effective in decreasing employee presenteeism ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A WHP program can be effective at increasing employee productivity ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. How likely would you be to participate in the following (Check all that may apply)

- Stress management program
- Healthy eating program
- Health Screening (blood pressure, BMI etc.)
- Individual health management (Gym, Exercise)
- Group health improvement sessions
- Counselling session (either onsite or house call)
- I don't want to participate in any extra activity in work

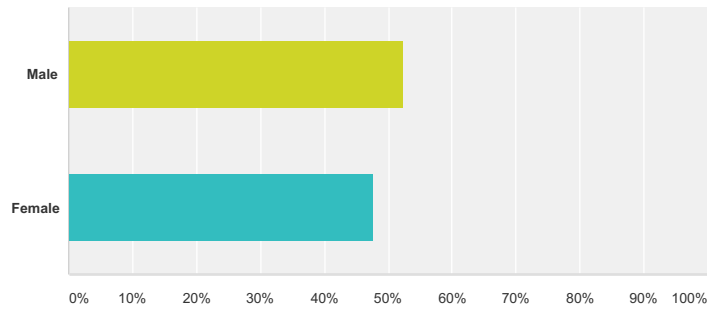
Appendix 3: Survey Monkey Results

Workplace Health Promotion and its impact on Stress Related Absenteeism

SurveyMonkey

Q2 Sex

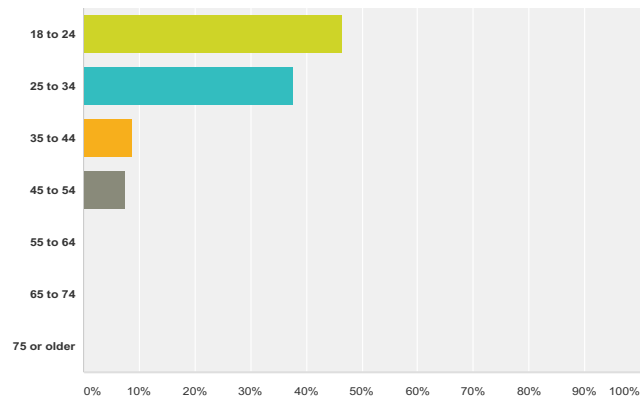
Answered: 80 Skipped: 0



Answer Choices	Responses	Count
Male	52.50%	42
Female	47.50%	38
Total		80

Q3 What is your age?

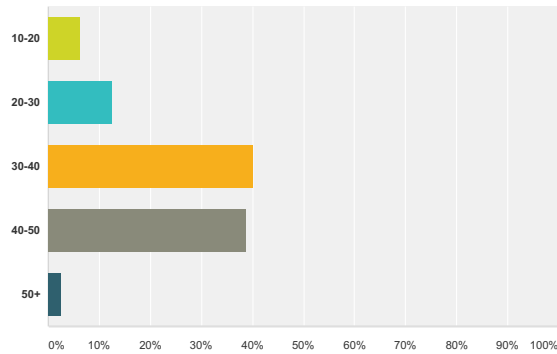
Answered: 80 Skipped: 0



Answer Choices	Responses	Count
18 to 24	46.25%	37
25 to 34	37.50%	30
35 to 44	8.75%	7
45 to 54	7.50%	6
55 to 64	0.00%	0
65 to 74	0.00%	0
75 or older	0.00%	0
Total		80

Q4 What is the Average amount of hours worked by you each week ?

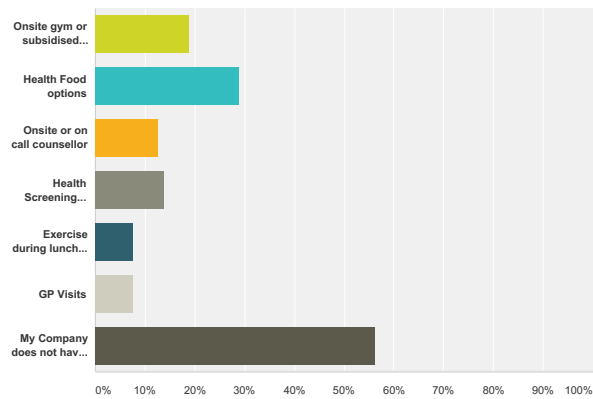
Answered: 80 Skipped: 0



Answer Choices	Responses	Count
10-20	6.25%	5
20-30	12.50%	10
30-40	40.00%	32
40-50	38.75%	31
50+	2.50%	2
Total		80

Q5 To your knowledge, what types of health promotion activities does your company offer? (Check all that may apply)

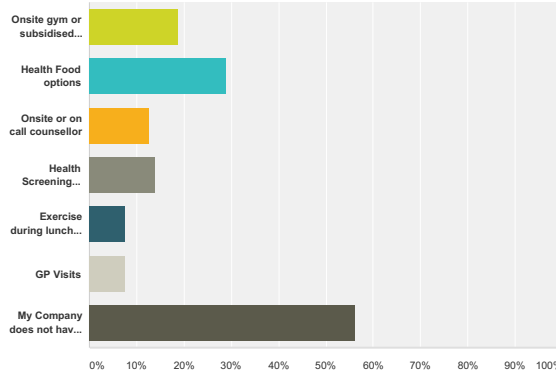
Answered: 80 Skipped: 0



Answer Choices	Responses	Count
Onsite gym or subsidised membership to gym nearby	18.75%	15
Health Food options	28.75%	23
Onsite or on call counsellor	12.50%	10
Health Screening (Blood Pressure, Cholesterol, BMI Checks)	13.75%	11
Exercise during lunch break	7.50%	6
GP Visits	7.50%	6
My Company does not have any of these services	56.25%	45
Total Respondents: 80		

Q5 To your knowledge, what types of health promotion activities does your company offer? (Check all that may apply)

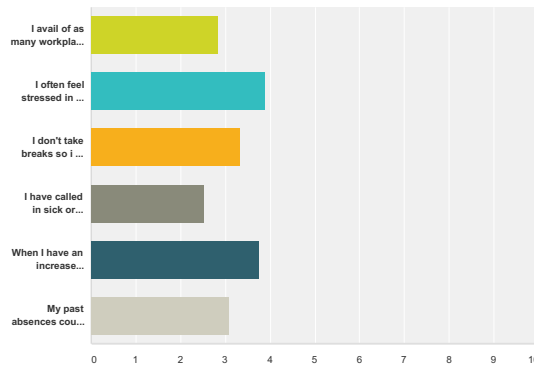
Answered: 80 Skipped: 0



Answer Choices	Responses
Onsite gym or subsidised membership to gym nearby	18.75% 15
Health Food options	28.75% 23
Onsite or on call counsellor	12.50% 10
Health Screening (Blood Pressure, Cholesterol, BMI Checks)	13.75% 11
Exercise during lunch break	7.50% 6
GP Visits	7.50% 6
My Company does not have any of these services	56.25% 45
Total Respondents: 80	

Q7 Please answer the following questions measured on a scale of 1 (Strongly Disagree) to 5 (Strongly agree)

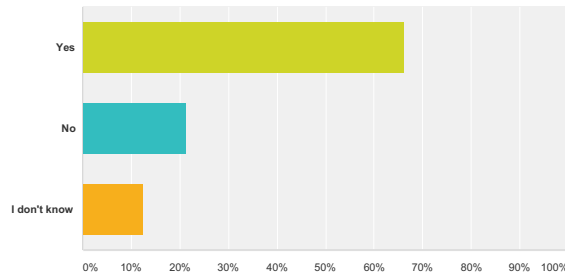
Answered: 80 Skipped: 0



	Strongly disagree	Disagree	Undecided	Agree	Strongly Agree	Total	Weighted Average
I avail of as many workplace health promotion programs as I can	31.65% 25	8.86% 7	18.99% 15	25.32% 20	15.19% 12	79	2.84
I often feel stressed in the workplace due to increased workload or pressure to perform	0.00% 0	15.00% 12	5.00% 4	56.25% 45	23.75% 19	80	3.89
I don't take breaks so I can catch up on my work	10.00% 8	23.75% 19	5.00% 4	46.25% 37	15.00% 12	80	3.33
I have called in sick or considered calling in sick as a result of stress	31.25% 25	31.25% 25	3.75% 3	21.25% 17	12.50% 10	80	2.52
When I have an increase in stress it has a negative effect on my performance at work	1.25% 1	17.50% 14	10.00% 8	47.50% 38	23.75% 19	80	3.75
My past absences could have been avoided if I engaged in a workplace health promotion program	11.54% 9	21.79% 17	23.08% 18	33.33% 26	10.26% 8	78	3.09

Q8 Have you ever experienced presenteeism in the workplace?
Presenteeism can be described as the opposite of absenteeism in which instead of an employee being absent they are present and accounted for in work but due to ill health, physically or mentally, the employee's productivity in the workplace is low.

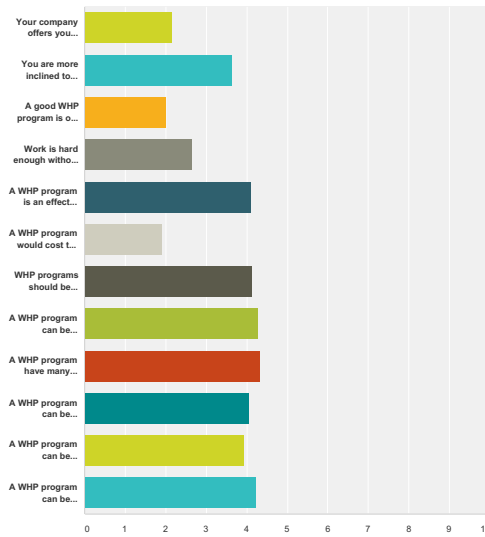
Answered: 80 Skipped: 0



Answer Choices	Responses
Yes	66.25% 53
No	21.25% 17
I don't know	12.50% 10
Total	80

Q9 Please answer the following questions measured on a scale of 1 (Strongly Disagree) to 5 (Strongly agree)

Answered: 80 Skipped: 0



	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Total	Weighted Average
Your company offers you various different Workplace health promotion (WHP) programs	42.50% 34	26.25% 21	7.50% 6	18.75% 15	5.00% 4	80	2.17
You are more inclined to apply for a job in a company that has an active WHP program	2.50% 2	20.00% 16	17.50% 14	32.50% 26	27.50% 22	80	3.63
A good WHP program is one of the main reasons why you work at your current company	35.44% 28	39.24% 31	16.46% 13	7.59% 6	1.27% 1	79	2.00
Work is hard enough without having to do extra curricular activities	12.50% 10	45.00% 36	13.75% 11	22.50% 18	6.25% 5	80	2.65

Workplace Health Promotion and its impact on Stress Related Absenteeism

SurveyMonkey

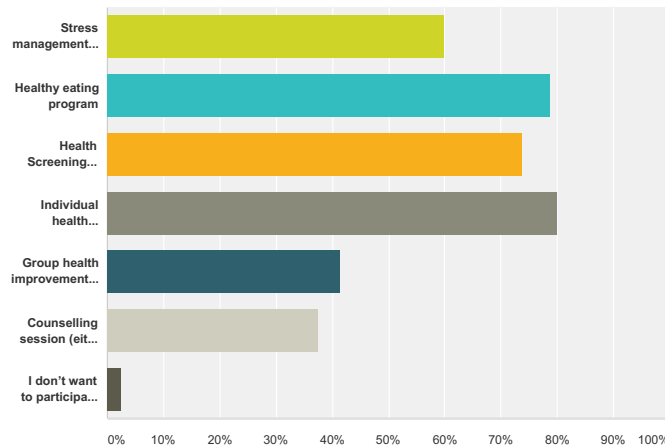
A WHP program is an effective way of improving an employer brand	1.25% 1	1.25% 1	11.25% 9	57.50% 46	28.75% 23	80	4.11
A WHP program would cost too much and be a waste of time	32.50% 26	46.25% 37	20.00% 16	1.25% 1	0.00% 0	80	1.90
WHP programs should be incorporated into every company where possible	1.25% 1	1.25% 1	10.00% 8	58.75% 47	28.75% 23	80	4.13
A WHP program can be effective in decreasing employee stress ?	0.00% 0	0.00% 0	3.75% 3	63.75% 51	32.50% 26	80	4.29
A WHP program have many positive impact on a persons mental health?	1.25% 1	0.00% 0	6.25% 5	50.00% 40	42.50% 34	80	4.33
A WHP program can be effective in decreasing employee absenteeism ?	0.00% 0	2.50% 2	12.50% 10	62.50% 50	22.50% 18	80	4.05
A WHP program can be effective in decreasing employee presenteeism ?	0.00% 0	3.75% 3	21.25% 17	52.50% 42	22.50% 18	80	3.94
A WHP program can be effective at increasing employee productivity ?	0.00% 0	0.00% 0	3.75% 3	68.75% 55	27.50% 22	80	4.24

Workplace Health Promotion and its impact on Stress Related Absenteeism

SurveyMonkey

Q10 How likely would you be to participate in the following(Check all that may apply)

Answered: 80 Skipped: 0



Answer Choices	Responses
Stress management program	60.00% 48
Healthy eating program	78.75% 63
Health Screening (blood pressure, BMI etc.)	73.75% 59
Individual health management (Gym, Exercise)	80.00% 64
Group health improvement sessions	41.25% 33
Counselling session (either onsite or house call)	37.50% 30
I don't want to participate in any extra activity in work	2.50% 2
Total Respondents: 80	

Appendix 4: SPSS Statistics

Cronbach's Alpha Reliability

		N	%
Cases	Valid	78	97.5
	Excluded ^a	2	2.5
	Total	80	100.0

Cronbach's Alpha	N of Items
.638	5

		N	%
Cases	Valid	79	98.8
	Excluded ^a	1	1.3
	Total	80	100.0

Cronbach's Alpha	N of Items
.458	12

Age Category

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-24	37	46.3	46.3	46.3
	25-34	30	37.5	37.5	83.8
	35-44	7	8.8	8.8	92.5
	45-54	6	7.5	7.5	100.0

Hypothesis 1

Hypothesis Test Summary

	Null Hypothesis	Test	Sig.	Decision
1	The distribution of how many days absent in calender year is the same across categories of My Company does not have any of these services.	Independent-Samples Kruskal-Wallis Test	.220	Retain the null hypothesis.

Asymptotic significances are displayed. The significance level is .05.

Hypothesis 2

Hypothesis Test Summary

	Null Hypothesis	Test	Sig.	Decision
1	The distribution of My past absences could have been avoided if i engaged in a workplace health promotion program is the same across categories of My Company does not have any of these services.	Independent-Samples Kruskal-Wallis Test	.175	Retain the null hypothesis.

Asymptotic significances are displayed. The significance level is .05.

Paired Samples Correlations

Pair		N	Correlation	Sig.
1	My Company does not have any of these services & My past absences could have been avoided if i engaged in a workplace health promotion program	78	.153	.180

		Mean	Std. Deviation	Std. Error Mean	t	df	sig
Pair 1	My Company does not have any of these services - My past absences could have been avoided if i engaged in a workplace health promotion program	-2.526	1.224	.139	-18.217	77	.000

Sub Hypothesis

		My past absences could have been avoided if i engaged in a workplace health promotion program				
		Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
Gender	Male	4	8	8	16	5
	Female	5	9	10	10	3
Total		9	17	18	26	8

Hypothesis 3

Hypothesis Test Summary

	Null Hypothesis	Test	Sig.	Decision
1	The distribution of I often feel stressed in the workplace due to increased workload or pressure to perform is the same across categories of My Company does not have any of these services.	Independent-Samples Mann-Whitney U Test	.140	Retain the null hypothesis.

Asymptotic significances are displayed. The significance level is .05.

		My Company does not have WHP Program	I feel stressed in the workplace
My Company does not have any of these services	Pearson Correlation	1	.136
	Sig. (2-tailed)		.228
I feel stressed in the workplace due to increased workload or pressure to perform	Pearson Correlation	.136	1
	Sig. (2-tailed)	.228	