

Ekonomski učinki finančnih investicij v promocijo zdravja in dobrega počutja zaposlenih v delovnem okolju

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IZVLEČEK

Stanje razmer v organizaciji se lahko zaznava, meri in predstavlja z različnih vidikov – tudi z vidika varnega in zdravega delovnega okolja. Učinki takšnega delovnega okolja se odražajo na zaposlenih oziroma na njihovem zdravju in počutju ter na rezultatih dela. Vloga zdravja in dobrega počutja zaposlenih v delovnem okolju je pomembna, saj pomeni eno ključnih determinant, ki vplivajo na uspešnost organizacije na eni strani in na drugi strani na prisotnost oziroma odsotnost zaposlenih z dela ter na drugo čustveno dožemanje dela in organizacije zaposlenih. Članek se osredotoča na predstavitev raziskav, projektov oziroma dobrih praks s področja izvajanja promocije zdravja in dobrega počutja zaposlenih v delovnem okolju, s ciljem predstaviti rezultate raziskav in projektov o donosnosti finančnih investicij v promocijo zdravja in dobrega počutja zaposlenih v delovnem okolju ter predstaviti dobre prakse s tega področja. Rezultati proučevanja kažejo, da obstajajo številni primeri projektov oziroma programov izvajanja promocije zdravja in dobrega počutja zaposlenih v delovnem okolju in so finančni učinki vloženih finančnih sredstev v zdravje in dobro počutje zaposlenih dolgoročno donosni. Slednje se odraža zlasti v zmanjšanju števila izgubljenih delovnih dni, kar je neposredno posledica boljšega zdravja in dobrega počutja zaposlenih v delovnem okolju.

Ključne besede: zdravstveni absentizem, promocija zdravja in dobrega počutja, zaposleni, delovno okolje, finančni učinki

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1 Uvod

Dolgoročni življenjski standard državljanov na dolgi rok določa produktivnost delovne sile. Države, ki na dolgi rok z ukrepi ekonomske politike in kakovostjo institucij dosežejo visoko stopnjo rasti produktivnosti, dosežejo višji realni dohodek na prebivalca in posledično višji življenjski standard. Čeprav se ekonomska literatura v veliki meri osredotoča na identifikacijo ter analizo dejavnikov, ki bodisi spodbujajo bodisi zavirajo rast produktivnosti,

se učinki kakovostnega delovnega okolja na zdravje zaposlenih in posledično rast delovne produktivnosti ugotavljajo v bistveno manjši meri, čeprav so osrednjega pomena za zdravje in storilnost zaposlenih na delovnem mestu. Slabše zdravstveno stanje in počutje delovno aktivnega prebivalstva na eni strani lahko zmanjšuje storilnost zaposlenih ter na drugi strani zmanjšuje razpoložljivo ponudbo delovne sile na račun kratkoročnih in dolgoročnih bolniških odsotnosti z delovnega mesta ter zgodnjega upokojevanja. Slednja faktorja pa direktno obremenjujeta javnofinančne blagajne ter onemogočata javnofinančno konsolidacijo kot enega izmed gradnikov ekonomske politike. Pri tem se postavlja vprašanje, v kolikšni meri lahko mehanizmi, ki temeljijo na ekonomskih spodbudah, stimulirajo zasebni in javni sektor za vlaganje v zdravje in dobro počutje zaposlenih kot elementa zdravstvenega kapitala, saj ocenjeni stroški psihičnih bolezni in depresivnosti predlagajo, da trenutno stanje delovnega okolja v državah Evropske unije v nezadostni meri zagotavlja skrb za zdravo in varno delovno okolje, kar se odraža v visokih stroških za delodajalce, javnofinančni sistem in širše okolje.

Članek ima naslednje cilje: (1) predstaviti rezultate raziskav in projektov o promociji zdravja in dobrega počutja zaposlenih v delovnem okolju z namenom identifikacije dejavnikov, ki stimulirajo zdravje, dobro počutje in storilnost delovno-aktivne populacije in (2) prikazati finančne vidike izvajanja promocije zdravja in dobrega počutja v delovnem okolju s ciljem ustvariti boljše in vitalnejše delovno okolje. Temeljni namen članka je na podlagi teoretičnih ugotovitev, analiz dobrih praks in empiričnih rezultatov raziskav, predstaviti uspešnost finančnih vlaganj v aktivnosti za promocijo zdravja in dobrega počutja zaposlenih v delovnem okolju.

Članek je strukturiran tako, da je v prvem delu predstavljen pomen zdravja in dobrega počutja zaposlenih v delovnem okolju. V drugem delu je predstavljena analiza raziskav, projektov oziroma dobrih praks s področja promocije zdravja zaposlenih in oblikovanja boljšega delovnega okolja. V nadaljevanju so nato navedeni rezultati ekonomskih učinkov (vidiki) finančnih vlaganj v izvajanje aktivnosti za promocijo zdravja in dobrega počutja zaposlenih v delovnem okolju. V četrtem poglavju so predstavljene dobre prakse finančnih investicij v promocijo zdravja in dobrega počutja. V zaključku so podane ključne teze.

2 Pomen promocije zdravja in dobrega počutja zaposlih v delovnem okolju

Zaposleni, ki so zdravi in se dobro počutijo v delovnem okolju, so izziv in cilj, h kateremu stremi vse več organizacij in pri tem jih lahko spodbuja tudi država (po Nordenfelt, v: Backstrom, 2006, str. 33). Rezultati takšnega videnja oziroma razmišljanja se odražajo tudi z povečanim številom projektov in raziskav o zdravju in dobrem počutju zaposlenih v delovnem okolju ter z uvajanjem rešitev v praksi. Trendu povečanega zanimanja in ureditve področja zdravja in dobrega počutja zaposlenih v delovnem okolju sledi tudi normativni

vidik, saj se pojavljajo številne nove pravne norme, ki oblikujejo in določajo področje zdravja in dobrega počutja zaposlenih.

Skrb za zdravje in dobro počutje zaposlenih izvajajo delodajalci in država z aktivnostmi promocije zdravja in dobrega počutja. Pri tem je po mnenju Chuja (2000, str. 156) in drugih treba pojasniti, da pomeni delovno okolje enega najpomembnejših dejavnikov, ki vplivajo na telesno, duševno, ekonomsko in socialno blagostanje (počutje) zaposlenih, njihovih družin in tudi družbe. Glede na to delovno okolje tudi ponuja pomembno infrastrukturno obliko za izvajanje promocije zdravja in hkrati vpliva na številne druge faktorje, ki niso povezani z delom.

Promocija zdravja v delovnem okolju pomeni vlaganje skupnih naporov delodajalcev, zaposlenih in družbe (države) za izboljšanje zdravja in dobrega počutja zaposlenih v delovnem okolju (OSHA, 2010). Pri tem Health and Safety Authority – HSA (2010) poudarja, da gre pri promociji zdravja v delovnem okolju tudi za aktivnosti, ki v bistvu presegajo nekatere okvire, ki jih opredeljuje zakonodaja na področju varnosti in zdravja. Chu (2000, str. 156) in drugi pojasnjujejo, da se je promocija zdravja v začetku 80. let 20. stoletja osredotočala predvsem na t. i. »wellness« programe (npr. skrb za zdravo prehrano, izobraževanja o obvladovanju stresa, razgibavanje hrbtenice, itd.). V sodobnem času pa se je nato razvoj promocije zdravja na delovnem mestu preusmeril v multidimenzionalno razumevanje vsebine, saj je vključil tudi holistični pristop in izhajajoč iz tega so danes številni programi, ki so usmerjeni v izvajanje promocije zdravja, postali integralni del organizacijske kulture.

Pri promociji zdravja in dobrega počutja zaposlenih v delovnem okolju gre za proces informiranja, usposabljanja, izpopolnjevanja znanja ter izvajanja nadzora na področju zdravja zaposlenih, s ciljem doseči optimalno zdravje in počutje zaposlenih. Z aktivnostmi promocije zdravja in dobrega počutja lahko delodajalci in država vplivajo na zaposlene, da zaposleni dosežejo cilj »biti zdrav in se dobro počutiti«. Verdnikova in drugi (2011, str. 19) menijo, da imajo »največ koristi od promocije zdravja in dobrega počutja zaposlenih v delovnem okolju brez dvoma zaposleni«. Zaradi bolj zdravega vedenja in upadanja težav z zdravjem (v delovnem in bivalnem okolju – vzorce zdravega načina dela in življenja številna delovna populacija prenaša na vse prebivalstvo) se duševna in telesna blaginja povečujeta, stališče do dela pa izboljšuje. Od tega imajo korist tudi zdravstvene zavarovalnice, torej vlaganje v zdravje in dobro počutje zaposlenih koristi prav vsem (celotni družbi).

Prednosti izvajanja promocije zdravja in dobrega počutja zaposlenih v delovnem okolju za organizacije so:

- učinek promocije zdravja v delovnem okolju je dolgoročno znižanje kazalnikov negativnega zdravja (bolniškega dopusta, poškodb pri delu, poklicnih bolezni, invalidnosti);
- promocija zdravja v delovnem okolju poveča motivacijo zaposlenih in izboljšuje delovno ozračje (izboljššan odnos slehernega zaposlenega

do dela, delovnega okolja, menedžmenta, podjetja). Posledice so večja fleksibilnost, bolj odprta komunikacija in večja pripravljenost sodelovati v organizaciji;

- promocija zdravja v delovnem okolju vodi do večje dodane vrednosti tako, da prispeva k večji kakovosti izdelkov in storitev, večji inovativnosti in ustvarjalnosti ter k večji delovni storilnosti (večji zaslužek lastnika in posledično tudi zaposlenih);
- promocija zdravja v delovnem okolju je tudi dejavnik prestiža, saj prispeva k izboljšani javni podobi organizacije (humanizacija dela in delovnega okolja, večja skrb za zaposlene in okolje – vse to daje organizaciji tudi večjo vrednost na trgu, večjo konkurenčnost in kakovost poslovanja).

Pozitivni učinki, ki so povezani z izvajanjem promocije zdravja in dobrega počutja zaposlenih v delovnem okolju, so številni. Po podatkih OSHA (2010, str. 1) promocija zdravja in dobrega počutja v delovnem okolju prispeva k boljšemu zdravju in počutju zaposlenih. Zdravje in dobro počutje zaposlenih pa glede na podatke Eurofounda (2011) pomembno vplivata na uspešnost organizacije, na zmanjšanje zdravstvenega absentizma in fluktuacije, večjo zadovoljstvo zaposlenih, itd. Rezultati raziskave Eurofounda (2011) so tudi pokazali, da so v številnih organizacijah zaradi boljšega zdravja in počutja zaposlenih zvišali produktivnost celo za 20 odstotkov. V literaturi se pogosto kot najpomembnejši pozitivni učinek izvajanja promocije zdravja v delovnem okolju poudarja predvsem zdravstveni absentizem, ki ga v članku opredelimo kot tisti čas, ko zaposleni ne delajo, oziroma so nezmožni za opravljanje dela zaradi bolezni, poškodb ali nege družinskega člana in takšna odsotnost traja omejeno obdobje (glej Buzeti, 2015). Kadar so zaposleni manj odsotni z dela zaradi bolezni oziroma poškodb, se pozitivne posledice takšnega stanja kažejo delodajalcem tudi s finančnega vidika, saj jim ni treba izplačevati denarnih nadomestil za plače ali nadomestne zaposlene, itd. K takšnemu stanju se lahko vsekakor prispeva tudi z aktivnostmi promocije zdravja v delovnem okolju. Številne pozitivne učinke izvajanja promocije zdravja v delovnem okolju izpostavlja tudi Svetovna zdravstvena organizacija (WHO), saj poudarja, da imajo od tega koristi zlasti (WHO, 2016):

- delodajalci: pozitivna podoba organizacije, izboljšanje morale zaposlenih, zmanjšanje absentizma in fluktuacije, povečanje produktivnosti, zmanjšanje zdravstvenih stroškov, itd.;
- zaposleni: delo v varnem in zdravem delovnem okolju, izboljšanje samospoštovanja, zmanjšanje stresa, izboljšanje morale, povečanje zadovoljstva na delu in izboljšanje spretnosti za lastno zdravje ter občutka za dobro počutje.

Promocija zdravja v delovnem okolju in s tem povezana skrb za zdravje in dobro počutje zaposlenih sta torej immanentno pomembni – toda to ni samo formalna in normativna obveznost, za katero so odgovorni delodajalci in država, ampak je skrb za zdravje in dobro počutje predvsem osnovna in

temeljna naloga slehernega zaposlenega. V želji, da se doseže cilj, »biti zdrav in se dobro počutiti v delovnem okolju«, morajo torej zraven delodajalcev in države (družbe) sodelovati tudi zaposleni.

3 Analiza raziskav s področja promocije zdravja in dobrega počutja zaposlenih v delovnem okolju

V delovnem okolju izvajajo številni delodajalci aktivnosti s področja promocije zdravja in dobrega počutja zaposlenih v delovnem okolju. V nadaljevanju (glej tabela 1) predstavljamo nekatere primere raziskav, ki so analizirale dobre prakse in projekte.

Tabela 1: Raziskave in projekti s področja promocije zdravja v delovnem okolju

Raziskava (avtorji)	Področje (dejavnost)	Aktivnosti za promocijo zdravja in dobrega počutja zaposlenih	Učinki promocije zdravja in dobrega počutja zaposlenih v delovnem okolju
Aldana et al. (2005)	Izobraževanje (osnovne in srednje šole)	Washoe County School District Wellness (11 različnih aktivnosti za spodbujanje dobrega počutja in zdravega življenja) – 2 leti (6246 zaposlenih).	– zmanjšanje absentizma (pri zaposlenih, ki so bili vključeni v program), – dobri finančni učinki za delodajalca.
Collins et al. (2005)	Kemijska industrija (podjetje Dow Chemical Company)	Preprečevanje psihičnih in fizičnih obolenj ter odvisnosti od kajenja in pitja alkohola.	– nižji zdravstveni absentizem, – povečanje psihofizičnih sposobnosti za delo, – zmanjšanje stroškov dela in finančnih izdatkov za nadomestila plač odsotnim zaposlenim.
Marshall (2004)	Javne agencije, bolnišnice, univerze, predelovalna industrija	Intervencije za spodbujanje fizične aktivnosti na delovnem mestu s fitnes napravami.	– statistično značilno zmanjšanje zdravstvenega tveganja za razvoj rizičnih psihičnih in fizičnih bolezni.
EU-OSHA (2015)	Podjetje Siemens	Ukrepi za zmanjšanje stresa (LiB – Life in Balance).	– zmanjšanje absentizma, – večja izobraženost zaposlenih.

Vir: lasten pregled na podlagi virov, navedenih v tabeli

V tabeli 1 so predstavljene nekatere raziskave oziroma projekti s področja promocije zdravja in dobrega počutja zaposlenih. Opis in rezultati raziskav oziroma projektov so v nadaljevanju predstavljeni bolj podrobno.

1. raziskava. Aldana in drugi (2005) so v sklopu svoje raziskave opravili analizo primera promocije zdravja zaposlenih na delovnem mestu v nekaterih srednjih in osnovnih šolah (izobraževalnem sistemu) v okraju Washoe County v zvezni deželi Nevada. Cilj raziskave je bila stimulacija zdravega načina življenja zaposlenih kot način spodbujanja produktivnosti na delovnem mestu, pri čemer so rezultati pokazali, da fizična neaktivnost zaposlenih vodi do nižje delovne storilnosti in višjih stroškov zdravstvene oskrbe. Programa »Washoe County School District Wellness Program« je trajal dve leti, pri čemer je program proučeval obseg stroškov zdravstvene oskrbe zaposlenih ter stopnje absentizma med letoma 2001 in 2002. Program promocije zdravja in dobrega počutja zaposlenih v delovnem okolju je vključeval enajst različnih aktivnosti za spodbujanje dobrega in vitalnega počutja ter zdravega življenjskega sloga. Ključne strukturne komponente programa so vključevale spodbujanje čiščenja

zob vsaj dvakrat na dan, izgube telesne teže med zahvalnim dnevom in novim letom, pitja vode na delovnem mestu in preprečitve dehidracije, preživljanja prostega časa stran od gledanja televizije, zdrave prehrane na delovnem mestu, fitnes aktivnosti na delovnem mestu, zadostne količine spanja, udeležbe v organiziranem triatlonu, dnevno branje literature ter stimulacijo dnevne fizične aktivnosti v razponu vsaj trideset minut dnevno (pet dni v tednu). Rezultati večletnega eksperimenta so pokazali, da se na kratek rok stroški zdravstvene oskrbe med udeleženci in neudeleženci programa ne razlikujejo v bistveni meri, medtem ko je za udeležence v programu statistično značilna nižja stopnja absentizma. Z vidika delodajalca so bili učinki programa na kratek rok omejeni, vendar so bili finančno ugodni na dolgi rok, predvsem z zmanjšano pojavnostjo kroničnih bolezni in s tem povezanim zmanjšanjem absentizma. Medtem ko študija podatkov o stroških programa ni razkrila, rezultati dokazujejo, da je program zmanjšal stroške absentizma za 2.297 milijona evrov na leto v obdobju 2001/2002 pri čemer analiza stroškov in koristi razkriva, da so ekonomske koristi znašale »15,6 USD na vsak ameriški dolar« investicije v wellness program, kar potrjuje visoko stopnjo realnega donosa investicije v spodbujanje zdravja zaposlenih na delovnem mestu.

2. raziskava. Collins in drugi (2005) so v sklopu svoje raziskave proučevali program vlaganja v zdravje zaposlenih v velikem podjetju v ameriški kemijski industriji z namenom določitve in ocene celotnih stroškov kroničnih psihofizičnih bolezni zaposlenih v ZDA za podjetje Dow Chemical Company. Metodologija ocenjevanja stroškov je temeljila na t. i. Stanfordski lestvici prezentizma, ki meri izostalo fizično produktivnost zaposlenih na delovnem mestu zaradi psihične izčrpanosti in nezmožnosti za delo. Informacije o zaposlitvenih, fizičnih in bolezenskih stanjih zaposlenih so bili zbrane na petih različnih lokacijah in so temeljile na lastnih in prostovoljnih pričevanjih zaposlenih o njihovem psihičnem, fizičnem in bolezenskem stanju. Pridobljeni anketni podatki so bili združeni s kontrolnimi spremenljivkami, kot so demografske značilnosti zaposlenih, zdravstvene in farmacevtske zahteve, informacije o kadilskih navadah, biometričnem proučevanju zdravstvenega tveganja, plači ter delovnem mestu. Kar 65 odstotkov anketirancev je poročalo o vsaj enem tipu kroničnih fizičnih in psihičnih bolezni, kot so alergije, artritis, togost ter bolečine v hrbtenici in vratnih predelih. Stopnja zdravstvenega absentizma v vzorcu zaposlenih po kroničnih boleznih je nihala med 0,9 ter 5,4 delovnih ur v štiritedenskem delavniku. Zaradi bolezenskih stanj so zaposleni v Dow Chemical Company utrpeli upad zmožnosti za učinkovito funkcioniranje na delovnem mestu reda velikosti med 17,8 odstotka ter 36,4 odstotka. Celotni strošek kroničnih bolezni je bil 10,7 odstotkov stroškov dela, pri čemer je kar 6,8 odstotka pripisano zmanjšani zmožnosti za delo. Zaključki študije ugotavljajo, da stroški zmanjšanja uspešnosti pri delu v bistveni meri presegajo kombinirani strošek absentizma in posledične medicinske oskrbe za vse tipe kroničnih bolezni, ki so jih avtorji proučevali. Študija zato sklepa, da program za vlaganje v zdravje zaposlenih bistveno prispeva k zmanjšanju zdravstvenega absentizma, ki za proučevano podjetje povzroča največje stroške.

3. raziskava. Marshall (2004) poda pregled literature o ukrepih za spodbujanje fizične aktivnosti na delovnem mestu med leti 1997 in 2004 v dvaintridesetih študijah v različnih državah (npr. Japonska, ZDA, Anglija, itd.), in sicer v organizacijah kot so javne agencije, bolnišnice, univerze in predelovalna industrija. Jedro študije predstavljata izračun in identifikacija velikosti povprečnih učinkov programov za zdravje zaposlenih na fizično aktivnost. Strategije pri zasnovi programov so se usmerjale na zmanjšanje faktorjev tveganja z rednimi zdravstvenimi pregledi, izobraževanjem zaposlenih, motivacijskimi shemami za višjo fizično aktivnost in redno telesno vadbo. Avtorji ugotavljajo, da fitnes naprave na delovnem mestu uporabljajo zgolj zaposleni, ki že uživajo visoko stopnjo fizične aktivnosti ter da se fizična aktivnost zaposlenih lahko stimulira le z dodatnimi programi, ki imajo za namen izboljšanje vedenjskih spretnosti zaposlenih, in individualnim svetovanjem, ki dviguje stopnjo ozaveščenosti zaposlenih o prednostih fizične aktivnosti.

4. raziskava. EU-OSHA (2015) v svojem poročilu predstavlja raziskave oziroma primere dobrih praks na področju varnosti in zdravja pri delu. Med primere dobrih praks uvršča tudi primer podjetja Siemens v Belgiji. V mednarodni raziskavi, ki so jo opravili na področju zdravja in psihosocialnih tveganj, so ugotovili, da na lokalni ravni v Belgiji približno 16 % zaposlenih doživlja visoko stopnjo stresa. Kot posebna tveganja so bili opredeljeni neenakomeren ali dolg delovni čas, zaskrbljenost zaradi varnosti zaposlitve, posledice napak in intenzivnost dela. Oblikovali in uvedli so ukrep »Življenje v ravnovesju« (LiB – Life in Balance). Ukrep temelji na petih dejavnikih, ključnih za uspešno obvladovanje psihosocialnega tveganja in upravljanje virov: na ozaveščenosti, sodelovanju vodstva, komunikaciji, usposabljanju in programu za pomoč zaposlenim (EAP). LiB se kot pomemben del splošnega programa za upravljanje zdravja Fit@Work v Belgiji izvaja od leta 2013. Opredeljeni so bili dejavniki tveganja za izgorelost in stres ter visoko raven stigmatizacije, ki je povezana s temi težavami. Za ozaveščanje o teh težavah in njihovo destigmatizacijo je bil izdelan videoposnetek o izkušnjah prizadetega vodstvenega delavca, ki se je prostovoljno odločil spregovoriti o tej temi. Izdelana so bila tudi videonavodila, katerih namen je, da se drugim poslovnim enotam po svetu omogočita sprejetje podobnega pristopa ter razvoj izobraževalnih videoposnetkov. Rezultati, ki so jih dosegli, so bili, da se je do zaključka raziskave udeležilo izobraževanj na področju zdravja in dobrega počutja približno 10 % zaposlenih in da se je ob uvedbi programa Fit@Work močno znižala stopnja zdravstvenega absentizma, itd. (EU-OSHA, 2015).

Na podlagi analize raziskav in programov projektov s področja promocije zdravja in dobrega počutja zaposlenih ugotavljamo, da so najpogostejši učinki izvajanja promocije zdravja in dobrega počutja zaposlenih v delovnem okolju predvsem zmanjšanje števila nesreč, bolezni in poškodb, zmanjšanje zdravstvenega absentizma ter izboljšanje znanja in sposobnosti za lastno zdravje in dobro počutje.

4 Ekonomski učinki promocije zdravja in dobrega počutja zaposlenih v delovnem okolju

Ob aktivnostih oziroma dejavnikih za spodbujanje zdravja, dobrega počutja in posledično produktivnosti zaposlenih na delovnem mestu se postavlja vprašanje o ekonomskih učinkih¹ in uspešnosti tovrstnih programov. Izpad produktivnosti na delovnem mestu zaradi kratkoročne ali dolgoročne odsotnosti zaposlenih z dela in zmanjšanja zmožnosti za delo postavlja neposredno vprašanje o ekonomskih učinkih vlaganja v zdravje in dobro počutje zaposlenih oziroma v promocijo zdravja in dobrega počutja zaposlenih v delovnem okolju. Izhajajoč iz tega so bili pregledani nekateri projekti in raziskave s področja ekonomskih učinkov vlaganja (investiranja) finančnih sredstev v promocijo zdravja in dobrega počutja zaposlenih v delovnem okolju. Rezultate analize predstavljamo v nadaljevanju (tabela 2).

Tabela 2: Finančni učinki investiranja finančnih sredstev v promocijo zdravja

Organizacija in število zaposlenih	Vložena finančna sredstva	Vložena sredstva v program na zaposlenega	Pozitivne posledice vloženi sredstev	Finančni učinki vloženi sredstev	Finančni učinki na vloženi 1 €
Fleischerei Berufsgenossenschaft (FBG), Nemčija, 255.000 zaposlenih	8,32 mio € v 6 letih (2002–2007)	5,5 €/leto na zaposlenega	6000 manj nesreč v 6 letih – preprečitev nesreč	40,02 mio € v 6 letih na račun preprečenih nesreč	4,81 €
MATA Insurance, Farmers' Workers' Compensation Insurance, Finska, 110.000 zaposlenih	35,6 mio € v 6 letih (1998–2003)	53,94 €/leto na zaposlenega	5014 manj nesreč v 6 letih	36,08 mio € v 6 letih zgolj zaradi preprečitve nesreč	1,01 €
Ministry of Social Affairs and Employment, Ministry of Finance, Nizozemska, 4.370.000 zaposlenih	303 mio € v 8 letih (1999–2007)	14,44 €/leto na zaposlenega 3,61 €/leto na zaposlenega v štirih letih	Statistično značilna nižja stopnja zdravstvenega absenzizma	2,007 € mio prihrankov zaradi zmanjšane zdravstvenega absenzizma v primerjavi z referenčnimi panogami	3,00 €
Washoe County School District Nevada, ZDA, 6246 zaposlenih	Finančna sredstva, ki so bila vložena v program, niso predstavljena. (2001–2002)	Finančna sredstva, ki so bila vložena v program niso predstavljena.	Zmanjšanje stroškov zdravstvenega absenzizma v obdobju 2001–2002	2,297 mio € prihrankov zaradi zmanjšane zdravstvenega absenzizma	11,70 €
Zavarovalnica Triglav (Slovenija), več kot 2.000 zaposlenih	Finančna sredstva, ki so bila vložena v program, niso predstavljena. (leta 2008 so se pokazali prvi rezultati)	Finančna sredstva, ki so bila vložena v program niso predstavljena.	Zmanjšanje stroškov zdravstvenega absenzizma v obdobju 20011–2013	Znižanje stroškov zaradi zmanjšane zdravstvenega absenzizma za 8,6 % (140.000 €) v obdobju 2011–2013	/

Vir: lasten pregled na podlagi EU-OSHA (2015), Elsler et al. (2010), Aldana et al. (2005)

1 Raziskave kažejo, da je donosnost na en vloženi evro v promocijo zdravja in dobrega počutja zaposlenih v delovnem okolju izražena v donosnosti od 2,5 do 4,8 evrov zaradi manjših stroškov zdravstvenega absenzizma (OSHA, 2010).

V tabeli 2 so predstavljeni projekti in raziskave s področja ekonomskih učinkov finančnih investicij v promocijo zdravja in dobrega počutja zaposlenih v delovnem okolju. Opisi in rezultati raziskav oziroma projektov so v nadaljevanju bolj podrobno predstavljeni.

1. primer: Flesischerei Berufsgenossenschaft (FBG) – Nemčija

Študija učinkov ekonomskih spodbud za varnost in zdravje na delovnem mestu v zavarovalnem skladu za primer nesreč na delovnem mestu v mesarsko-predelovalni industriji v Nemčiji je potekala med leti 2002 in 2007. Celoten program je delodajalca v industriji stal 8.32 mio € v 6 letih. Za 225.000 zavarovanih zaposlenih je letni strošek zavarovanja na zaposlenega znašal 5,5 €/leto, medtem ko je dejanski bonus programa oz. zmanjšanje zavarovalne premije na zaposlenega znašal 14,06 €/leto. Od povprečnega dohodka so zavarovalni prispevki znašali 292,12 €/leto. Kasnejša evalvacija programa je pokazala, da je bilo na račun zavarovalne sheme preprečenih okoli 6000 nesreč v 6-letnem razdobju. Celoten obseg koristi ob upoštevanju potencialnih stroškov zdravljenja je znašal 40,02 € mio, kar v pomeni 4,81 € na 1 € investicij v program preprečevanja nesreč pri delu.

2. primer: MATA Insurance, Farmers' Workers' Compensation – Finska

Program za preprečevanje nesreč pri delu v kmetijski dejavnosti na Finskem je zajel 110.000 zaposlenih. Sistem zavarovanja pred nesrečo pri delu je v šestih letih trajanja programa (1998–2003) stal 35,6 mio €. Letno bi zaposleni pri zmanjšanju premije pridobil 53,94 € pri čemer bi obseg prispevkov znašal 217 € ter 42.92 € osnovnega plačila upravitelju programa in 1,3 % provizijo, ki je vezana na dohodek zaposlenega. Program zavarovanja pred nesrečami pri delu na Finskem je v obdobju šestih let trajanja programa skupaj preprečil 5014 delovnih nesreč. Skupaj se je obseg prihrankov zaradi zmanjšane števila nesreč in potencialnih stroškov zdravljenja povečal na 36,08 mio € v času trajanja programa oz. 1,01 € prihrankov na 1 € vložka v sistem zavarovanja.

3. primer: Ministry of Social Affairs and Employment, Ministry of Finance – Nizozemska

V programu spodbujanja zdravja in dobrega počutja v vladnih službah na ministrstvih za socialne zadeve in zaposlovanje ter za finance na Nizozemskem je skupaj sodelovalo več kot 4 mio zaposlenih, kar pomeni približno 52 % zaposlenih na Nizozemskem, saj je program zajel tudi podjetja v zasebnem sektorju, ki so prostovoljno sodelovala v programu. Celotni stroški programa, ki je trajal osem let (1999–2007), so znašali 303 mio €. Na zaposlenega je spodbuda za zmanjšanje zdravstvenega absentizma znašala potencialno korist v obsegu 14,44 € zaradi zmanjšanja zavarovalne premije v obdobju osmih let oz. 3,61 € v obdobju štirih let. Program se je financiral iz dveh virov in sicer 55 % prispevkov so plačali delodajalci iz preostalih sektorjev, medtem ko je 45 % prispevkov financirala vlada. Ex-post evalvacija programa je pokazala, da je program ne le finančno vzdržen, temveč tudi blagodejen do zaposlenih. Bolniška odsotnost iz dela je upadla za 28 % v panogah,

ki so sodelovale v programu, medtem ko se je v času šestih let zmanjšala za 11 % v panogah, ki niso sodelovale v programu. Ekonomska analiza programa za zmanjšanje zdravstvenega absentizma je pokazala, da prihranki obsega na račun zmanjšane stopnje zdravstvenega absentizma znašajo 2,7 € mld. več kot v panogah, ki niso sodelovale v programu, kar pomeni prihranek 3 € na 1 € vložka v program.

4. primer: Washoe County School District – Nevada (ZDA)

V primeru Washoe Country School District so izvajali program, s katerim so promovirali zdravje zaposlenih (npr. čiščenje zob, zmanjšanje telesne teže, pitje vode z namenom preprečitve dehidracije, zadostna količina spanja, dnevno branje literature). Posledice vlaganja finančnih sredstev v promocijo zdravja so se pokazale kot zmanjšanje števila izgubljenih delovnih dni (zdravstveni absentizem) in to zaradi boljšega zdravja in počutja ter boljšega načina življenja zaposlenih. Kljub temu, da finančna sredstva, ki so bila vložena v program, niso predstavljena, lahko na podlagi določenih predstavljenih podatkov ugotovimo, da je bil program stroškovno učinkovit in ekonomsko donosen, saj je ekonomska analiza pokazala, da so se stroški na račun absentizma zmanjšali za 2,3 mio evrov.

5. primer: Zavarovalnica Triglav – Slovenija

V zavarovalnici so opravili raziskavo o vzdušju v organizaciji in pri analizi rezultatov zaznali več psihosocialnih tveganj, ki so bila povezana s težavami pri vodenju in organizaciji dela, z domnevno nepravično obravnavo, neučinkovito komunikacijo ter neravnovesjem med poklicnim in zasebnim življenjem. Posledice so bile doživljanje stresa, izčrpanost in slabo delovno vzdušje. V želji, da bi izboljšali stanje in okrepili zdravje in počutje zaposlenih ter dosegli dolgoročne učinke na zdravje, zadovoljstvo in zavzetost vsakega zaposlenega ter boljše obvladovanje psihosocialnih tveganj, so oblikovali program »Triglav.smo«. Različni ukrepi programa so bili osredotočeni tako na zaposlene kot na vodstveno osebje (npr. izobraževanje o obvladovanju stresa, delovnih obremenitvah, izboljšanju komunikacije in odnosov na delovnem mestu, itd.). Na podlagi teh izboljšav pri poklicnem razvoju in vključenosti zaposlenega se je povečalo zadovoljstvo pri delu (po EU-OSHA, 2015). Analiza rezultatov uvedenega programa v podjetju kaže, da se ocena vzdušja v organizaciji izboljšuje. Ocene so se izboljšale zlasti pri kategorijah, povezanih z upravljanjem. Od leta 2008 se konstantno zmanjšuje tudi stopnja zdravstvenega absentizma in v obdobju 2011–2013 so se stroški zdravstvenega absentizma znižali za 8,6 % (141.000 €). Povečujeta se tudi zadovoljstvo in zavzetost zaposlenih in sodelovanje med enotami, oddelki in službami. Tudi število nezgod pri delu je majhno in se še vedno zmanjšuje (po EU-OSHA, 2015).

Analiza projektov (programov) promocije zdravja in dobrega počutja zaposlenih kaže, da je učinek tovrstnih programov večplasten. Prvič, promocija zdravja zaposlenih vodi do nižjega zdravstvenega absentizma

in višjega zdravja zaposlenih, kar neposredno odraža število preprečenih nesreč pri delu. In drugič, programi za promocijo zdravja in dobrega počutja zaposlenih so finančno vzdržni in pomenijo investicijo s predvidljivim in razmeroma visokim donosom, glede na prihranke obsega zaradi preprečitve delovnih nesreč ter stroške zdravstvene oskrbe, ki nastanejo pri nesrečah na delovnem mestu. Na podlagi slednjega lahko ugotovimo, da se finančne investicije v promocijo zdravja in dobro počutje zaposlenih delodajalcem dolgoročno finančno obrestujejo, saj rezultati kažejo, da se finančne investicije na en vloženi evro, delodajalcem v dolgoročnem obdobju povrnejo v višini od 1 evra do 11,7 evra (glej tabela 2).

5 Razprava

Promocija zdravja in dobrega počutja v organizaciji obsega širok nabor aktivnosti oziroma ukrepov, ki jih je treba smiselno uvajati v delovno okolje. V začetni fazi se pogosto zastavlja tudi vprašanje, kakšni so ekonomski učinki finančnih investicij v izvajanje aktivnosti za krepitev zdravja in dobrega počutja zaposlenih. Analiza raziskav in projektov, ki smo jo opravili, je pokazala, da se učinki programov s področja promocije zdravja in dobrega počutja zaposlenih odražajo zlasti kot zmanjšanje števila delovnih nesreč in bolezni ter s tem posledično nižja stopnja zdravstvenega absentizma in bolj »zdrava, vitalna« prisotnost zaposlenih na delovnem mestu.

Dobre prakse finančnega vlaganja v zdravje in dobro počutje zaposlenih sicer kažejo, da so finančne investicije zajeten zalogaj – toda dolgoročno se investicije obrestujejo. Ključni vir prihrankov izhaja zlasti iz zmanjšanja števila izgubljenih delovnih dni zaradi različnih primerov odsotnosti zaposlenih z dela, kar je neposredno posledica boljšega zdravja in dobrega počutja zaposlenih v delovnem okolju. Tako primer dobre prakse oziroma programa v organizaciji Flesischerei Berufsgenossenschaft (FBG) kaže, da je celotni program z aktivnostmi promocije zdravja zaposlenih v delovnem okolju v 6 letih stal 8,32 mio evrov. Finančni učinki so se pokazali na način, da je znašal celotni obseg koristi dobrih 40 mio evrov v obdobju 6 let oziroma na 1 vloženi evro je imela organizacija 4,81 evra koristi. Tudi primer programa spodbujanja zdravja in dobrega počutja v vladnih službah na ministrstvih za socialne zadeve in zaposlovanje ter za finance na Nizozemskem potrjuje, da so finančna investiranja v promocijo zdravja in dobrega počutja, smiselna. Na Nizozemskem so v obdobju 8 let investirali 303 mio evrov v promocijo zdravja in dobro počutje zaposlenih. Ekonomska analiza programa je pokazala, da se je zdravstveni absentizem zmanjšal in da so prihranki zaradi zmanjšane zdravstvenega absentizma znašali 2,7 milijarde evrov v obdobju 8 let, oziroma na 1 vloženi evro je bilo 3 evra koristi/prihranka.

Na podlagi rezultatov proučevanja ugotavljamo, da lahko delodajalci z izvajanjem aktivnosti promocije zdravja in dobrega počutja vplivajo na zdravje in boljše počutje zaposlenih in s tem posledično, kot kažejo raziskave, vplivajo

na zmanjšanje stroškov, ki so povezani z zdravstvenim absentizmom. Boljše počutje in zdravje zaposlenih ne le dviguje delovno storilnost temveč hkrati tudi zmanjšuje prisotnost stresnih dejavnikov, ki so poglavitna ovira za boljše počutje na delovnem mestu. Dodatni vir prihrankov programov za promocijo zdravja izhaja iz višje dobičkonosnosti poslovanja, kar je posledica boljšega zdravja in počutja ter splošne organizacijske klime na mikroekonomski ravni, kot to dokazuje primer podjetja Siemens na Nizozemskem.

6 Zaključek

Investicije v promocijo zdravja in dobro počutje zaposlenih in v zagotavljanje boljšega delovnega okolja predstavljajo specifično obliko človeškega kapitala in aktivnosti različnih akterjev, s ciljem spodbuditi in širiti zavest o zdravju in dobrem počutju zaposlenih in s tem spodbujati rast produktivnosti na delovnem mestu. Osrednja tendenca za vlaganje v tovrstno obliko krepitve produktivnosti je preprečitev nastanka različnih delovnih nesreč in psihofizičnih bolezni v delovnem okolju, ki vodijo v različne oblike bolezni kot so depresija, kronična utrujenost, stres, shizofrenija, itd. Pojav tovrstnih bolezni na eni strani načenja fizično produktivnost zaposlenih ter na drugi strani delodajalcem povzroča dodatne stroškovne obremenitve prek višjih prispevnih stopenj za obvezno zdravstveno zavarovanje. Pregled relevantne literature s področja investicij v izvajanje promocije zdravja zaposlenih omogoča raziskovalcem, snovalcem politik, zaposlenim in delodajalcem vpogled v primere dobrih praks, učinkovitost posameznih ukrepov za stimulacijo zdravja in dobrega počutja zaposlenih na delovnem mestu ter identifikacijo ključnih ukrepov, ki vplivajo na oblikovanje boljšega delovnega okolja in v relaciji s tem spodbujajo zdravje zaposlenih ter vodijo do višje stopnje rasti produktivnosti ter zadovoljstva zaposlenih na delovnem mestu. V pričujočem članku smo analizirali in predstavili strukturne in finančne značilnosti izbranih programov za spodbujanje zdravja in dobrega počutja zaposlenih v delovnem okolju. Pri pregledu študij ugotavljamo, da finančni učinki programov za promocijo zdravja variirajo odvisno od zasnove in časovnega razpona. Dobro zasnovana organizacija programa z veliko mero preglednosti in z merljivostjo učinkov je osrednji pogoj za visoko stopnjo donosa na investicijo, kot je spodbujanje zdravja zaposlenih.

Dr. Jernej Buzeti je zaposlen kot asistent na Fakulteti za upravo Univerze v Ljubljani, kjer je leta 2010 uspešno zaključil magistrski študij in v letu 2015 uspešno zagovarjal doktorsko disertacijo z naslovom Povezanost vedenja vodij z začasno odsotnostjo zaposlenih z dela v javni upravi. Predmet raziskovanja, s katerim se ukvarja, je povezan s področjem vodenja in ravnanja s človeškimi viri oziroma z organizacijo javnega sektorja. Sodeluje tudi pri pripravi in izvedbi vaj ter seminarjev.

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Economic Impacts of Financial Investments in the Promotion of Health and Well-Being of the Employees in the Workplace

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ABSTRACT

The conditions in an organization can be perceived, measured and represented through various aspects – including the aspect of a safe and healthy workplace. The effects of such workplace reflect in the employees, namely in their health and well-being as well as in their work results. Health and well-being of the employees play an important role in the workplace as they represent one of the key determinants that have an impact on the organization's performance on the one hand, and the employees' presence or absence from work, as well as the employees' acceptance of the work and organization on the other hand. This paper focuses on the presentation of studies, projects and good practices in the field of implementing the promotion of health and well-being of the employees in the workplace with the aim to present the findings of the studies and projects regarding the relevance of financial investments in the promotion of health and well-being of the employees in the workplace and to present good practices in this field. The study results have shown that there are numerous cases of projects and programs designed to implement the promotion of health and well-being of the employees in the workplace and that the financial impacts of the financial resources invested in health and well-being of the employees are relevant in the long term. The latter especially reflects through the aspect of reducing the number of working days lost due to employees' absence from work which arises directly as a result of improved health and well-being of the employees in the workplace.

Keywords: health-related absenteeism, health and well-being promotion, employees, workplace, financial impact

JEL: Z00

1 Introduction

Long-term living standard of the citizens determines the productivity of the workforce in the long term. The countries that, by virtue of economic policy measures and the quality of institutions, achieve a high level of productivity growth in the long term experience a higher real per capita income and, consequently, a higher standard of living. Even though the economic references largely focus on the identification and analysis of factors that either promote or inhibit the productivity growth, the effects of the quality workplace on the health of the employees and, consequently, growth in labor productivity are identified to a significantly lesser extent, although they are of key importance for health and employee performance in the workplace. Poor health conditions and well-being of the economically active population may reduce the employee productivity on the one hand, and reduce the available supply of the workforce at the expense of short-term and long-term sickness absences from work and early retirement on the other hand. The latter two factors lead to a direct burden on the government public purse and prevent a public fiscal consolidation as one of the building blocks of the economic policy. This raises a question to what extent the mechanisms based on the economic incentives may stimulate private and public sectors to invest in health and well-being of the employees as elements of health capital since the estimated costs of mental illnesses and depression suggest that the current conditions in the work environment in the member states of the European Union do not sufficiently ensure healthy and safe work environment which manifests in high costs for the employers, public finance system, and wider environment.

The aim of this paper is to (1) present the findings of the studies and projects on the promotion of health and well-being of the employees in the workplace with the aim to identify the factors which may stimulate health, well-being and productiveness of the economically active population, and (2) to demonstrate the financial aspects of implementing the promotion of health and well-being of the employees in the workplace with the aim to create a better and a more vital workplace. The basic aim of this paper is to present the relevance of financial investments in implementing the activities designed for promoting health and well-being of the employees in the workplace on the basis of theoretical findings, analyses of good practices and empirical study results.

The paper is structured as follows: the first part presents the importance of health and well-being of the employees in the workplace. The second part presents the analysis of studies, projects and good practices in the field of employee health promotion and the creation of a better workplace. Further, the results of economic effects (aspects) of financial investments in implementing the activities to promote health and well-being of the employees in the workplace are shown. Chapter four presents good practices of financial investments in promotion of health and well-being. The key arguments are summarized in the conclusion.

2 Importance of Promoting Health and Well-Being of the Employees in the Workplace

The employees who are healthy and feel good in the workplace are a challenge and a goal to which an increasing number of organizations strive to and can be also encouraged by the state (Nordenfelt, in Backstrom 2006, 33). Such perspectives and mindsets also set forth an increasing number of projects and studies on health and well-being of the employees in the workplace and the implementation of solutions in practice. The trend of increasing interest in and regulation of health and well-being of the employees in the workplace is also followed by the normative aspect since many new legal norms that shape and define the field of health and well-being of the employees are emerging.

Concern for health and well-being of the employees is carried out by the employers and the state through the activities of promoting health and well-being. According to Chu et al. (2000, 156) it is thus considered appropriate to clarify that the workplace is of one of the most important factors that affect physical, mental, economic and social welfare (well-being) of the employees, their families and society as well. Correspondingly, the workplace also provides an important form of infrastructure necessary for the implementation of health promotion and, at the same time, it also has an impact on a number of other factors that are not related to work.

Health promotion in the workplace means investing joint efforts of the employers, employees and society (the state) to improve health and well-being of the employees in the workplace (OSHA, 2010). Hence, the Health and Safety Authority (HSA, 2010) stresses that health promotion in the workplace includes the activities that substantially exceed certain limits in the field of safety and health as defined by the legislation. Chu et al. (2000, 156) explain that, in the early 80s of the 20th century, health promotion focused mainly on the so-called 'wellness' programs (e.g. healthy nutrition concerns, stress management trainings, back exercises, etc.). However, in modern era, the development of health promotion in the workplace has been redirected towards a multidimensional understanding of the content, also including a holistic approach, and drawing on this basis, a number of programs aiming at the implementation of health promotion as an integral part of the organizational culture today.

Promoting health and well-being of the employees in the workplace is a process of informing, training, knowledge improvement and control implementation in the field of occupational health with the aim of achieving optimal health and well-being of the employees. Through the activities which are part of health and well-being promotion, the employers and the state have an impact on the employees, so that the employees may achieve the goal of 'being healthy and feel well.' Verdnik et al. (2011, 19) believe that the employees themselves clearly have 'maximum benefits of promoting health and well-being of the employees in the workplace.' Due to a more healthy behavior

and decrease in health problems (in workplace and living environment – the samples of a healthy work and living lifestyles are transferred on an overall population by a large economically active population), the employee mental health and physical well-being are being increased, thus improving their attitudes towards the work. The health insurance companies may also benefit from this, thus investing in health and well-being of the employees benefits everyone (the society as a whole). The advantages for the organizations of implementing the promotion of health and well-being of the employees in the workplace are as follows:

- Impact of health promotion in the workplace results in a long-term reduction of the negative indicators of health (sick leave, workplace injuries, occupational diseases, disability);
- Health promotion in the workplace increases the employee motivation and improves the work environment (improved attitude of each employee towards work, workplace, management, company). This results in a greater flexibility, more open communication and greater willingness to cooperate in the organization;
- Health promotion in the workplace leads to a higher added value as it contributes to a higher quality of products and services, enhances innovation and creativity and improves job performance (higher earnings of the owner and, consequently, of the employees as well);
- Health promotion in the workplace is also a factor of prestige since it contributes to an improved public image of an organization (humanization of work and workplace, greater concern for the employees and the environment – all this gives the organization a greater value in the market, enhances competitiveness and quality of business).

The positive effects correlated with the promotion of health and well-being of the employees in the workplace are numerous. According to OSHA (2010, p. 1), promotion of health and well-being of the employees in the workplace contribute to a better health and well-being of the employees. And according to the Eurofound (2011), health and well-being of the employees have a significant impact on the performance of the organization, reduction of health-related absenteeism and employee turnover, higher employee satisfaction, etc. The results of the Eurofound survey (2011) have also shown that a great number of organizations have increased their productivity as much as 20 percent due to improved health and well-being of the employees. As frequently stated in the references, health-related absenteeism is the most important indicator of implementing health promotion in the workplace, and as defined for the purposes of this paper, it refers to the time when the employees are off work and are (un)able to perform their work due to illness, injury or parental care and when such an absence lasts for a limited period (see Buzeti, 2015). In case of a low sickness absence from work, the positive consequences of such a situation can be also seen in the employers'

financial aspect as they do not have to pay for the salary compensations or any substitute employees, etc. The activities for health promotion in the workplace may certainly favorably contribute to this situation as well. Many positive effects of the implementation of health promotion in the workplace are also highlighted by the World Health Organization (WHO) which stresses that the benefits have in particular (WHO, 2016):

- Employers: positive image of the organization, improving employees' morale, reducing absenteeism and employee turnover, improving performance, reducing healthcare costs, etc.;
- Employees: work in a safe and healthy workplace, improving self-esteem, stress relieving, improving morale, increasing satisfaction at work and improving skills important for their own health and a sense of well-being.

Health promotion in the workplace and the associated concerns for health and well-being of the employees are therefore of imminent relevance – yet it is not only a formal and normative obligation under the responsibility of the employers and the state, but the concern for health and well-being is primarily a basic and fundamental responsibility of every employee. In order to achieve the objective of 'being healthy and feeling well in the workplace', the employees themselves must therefore take part in it along with the employers and the state (the society).

3 Study Analysis in the Field of Promoting Health and Well-Being of the Employees in the Workplace

Table 1: *Studies and projects in the field of health promotion in the workplace*

Research (authors)	Field (activity)	Activities to promote health and well-being of the employees	Effects of health and well-being promotion of the employees in the workplace
Aldana et al. (2005)	Education (primary and secondary schools)	Washoe County School District Wellness (11 different activities designed for well-being and healthy lifestyle) – 2 years (6246 employees)	– Reducing health-related absenteeism (the employees who were involved in the program), – Good financial impact on the employer.
Collins et al. (2005)	Chemical industry (Dow Chemical Company)	Prevention of mental health and physical problems and smoking and alcohol addiction.	– Lower level of health-related absenteeism, – Increase in physical and mental work capacity, – Reducing labor costs and financial expenses for absent employee compensation.
Marshall (2004)	Public agencies, hospitals, universities, manufacturing industry	Interventions for promoting physical activity in the workplace by using fitness devices.	– Statistically-proven significant health risk reduction related to the development of mental health and physical diseases.
EU-OSHA (2015)	Siemens company	Measures to reduce stress (LiB – Life in Balance).	– Reducing health-related absenteeism, – Employees with higher levels of education.

Source: own (based on sources in the table)

Some studies and projects analyzing good practices and projects in the field of employee health and well-being promotion are presented in the Table 1. The descriptions and findings of the studies and projects are presented in more detail below.

Study 1. Aldana et al. (2005) conducted, in the context of their study, a case analysis of health promotion in the workplace in certain primary and secondary schools (educational system) in the Washoe County District in the State of Nevada. The aim of the study was to stimulate a healthy lifestyle of the employees as a way to promote productivity in the workplace. The results have shown that physical inactivity of the employees leads to a lower work productivity and higher health care costs. The *Washoe County School District Wellness Program* lasted two years and examined the scope of health care costs and the level of health-related absenteeism in the period of 2001/2002. The workplace health and wellness promotion program included eleven different activities to promote sound and vital well-being and a healthy lifestyle. The key structural components of the program included the promotion of cleaning teeth at least twice a day, weight loss during the period from Thanksgiving Day through to New Year's Day, drinking water in the workplace and dehydration prevention, leisure time spent away from TV viewing, healthy diets in the workplace, fitness activities in the workplace, sufficient amount of sleep, participation in organized triathlon, daily literature reading and stimulation of daily physical activity in a range of at least thirty minutes a day (five days a week). The results of the multiannual experiment have shown that, in the short term, health care costs have not substantially differed among the participants and the non-participants of the program, while the participants of the program have shown a statistically typical lower rate of health-related absenteeism. From the employer's perspective, the effects of the program were limited in the short term but were financially favorable in the long term, especially with a reduced incidence of chronic diseases and the related reduction in absenteeism. While the study did not disclose any data on the costs of the program, the results demonstrated that, in the period of 2001/2002, the program reduced the costs of absenteeism to € 2.297 million per year, while the cost-benefit analysis revealed that the economic benefits amounted to 'US \$ 15.6 for each US \$' of investment in the wellness program which implies a high rate of real return on investment in promoting health of the employees in the workplace.

Study 2. Collins et al. (2005) examined, in the context of their study, a health investment program designed for the employees in a large company in the US chemical industry to define and estimate for the Dow Chemical Company the total costs of mental health and chronic physical illnesses of the employees in the US. The methodology used for costs estimation was based on the so-called Stanford Presenteeism Scale which measures the loss of employee physical productivity in the workplace due to mental exhaustion and inability to work. Information on employment, physical and medical conditions

of the employees were collected at five different locations and were based on the employees' own and voluntary testimonies regarding their mental, physical, and medical conditions. The survey data obtained were combined with the control variables such as demographic characteristics of the employees, health care and pharmaceutical requirements, information on smoking habits, biometric testing of health risks, salary and workplace. As much as 65 percent of the respondents reported at least one type of chronic physical and mental health illnesses such as allergies, arthritis, stiffness and pain in the back and neck areas. The rate of health-related absenteeism in the sample of employees suffering from chronic diseases fluctuated between 0.9 and 5.4 hours in a four-week workday. Due to the medical conditions the employees in the Dow Chemical Company suffered a decline in ability to function effectively in the workplace that was ranging from 17.8 percent and 36.4 percent. The total costs of chronic diseases accounted to 10.7 percent of labor costs, being as much as 6.8 percent attributed to a reduced work capacity. The conclusions of the study suggest that the costs of reduced work performance significantly exceed the combined costs of health-related absenteeism and subsequent medical care for all the types of chronic diseases examined by the authors. The study's implication suggests that the investing in health of the employees contributes to reducing economic costs of health-related absenteeism which presents the largest economic cost occurred to the analyzed company.

Study 3. Marshall (2004) gives an overview of the references on interventions to promote physical activity in the workplace in the period 1997/2004 in 32 studies in different countries (e.g. Japan, the US, the UK, etc.) in the organizations such as public agencies, hospitals, universities and manufacturing industry. The core of the study presents the calculation and identification of the scope of average impact of employee health programs on the physical activity. The intervention strategies used for designing the programs were targeting the reduction of risk factors by providing regular health check-ups, training for the employees, motivation schemes for a higher physical activity and regular workouts. The authors observed that the fitness equipment in the workplace was used only by the employees who were already engaged in a high level of physical activity and that the physical activity of the employees may only be stimulated by additional programs targeted at improving behavioral skills of the employees and individual counseling which raise the level of employee awareness about the benefits of physical activity.

Study 4. EU-OSHA report (2015) presents the studies and examples of good practices in the field of occupational safety and health. The examples of good practices also include the company such as Siemens in Belgium. The international study carried out in the field of health and psychosocial risks has found that in Belgium at a local level around 16 percent of employees experience high levels of stress. Irregular or long working hours, concern over job security, consequences of mistakes and work intensity

were identified as specific risks. The 'Life in Balance' (LiB) measure was designed and implemented. This measure is based on five factors critical to a successful management of psychosocial risks and resource management: awareness, management collaboration, communication, training and employee assistance program (EAP). LiB is an important part of general health management program Fit@Work carried out in Belgium since 2013. The risk factors of burnout and stress, and a high level of stigmatization associated with these problems have been identified. To raise awareness of these problems and their destigmatization, a video clip about the experience of an affected managerial employee who voluntarily decided to talk about this topic was created. The video instructions, whose purpose is to allow other business units around the world to adopt a similar approach and the development of educational video clips, were also drawn up. The results of this was that around 10 percent of employees attended the trainings in the field of health and well-being to date, and that by implementing the Fit@Work program the level of health-related absenteeism, etc., was greatly reduced (EU-OSHA, 2015).

Based on the analysis of program studies and project in the field of promoting health and well-being of the employees, we have found that the most common effects of implementation of promoting health and well-being of the employees in the workplace are, in particular, reduced number of accidents, illnesses and injuries, reduced health-related absenteeism and improved knowledge and skills for the employee's own health and well-being.

4 Economic Impacts of Promoting Health and Well-Being of the Employees in the Workplace

In addition to leisure and factors promoting health, well-being and, consequently, performance of the employees in the workplace, a question about the economic impacts¹ and effectiveness of such programs arises. The loss of productivity in the workplace due to short-term or long-term absence of the employees from work and a reduced work capacity directly raise the question of the economic effects of investing in the health and well-being of the employees and in the promotion of health and well-being of the employees in the workplace. Drawing on this, some projects and studies in the field of economic impacts of investing financial resources in the promotion of health and well-being of the employees in the workplace were analyzed. The results of the analysis are presented hereinafter (Table 2).

¹ The studies have shown that the return on € 1 invested in the workplace health and well-being promotion is expressed in yield from € 2.5 to € 4.8 due to lower costs of health-related absenteeism (OSHA, 2010).

Table 2: Financial impacts of investing financial resources in health promotion

Organization and number of employees	Financial resources invested	Financial resources invested in the program per employee	Positive effects of resources invested	Financial impact of resources invested	Financial impact per € 1 invested
Fleischerei Berufsgenossenschaft (FBG), Germany, 255,000 employees	€ 8.32 mio in 6 years (2002–2007)	€ 5.5 / year per employee	6000 less accidents in 6 years – accident prevention	€ 40.02 mio in 6 years only on account of accident prevention	€ 4.81
MATA Insurance, Farmers' Workers' Compensation Insurance, Finland, 110,000 employees	€ 35.6 mio in 6 years (1998–2003)	€ 53.94 / year per employee	5014 less accidents in 6 years	€ 36.08 mio in 6 years only due to accident prevention	€ 1.01
Ministry of Social Affairs and Employment, Ministry of Finance, the Netherlands, 4,370,000 employees	€ 303 mio in 8 years (1999–2007)	€ 14.44 / year per employee € 3.61 / year per employee in four years	Statistically significant lower rate of health-related absenteeism	€ 2.007 mio of savings due to a lower level of health-related absenteeism compared to the reference sectors	€ 3.00
Washoe County School District Nevada, USA, 6246 employees	Financial resources invested in the program were not presented. (2001–2002)	Financial resources invested in the program were not presented.	Cost reduction of health-related absenteeism in the period of 2001–2002	€ 2.297 mio of savings due to a lower level of health-related absenteeism	€ 11.70
Triglav Insurance Company (Slovenia), more than 2.000 employees	Financial resources invested in the program were not presented. (The first results were disclosed in 2008.)	Financial resources invested in the program were not presented.	Cost reduction of health-related absenteeism in the period of 20011–2013	Cost reduction due to a lower level of health-related absenteeism for 8.6% (€ 140.000) in the period 2011–2013	/

Source: own, based on EU-OSHA (2015), Elsler et al. (2010), Aldana et al. (2005)

The studies and projects in the field of economic impacts of financial investments in promoting health and well-being of the employees in the workplace are presented in the Table 2. The descriptions and findings of the studies and projects are presented below in more detail.

1. Fleischerei Berufsgenossenschaft (FBG) – Germany

The study on the effects of economic incentives for safety and health of the workplace accident insurance fund in the meat-processing sector in Germany took place in the period of 2002/2007. The overall program in the sector had a total expenditure in the amount of € 8.32 million in the period of 6 years. For 225.000 of insured employees, the annual cost of insurance per employee amounted to € 5.5 / year, while the actual bonus program, namely the lower insurance premiums per employee amounted to € 14.06 / year. The insurance contributions totaled € 292.12 / year from the average income. A subsequent evaluation of the program has shown that around 6.000 accidents in a 6-year range were prevented on account of the insurance scheme. By taking into account the potential costs of the medical treatment, the total scope of benefits amounted to € 40.02 million which means, in relative terms, € 4.81 per € 1 of investments in the workplace accident prevention program.

2. MATA Insurance, Farmers' Workers' Compensation – Finland

The workplace accident prevention program in the agricultural sector in Finland encompassed 110.000 employees. The workplace accident insurance system costed € 35.6 million over a 6-year period of the program (1998/2003). By reducing the premiums, the employee would gain € 53.94 per year, whereas the volume of contributions would amount to € 217, the program administrator would receive € 42.92 of the basic salary and 1.3% commission linked to the income of the employee. The workplace accident insurance program in Finland prevented a total of 5014 workplace accidents over a 6-year period of the program. During the course of the program, the volume of savings occurred due to a reduced number of accidents and potential treatment costs increased to € 36.08 million in total, or € 1.01 of savings per € 1 contribution in the insurance system.

3. Ministry of Social Affairs and Employment, Ministry of Finance – the Netherlands

The program promoting health and wellness in government departments, i.e. the Ministry of Social Affairs and Employment and the Ministry of Finance in the Netherlands, included a total of more than € 4 million employees representing approximately 52 percent of the employees in the Netherlands, since the companies in the private sector which voluntarily participated in the program were also included in the program. The total costs of the 8-year long program (1999/2007) amounted to € 303 million. The incentive to reduce health-related absenteeism represented a potential profit to the extent of € 14.44 per employee by reducing the insurance premium over a 8-year period, namely € 3.61 over a 4-year period. The program was financed from two sources, namely 55 percent of the contributions were financed by the employers from other sectors, while 45 percent of the contributions were financed by the government. The ex-post evaluation of the program has shown that the program was not only financially viable, but also beneficial to the employees. The sickness absence from work fell by 28 percent in the sectors that participated in the program while, in a period of six years, it was reduced by 11 percent in the sectors that did not participate in the program. The economic analysis of the program aimed at reducing health-related absenteeism has shown that the economy of scale at the expense of a reduced level of health-related absenteeism amounted to € 2.7 billion more than in the sectors that were not part of the program, which represented € 3 of savings per € 1 contribution in the program.

4. Washoe County School District – Nevada (USA)

The Washoe County School District implemented a program promoting health of the employees (e.g. teeth cleaning, weight loss, drinking water to prevent dehydration, sufficient amount of sleep and daily reading literature, etc.). The repercussions of investing the financial resources in health promotion were felt in a reduced number of working days lost (health-related absenteeism)

due to the improved health and well-being, and the lifestyle of the employees. Despite the fact that the financial resources invested in the program were not presented, on the basis of certain data available we may conclude that the program was cost-effective and economically profitable since the economic analysis has shown that the costs occurred due to the absenteeism dropped by € 2.3 million.

5. Triglav Insurance Company – Slovenia

The insurance company conducted a study on the work environment in the organization and the analysis results have identified several psychosocial risks associated with problems in the management and work organization, allegedly unfair treatment, inefficient communication, and imbalance between work life and personal life. The consequences included experience of stress, fatigue and poor work environment. In an effort to improve the situation, enhance health and well-being of the employees, and to achieve long-term effects on health, satisfaction and commitment of each employee as well as improved management of psychosocial risks, the so-called 'Triglav.smo' program was created. Various measures of the program were focused on both the employees and the managerial staff (e.g. providing trainings on stress management, workload, improved communication and relationships in the workplace, etc.). Based on these improvements of professional development and involvement of the employee, the employee satisfaction with the workplace increased (according to EU-OSHA, 2015). The results of the analysis of the implemented program in the company have shown that the assessment of the work environment in the organization has been improving. The assessments have improved in the categories associated with the management in particular. Since 2008 the level of health-related absenteeism has been continuously decreasing, and in the period of 2011/2013, the costs of health-related absenteeism have been reduced by 8.6 percent (€ 141.000). The satisfaction and commitment of the employees and cooperation between units, departments and services has been increasing as well. The number of accidents at work is low and is still declining (according to EU-OSHA, 2015).

The analysis of project (programs) of promoting health and well-being of the employees has shown that the effect of such programs is multi-faceted. Firstly, promoting health of the employees leads to a lower level of health-related absenteeism and improved employee health which directly reflects in a number of prevented workplace accidents. And secondly, the programs promoting health and well-being of the employees are financially viable, and represent an investment with a predictable and relatively high yield in relation to the economies of scale in workplace accident prevention and health care costs incurred in the workplace accidents. On the basis of the latter it can be concluded that the employers can financially benefit from the investments in the promotion of health and well-being of the employees in the long term since the results show that the financial investments relative to the amount of

€ 1 will generate, in the long term, a return on capital in the amount ranging from € 1 to € 11.7 (see Table 2).

5 Discussion

Promoting health and well-being of an organization comprises a wide range of activities and measures that need to be reasonably implemented in the workplace. The question that also often rises in the initial stage is what are the economic effects of the financial investments in implementing the activities to promote health and well-being of the employees. The conducted analysis of studies and projects has shown that the effects of the programs in the field of promoting health and well-being of the employees reflect, in particular, through the aspect of a reduced number of occupational accidents and diseases, and consequently, in a lower level of health-related absenteeism, more 'healthy and vital' lifestyles of the employees, and increased presence of employees in the workplace.

Good practices of financial investments in health and well-being of the employees however show that the financial investments are a major financial undertaking – yet such investments yield returns in the long term. A key source of savings result, in particular, in a reduced number of working days lost due to various cases of absence from work which are a direct result of improved health and well-being of the employees in the workplace. Thus, the example of good practice of such a program taking place in the Flesischerei Berufsgenossenschaft (FBG) organization shows that the entire program of health promotion activities for the employees in the workplace costed € 8.32 million in 6 years. The financial impacts have been demonstrated in a way that amounted to the full range of benefits of more than € 40 million over a period of 6 years, and from € 1 invested, the organization had € 4.81 of benefits. In addition, the program of promoting health and well-being in government departments in the Ministry of Social Affairs and Employment and the Ministry of Finance in the Netherlands confirms that the financial investments in health and well-being promotion are of relevance. In the Netherlands, € 303 million have been invested in the promotion of health and well-being of the employees over a period of 8 years. The economic analysis of the program has shown that the health-related absenteeism was reduced and the savings on account of a lower level of health-related absenteeism amounted to € 2.7 billion over a period of 8 years, namely € 1 invested generated € 3 of benefits/savings.

On the basis of the study results it can be concluded that the employers may have an impact on health and well-being of the employees by implementing activities to promote health and well-being of the employees and, consequently, as demonstrated by the studies, contribute to reduce the costs associated with health-related absenteeism. Improved well-being and health of the employees do not only increase the labor productivity but also reduce

the presence of stress factors which are the main obstacle to a growing well-being in the workplace. An additional source of savings generated by the health promotion programs comes from a higher profitability of operating as a result of improved health and well-being of the employees and general organizational climate at the microeconomic level as demonstrated by the Siemens company in the Netherlands.

6 Conclusion

Investments in employee health and well-being promotion and providing a better working environment represent a specific form of human capital and the activities of different actors with the aim to promote and raise awareness about health and well-being of the employees, and thus enhance the productivity growth in the workplace. The main tendency to invest in this form of enhancing productivity is to prevent the occurrence of various workplace accidents and physical and mental health problems in the workplace leading to various forms of diseases such as depression, chronic fatigue, stress, schizophrenia, etc. The occurrence of such diseases affects the physical productivity of the employees on the one hand, and leads to additional cost burden for the employers through higher contribution rates for compulsory health insurance on the other hand. The review of relevant references in the field of investments in the implementation of employee health promotion gives researchers, policy makers, employees and employers an insight into good practices, effectiveness of individual measures to stimulate health and well-being of the employees at the workplace and to identify key measures that affect the creation of a better workplace and, in relation to this, help promote health of the employees and lead to higher productivity growth rates and employee satisfaction in the workplace. In this paper, the structural and financial characteristics of the selected programs designed to promote health and well-being of the employees in the workplace are analyzed and presented. Based on the review of references we can conclude that the financial impacts of health promotion programs vary depending on the design and the time-frame of the program. A well-designed organization of the program with a high degree of transparency and measurability of the effects is a key prerequisite for a high rate return on investment such as employee health promotion.

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