

**ORGANIZATIONAL EFFECTIVENESS OF WORKPLACE HEALTH PROMOTION,
CHALLENGES AND PROSPECTS IN RIVERS STATE**

¹Dr. Christian C. Oriji and ²Dr. Kelechi Godson Worgu

**¹Department of Sociology, Faculty of Social Sciences, University of Port Harcourt,
Choba, P.M.B. 5323, Port Harcourt, Rivers State**

**²Department of Sociology, Faculty of Social Sciences, Ignatius Ajuru University of
Education, Rumuolumeni P.M.B. 5047 Port Harcourt, Rivers State**

Email: christianchigozoriji@gmail.com, nworgu_godson@yahoo.co.uk

ABSTRACT

This paper examined organizational effectiveness of workplace health promotion, challenges and prospects in Rivers State. Workplace health promotion has been argued to be an effort which combines the employers, workers, and the public to improve the health and wellbeing of individuals at work. The work centred on how health promoting programmes should be initiated in various hospitals and organizations across Rivers State for the health of workers, as well as their families and individuals within the work environment. The conceptual framework gave further insight on the definition of workplace health promotion programmes. However, challenges of workplace health promotion programmes implementation were highlighted to reveal the lingering barriers to why health promoting activities are mostly ignored in some organizations. Furthermore, prospects were also deliberated for the initiating and sustainability of health promoting strategies in hospitals across the state. Finally, recommendations were proffered amongst which, is that employers should raise awareness among all levels of staff on the essentials of workplace health promotion programmes as the solution to occupational safety and better health strategy in the work environment.

Keywords: Workplace, Health Promotion, Challenges, Prospects

INTRODUCTION

Effective organizational health promotion remains an exceptional factor determining the wellbeing of individuals at work in hospitals. For instance, the owners of hospitals, management, workers and the work environment are all stakeholders that are expected to make combined and calculative efforts to ensure that the workplace is sensibly and widely safe, in order to improve the health and wellbeing of the employees at work. However, a workplace that supports workers wellbeing enables and encourages high performance as well as work effectiveness. This will in turn be beneficial to the employer when workplace health is being promoted in the hospital, as well as create the work conditions that encourage people at work to utilize their skills and potentials properly, having in mind that they are assured that the workplace health promotion will remain a priority to the employer (Armstrong, 2012).

Workplace health promotion is realistic when the employer actively participates alongside all other stakeholders within the hospitals, when there is the understanding among employers to achieve improvement in the work organization and the work environment, which will propel them to promote the conscious participation of all involved in the process, and advance personal development. However, a supportive workplace creates healthy and safe working conditions for all employees.

It is agreed that certain diseases are attributed to some unhealthy work behaviours which can be prevented by engaging in physical activity that can trigger healthy conditions, and having the

understanding of the importance of nutrition to healthy living a necessity by which employers should uphold in the organization (Hassard, Wang, and Cox, 2012). Furthermore, workplace health promotion can enhance improvement in socio-economic development at all levels (Hassard, Wang and Cox, 2012). More so, workplace health promotion can be carried out in different locations like community, schools, workplaces, and health care facilities (Torea and Tilford, 2001).

Organizational effectiveness explains how organization performs on its activities, products, services, goals, and effects in realizing expected targets at the work environment. It is the judgment made by individual or a group upon any organization, specifically, on its expected general operations and how positively it contributes to customer satisfaction, increased productivity and social representation. However, organizational effectiveness connotes the stability and growth of the organization, arising from the quality of goods and services, the satisfaction of business partners, the worth of the employees working for the organization and the proper use of work techniques for general profitability of all within and outside the work environment (Morin and Audebrand, 2014).

Workplace health promotion is a strategy that encourages healthier lifestyles through creating the awareness for the need of increased physical activity, improved stress management training and healthier nutrition. On the other hand, workplace health promotion is also an intervention measure that ensures healthy work environment that can improve employee working conditions and provides preventive interventionary strategies for all stakeholders in the work environment.

The objectives of this study include to,

- i) Evaluate the meaning of workplace health promotion.
- ii) Determine the need for workplace health promotion in hospitals.

CONCEPT OF WORKPLACE HEALTH PROMOTION

Workplace health promotion encompasses every activity conducted by employers, management, employees, and the society to improve the health and wellbeing of individuals at work. It constitutes the general efforts of public or private organizations, their employees and the host community where the organization is located to combine their support to improve holistically the physical, mental, social and economic health and wellbeing of all employees at work (European Network for Workplace Health Promotion, (ENWHP) 2007). However, workplace health promotion seeks to improve the way work is done. It ensures flexibility in work timing, besides, allowing teleworking, job rotation and job enlargement. Workplace health promotion can also improve the work environment by enabling support among colleagues, encourage workers to participate in improving the work environment and assures healthy canteen food. Workplace health promotion, as a holistic concept involves the improving of the work organization and work location; encouragement of active participation of every stakeholder in the organization and process, enhancing the personal development of employees which manifest differently at the physical, mental and social levels.

In addition, workplace health promotion encourages individuals at work to get involved in various healthy activities such as sports activities (jogging in workplace and the use of bicycles for short distance movements within large work environments). It also provides awareness to employees on how to deal with stress and smoking habit among them, in order to improve their health and wellbeing. Workplace health promotion can be successful when there is a proper risk management system that is functional. Meanwhile, it is understood generally that workers cannot be forced to change their health behaviour except in conditions where it can cause harm

to others. But through advocacy of a supportive workplace they can be mandated to accept healthy pattern of behaviours and attitudes (Hassard *et al.*, 2012).

Broadly, workplace health promotion hinges on certain approaches for it to succeed. These approaches include: organizational and employers commitment to ensure that the health of the workforce improves without wavering; providing and establishing appropriate information channels to employees; encouraging employees involvement in decision making processes, ensuring a good working culture that hinges on partnership; implementing employee health and organizational policies that enhance health in the work environment, and allowing the organization to have positive impact on employees health and wellbeing, rather than causing damage to workers' health (ENWHP, 2004).

It is relevant to note that individuals participating in workplace health promotion programmes have reduced stress, reduced physical strain due to ergonomic advancement, have improved psychological wellbeing, low sick leave, work satisfaction, and less cholesterol levels (Aust and Ducki, 2004). However, the foremost element in the implementation of workplace health promotion strategies is the ceaseless commitment of all stakeholders within and outside the organization (Hassard *et al.*, 2012), support actively health related improvements, social health, cultural and key welfare initiatives.

WHY THE NEED FOR WORKPLACE HEALTH PROMOTION IN HOSPITALS

A successful implementation of workplace health programme in hospitals can improve the work environment and reduce the risk of environmental contamination from the various diseases related to the working environment. At organizational level, it can also decrease the rate in absenteeism among health care delivery employees. However, it reduces the risk of infection with contact with patients subjected to treatment after laboratory diagnosis and analysis of illness behaviours of patients are conducted. Meanwhile, workplace health promotion creates greater awareness among all participants in the programme to observe the necessary health care delivery standards enacted to regulate health behaviours among employees and those seeking health services (Hassard *et al.*, 2012). More so, the hospital will become attractive and safe for all stakeholders; and the image of the organization will improve when workplace health promotion programmes are obviously implemented. Moreover, there will be lower employee turnover and greater employee retention, and it will strengthen the hospitals competitiveness and boost higher service delivery to all customers (Wright and Marsden, 2005).

To the employees, workplace health promotion measures can lead them to greater consciousness of health strategies, assist to control and lower work related strains and stresses, thereby improving health promoting behaviours, and enhance the employee's overall health and holistic wellbeing (Hassard *et al.*, 2012). Developing and maintaining a healthy workplace and enviable workforce can ensure the improvement of the society, employees, hospitals, and economic development at all levels (Segal, 1999).

Emphatically, on the implementation of a successful workplace health measures, some cogent factors are hereby identified by (Bellew, 2008), and as listed support from superior management; workers crucial participation, integrating workplace health promotion into occupational health and safety processes, establishing adequate communication strategy, commitment to organizational changes, connecting to individual's needs; implementing interdisciplinary approach among experts and evaluating as well as adapting workplace health promotion programmes, promote worker's wellbeing.

Workplace health promotion can lead to improved production and service delivery rate in hospitals. Employers that are well motivated on it, do benefit increased productivity which accounts to absence of sickness among workers in hospitals. (Mills, Kessler, Cooper and Sullivan, 2007:46) evaluated the impact of varieties of workplace health promotion programmes on workers' health risks and issues on employees' wellness and observed a "significant improvement in relation to health risk factors, workplace absenteeism and work performance".

However, workplace health promotion can significantly decrease the rate of sickness absence and sick leave (Vogt, 2010). It can also decrease the cost of health care plans and other compensation cost that relates to the consequences of disability resulting from the workplace (Goetzl and Ozminkowsk, 2008).

Some employees at work are unable to carry on with their work at normal capacity for the reason of ill-health. This is so because the illness impairs their working efficiency while being present at work. However, working with injury and ill-health is known as sickness presence or presenteeism (Burton, Schultz, Chen and Edington, 2008). Where there is presenteeism, employees may entertain the fear of being sacked (Claes, 2011). More still, workplace health promotion has been discovered to have a link with improvements in work or job satisfaction and organizational commitment. Job satisfaction explains the workers general attitude to work, which affects their private and professional life. Certain health problems contribute to why employees are dissatisfied with their job, and such affects their behaviours in the work environment. However, employees with a healthy lifestyle may be more satisfied with their work than those who neglected taking care of their health by not developing the habits encouraged through health promoting programmes (Hassard *et al.*, 2012).

According to (Bond, 2004) when workplace health promotion is at the point of equilibrium between organizational interventions and employees, both sides will benefit in terms of reduction of sick leave, improvement in job effectiveness and increase in organizational commitment. Despite the risks associated with the work environment, workplace health promotion encourages employees to remain on their job, in spite of organizational staff turnover. In a decent workplace, employees' morale to perform will rapidly improve, and their loyalty to the organization will be unquestionable. Employee morale refers to the feelings employees have to doing their job. It connotes the extent to which workers feels satisfied with assigned job and the entire workplace (McKnight, Ahmad, and Schroeder, 2001). Meanwhile, "employee morale consists of intrinsic motivation type of job, job satisfaction, work meaningfulness, work commitment and work pride" (Behm, 2009:48).

Workplace health promotion programmes can be central to organization's culture, and when well implemented will likely enhance the development of a healthy and proactive workforce, which can have direct impact on improving productivity and production. However, aligning with the objectives of workplace health programmes can improve workers health and wellbeing in the work environment. Moreover, there is an increasing awareness in the globe that poor employee health is associated with the growing likelihood of industrial injuries caused by unsafe work conditions and workplace accidents (Sorensen and Barbeau, 2004).

On return of investment, workplace health promotion programmes lead to disease prevention, and this kind of initiative indicates a positive return on investment (Pelletier, 2009). Its health and cost effective nature benefits the organization immensely, resulting to huge savings for organizations because workers with sound health can demonstrate a return on investment for most employers. This is the stance on which every hospital should hold on to in Rivers State.

SYNOPTIC EXPLANATION OF HEALTH BELIEF THEORY IN WORKPLACE HEALTH PROMOTION

The health belief theory of Hochbaum (1966) is used to guide health promotion and disease prevention programmes. It explains and predicts individual changes in health behaviours. The health belief theory is mainly on the individual's beliefs about health conditions that can predict individual health – related behaviours. It defines the main factors that influence health behaviours as perceived by an individual on the threat of sickness or disease, potential positive benefits of action, perceived barriers to action and confidence in ability to improve healthy lifestyle.

The health belief model was upheld by Rosenstock in 1966, with the intention to prescribe measures of preventing disease and promoting health programmes among individuals. This model was designed as a useful measure in developing strategies to help people to attain and maintain "healthier lifestyles and more positive attitudes towards preventive health measures" (Oriji, 2019:44). However, the health belief model explains that good health perception is generally acceptable to all individuals irrespective of cultural, racial and career differences. It was the quest to avoid illness that led Rosenstock (1966) and Becker (1974) to propose the health belief model. This model was derived from the theories of Kurt Lewin, a psychologist who argued that individuals exist in environments with both negative and positive values. In this regard, illness is accepted as a negative value having the ability to destabilize an individuals' body. Thus, people are attracted to positive values which keep a person away from disease within the environment viewed as being attractive to dwell (Cockerham, 2007).

The health belief model describes human behaviour as resting on two factors: (1) Individuals expectation of a particular outcome, and (2) the individual's belief that an action taken will bring up a sequential outcome. The preventive action by a person to avoid illness comes as a result of the person's perception of being susceptible to a potential disease which could have serious personal implications. Thus, the action taken would lead to reduction of susceptibility and severity of disease. Moreover, taking action is important, and the individual taking the action needs to be sufficiently motivated to do so. However, the perceived action should be weighed to determine its benefits in comparison to perceived barriers. Further, the health belief model believes that a stimulus in the nature of an action is needful to motivate the required behaviour. Thus, a stimulus may either be perceived state of the body or interpersonal interaction or "personal knowledge of someone affected by the health problem" (Cockerham, 2007:116).

Several studies like that on sociology of health and illness behaviour by Oriji (2019) have successfully employed the health belief model as being an essential preventive health behaviour theory. To this extent, the health belief model is an appropriate theory necessary for application in any workplace health promotion programme in organizations, particularly in the hospital. Individuals perceive the danger of contracting disease, from the workplace. Thus, their perception of being susceptible to illness encourages them to seek health promoting strategies as a necessity in the work environment. Employers' involvement in implementing the health promoting programmes for prevention of diseases to employees should never be downplayed in order to avoid the risk of putting all stakeholders accessing the work environment into danger of attracting illness to their body. This theory defines action to take and clarifies the positive effects to be expected after compliance behaviour.

Furthermore, employers need to take actives that are necessary to motivate the workforce. The actions can include provision of welfare packages for employees, and sustainability of welfare services meant to boost workers wellbeing through health promotion programmes. When these

approaches are implemented, its outcome on the workers will be verifiable and ensures, the sense of comfort on the entire workforce. More so, workers will cooperate with the management even beyond the expectation of owners of the organization. In other words, there will be total harmony in the workplace between the employers and employees.

CHALLENGES OF WORKPLACE HEALTH PROMOTION INITIATIVES

The initiation of health promoting programmes in hospitals, and its implementation is often faced with challenges. Most of these barriers encountered by employers varies due to peculiarities of operations. However, these challenges affect employers and organizations by slowing down their motivation to implementing workplace health promotion measures required in the organization for the health, wellness and improvement of their workforce.

According to (Hassard et al., 2012), the factors preventing employers and organizations from starting workplace health promotion initiatives include: the non-existence of an occupational health and safety infrastructure in the organization; a wrong perception of the necessities of occupational safety and health strategies; the absence of fundamental skills and qualifications within the organization; insufficient cooperation; lack of fund; and bureaucratic requirements which hinder the implementation of the programme.

Most employers show obvious neglect of initiating health promotion measures due to their negative perception regarding who benefits and who shoulders the cost of implementation (Karadzinska, Bislimovska, Risteska-Kuc, Stoleski, & Mijakoski, 2009). It is the perceived lack of benefits for the organization and the timeframe of workplace health promotion programmes that makes employers to skip the initiative and implementing of health promoting programmes in organizations (Fine, Ward, Burr, Tuder – Smith and Kingdon, 2004). In hospitals, the challenges of workplace health promotion include: :funding, bottlenecks in healthcare delivery, strike, youth restiveness/BokoHaram, lack of organizational will power and workers non-adherence to healthcare in organizations.

PROSPECTS OF WORKPLACE HEALTH PROMOTION IN HOSPITALS IN NIGERIA

Generally, it is required that employers, employees and individuals available at the work environment like hospitals, should hold with high esteem the health and wellbeing of all accessing health facilities and infrastructures with the perception of impending risks associated with health care service delivery. Therefore, organizations are to ensure there is the establishment and implementation of strategies that include the development and training of employees in health promotion skills through formulation of policies that encourage healthy and safe workplace. The involvement of workers in decision making goes a long way to positively impact on employees working environment. More so, employers are poised to create awareness on health promoting measures that can assist the workforce to balance their physical, mental, social and economic wellbeing. Initiators of workplace health promotion programmes should not solely dwell on individual measures in the implementation, but also focus their attention to the work environment and work organization. Furthermore, to increase the impact and sustainability of health promotion activities, the employees' expectations must be taken into consideration as well as their aims.

In concordance with these facts, the following factors will help enhance the workplace health promotion in Nigeria.

- i) Improved funding:** To effectively implement workplace health promotion, improving on how funds are raised, invested or managed, to boost the administrative capacity is a much needed effort that can yield profound health results. Funds that are raised within or

- outside the organization needs to be used to impact on the wellbeing of all stakeholders associated to the work environment. However, improving fund involves how the organization earns money and how such money is spent to ensure its purpose of which it was raised and how it has positively affected the health and wellbeing of the workforce through the health promotion programmes.
- ii) **Remove bureaucratic bottlenecks in healthcare delivery:** Workplace health promotion programmes are designed and implemented to improve existing health systems, in order to encourage effective and sustained health impact. To ensure that health promoting activities thrive within the organization every form of bureaucratic bottlenecks needs to be eradicated. The lack of preoccupation for workers health and that of their family due to the defects in internal policies and politics existing in the organization needs to be eliminated for smooth implementation of the strategies. The administration of health promoting programmes tailored to providing healthcare should go together with operational integration, and the decision on the integration of healthcare delivery at every stage should be handled by health service managers without any interference that may impede the entire strategy (Unger, Dormael, Criel, Vennet and De-Munck, 2002). Therefore, every form of administrative excesses that discourages any health promoting programmes should be averted in the organization.
- iii) **Avoid Strike:** Most of the strikes in organizations are politically charged. Strikes do occur in the health sectors between unions and employers, or government. Strikes bring organizational activities to a standstill, thereby requiring immediate process of negotiation and collective bargaining for its aversion. Strikes, needs to be avoided in every organization. The negotiation between the striking workforce and employers and tactics to be applied; listing the arguments to be used in supporting their case; obtaining supporting data and selecting the negotiating members, alerting them on the strategy and tactics to use (Armstrong, 2012).
- iv) **Improve on organizational will power:** The proper use of organizational power ensures improvement in the implementation of health promotion measures. Every organization has the legitimate power to enhance the welfare, safety and health of its workforce which should be used for organizational control of all activities. Organizational will power refers to the holistic ability to control and influence individuals within or outside the work environment. It is the capacity to affect all employees, controlling of resources and making necessary decisions appropriate for the organization at any given period.
- v) **Improve on workers' incentive and encourage adherence to healthy lifestyle:** Organizations' should make health incentive plans to provide employees the required assistance that can make them improve on their healthy lifestyle. By doing so, there will be effective service delivery. Providing health promoting programmes pay to workers can encourage their regular participation to any workplace promoting strategy organized by the organization. Incentives pay can also sustain the working relationship between the employers and the employees thereby promoting their health in an organization.
- vi) **Avoid youth restiveness and Boko Haram activities:** Generally, youth restiveness has become one of the growing problems of society which has some consequences on the individual, groups, and communities in Rivers State. However, no society can make significant progress when it is affected by the rising youth restiveness and associated violence, unrest, destruction and social vices. Therefore, an effective way of curbing youth restiveness is by the use of counselling and guidance models as well as empowerment strategies.

In another dimension, Boko Haram activities have led to several individuals losing their loved ones, and property, as well as causing injuries to so many people. The acts of insurgency by Boko Haram fighters have led to destruction of so many towns and rural communities in Northern Nigeria. What is worse is their activities have increased the influx of patients in government hospitals in the North. In some cases, the insurgents also do invade hospitals causing mayhem and leaving several patients dead or in miserable conditions. It is therefore, necessary to ensure that government provides lasting security to healthcare delivery workers and workers patronizing the healthcare sector.

CONCLUSION

In view of this study, scholarly literature has been evaluated which supports the need for organizations to initiate and implement regularly workplace health promotion programmes for the health and wellbeing of their employees and the work environment. There is evidence that compliance to health promoting strategies has a significant effect on workers' productivity and organizational safety in Nigeria. Thus, both the employers and employees benefit from the implementation and sustainability of health promoting programmes in organizations in Nigeria. Indeed, to further strengthen the foregoing, the study suggests a research on the relationship between health promotion in workplace and workers level of compliance in Nigeria.

RECOMMENDATIONS

1. Employers should raise awareness among all levels of staff on the essential of WHPP, as the solution to occupational safety and better health strategy in the work environment. By so doing, employers should use social and traditional mediums, as well as talks to inform and educate workers and the dangers of poor health promotion health programmes in hospitals.
2. Employers should improve on health care, health facilities and work environment of workers. They should do this by providing funds for the purchase of office equipment, besides providing personal protective equipment (PPE) for workers' safety and wellbeing in organizations.
3. The State Government should make law on workplace health promotion and safety with the aim of mandating organizations to improve on workers welfare services, as well as make lucid the stringent penalties for any default of same. Also, when the law is passed by the Assembly, the State Government should monitor all organizations, therein, in order to ensure effective implementation of workplace health promotion law in the state.
4. Employers should promote the training of workers on workplace policies for health promotion strategies in order to ensure there is improvement in the organization's health system. The aim of this is to sustain the organization's effectiveness of work place health promotion in Rivers State.

REFERENCES

- Armstrong, M. (2012). *Armstrong's Handbook of Human Resource Management Practice*. (12ed.). Kogan page. London.
- Aust, B. & Ducki, A. (2014). Comprehensive health promotion interventions at the workplace: experiences with health circles in Germany. *Journal of Occupational Health Psychology*. 9. No. 3: 258 – 270.
- Behm, M. (2009). Employee Morale. Examining the Link to Occupational Safety and Health. *Professional Safety, American Society of Safety Engineers*. 54. No. 10: 42 – 49.

- Bellew, B. (2008). Primary Prevention of Chronic Disease in Australia through Interventions in the Workplace Setting: A Rapid Review, Victorian Government Department of Human Services: 26.
- Bond, F. (2004). Getting the Balance Right: the Need for a Comprehensive Approach to occupational health, work and stress. 18: 146 – 148.
- Burton, W., Schultz, A., Chen, C. & Edington, D. (2008). The Association of Worker Productivity and Mental Health: A Review of the literature, International Journal of Workplace Health Management. 1 No: 78 – 94.
- Claes, R. (2011). Employee correlates of sickness presence: A study across four European Countries, Work and Stress. 25, issue 3: 224 – 242.
- Cockerham, W. (2007). Medical Sociology (10thed.). Pearson Education Inc. Upper Saddle River. New Jersey.
- ENWHP (2004). European Network for Workplace Health Promotion, ENWHP Toolbox, A European Collection of Methods and Practices for Promoting Health at the workplace. Retrieved from <http://www.enwhp.org/fileadmin/downloads/reporttoolboxpdf>. 09/08/2019.
- ENWHP (2009). European Network for workplace Health Promotion. ENWHP Brochure. BKK. Bundesverband. Retrieved from <http://www.enwhp.org/fileadmin/downloads/imagebrochure/ENWHPBroschureenglischpdf> 09/09/2019.
- FACTS (2010). Workplace Health Promotion for Employees. European Agency for Safety and Health at Work. Bilbao, Spain.
- Fine, A., Ward, M., Burr, M., Tuder-Smith, C. & Kingdon, A. (2004). Health Promotion in Small Workplaces – a Feasibility Study. Health Education Journal: 63, N0 4:334-346.
- Goetzel, R. & Ozminkowski, R. (2008). The Health and Cost Benefits of Work site Health-Promotion Programs. Annual Review of Public Health: 29:303 – 323.
- Hassard, J., Wang, D. & Cox, T. (2012). Motivation for Employers to Carry Out Workplace Health Promotion. University of Nottingham, United Kingdom.
- Karadzinska – Bislimovska, J. Risteska – Kuc, S., Stoleski, S. and Mijakoski, D. (2009). Health promoting workplaces. Retrieved from <http://biecoll.ub.unibielefeld.de/voltexte/2009/2246/pdf/dokwment2.5pdf>. 3/04/2019
- McKnight, D., Ahmad, S. & Schroeder, R. (2001). When do Feedback Incentive Control and Autonomy Improve Morale? The Importance of Employee – Management Relationship Closeness. Journal of Managerial Issues: 13, No. 4:466 – 482.
- Mills, P., Kessler, R., Cooper, J. & Sullivan, S. (2007). Impact of a Health Promotion Program on Employee Health Risks and Work Productivity. American Journal of Health Promotion: 22. No. 1:45 – 53.
- Morin, E. & Audebrand, L. (2014). Organizational Performance and Meaning of Work: Correcting for Restricted Range. San Francisco. USA
- Orijji, C. (2019). Sociology of health and Illness Behaviour. Harey Publications Company. Port Harcourt.

- Palletier, K. (2009). A Review and Analysis of the Clinical and Disease Management Programs at Worksite. *Journal of Occupational Environmental Medicine*: 51, No 7:832 – 837.
- Segal, L. (1999). Issues in the Economic Evaluation of Health Promotion in the Workplace. Centre for Health Program Evaluation. Retrieved from <http://www.buseco.monash.edu.au/centres/che/pubs/n3.pdf>./1/09/2019.
- Sorensen, G. & Barbeau, E. (2004). Steps to a Healthier US Workforce: Integrating Occupational Health and Safety and Workside Health Promotion, Washington DC.
- Unger, J., Dormael, M., Criel, B. Vennet, J. & Munck, P. (2002). A plea for an Initiative to Strengthen Family Medicine in Public Health Care Services of Developing Countries. *Int. Journal of Health Services*. 32:799-815.
- Vogt, M. (2010). Absence from work – Austria. Retrieved from Eurofound <http://www.eurofound.europa.eu/ewco/studies/tno911039s/at0911039g.htm>./10/04/2019.