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The concept of preventing negative consequences of work overload based on positive interactions between work and life, and promotion of workers' healthy behaviors

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The concept of preventing negative consequences of work overload based on positive interactions between work and life, and promotion of workers' healthy behaviors

Agata BASIŃSKA-ZYCH, WSB University in Poznań Agnieszka SPRINGER, WSB University in Poznań

Abstract:

Aim: The main aim of this article is to identify negative health consequences resulting from work overload and lack of work-life balance, as well as to present characteristics of positive healthy behaviors in the workplace as counteracting strategies. The paper is a part of the discussion on the concept of corporate wellness which forms the basis for the development of organization's health culture.

Design / Research methods: The paper is based on a review of literature concerned with the factors influencing worker welfare. Moreover, it presents two case studies on comprehensive health programs implemented by Mars Poland and the Belgian branch of Protect & Gamble.

Conclusions / **findings:** Based on the review of foreign and domestic literature, the authors propose a model describing the relationship between individual variables impacting worker welfare. In this model, it is assumed that the interaction between work and life, and workers' healthy behaviors such as physical activity and rest after work (sleep) are crucial to workers' regeneration.

Originality / value of the article: The value of the paper lies in the interdisciplinary approach to the development of worker well-being. Apart from the perspective of human resources management, the outlined concept also takes into account the issues relating to workers' mental and physical health.

Implications of the research: The theoretical assumptions presented in the paper will become a starting point for a research project to be conducted on Polish enterprises. Its objective will be to identify the possibilities of counteracting the negative effects of workload congestion through the promotion of healthy behaviors in the workplace and support of workers in their creation of a positive work-life interaction.

Key words: work overload, worker well-being, work-life balance, healthy behaviors, workplace health promotion, workplace health program, enterprises, corporate wellness

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 $E-mail: agata.basinska-zych@wsb.poznan.pl\\ \ agnieszka.springer@wsb.poznan.pl\\$

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1. Introduction

The workplace is one the most important factors determining the physical, mental, economic and social welfare of employees which ultimately impacts their families' health, immediate environment and thus the overall society. According to statistics, over half of Poles spends 30-40 hours at work per week, 36,6% works over 40 hours, with those working less than 30 hours accounting for 12,6% (European Commission's Communication 2007: 3-5). Considering the fact that we are spending increasingly more time at work, the workplace creates an opportunity to offer special facilities and infrastructure with a view to advocate the promotion of health of a relatively large portion of society (Chu et al. 2000: 155). It is worth pointing out that workers' health is not exclusively determined by the factors relating to the workplace, but it is also dependent on the conditions unrelated to one's occupation.

As early as in the 70' of the last century, it was demonstrated that life style was the main determinant of human health, allowing us to take control over it to a large extent. In reference to LaLonde's "health field" (1974), life style determines health in approximately 53%, while physical and social environment in about 21%, genetic predispositions account for approximately 16%, with the healthcare system at about 10%. Thus, the system determinants (infrastructure, quality of medical services, specialist staff) do not guarantee good health and high quality of life. On top of that, in the developed countries of Western Europe and in the United States no observations have been made as to the improvement of human health along with more funds being spent on healthcare (Nowak 2010: 24). In many instances, the employers' care for their employees' health consists mainly in financing sickness benefits or providing healthcare to company's work crew. Although those services are needed, they do not yield tangible results – an easy and fast access to specialists does not reduce absenteeism, number of disease incidences, nor does it lead to an increase in productivity (Malińska, Namysł, Hildt-Ciupińska 2012: 21).

For Polish people, health represents the highest value in life – as the GUS [Central Statistical Office] most recent studies focusing on personal lives of our country's population suggest (GUS 2015). Further in the ranking came: the need of

love, friendship, earning money and professional growth. It turns out that although the vast majority of Poles reports caring for their own health, the actual actions aimed at staying fit are still not that widespread. A decisive majority of Polish population (88%) does not do any sport professionally, nearly three fifths (58%) never or hardly ever do physical exercises, and no aerobics; and over one third (37%) takes up no sports whatsoever, such as running, swimming, cycling, team sports, etc. Furthermore, one fourth of the population (25%) smokes cigarettes on a daily basis, and a barely smaller percentage of the surveyed (23%) is at risk of stressful situations at least once a day, with one seventh (14%) having fizzy drinks every day. Almost half of respondents (49%) sleeps less than six hours per day at least once a week, with every twelfth (8%) sleeping, as a rule, less than six hours a day (CBOS 2016). On top of that, people go the GP or a specialist doctor only when become ill. Our fellow-countrymen clearly pay less attention to prevention. These findings could provide guidance for those Polish employers who have so far failed to take care of their employees' health, seeing it as one of the basic needs (Olędzka 2016: 35).

By promoting health in the workplace, employers can not only raise workers' health awareness, but they can also deepen the bond between employees and enterprise, thus motivating them to taking on the responsibility for the organization's destiny. A special tool applied in the enterprise's health policy are workplace health programs, such as, e.g. work-life balance or wellness programs. Apart from numerous benefits for the employees, they are also of key importance to employers, providing such benefits as, for example, fewer incidences of sickness-related absence among workers, better motivation to work and greater job satisfaction, increased productivity and decreased stress level at work and home. On the other hand, the implementation of the workplace health programs involves considerable costs for the organization, yet, in the long term those costs are paid back.

Work overload and stress thus-related are one of the major challenges in terms of health and safety in Europe – with nearly one in every four employees complaining about that. Studies show that work stress is the underlying reason for 50%-60% of working days lost. The stress implications are then felt not only in health dimension but also in terms of the economy (European Agency for Safety and

Health at Work 2016). Moreover, in the USA 25% of the work force indicates professional work as the primary factor generating stress, with 75% reporting that workers of today are more stressed by their work than was the case with the previous generation. Those employees who took medical leave due to stress, fear or other job-related disorders were on sick-leave for about 20 days (NIOSH 1999; Koh, Tar-Ching 2015: 871).

Referring to the observations outlined above, the aim of the article is to identify negative health consequences resulting from work overload and lack of work-life balance, as well as to present the characteristic features of positive pro-health behaviors in the workplace, seen as the strategy for counteracting the negative effects mentioned above. On the basis of foreign and Polish findings, the relevance of the individual elements of health-promoting activities to be introduced in enterprises will be identified, countering or minimizing the negative consequences of being overworked. To this end, the examples of two health programs implemented in foreign and Polish enterprises will be examined.

Following that, on the basis of the review of foreign and domestic literature, the authors propose the model describing the relationships between individual variables impacting worker welfare. In this model, the assumption is that the interaction between work and life, and workers' healthy behaviors such as physical activity and rest after work in the form of sleep are crucial for their regeneration.

The theoretical assumptions presented in the paper are the starting point for the studies designed nationwide on Polish enterprises. Their aim is the identification of possibilities to counter the negative consequences of work overload through the promotion of healthy behaviors in the workplace and supporting employees in creating work-life balance.

2. Theoretical basis

2.1. Demand – resources - support model

One of the key theories showing the negative consequences of work overload is the "demand – resources– support" model. Robert Karasek, who is the author of this concept, focused on the development of worker welfare by referring to the relationship between the demands faced in the job and workers' sense of having control. The situation where there are high demands while the sense of having control is lacking engenders work overload with negative psychosomatic consequences. The demand-resources-support model assumes that the negative consequences felt by employees are the result of a huge work overload and a low sense of control (arising from both insufficient competences and lacking decision-making capacity) (Karasek 1979). At the same time, a job that places low demands on employees leads to their being passive or feeling work underload. Only in the situation of many resources and much control can we encounter an active worker, meaning, one that contributes to organization's greater efficiency, without having to be exposed to negative consequences of the demands (see Figure 1). The negative implications relating to high demands and little control refer to both physical and mental health.

Figure 1. Demand-control model



Source: The authors' own study based on Karasek (1979).

Among the negative health consequences related to work overload, psychosomatic illnesses are named in the first place, as being the negative outcome of feeling stressed over a long period of time (Karasek et al. 1981). However, the attention is being drawn to the fact that worker welfare is not exclusively linked to their physical well-being, as their mental health and social relationships are equally valid (Grant et al. 2007). Hence, the model developed by R. Karasek is not only

employees' health, but also to predict the negative consequences relating to employees' attitudes such as: lack of satisfaction, absenteeism, the wish to leave the organization or decreased engagement (Hakanen et al. 2008; Presseau et al. 2014).

In the course of the further work on the demand-control model, the importance of yet another area was discerned, which was the social support employees can count on in their organization (Karasek, Theorell 1990). On the basis of the three dimensional model, "demand-control-support", it is possible to reduce the negative stress the worker experiences through the organizational actions seeking to give the worker the necessary support. On the other hand, leaving employees to themselves when the job is highly demanding, with them having no sufficient opportunities to have control over the situation, will contribute to a greater risk of negative consequences. In view of the interactions occurring between the physical and mental health, it is to be expected that in implementing the management practices to improve the employee's functioning within the mental sphere, the organization has a chance to help improve the employee's physical health, too (Grant et al. 2007). Yet, it needs to be emphasised that not all studies confirm the importance of social support in eliminating the negative consequences of work overload (Pelfrene et al. 2002). The survey conducted on a sample of over 20 thousand Belgian employees found that all the three dimensions outlined had an impact on the job satisfaction felt by employees; however, the stress is primary caused by feeling too much work oveload which is not eliminated even though there is much support offered to the employee by the community (Pelfrene et al. 2002).

2.2. Work-life balance

Another significant area touched upon in the discussions is the relationship between occupational functioning and personal life. The balance between work and life tends to be defined as a feeling of achieving a sense and harmony across different domains of life (Clark 2000). Christopher Higgins and his team workers define this concept in the same vein, as for them the work-life balance consists in achieving satisfaction arising from the ability to cope with the demands placed by the different domains in which an individual functions (Higgins et al. 2000: 19). The

satisfaction arising from the relation between work and family encompasses both the cognitive and emotional element (Drobnic, Beham 2010). In the cognitive aspect, the sense of balance depends on the extent people perceive their possibilities to reconcile the various tasks involved in pursuing their goals relating to work and family. How these possibilities are perceived results directly from one's experiences which might be seen as positive or stressful and disproportionate to one's abilities. Moreover, the emotional component is the result of a cognitive assessment, representing a positive or negative emotional response to the situation (Beham, Drobnic 2010). Therefore, it is not so much the objective factors like work conditions or family situation but rather how these factors are felt subjectively (Boyar et al. 2008; Moore 2007). Keeping this in mind, if we want to talk about the importance of work-life balance as the element shaping the well-being of an individual, we should refer to employees' subjective feelings. Taking part in these two social roles involves transferring emotions, skills and attitudes from work to home and vice versa (Pleck et al. 1980).

The most likely implication of the lack of balance between work and life is employees' sensing conflict. It occurs when an individual perceives the demands of one role as interfering, failing to harmonize with those involved in the other social role (Greenhaus, Beutell 1985). When this happens people encounter substantial problems in fulfilling one specific social role, since they are being engaged in meeting the demands posed by the other role (Ballout 2008). Two kinds of conflicts can be distinguished; one relating to work having impact on family and the other to family situation affecting work (Greenhaus, Beutell 1985). Keeping work separated from family and family separated from work arises from the fact that both domains are linked to various consequences and are determined by different factors (Rotondo, Kincaid 2008). Moreover, the scholars have increasngly highlighted that the simultaneous fulfilment of both social roles not only brings about the risk of conflict, but it also presents the opportunity for having positive outcome in that both domains are enhancing each other (Lourel et al. 2009). Further to that, functioning in both domains of life is conducive to synergy effect taking place where one domain influences positively the other (Beutell, Wittig-Berman 2008). Thus, in analyzing

the meaning of the work-life relationship in the context of fostering welfare, four aspects should be taken into account:

- positive impact of work on non-working life,
- negative impact of work on non-working life,
- positive impact of private life on work,
- negative impact of non-working life on work.

Given the complexity of the relationship that occurs between performing occupational role and undertaking other social roles, the organization's personnel policy should concentrate on diminishing the negative impact while fostering the positive ones. The rationale behind accounting for work-family balance in the personnel policy is confirmed by research underscoring the importance of the above domain in the functioning of an individual in the workplace. The way we feel satisfied with both roles influences emotions, attitudes and behaviors of employees, and ultimately organization's efficiency (Eby et al. 2005). The implications stemming from the impact of functioning in both domains can be positive as well as negative. When people feel work-life balance lacking and sense work-family conflict, a number of negative consequences can emerge. In such a situation we can expect the following from employees: increased absence, being late for work, wish to quit their job, occupational burnout or other negative behaviors (Ballout 2008; Boyar et al. 2008; Hughes, Bozionelos 2007; Saif et al. 2011). Offering support on the part of the organization may then contribute not only to mitigating the conflict, but also to strengthening the positive relationship and better results, as expected by the organization such as job satisfaction, greater engagement in and attachment to the organization, as well as improved civic behaviors in the organization (OCB) (Kossek, Ozeki 1998; Lambert 2000; Thompson, Prottas 2006).

What appears of key importance in the analyses is, on the one hand, the close relationship between feeling burdened by work and consequences arising in the form of the work-life conflict (Butler et al. 2005; O'Driscoll et al. 2004), and, on the other hand, the importance of the positive work-life relationship for worker wellbeing (Allis, O'Driscoll 2008).

2.3. Promoting healthy behaviors in the workplace

There are many ways of coping with work overload-related negative consequences and thus resulting stress; those that should be mentioned include individual, group and organizational strategies (Dewe et al. 2010: 15; Dewe, Cooper 2012: 10; Dewe 2014: 74). Moreover, studies suggest that there exists a deep and continuous relationship between worker stress, level of physical health and wellbeing (Quick, Bennet, Hargrove 2014: 175). Therefore promoting positive healthy behaviors in the workplace, and in particular, improving employees' awareness and changing their attitudes in this respect by deploying comprehensive health programs could provide an interesting example of an enterprise's organizational strategy aimed at eliminating the negative implications of work overload.

Health promotion as a concept of strategies designed to facilitate people's making healthy choices and then sticking to them, ultimately strengthening their health has been firmly established in the health policy of the developed countries (Maastricht Treaty: Health Promotion Program 1996–2000, 2001: 2). A particularly favorable place for putting this kind of programs in place are businesses, where not only is it possible to design healthy life styles relatively most effectively, but also to support such life styles among adults (Parish 1996: 53-63; Dugdill, Springelt 2001; Korzeniowska, Puchalski 2002: 361-368). In its classic approach, health promotion at the workplace focused mainly on influencing employees' health behaviors (also in terms of health and safety at work) and the physical conditions of the work environment, while improving the availability of health benefits, too. The measures at play comprised in the first place screening, health education, skills training aimed at developing healthy behaviors among individual members of the work crew, with the company seen as a favorable place for the implementation of those kinds of actions (Schroer 1997: 7).

Currently there has been a shift in the thinking in the EU towards what has been referred to as "workplace health promotion", where the main objective is to build sustainable socio-organizational mechanisms, inducing employees to take interest in health issues, facilitating their making more healthy choices and stimulating

organization's development so as to make it more human friendly. What is being increasingly emphasized is the importance of psycho-social aspects of human functioning and the role of the organizational environment in generating and sustaining health-conscious transformations (Korzeniowska 1999: 604). In applying this approach, the enterprise (that is the physical, and socio-organizational environment) is becoming the object of influence more than individual employees. The desired outcome within this approach is to integrate health-related issues sustainably in the logic of company's functioning, which, in turn, is to form the basis for fostering worker wellbeing and responsible approach towards health (Korzeniowska, Puchalski 2002: 364).

Thus, health behaviors decide for the most part whether or not people are healthy. Health behaviors are such behaviors which "in light of the contemporary medical knowledge trigger specific (positive or negative) health effects in people who implement them" (Gniazdowski 1997: 22; Nowak 2010: 25). These actions may be deliberate (intentional), conscious, planned, yet, they may also be completely by chance, occasional and unconscious. The strong relationship between life style and health has led to evaluating life styles. We can talk about a positive (healthy) life style, that is, a model worth emulating, as well as the negative (unhealthy, pathological) one which threatens psycho-physical wellbeing, possibly diminishing the quality of human life. A healthy life style implies "patterns of conscious health-related behaviors, being the result of choices made by people on the basis of alternatives available to them and determined by their life situation" (Cockerham 1995 after: Woynarowska 2008: 51). The healthy life style encompasses a variety of behaviors whose priority hierarchy is somewhat difficult to establish (Table 1).

Table 1. Health behaviors as elements of healthy life style

HEALTH BEHAVIORS taking care of one's body and immediate environment; physical activity; IMPACT ON MENTAL AND PHYSICAI sensible diet: hardening; proper quality and duration of sleep; using and giving societal support; avoiding stress and the ability to cope with it; HEALTH self-health check and self-examination; preventive examination; safe behavior in daily life (e.g. work and transport safety); safe sexual life; non-smoking tobacco; limited alcohol consumption; non-overusing medication non-prescribed by the doctor; non-overusing other psychoactive substances.

Source: Authors' own study based on Woynarowska (2008).

The findings of the studies conducted by Krzysztof Puchalski and Elżbieta Korzeniowska (2003: 4) over the period of 2000-2001 suggest that in Polish medium-sized and big enterprises the implementation of the pro-health policy in a business promoting health mostly takes the form of single interventions aimed at prevention or health protection, focusing especially on introducing healthy solutions in the physical work environment (e.g. ergonomic characteristics of working place, social needs equipment), and offering non-obligatory medical services (vaccination, additional diagnostic examinations, therapeutic treatments). Actions aimed at encouraging healthy behaviors among staff, and thus improving their activity are considerably less frequent.

In the United States, Canada and Western Europe, on the other hand, this type of actions tend to take the form of a health program which may be directed at specific assistance like, for example, work-life balance program – whose goal is to improve employees' balance between work and home, physical activity promotion program comprised of sporting and fitness activities, or programs of comprehensive nature.

Health promotion in the workplace concentrates in general on promoting worker health by reducing individual risk behaviors such as tobacco smoking, psychoactive substances use, sedentary life style, poor diet, reactions to stress and ways of coping with stress, reproductive health risks and other health behaviors (La Montagne 2004; O'Donnell 2002; Quintiliani et al. 2007: 6).

Health programs in companies can either cover most of their employees or focus on a specific target group showing greatest problems or deficits in this respect. Further, they can vary in scale and structure (Ammendolia et al. 2016: 2). The term of a comprehensive health program in the workplace is not that clear either. Kenneth R. Pelletier (2001: 108) defines it as a "program which encompasses continuous and integrated strategies aimed at health promotion and disease prevention, taking into consideration detailed elements (e.g. smoking cessation, stress management, body fat reduction, etc.) in the form of a program that is especially designed and continuous, in line with enterprise's corporate goals, and which is equipped with evaluation measures". According to the American Initiative Healthy People 2010, the comprehensive programs should contain five components: 1) health education; 2) supportive physical and social environment for worker's health improvement; 3) integration of health promotion program into organization's culture and structure; 4) links to related programs and services offered to employees (Quintiliani et al. 2007: 23).

It is worth emphasizing that the effects (healthy, economic, humanistic) expected to arise from health promotion can be achieved by organizing health activities in company in the form of a social change project (Grossman, Scala 1999: after Puchalski, Korzeniowska 2003: 2). It means, among other things, that the initiatives should be linked to enterprise's basic interests and subjective needs of personnel, while at the same time being incorporated into the enterprise's organizational mechanisms and structures. Winning strong support of the board and significant groups of employees, recording the initiatives in documents specifying the company's policy, clear assignment of roles, tasks and competences in terms of health promotion in the company's organizational system serve all this purpose. Further to that, it involves the need of planning, systematic implementation of the plan, monitoring and evaluating activities, including their effects, as well as drawing

conclusions from the evaluation for possible modification of the plan. Moreover, it is also about mitigating staff's natural resistance to changes by stimulating them and securing their involvement in this process, as well as deploying methods encouraging healthy behaviors which do not confine themselves to educational or restrictive activities (Puchalski, Korzeniowska 2003: 2-3).

It is possible to influence workers' health behaviors at different levels of influence (Stokols 1996: 139); through direct strategies such as: health education and greater availability of healthy foods and physical activity; or indirectly by social support and introduction of norms promoting healthy behaviors in the company. Another possibility in this respect is to link the health promotion efforts with actions at work on a wider scale, with a view to support workers' health, for example, through OSH initiatives (Sorensen et al. 2002: 495), disability management programs (Williams, Westmorland 2002: 87), and employee assistance programs (DeJoy, Southern 1993: 1222). In the workplace, one can plan programs with employees' participation who can determine priorities based on their own evaluation of needs and/or on the basis of the most frequently diagnosed risks: mortality and morbidity, types of disability, lower work productivity or potential for cost saving relative to health impact (Quintiliani et al. 2007).

The research findings also show numerous economic advantages for enterprises arising from the emergence of company's health culture. According to ADP study Workforce View in Europe 2015/2016, persons engaged in their work generate more income by 26% compared to those less dedicated to their company (ADP 2015: 23). Employees who are actively disengaged approach their job and employer with disrespect, do not care about the opinions held about the company, often considering employment to be a transitory period, while persons who are not engaged in their work simply come to work, do their job and leave, failing to be interested in taking an active part in the company's growth. Based on the Gallup Institute data collected across 140 countries among 180 million employees (Gallup Institute 2013: 14), engaged employees make up only 13% of the workforce, with the actively disengaged accounting for 24%, and not engaged making up as many as 64% of all workforce, which suggests that the majority of workers represent unused potential

which if motivated and expanded effectively, could translate into organization's growth and profit.

On top of that, there are also costs related to sick leave, occupational diseases and increased costs of turnover of employees who suffering from job burnout often experience depression and not infrequently quit their job. In 2002 the European Commission calculated the costs of work-related stress in 15 EU member states at EUR 20 billion annually. In 2013 the costs of work-related depression in the EU countries were estimated at EUR 617 billion annually. The total costs were made up of: costs incurred by employers resulting from absenteeism and presenteeism (EUR 272 billion), loss of productivity (EUR 242 billion) healthcare costs (EUR 63 billion) and social welfare costs in the form of disability benefit payments (EUR 39 billion) (European Agency for Safety and Health at Work – EU-OSHA 2014: 7).

3. Analysis of the selected case studies

This part of the paper presents two case studies demonstrating a successful implementation of comprehensive health programs in big corporations¹: The case study belongs to qualitative research methods, mostly applied to gain in-depth understanding of the examined phenomenon (Wójcik 2013). In management sciences, the case study is used to gain insight into separated organizational functions and processes, as well as the overall context of organization's functioning. Although this method does not provide the basis to generalize findings, it can still represent an important source of information, allowing for rendering research hypotheses more precise (Matejun 2011). Given the determinants involved in the method application, the selection of entities to be examined is of paramount importance. For the purpose of this study, two organizations were chosen: Mars Poland and Protect&Gamble in Belgium, which have implemented health programs

¹ The case studies of the practices were developed based on the materials available on the website of European Agency for Safety and Health at Work EU-OSHA: Procter & Gamble Program (2009a), Mars Wellness Program (2009b).

in their organizations. The material gathered is presented taking into consideration: the program's goals, detailed features of activities and implementation effects.

Mars wellness program - Mars Poland

One of the more interesting and comprehensive health programs created and implemented in the company Mars Poland is Mars Wellness Program (Mars Central Europe (MCE) - Wellness Program). Mars Poland is one of the subsidiaries of the family-owned business originating in the USA, Mars Incorporated. Mars Poland was founded in 1992 and today is one of the largest and fastest growing economic operators producing consumption goods in the country. The company employs over 1400 workers in the following departments: marketing, sale, research and development, finances, IT, HR and organization, logistics, engineering, production, commercial and corporate affairs.

The European Commission has been monitoring Mars Wellness Program since 2007 and for a few years now the program has received the highest scores among other 160 European programs. The program's goal is to aid workers in staying in good health, both mental and physical. Following the program's successful implementation at Mars Poland, it was introduced in other parts of Europe where Mars is operating: in the Czech Republic, Lithuania and Hungry. There are also plans for the program to be implemented in Estonia, Latvia, Romania, Slovakia, Bulgaria, Albania, Slovenia, Croatia, Serbia and Macedonia.

Based on the survey assessing employees' exposure to health risks, the company decided to put emphasis on improving their physical state and general wellbeing. To this end, a special program was introduced. It is largely based on workers' needs, with the program's scope covering such issues as: stress, physical activity and nutrition. The program's watchword is: "Sustainability for our Employees to work, enjoy life and perform at their best". MCE Wellness is an operating scheme in which the concept of "wellness" is viewed in terms of mental, physical and social health. It is to change visibly employees' and their families' attitudes towards health and to improve worker general wellbeing.

The MCE Wellness program was created by Przemysław Duchniewicz – a Health and Wellness manager at Mars Central Europe (MCE). It consists of three major parts called MCE Wellness program's pillars. These are:

- 7 steps to health
- Mars balance
- Enjoy

Within the framework of the project Sport and Nutrition, the program is complemented by actions targeting employees' physical health. That is why Mars Poland always provides fresh vegetables and wholegrain bread to its workers. Also, information is given on a daily basis as to the nutritional value of all meals served in the company's canteen, including their percentage of the recommended daily intake. Every worker can use the company's gym, football pitch, participate in aerobics classes, yoga courses, free of charge massages and nutritionist consultation. In addition, employees have access to over 1700 sport centers as part of additional benefits co-financed by the company. Employees pay only about EUR 10 per month for an unlimited access to all activities offered by the centers. Taking into account the physical aspect of worker's health, Mars not only encourages its employees to take up sport, since the company also pays attention to safe and healthy work setting. Employees are provided with, for example, innovative furniture increasing work ergonomics.

The first pillar of the program – the "7 steps to health" project is one of the most crucial component of the overall wellness strategies, focusing on raising the "health level" of every employee. It encompasses a set of actions which help all employees in assessing their health condition while raising their awareness of making healthy choices regarding their life style. For each employee, the "7 steps to health" program starts with a voluntary participation in workshops which consist of 3 parts:

 the first part is concerned with providing basic information on health and involves defining such indicators as: weight/height/waist/hip ratio, blood pressure, cholesterol level, etc.
 At this stage, employees are given access to software which

- provides all information on the program, and which allows them to learn how to deal with stress and musculoskeletal load.
- the second part focuses on a personality analysis using Myer-Briggs Type Indicator®. This tool allows people to identify their "personality type", making it possible to find their own area of comfort, to understand their own way of communication, decisionmaking or life style. Further to that, it involves finding an area of work, tasks or place where people work under less strain, "recharge their batteries", as well as the areas which might pose a certain challenge to them.
- The final part is an open discussion under the watchful eye of an experienced couch, concentrating on individual potential for improvement and on practical steps to be undertaken in this respect. The discussion revolves around 4 domains of worker life: career, family, the individual and society.

Having gone through the workshops, employees enter the practical aspect of the activities of the "7 steps to health" program, which involves:

- Acquiring basic information based on worker diagnosis and information materials:
 - Step 1: Online coaching system for workers, ex-workers (both pensioners and those who changed their employer) and their families comprising the following: estimation of the quality of nutritional habits, description of actions seeking to improve those habits, information on physical health indicators and necessary regular checkups; diagnosing stress and depression symptoms by questionnaire; information on where to find help in case of feeling stressed or depressed.
 - Step 2: on the basis of the personal information obtained during the previous stage, each employee receives a personalized guidebook.
- Monitoring a review of parameters relating to physiological and biometric aspects, diet or physical activity:

- Step 3: The company encourages each employee to monitor three physical indicators: cholesterol level, blood pressure and BMI coefficient (body mass index), this also involves consultations.
- Step 4: Nutrition awareness. This is done through workshops, "healthy weeks" and meetings with nutritionists, which motivates employees to change their eating habits.
- Step 5: Physical activity. Fitness trainers test physical condition of those employees who show interest. Twice a year, the company runs a campaign encouraging employees to test their potential in terms of physical activity.
- Change introduction this comprises a few actions encouraging workers to make healthy changes in their lives, with step 6 at an individual level and step 7 inspiring to other activities:
 - Step 6: it consists of several types of activities aimed at making employees feel responsible for their own health. The step comprises: voluntary discussions and talks on health held during working hours. Trainings and workshops on stress covering such issues as: coping with stress, whether or not and how to manage complex demands. Moreover, there are trainings in communication and anti-stress techniques (breathing, massage, relaxation); all employees are provided with a guidebook on dealing with stress techniques.
 - Step 7: it attempts to develop social responsibility. Mars wants the
 positive effects of its internal workshops to be shared with the
 community. To this end, the company encourages its employees to
 spread the information on healthy habits and techniques to improve
 one's own mental state.

Mars Balance is the second pillar of the Mars Wellness program. Its primary objective is to ensure mental health of the employed. Bearing this in mind, several solutions have been devised with a view to make it easier to reconcile work with private life:

• flexible working hours; the company offers flexible working hours during the day, wherever it is possible. The requirement is to be present between 10

a.m. and 3 p.m. (including lunch break). Employees may come to work at 8 a.m. and work until 4 p.m. or from 10 a.m. to 6 p.m. as well. Naturally workers ensuring continuity of operations in factories cannot be included in the program.

- Telework; Mars makes working from home possible, as long as this arrangement does not impede the demands placed by a particular job.
- mothers and pregnant women; the company puts a particular emphasis on maternity. Apart from paying for giving birth in private clinics, the company also runs a special program whose objective is to provide mothers with information on possibilities and solutions in terms of returning to work. They are also offered the opportunity to work part-time.
- fathers-to-be; Mars Poland takes care not only of future mothers but also of future fathers. There is a campaign organized especially for them devoted to issues of childbirth, raising a child, with offering other pieces of relevant advice, too. This type of help is called "be closer" and "7 steps to active fatherhood"

The third pillar is the Enjoy program, seeking to support employees' personal passions and hobbies which are not associated with work. The company gives its employees paid free time during the week to develop their own interests. This is governed by specific rules with those workers being able to get it who have been much engaged in the company over the last three years, and whose performance has not been below average over that time. Supervisor's recommendation is also valuable here. In addition, the company provides the opportunity to apply for financial grant for special kinds of actions: e.g. building a playground in the neighborhood or organizing a campaign in the local community (cleaning river banks, etc.).

Numerous various outcomes have been achieved through the program (Table 2), of which the most significant are as follows: all 1400 employees are aware of the program, 833 employees assessed their health risk by the online tool (step 1 in 7 steps to health program), with all employees taking part in one or another sport activities, although to a varying degree in terms of their engagement. 500 employees

are currently using the Mars Balance program, and sickness-related absence fell down by 0.72%.

The program has been very well received by the employees, who nominated it five times to "Make The Difference Award" in the innovation category. This distinction is a form of the internal award at Mars International. In 2009, 7 000 projects entered the competition which was held in Washington, with 75 reaching the final (including Mars Wellness). Today it is perceived as an inextricable part of worker remuneration.

Table 1. Summary of the Wellness program's effects at Mars Poland so far

Measure	Goal Mars Poland	Current level
completion of the online estimation of health risk factors	80%	833 employees/ 59.5% in total
% of employees with low risk indicator relating to life style- risk health factor from 0 to 20 assessed using the online tool	65%	48% employees had a low risk factor
Number of employees who took advantage of having their blood pressure checked	80%	89% knows their own blood pressure
Number of employees who took advantage of the opportunity to check their current cholesterol level	70%	19% knows the overall cholesterol level 9% knows HDL level

Source: self-reported data based on European Agency for Safety and Health at Work – EU-OSHA (2009b).

Program from project to well-being policy – Procter & Gamble Belgium

The second example of the good practices in terms of comprehensive health programs is "From Project to Well-Being Policy" program implemented by the Belgian branch of Procter & Gamble company (P&G). The corporation was founded in the USA and currently employs 138.000 workers worldwide, with its branches situated in 180 countries. Procter & Gamble Campus located in Strombeek-Bever in

Belgium is the biggest Research and Development Center in Europe (BIC) at Procter & Gamble, employing around 1800 workers from 50 different countries.

Procter &Gamble started its health program with the assessment of workers' satisfaction. This survey is conducted on a yearly basis for all the company's employees worldwide. It consists of several categories (relationship with manager, learning and growth, personal wellbeing, engagement, etc.). The survey from 2006 found that there was a drop by 7% in the worker's perception of personal wellbeing and there was a 2% decrease regarding the balance between work and private life. In light of those findings and further growth of the company, the initiative was taken to create a comprehensive health program in cooperation with the HR Department, Prevention Department, Works Council, and representatives of the employees and employer. A working group devised the aims and was responsible for developing the program. Apart from the workers' needs, another important reason behind creating the program was the change in the long term strategy of P&G, its policy of values and its attempt to adapt to the three important social trends of the third millennium: aging population, increased healthcare costs and corporate social responsibility.

The goal of the health program was to improve employees' personal wellbeing and health. In this way Procter & Gamble wants to ensure sustainable peak efficiency of workers and to improve their engagement. Also, it aimed at integrating the employees' wellbeing awareness with their daily activities. As the sickness-related absence was at a low level, it was not considered to be a priority.

The Wellbeing Program offers the employees to participate in numerous activities. The program has been based on a holistic approach to health, regarding all its aspects which are attributable to individual welfare and work-home balance. The concept of the program encompasses activities designed for the body and mind so as to encourage an employee and thus enable him/her to make healthy choices. The classes conducted within the project aim at protecting mental health, at healthy diet, sport, social activity and physical health.

Within the framework of the program, the employees can take advantage of a range of relaxation and motion classes, such as: yoga, pilates, autogenous training (meditation to reduce stress) and laughter therapy. "Worker Assistance Program" is yet another element of the program which is provided by an external supplier for

employees with personal problems. Interesting is that employees can use those services as frequently as needed, including free psychological help. The program provides for a complete anonymity and confidentiality of information. P&G only receives information on the total number of visits and number of problems solved. Moreover, after lunch break, there is a variety of physical activities offered: jogging, team Nordic walking, stretching during healthy walks.

P&G offers flexible working hours and therefore the employees can participate in the activities during their working hours, as long as it does not interfere with their tasks. The company implements management by objectives, where employees' performance is assessed through the prism of objectives met and not the time spent at work. This flexibility is also demonstrated in the work organization (flexible working hours, work from home, an option to take holidays for religious reasons or in order to look after children).

The program is annual, and has been implemented successfully since 2007 at P&G in Belgium. It was launched in the form of a three-day information campaign showing the advantages of taking part in the program. Workers were encouraged to participate in various activities through information leaflets, small advertising gadgets, e.g. an apple bearing a label with the program's logo and multimedia classes. In addition, line managers encouraged their workers to participate in the activities, being also responsible for identifying employees whose health awareness was high and whose life style was active. These employees became ambassadors of the entire program, often playing the role of healthy life style mentors for those who entered the project voluntarily. Over the whole term of the project the employees could also use psychological consultation.

Another key element of the health program at P&G is the organization of sessions for line managers and managers showing them how to detect stress signals among employees, how to cope with employees under strain and how to solve stress-related problems in the organization. Employees are encouraged to communicate openly their problems. This is yet another way of combating stress factors and creating open communication culture at P&G. The company's leadership is also encouraged to participate actively in any other initiative of the program together with employees to overcome possible communication barriers.

Each year the program is evaluated by monitoring its results through the worker satisfaction questionnaire. The employees can also send their own recommendations to the program using specially prepared idea boxes or online. It is worth pointing out that the company's management assess the program's results as very well. Each employee participates in at least one activity a year and the wellbeing program has by now become recognizable, becoming not only a tool for worker's growth but also an element of the strategy of the whole organization. That the program has been successful is further attested by voluntary participation and the freedom in choosing from a wide range of activities. In summing up, it is worth indicating the selected effects of the P&G health program in Belgium (Table 3).

Table 3. Worker satisfaction questionnaire at Procter & Gamble – comparison of results

Indicators	Results 2006	Results 2009	Change compared to 2006	
wellbeing				
My work setting supports my	57%	68%	+11%	
productivity				
I take the initiative to be healthy	76%	82%	+6%	
and feel fit				
work life balance				
My work organization is flexible	68%	76%	+8%	
enough for me to keep balance				
between my work and personal				
life				
After work, I have energy enough	46%	58%	+12%	
to do the stuff I like				

Source: Self-reported data based on European Agency for Safety and Health at Work – EU-OSHA (2009a).

Over the period of 2006-2009 worker's satisfaction results improved both in terms of worker wellbeing and in terms of work-home balance. In light of the above, sickness-related absenteeism ratio also decreased over that period from 1.9% to 1.6%. However, this decrease cannot be considered directly attributable to the program, for that was not diagnosed by a direct method.

4. Summary and conclusions

Referring to the conclusions drawn from the literature analysis, the findings of the secondary research, as well as the case studies, the authors made the attempt to develop the theoretical assumptions of the model describing the interdependencies between individual variables impacting worker welfare.

The theoretical assumptions of the "demand-resource-support" model show that the main threat to the achievement of the mutual benefits (employer and employee) in the form of satisfaction, intention to leave, absenteeism and worker's health state is work overload. Work overload, which is the primary source of stress, can originate in the three main areas (Mościcka-Teske, Potocka 2014: 10):

- work content (number of tasks, working conditions, deadlines, task complexity),
- work context (organizational culture, interpersonal relations, personal growth opportunities),
- and pathological behaviors in the workplace (mobbing, discrimination).

Thus, the level of work overload will be an *independent* variable in the proposed model (measured in the three separate areas), while *dependent* variables will include: satisfaction level, loyalty, absenteeism and worker's state of health. It should be underscored that although the variables characterize an employee, they are paramount to the functioning of the entire organization.

However, key to our discussion is to capture the role of the two additional factors such as work-home interaction and worker behaviors in terms of physical activity and rest. Hence, in the model proposed, *intervening variables* (mediating variables) have been distinguished:

- the level and type of work-home interaction,
- pro-health behaviors: employees' level of physical activity and resting time (number of sleep hours).

The character of the interdependencies examined is illustrated in Figure 1.

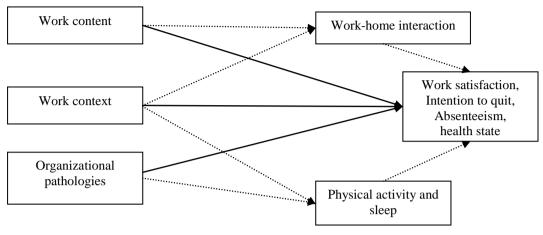


Figure 1. Theoretical model of the studies

Source: Authors' own study

In order to verify the above model, a number of research hypotheses was advanced which indicated the predicted direction of the interdependencies in question:

H1: Excessive work overload contributes to diminished satisfaction and feeling of wellbeing and increased absenteeism

H2: Positive work-home relationship and positive home-work relationship will reduce the negative consequences of excessive overload relating to work content and context

H3: Negative work-home relationship and negative home-work relationship will increase the negative consequences arising from work overload

H4: Physical activity and rest (hours of sleep) counteract the negative consequences of work content and context-related overload

H5: Physical activity and rest will reduce the negative consequences of the excessive overload arising from work content and context

H6: Neither physical activity nor positive interaction between home and work, and work and home will reduce the negative impact of organizational pathologies.

The empirical verification of the interdependencies investigated will form the basis for drawing conclusions as to the importance of healthy behavior promotion and support in terms of building a positive work-home interaction, seen

as the tools for devising an effective corporate wellness policy. In reference to the research assumptions, surveys have been designed which will be conducted in 2017 on employees from a number of different enterprises. The surveys will be carried out nationwide, taking into account various lines of business, according to Polish Business Classification. To conclude, a skilful selection of tools supporting employees in their coping with excessive work overload is crucial in a setting when its reduction is not possible, in particular, regarding the so called "hard" area, that is, work content overload.

Bibliography

ADP Workforce View in Europe 2015/16 (2015), www.adp.co.uk/assets/vfs///Family32/WorkforceView-15-16/Workforce-View-UK-Screen-Final.pdf [31.12.2016].

Allis P., O'Driscoll M. (2008), Positive effects of nonwork-to-work facilitation on well-being in work, family and personal domains, "Journal of Managerial Psychology", vol. 23 no. 3, pp. 273-291.

Ammendolia C., Côté P., Cancelliere C., Cassidy J.D., Hartvigsen J., Boyle E., Soklaridis S., Stern P., Amick B. (2016), Healthy and productive workers. Using intervention mapping to design a workplace health promotion and wellness program to improve presenteeism, "BMC Public Health" no. 16, p.1190, https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-016-3843-x [25.06.2017].

Ballout H.I. (2008), Work-family conflict and career success. The effects of domain-specific determinants, "Journal of Management Development", vol. 27 no. 5, pp. 437-466.

Beham B., Drobnic S. (2010), Satisfaction with work-family balance among German office workers, "Journal of Managerial Psychology", vol. 25 no. 6, pp. 669-689.

Beutell N.J., Wittig-Berman U. (2008), Work-family conflict and work-family synergy for generation X, baby boomers, and matures. Generational differences, predictors, and satisfaction outcomes, "Journal of Managerial Psychology", vol. 23 no. 5, pp. 507-523.

Boyar S.L., Maertz C.P.J., Mosley D.C.J., Carr J.C. (2008), The impact of work/family demand on work-family conflict, "Journal of Managerial Psychology" vol. 23 no. 3, pp. 215-235.

Butler A.B., Grzywacz J.G., Bass B.L., Linney K.D. (2005), Extending the demands-control model. A daily diary study of job characteristics work-family conflict and work-family facilitation, "Journal of Occupational and Organizational Psychology", vol. 78 no. 2, pp. 155-169.

CBOS (2016), Zdrowie i zachowania prozdrowotne Polaków, CBOS, Komunikat z badań nr 138/2016, Warszawa, http://cbos.pl/SPISKOM.POL/2016/K_138_16.PDF [15.05.2017].

Chu C., Breucker G., Harris N., Stitzel A., Gan X., Gu X., Dwyer S. (2000), Health-promoting workplaces – international settings development, "Health Promotion International", vol. 15 no. 2, pp. 155-167.

THE CONCEPT OF PREVENTING NEGATIVE CONSEQUENCES OF WORK OVERLOAD

Clark S.C. (2000), Work/family border theory. A new theory of work/family balance, "Human Relations", vol. 53 no. 6, pp. 747-770.

DeJoy D., Southern D. (1993), An integrative perspective on worksite health promotion, "Journal of Occupational and Environmental Medicine", vol. 35 no. 12, pp. 1221-1230.

Dewe P., O'Driscoll M., Cooper C. (2010), Coping with stress. A review and critique, Wiley-Blackwell, Chichester.

Dewe P., Cooper C. (2012), Well-being and work. Towards a balanced agenda, Palgrave Macmillan, Basingstoke.

Dewe P. (2014), Positive psychology and coping. Towards a better understanding of the relationship, in: Wellbeing. A complete reference guide, eds. Chen P.Y., Cooper C.L., Vol. III: Work and wellbeing, Wiley-Blackwell, Chichester, pp. 65-90.

Dugdill L., Springelt J. (2001), Evaluating health promotion programmes in the workplace, in: Evaluation in health promotion. European Series, No. 92., eds. Rotman J., Goodstadt M., Hyndman B., McQueen D.U., Potwin L., Spingett J., Ziglio E., WHO Regional Publications, Copenhagen.

Eby L.T., Casper W.J., Lockwood A., Bordeaux C., Brinley A. (2005), Work and family research in IO/OB. Content analysis and review of the literature (1980-2002), "Journal of Vocational Behavior", vol. 66 no. 1, pp. 124-197.

European Agency for Safety and Health at Work – EU-OSHA (2009a), From the project to wellbeing policy, http://www.enwhp.org/toolbox/pdf/1002191223_Procter-Gamble.pdf [31.12.2016].

European Agency for Safety and Health at Work – EU-OSHA (2009b), Mars Wellness Programme, http://www.enwhp.org/toolbox/pdf/1002191140_Mars-Wellness-Programme.pdf [31.12.2016].

European Agency for Safety and Health at Work – EU-OSHA (2014), Calculating the cost of work-related stress and psychosocial risks – a literature review, "European Risk Observatory", https://osha.europa.eu/pl/tools-and-publications/publications/literature_reviews/calculating-the-cost-of-work-related-stress-and-psychosocial-risks [31.12.2016].

Gallup Institute (2013), State of the global workplace report, www.securex.be/export/sites/default/.content/download-gallery/nl/brochures/Gallup-state-of-the-GlobalWorkplaceReport 20131.pdf [31.12.2016].

Gniazdowski A. (1997), Promocja zdrowia w miejscu pracy. Teoria i zagadnienia praktyczne (Workplace health promotion. Theory and practise), Instytut Medycyny Pracy, Łódź.

Grant A.M., Christianson M.K., Price R.H. (2007), Happiness, health, or relationships? Managerial practices and employee well-being tradeoffs, "Academy of Management Perspectives", vol. 21 no. 3, pp. 51-63.

Greenhaus J.H., Beutell N.J. (1985), Sources of conflict between work and family roles, "Academy of Management Review", vol. 10 no. 1, pp. 76-88.

GUS (2015), Badanie spójności społecznej, II edycja, (The study of social cohesion, 2nd edition), http://stat.gov.pl/obszary-tematyczne/warunki-zycia/dochody-wydatki-i-warunki-zycia-ludnosci/prezentacja-pierwszych-wynikow-ii-edycji-badania-spojnosci-spolecznej,22,1.html [31.12.16].

Hakanen J.J., Schaufeli W.B., Ahola K. (2008), The Job Demands-Resources model. A three-year cross-lagged study of burnout, depression, commitment, and work engagement, "Work & Stress", vol. 22 no. 3, pp. 224-241.

Higgins C., Duxbury L., Johnson K.L. (2000), Part-time work for women. Does it really help balance work and family?, "Human Resource Management", vol. 39 no. 1, pp. 17-32.

Hughes J., Bozionelos N. (2007), Work-life balance as source of job dissatisfaction and withdrawal attitudes. An exploratory study on the views of male workers, "Personnel Review", vol. 36 no. 1, pp. 145-154.

Karasek R.A. (1979), Job demands, job decision latitude, and mental strain. Implications for job redesign, "Administrative Science Quarterly", vol. 24 (June), pp. 285-308.

Karasek R.A., Baker D., Marxer F., Ahlbom A., Theorell T. (1981), Job decision latitude, job demands, and cardiovascular disease. A prospective study of Swedish men, "American Journal of Public Health", vol. 71 no. 7, pp. 694-705.

Karasek R.A., Theorell T. (1990), Healthy work. Stress, productivity, and the reconstruction of working life, Basic Books, New York.

Koh D., Tar-Ching A. (2015), Occupational health, in: Oxford texbook of global public health, eds. Detels R., Gulliford M., Abdool Karim Q., Chuan Tan Ch., Vol. 2: Methods of Public Health, Oxford University Press, Oxford, pp. 868-882.

Komisja Wspólnot Europejskich (2007), Komunikat Komisji dla Parlamentu Europejskiego, Rady Europejskiego Komitetu Ekonomiczno-Społecznego i Komitetu Regionów, Podniesienie wydajności i jakości w pracy: wspólnotowa strategia na rzecz bezpieczeństwa i higieny pracy na lata 2007-2012. (Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions, Improving quality and productivity at work: Community strategy 2007-2012 on health and safety at work), Brussels, www.europarl.europa.eu/meetdocs/2009_2014/documents/empl/dv/com_com(2007)0062_/com_com(2007)0062_pl.pdf [31.12.2016].

Korzeniowska E. (1999), Zdrowi pracownicy w zdrowej organizacji – Konferencja Europejskiej Sieci Promocji Zdrowia w Miejscu Pracy (Healthy employees in healthy organisations – Conference of European Network for Workplace Health Promotion), "Medycyna Pracy", vol. 50, pp. 601-604.

Korzeniowska E., Puchalski K. (2002), Kwestionariusz oceny jakości programów promocji zdrowia w miejscu pracy (Workplace health promotion program quality questionnaire), "Medycyna Pracy", vol. 53 no. 5, pp. 361-368.

Kossek E., Ozeki C. (1998), Work-family conflict, policies, and the job-life satisfaction relationship. A review and directions for organizational behavior-human resources research, "Journal of Applied Psychology", vol. 83 no. 2, pp. 139–149.

THE CONCEPT OF PREVENTING NEGATIVE CONSEQUENCES OF WORK OVERLOAD

La Montagne A. (2004), Integrating health promotion and health protection in the workplace, in: Hands-on health promotion, eds. Moodie R., Hulme A., IP Communications, Melbourne.

Lambert S.J. (2000), Added benefits. The link between work-life benefits and organizational citizenship behavior, "Academy of Management Journal", vol. 43 no. 5, pp. 801-816.

Lourel M., Ford M.T., Gamassou C.E., Guéguen N., Hartmann A. (2009), Negative and positive spillover between work and home. Relationship to perceived stress and job satisfaction, "Journal of Managerial Psychology", vol. 24 no. 5, pp. 438-449.

Malińska M., Namysł A., Hildt-Ciupińska K. (2012), Promocja zdrowia w miejscu pracy – dobre praktyki, cz. 2 (Workplace health promotion – good practices, part 2), "Bezpieczeństwo Pracy", no. 07, pp. 18-21.

Matejun M. (2011), Metoda studium przypadku w pracach badawczych młodych naukowców z zakresu nauk o zarządzaniu (Case study in management science in the research works of young scientists), "Zeszyty Naukowe Uniwersytetu Szczecińskiego. Problemy Zarządzania, Finansów i Marketingu", vol. 666 no. 19, pp. 203-213.

Moore F. (2007), Work-life balance. Contrasting managers and workers in an MNC, "Employee Relations", vol. 29 no. 4, pp. 385-399.

Mościcka-Teske A., Potocka A. (2014), Skala Ryzyka Psychospołecznego. Budowa i zasady stosowania (Psychosocial Risk Scale. Construction and application principles), Komisja Krajowa NSZZ Solidarność, Łódź–Gdańsk.

Nowak P. (2010), Aktywność fizyczna oraz inne zachowania zdrowotne w stylu życia menedżerów (Physical activity and other health behaviors in managers' lifestyles), Wydawnictwo Politechniki Opolskiej, Opole.

O'Donnell M.P., ed. (2002), Health promotion in the workplace, 3rd edition, Delmar Thomson Learning, Toronto.

O'Driscoll M., Brough P., Kalliath T., (2004) Work/family conflict, psychological well-being, satisfaction and social support. A longitudinal study, "Diversity and Inclusion. An International Journal" vol. 23 no. 1/2, pp. 36-56.

Ottawa Charter for Health Promotion (1986), An International Conference on Health Promotion. Charter for Health Promotion, Ottawa.

Parish R. (1996), Quality of health promotion in the workplace, in: Proceedings of the Workshop Quality of Health Promotion in the Workplace, November 27-29, Berlin, pp. 53-63.

Pelfrene E., Vlerick P., Kittel F., Mak R.P., Kornitzer M., De Backer G. (2002), Psychosocial work environment and psychological well-being. Assessment of the buffering effects in the job demand-control (-support) model in BELSTRESS, "Stress and Health", vol. 18 no. 1, pp. 43-56.

Pelfrene E., Vlerick P., Mak R.P., De Smet P., Kornitzer M., De Backer G. (2001), Scale reliability and validity of the Karasek "Job Demand-Control-Support" model in the Belstress study, "Work & Stress", vol. 15 no. 4, pp. 297-313.

Pelletier K.R. (2001), A review and analysis of the clinical and cost-effectiveness studies of comprehensive health promotion and disease management programs at the worksite: 1998-2000 update, "American Journal of Health Promotion", vol. 16 no. 2, pp. 107-116.

Pleck J.H., Staines G.L., Lang L. (1980), Conflicts between work and family life, "Monthly Labor Review", vol. 103 no. 3, pp. 29-32.

Presseau J., Johnston M., Johnston D.W., Elovainio M., Hrisos S., Steen N., Eccles M.P. (2014), Environmental and individual correlates of distress. Testing Karasek's Demand-Control model in 99 primary care clinical environments, "British Journal of Health Psychology", vol. 19 no. 2, pp. 292-310.

Quick J.C., Bennet J., Hargrove M.B., (2014), Stress, health, and wellbeing in practice. Workplace leadership and leveraging stress for positive outcomes, in: Wellbeing. A complete reference guide, eds. Chen P.Y., Cooper C.L., Vol. III: Work and wellbeing, Wiley-Blackwell, Chichester, pp. 65-90.

Quintiliani L., Sattelmair J., Sorensen G., (2007), The workplace as a setting for interventions to improve diet and promote physical activity. Background paper prepared for the WHO/WEF Joint Event on Preventing Noncommunicable Diseases in the Workplace, World Health Organization, Dalian/China, September 2007, http://www.who.int/dietphysicalactivity/Quintiliani-workplace-as-setting.pdf [31.12.2016].

Rotondo D.M., Kincaid J.F. (2008), Conflict, facilitation, and individual coping styles across the work and family domains, "Journal of Managerial Psychology", vol. 23 no. 5, pp. 484-506.

Saif M.I., Malik M.I., Awan M.Z. (2011), Employee work satisfaction and work-life balance. A Pakistani perspective, "Interdisciplinary Journal of Contemporary Research in Business" vol. 3 no. 5, pp. 606-617.

Sorensen G., Stoddard A.M., LaMontagne A.D., Emmons K., Kay Hunt M., Youngstrom R., McLellan D., Christiani D.C. (2002), A comprehensive worksite cancer prevention intervention. Behavior change results from a randomized controlled trial (United States), "Cancer Causes and Control", vol. 13 no. 6, pp. 493-502.

Stokols D., Pelletier K., Fielding J. (1996), The ecology of work and health. Research and policy directions for the promotion of employee health, "Health Education Quarterly", vol. 23 no. 2, pp. 137-158.

Thompson C.A., Prottas D.J. (2006), Relationships among organizational family support, job autonomy, perceived control, and employee well-being, "Journal of Occupational Health Psychology" vol. 11 no. 1, pp. 100-118, http://doi.org/10.1037/1076-8998.10.4.100.

Williams R.M., Westmorland M. (2002), Perspectives on workplace disability management. A review of the literature, "Work" 2002, vol. 19 no. 1, pp. 87-93.

Wójcik P. (2013), Znaczenie studium przypadku jako metody badawczej w naukach o zarządzaniu (The importance of the case study as a research method in management science), "e-mentor", vol. 1 no. 48, pp. 17-22.

Zagrożenia psychospołeczne i stres w pracy, Europejska Agencja Bezpieczeństwa i Zdrowia w Pracy, (Psychosocial risks and stress at work, European Agency of Safety and Health at Work) 2016, http://osha.europa.eu/pl/topics/stress/index_html [31.12.2016].

Koncepcja przeciwdziałania negatywnym konsekwencjom przeciążania pracą w oparciu o pozytywną interakcję praca – dom oraz promocję zachowań prozdrowotnych pracownika

Streszczenie

Cel: Celem artykułu jest wskazanie negatywnych konsekwencji zdrowotnych wynikających z przeciążenia pracą, braku równowagi praca – dom (work-life balance), jak również charakterystyka pozytywnych zachowań prozdrowotnych w miejscu pracy jako formy przeciwdziałania im. Artykuł wpisuje się w dyskusję nad koncepcją *corporate wellness*, która tworzy podstawy kultury zdrowotnej organizacji.

Metody badawcze: Praca opiera na się na przeglądzie literatury przedmiotu z zakresu czynników kształtujących dobrostan pracownika. W artykule zaprezentowano także dwa studia przypadków w zakresie kompleksowych programów zdrowotnych, realizowanych w spółce Mars Polska oraz w belgijskim oddziale Procter & Gamble

Wnioski: Bazując na przeglądzie literatury zagranicznej i krajowej, autorki proponują koncepcję modelową opisującą zależności pomiędzy poszczególnymi zmiennym mającymi wpływ na dobrostan pracownika. W niniejszym modelu zakłada się, że dla powyższej regeneracji pracownika kluczową rolę odgrywać będzie interakcja praca – dom oraz podejmowane przez pracownika zachowania prozdrowotne, takie jak aktywność fizyczna i wypoczynek w formie snu.

Wartość artykulu: Wartość artykułu związana jest z interdyscyplinarnym podejściem do kształtowania dobrostanu pracownika. W prezentowanej koncepcji oprócz perspektywy zarządzania zasobami ludzkimi uwzględniono również problematykę zdrowia psychicznego i fizycznego pracownika.

Implikacje badań: Założenia teoretyczne przedstawione w artykule staną się punktem wyjścia do projektowanych badań w polskich przedsiębiorstwach. Celem tych badań będzie identyfikacja możliwości przeciwdziałania negatywnym skutkom przeciążenia pracą poprzez promocję zachowań prozdrowotnych w miejscu zatrudnienia oraz wspieranie pracownika w budowaniu pozytywnej interakcji praca – życie.

Słowa kluczowe: przeciążenie pracą, dobrostan pracownika, równowaga praca - życie, zachowania prozdrowotne, miejsce pracy promujące zdrowie, program prozdrowotny w miejscu pracy, przedsiębiorstwa, wellness korporacyjny

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