Acceptance of Corporate Health Promotions

A Case Study in the Health Industry

Master Thesis submitted in fulfillment of the Degree

Master of Business Administration

Specialization in Sustainable Management and Policy

Submitted to Dr. Klaus Renoldner, MSc

Gregor Wegenstein, BA MA

00652901

Vienna, 28 – 11 – 2021

AFFIDAVIT

I hereby affirm that this Master's Thesis represents my own written work and that I have used no sources and aids other than those indicated. All passages quoted from publications or paraphrased from these sources are properly cited and attributed.

The thesis was not submitted in the same or in a substantially similar version, not even partially, to another examination board and was not published elsewhere.

28. 11. 2021	
Date	Signature

ABSTRACT

Comprehensive knowledge of motives for participating in corporate health promotions and offers can contribute to improving corporate health management and thereby increase its efficiency and effectiveness. Employees and employers both profit from a well-designed and targeted corporate health management (CHM) program. Therefore, this thesis investigates these motives but also the barriers that hinder employees from participating in CHM offers. An organization in the health industry serves as the case for this study, assuming that revealing information about effective CHM can be gathered in a health-conscious environment. A case study design combining qualitative and quantitative research methods serves to explore specific CHM-related perceptions. Qualitative data are collected using semi-structured interviews and analyzed applying qualitative content analysis. A quantitative survey is created based on the results of the qualitative study and analyzed using principal component analysis in order to identify relevant motives and obstacles for CHM-participation and acceptance. Results show that motives have a higher average agreement compared to barriers and the perception of a personal advantage is the most prominent motivating factor. Hence, the benefits of CHM must be well communicated to employees in order to raise participation in and acceptance of CHM offers. The results of this thesis serve to improve CHM programs and communication within companies. This thesis therefore contributes to the aim of providing effective individual health benefits for employees.

ACKNOWLEDGEMENTS

I would like to express my gratitude to my supervisor Dr. Klaus Renoldner, who showed remarkable interest in the topic and guided me through the process of writing this thesis. I also want to thank my employer who supported me and made this research possible. I am thankful that my colleagues participated in this research and I especially thank those work mates who freely talked about the topic and helped me to better understand their motives during the interviews.

Finally, I want to express special thanks to my wife Karin, who always supports me. Without the support of my family, all of this would not have been possible.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF ABBREVIATIONS

3 BL	Triple bottom line
AI	Artificial intelligence
AMS	Public Employment Service Austria
AschG	Federal workers' protection law (Arbeitsschutzgesetz)
ATHIS	Austrian Health Interview Survey
BST	Business sustainability
COVID-19	Corona-virus disease 2019
ICD-10	International Classification of Disease
i.e.	Id est/that is
e.g.	Exempli gratia/for example
iOS	Internetwork Operating System
KVP	Continues improvement process (kontinuierlicher Verbesserungsprozess)
n	Sample size
ÖBIG	Austrian National Institute for Health Services Research
p	Significance
PSM	Psychological stress measure
S&E	Control and development (Steuerung und Entwicklung)
SDW	Sucht und Drogenkoordination Wien
SD	Sustainable development
SPSS	Statistical Package for Social Sciences
SWÖ	Collective bargaining agreement (Sozialwirtschaft Österreich)
WHO	World Health Organisation

1 INTRODUCTION

The initial problem targeted by this thesis is a well-known issue within enterprises. Many companies dedicate themselves to a sustainable and health-enhancing work environment. They develop corporate health management (CHM) – often as a component of a broader corporate social responsibility program – and invest in health promotion packages. However, despite all efforts and investments corporate health management does not always succeed in reaching out to employees. Companies often struggle with low participation numbers in the corporate health management program despite the fact that CHM is intended to contribute to individual health and is therefore beneficial to employees and employers alike. The exploration and investigation of motives for and against participating in CHM offers is therefore essential in order to better understand how a CHM-program can unfold its full potential.

This thesis explores which mechanisms steer CHM acceptance. Specifically, it investigates motives for and barriers against participating in CHM promotions and offers.

Research Question

For the in-depth exploration of motives for and barriers against accepting CHM-offers, which establishes the main objective of this thesis, a case study design was applied. As it seems reasonable to investigate health-related aspects in an environment with high health-awareness, the case of a company in the health industry was selected rather than a typical company case setting. Comprehensive insights are expected from this case selection rather than representative results.

Increasing knowledge about CHM perceptions and preferences is relevant to better understand the mechanisms that influence CHM participation and acceptance. The outcomes of this study contribute to companies' efforts to offer effective health benefits to their employees, thereby contributing to a positive and healthy working environment. Since a large number of companies implement corporate health management, the outcomes are of relevance for numerous employers. These companies have an obvious interest that their initial investment in CHM leads to the desired outcome of contributing to a healthier working environment and thereby increasing productivity and employer

attractivity. Employees profit from the study results through receiving well targeted offers that are tailored to their individual needs.

The research interest is derived from the author's profession. Social workers – especially clinical social workers like the author – work with multi-morbid people. Health is an omni-relevant work topic. Clinical social work is defined as a counseling or treating work activity with the aim of improving and maintaining a biopsychosocial individual functionality, based on a health understanding with reference to Engel (1977, 1980). Fundamental work principles that go along with social work are acceptance, mutual respect and observation (Pauls 2013). Systemic social work is focusing on obstacles in regards to the surrounding environment. Thereby, it influences not only the individual level but it also follows a systemic approach. Solving approaches have to be coordinated among individuals and include systems (Pauls 2013). Therefore, clinical social work and regular social work contribute to better overall health, reduce costs within the treatment system, restore personal workforce and create additional social value guarding social peace and equality. The research interest originates in this understanding of social work ethics and the author has an intrinsic motivation to improve corporate health management and promotions in order to contribute to a better overall health status of employees.

In conclusion, healthier staff is likely to show higher satisfaction, improved quality of work and increased productivity. It can be assumed that healthier staff stays longer in employment and therefore can provide better and longer health services to the Viennese community. This can be regarded as the long-term objective of this study. For this purpose, this thesis focuses on the employees' perspective with a special interest on perceptions and acceptance of corporate health promotions.

This thesis is divided into eight further sections. First, the central concepts of corporate social responsibility and corporate health management are explained based on academic literature. Empirical evidence from previous studies about motives for and barriers against accepting CHM-offers is presented thereafter. This evidence serves as a basis for constructing guidelines for qualitative interviews. The methodological design of the case study, that comprises a qualitative and a quantitative data collection and analysis approach, is introduced in a separate chapter. Next, the qualitative research results from the interviews with a diverse set of employees are described. Based on these results, the items for the quantitative questionnaire were constructed. The survey results and the

results of the quantitative statistical analysis are presented in a separate section. This presentation of the original empirical research results is followed by a discussion, contrasting these results with evidence found in the literature. This comparison and combination of qualitative, quantitative and literature-based findings is referred to as triangulation which is elaborated in the so-called section of the discussion. The final chapter is dedicated to the limitations of this study that are transparently described. Ultimately, the main findings of this thesis, learnings and recommendations are summarized in the conclusion that also explicates recommendations for further research.

2 CENTRAL CONCEPTS

Corporate health management is usually embedded in the context of corporate social responsibility. Both concepts are explained in the following sections.

2.1 Corporate Social Responsibility – an Integrated Perspective

In this chapter, the theoretical concept of corporate health management is discussed in the context of corporate social responsibility (CSR). CSR is a relevant framework for corporate health management. It builds trust in brands, and it probably creates a win & win outcome for the company, the stakeholders and shareholders (Long, Tallontire & Young 2015). Other theoretical concepts including business sustainability (BST) and sustainable development (SD) are also linked with CSR, not only because of their climate-friendly effects but also with reference to a behavioral change process. CSR measures may be implemented from bottom up or top down. Several stakeholders are involved on a micro, meso and macro level.

Business sustainability can be reached via three shifts according to Dyllick and Muff (2015). First, the economic shift refers to concerns related to sustainability challenges we are collectively facing. Second, the value created shifts from shareholder value to broadened value propositions that include the triple bottom line (people, planet, profit). Third, the organizational perspective shifts from inside – with a focus on the business itself – to an outside perspective with the focus on society and the sustainability challenges it is facing. Dyllick and Muff (2015) argue that all shifts should result in an outside perspective or value which is created for the common good.

Corporate social responsibility is not just the dedication of any company to society in general, but there are remarkable interdependencies between the social and economic perspectives on CSR. Especially from an economic perspective, argues Sri (2010), CSR-spending reduces revenue and profit and only has short-term positive impacts. From the government and society's standpoint, a reduction of revenues and profits lead to lower tax income and therefore to an overall loss whereas a surplus of taxes could be spent in the best interest of society.

Sri (2010) questions why companies should be interested in corporate social responsibility. A reasonable answer, Sri argues, can be found in the requirement of the

economy acting to satisfy the needs of the market that Sri equates with the needs of the people. However, sustainable growth can only be realized when new markets develop through innovative sustainable products. This ambitious objective can only be reached if companies evolve from an only profit-oriented attitude towards the triple bottom line, 3BL, of sustainability regarding people, planet and profit. These three pillars described by Long, Tallontire and Young (2015) represent a modern view on how economy interacts with several social and environmental issues of society.

Corporate health management is a part of corporate social responsibility efforts. CHM and its promotions contribute at least to one column of the triple bottom line, i.e. people. Therefore, corporate health management should be included in any CSR program building a bridge towards sustainable development. Corporate health management can contribute to promoting sustainability on an organizational and individual level, the latter by promoting a sustainable life style.

A sustainable life style concept was developed by Renoldner (2009). This concept can be described as a method which enables individuals and communities to quickly approach a CO2-neutral life style, by avoiding the use of coal, oil and gas as an energy source. This leads to triple benefits. The triple benefit principle can be reached by the following steps: The first step is a shift to a sustainable, low-carbon life style by changing consumption and mobility habits. Second, doing so improves individual and global health mainly through more cycling and walking and through healthier and more sustainable nutrition. Third, achieved savings are invested in a sustainable way in the promotion of renewable energy at least until reaching the energy brake-even point of the individual or the company (Renoldner 2009). This triple benefit methodology can also be used within companies' CSR strategy in alignment with the 3BL and the aim of sustainable growth and development.

In summary, CSR has to be developed into an incremental approach that fosters innovation in order to contribute to solving societal and environmental problems. One part of this undertaking should be a strong corporate health management. As a consequence, companies' efforts should shift to systems in which diverse stakeholders can profit from economic activities. Examples for this behavioral change are concepts like the 3BL or the triple benefit principle. Corporate health management meets this challenge in an organizational context. In the words of Geraint (2019), "corporate health

promotions are clearly an expression of corporate social responsibility and is consequently testament to the social legitimacy of the firm."

2.2 Corporate Health Management

Corporate health management is a central concept for the research topic. Therefore, a short overview and a definition of corporate health management will be provided. As a basis for CHM, a detailed definition of health and how it is understood will be given.

In the empirical literature, corporate health management builds upon already existing definition models. According to Paff and Zeike (2019), the dominant definition is provided by the World Health Organization: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO 2020). This definition has not changed since the day it was first enforced on April 7th, 1948. It has also been adopted by the Addiction and Drug coordination Vienna, SDW (Sucht- und Drogenkoordination Wien), a nonprofit organization in Vienna, which establishes the company case for the empirical study of this thesis. In addition, the SDW is in alignment with the WHO Ottawa Charta from 1986 regarding the definition of health promotion. For the company's corporate health management, the following definition has been adopted:

> *Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical mental and social wellbeing, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource of everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to wellbeing (WHO 1986).*

In some companies, corporate health management is part of a corporate sustainability or sustainable development department. In the company case of the SDW, the corporate health management is located within the department of control and development alongside with CSR and SD (SDW S&E 2020). CHM unquestionably plays a role in processes shifting towards sustainability. Employees' perspectives and acceptance of corporate health management should aim to improve overall staff's health and raise the identification level for the company's doing. When meaningful traceability and transparency can be achieved by the corporate management employees are expected to

more often take part in health promotions and other corporate operations. Corporate health management does not only address employees' health. It is rather a stakeholder involvement process to even unleash innovative potentials. This helps to improve other internal processes like communication and to reduce resistance levels in order to create a better work environment (Kaminski 2013).

2.3 Empirical Derivation of Corporate Health Management

The need for corporate health management derives from the health status of the population. Health studies that have been conducted in the past describe the health status of the working population. Social and other challenges such as the lack of skilled work force, technological progress (digital transition), climate change (green transition), international competitive pressure, demographic changes and an increase of diseases of civilization affect the labor market. These constant changes also affect living conditions and enterprises argue Pfannstiel and Mehlich (2016). The Austrian Network for Corporate Health Promotions therefore addresses the need for innovation within corporate health promotions (BGF 2021b). The knowledge of how healthy our society is and what diseases are especially relevant for the labor market is crucial for the discussion of the necessity of corporate health management and its promotions. The Austrian National Institute for Health Services Research, ÖBIG, is in charge of evaluating the populations' health status. The ÖBIG is part of the Gesundheit Österreich Gmbh, GÖG. It was founded in 1973 based on a national law, the so-called "Bundesgesetz über die Gesundheit Österreich GmbH" (federal law on the Health Austria Incorporation), which is regulating its duties and activities (GÖG 2021). The last Austrian Health Interview Survey, ATHIS was conducted by this institution in October 2018 and September 2019. 15,461 randomly selected people were asked about their health status. The sample was selected starting from the age of fifteen, hence including the whole Austrian working population. The subjective health of the representative cohort is "very good" or "good" with a proportion of 74, 5 percent and only 6,4 percent of the cohort replied with "bad" or "very bad". With the increase of age, the categories "very good" and "good" were reported less frequently. From 2014 to 2019 the subjective health status decreased. Expectation of life constantly increased over the decades and set a new high at an average of 84 years for women and 79,3 years for men (2019). Especially interesting are the influencing factors for life expectancy, mortality and morbidity, because they determine whether the gained life span

is consumed with good or bad health. Speaking of a healthy life expectancy, this increased by 10,7 years for men and 11,8 years for women since 1978 (Klimont 2020). Acknowledging the available data from Austria this information seems to be comparable to the Austrian labor market. With the knowledge that subjective health decreases with the increase of age this is an alarming signal for all companies. Therefore, companies need to develop or further enhance their corporate health management and promotion efforts.

3 LITERATURE REVIEW

This chapter provides an overview of the state-of-the-art academic literature. After revisiting academic literature, most papers, books and journals only take a medical or company perspective on health management and health promotion programs, aiming to reduce employee illness and enhanced employee productivity (Sherman 2002). The employees' perspective is hardly reported. This chapter reports previous findings on employees' perceptions and attitudes towards corporate health management and its promotions. However, research on this topic is scarce. Furthermore, fundamental questions are raised in relation to the origin of the research interest, which has been described in the introduction.

Perception and acceptance are subjective judgments. This thesis investigates these subjective judgements in the context of the topic of corporate health management, especially corporate health promotions. Acceptance and perceptions are not solely based on personal experience, but can be influenced by social interactions such as stories, rumors, lies and other subjective connotations. Therefore, employees' attitudes are a valuable asset when a company wants to successfully implement corporate health management or promotions. For this thesis, the author aims to create a "snap-shot" of the underlying emotions, in order to identify obstacles and resources that hinder or fertilize further health promotions.

Subjective theories of health include perceptions about joint responsibility for personal health, own vulnerability and options for prevention of diseases (Becker 1992 in Eberhard and Wülser 2010). Individuals judge for themselves how healthy or sick they are and when treatment or preventive measures are necessary. Taking subjective health theories in consideration can possibly result in higher acceptance of corporate health efforts, because a similar understanding or definition of health helps in conceptualizing health measures, argues Greiner (1998 cited in Eberhard & Wülser 2010).

Luhmann and Baecker (2009) argue that attitude and emotions play a fundamental role within corporate health management. Since companies are social systems consisting of individuals, their interactions define and influence all ongoing work processes within the company.

Individual perspectives also tend to be influenced by emotions with positive and negative connotations. One driving human emotion is fear. Employees may fear being confronted with their personal health when participating in a CHM program. However, they may not only perceive deficits but also the positive aspects of proper health. Corporate health management, especially an initial implementation, may lead to fear of being replaced or pushed out of labor once individual health deficits may appear, argues Kaminski (2013). In other cases, fear leads employees to come to work even when they are sick. Such doing occurs when employees are afraid of losing their jobs due to regular sick leave (Kaminski 2013).

Eberhard and Wülser (2010) describe that emotional obstacles for corporate health management, like being afraid to be confronted with one's personal health, are a cultural problem. Weakness and sickness do not have a high reputational cultural level. The handling of health deficits in companies therefore is always influenced by overall cultural habits, depending on where the company is located. Corporations have several options to positively influence organizational culture regarding health topics. Acceptance of weaknesses and deficits should be introduced into the organizational culture. Furthermore, to raise acceptance of corporate health measures, the needs of employees should be evaluated on a regular basis via appraisal interviews, argues Kaminski (2013). As a side effect of regular appraisal interviews, individual communication skills can be improved and therefore employees' needs can be expressed better instead of being diverted into frustration. Not only the needs regarding corporate health can be investigated but also feedback on corporate health management efforts can be collected. All feedback should be responded to, because otherwise people tend to stay in a dissatisfied status.

Job satisfaction is directly linked to the willingness to quit work, state Eberhard and Wülser (2010). Nerdinger (1999) assumes that a positive work experience can be reached when employees have an adequate understanding of work requirements and a sufficient skill set to handle their tasks (Uhle & Treier 2015). If not, this leads to high frustration levels and therefore lower acceptance of any health measure. Zapf and Semmer (2004) and Uhle and Treier (2015) agree that high stress levels also lead to negative feelings and a negative impact on employees' physical and mental health. High frustration levels are an obstacle for all processes within a company including corporate health management

(Kaminski 2013). In conclusion, working conditions and corporate culture may also have a significant effect on people's personal health and their willingness to accept health measures.

One of the common messages within academic literature is that companies have to make sure that employees with health deficits become part of the corporate health management movement: "Affected should be involved" (Biffi et al. 2018). Employees are important multipliers. Efforts of involvement improve the acceptance of corporate health measures and reduce resistance. Biffi et al. (2018) found that the peer-to-peer effect increases the adhesion of corporate health measures, which was explained by a growing perception of a positive environment created through corporate health management on the worksite. Endorsing such corporate culture leads to the desired change in personal health habits. Habits are influenced by perceptions and attitudes towards health measures. The final objective is to improve employees' subjective health and even to improve individual quality of life.

On an organizational level, this could be reached with a well-designed stakeholder management system. Participation also within the decision-making process for health management efforts raises motivation and interest in improving the current work situation (Ulrich 2005 cited in Eberhard & Wülser 2010).

As already mentioned, communication is a key element of a potentially successful corporate health management system. Aligned strategic papers should describe certain health management efforts. During the process, academic language should be replaced for a better understanding by all employees. Understanding the message and knowledge about health efforts raises acceptance, argue Walter et al. (2012).

Uhle and Treier (2015) and Kaminski (2013) agree that employees' acceptance and perception of corporate health management is also influenced by role models. Central role models within a company are executive personnel. Especially the position of the CEO or managing director could have an influence on corporate health measures. Since individuals in such positions are well observed by many subordinates, their behavior and attitude can make a difference in employees' contribution or resignation respectively. A direct superior colleague may also influence employees' personal attitudes and perceptions regarding health measures within the company. Therefore, in order to raise

awareness for corporate health management, companies have to raise consciousness for personal health among all hierarchy levels (Uhle & Treier 2015, Kaminski 2013).

Results from Ho (1997) indicate that corporate health measures have a significant impact on employees' attitude towards the organizations. They show that employees of companies with corporate health efforts express a more positive attitude towards their organization and have a better overall job satisfaction. Another well described factor towards the acceptance of corporate health promotions is the wage level. Claxton et al. (2019) discovered that the likelihood of a worker accepting a company's health benefits varies by salary levels. Companies with a higher share of low-wage workers have a lower average acceptance rate compared to firms with a smaller share of low-wage workers. Another influencing factor that was identified is the age distribution within the company's work force. A larger share of younger workers within a company results in a lower acceptance rate for health benefits. Further results point out that solely profit-oriented companies have lower acceptance rates than other company types. Companies with unions have higher acceptance rates than businesses without a union. Smaller companies with a workforce from 25 to 49 employees have better acceptance rates than larger companies, indicate Claxton et al. (2019).

Steckl et al. (2019) worked with the generation Z (1997-2012) which will be the next generation working in the field of human resources. In alignment with the results from Claxton et al. (2019), they show that younger staff tends to be less interested in health promotions despite the fact that generation Z is said to be highly interested in a good work climate and a positive team cohesion. In summary, companies will have to continuously invest in corporate health management to enhance their competitiveness on the labor market and to create a sustainable development movement.

Improving personal health is one of the main motives for accepting health benefits. Companies that do not consider the needs, concerns and personal preferences of their employees are not able to establish a successful corporate health management and fail in reaching adequate participation rates among their personnel (Wollesen et al. 2017).

Only a few results on influencing factors for program participation are presented in academic literature. Participation in health promotion efforts can be regarded as a critical component. Sherman (2002) lists access, relevance and format as influencing factors

regarding employees' participation. For instance, programs that alter employees' regular lunchtime habits remain linger at work and are less likely to attract and involve people. Health promotion concepts that are introduced for the first time should target the main share of staff. Therefore, Sherman (2002) suggests to introduce promotions like lunch screenings, educational programs or a health fair. These health efforts may just attract employees who are already health-conscious but they may also increase the peer acceptance and consequently address the not participating group. Acceptance may also increase if employees are allowed to consume health promotion programs during working time (Sherman 2002). Participation rates can be increased by additional incentives e.g. additional vacation days, time away from work for program participation, fitness membership subsidies, water bottles, T- shirts or self-care books.

Ultimately, higher acceptance and employee participation are manifestations of a worksite culture change (Sherman 2002). Successful corporate health promotions can have an intense impact on employees' work moral and performance. An identified obstacle with reference to Gates et al. (2010) is the protection of individual rights to privacy and freedom of choice. Individual beliefs and values about health and about the role of the government and the employer in health promotion exist (Buchan 2006 cited in Gates et al. 2010). Additional difficulties can occur when resources of companies are limited. Negative emotions can rise due to resource use for health promotions, which may not seem necessary from the employees' perspective. Beliefs emerge that the spent money should better be used for wages, benefits and workplace improvements, for better safety and comfort (Gates et al. 2010).

Empirical results provided by this thesis are intended to create a more comprehensive understanding of the dynamics influencing employees' acceptance of and participation in corporate health promotions. Previous studies show that employees' acceptance of corporate health measures is vital in terms of justification of spending on CHM that is an integral component of corporate social responsibility, contributing to societal health and sustainable lifestyles.

4 COMPANY CASE: THE ADDICTION AND DRUG COORDINATION VIENNA

The Addiction and Drug coordination Vienna, SDW (Sucht und Drogenkoordination Wien), establishes the case for the empirical study presented in this thesis. This company belongs to the health industry as it provides medical and psychological assessments of drug addiction. Its legal form is a non-profit limited company with limited liability and it is therefore organized like a private incorporation. These are the reasons why it serves as a valuable case setting for the study at hand: The employees have a high health awareness as health is an omnipresent topic in their work environment. It can be expected that they provide valuable insights and a high reflection level regarding corporate health management, certainly higher than employees of most private profit-oriented companies. Still, the organizational structures and the organization of corporate health management within the company resemble private corporations. The learnings of this case study may therefore be transferable to other company settings.

The company was established in 2006. It acts on behalf of the city of Vienna in order to implement Vienna's addiction and drug policy. Values like diversity, equal treatment, health promotion and corporate social responsibility are ranked with high priority within the company and have become part of the corporate culture.

The SDW is specialized in addiction diagnostics and interlinking treatment facilities with potential clients. In addition, the organization has extended the product portfolio during the last 15 years of its existence. It offers services for pregnant women with addiction problems and provides special addiction counseling services for companies in the private sector. As contract partner for public health authorities, it has expertise concerning legal prosecution in the context of drug abuse. It has created services for educational institutions and parents and children as well. Therefore, the company provides essential public health services to the community. The staff of the SDW mainly comprises high skilled workforce like psychiatrists, medical social workers, medical practitioners, clinical psychologists, pedagogues and nurses just to name several professions. Employees are frequently exposed to stressful situations and demanding clients or patients respectively. Not only people working with clients but also the administrative staff and the management contribute to the organization's successful operation.

The implementation of policy measure happens in close coordination with the municipality, e specially with the City Council for Social, Health and Sport Affairs. Such doing includes counseling for the official city committees that are working with drug policies. The enterprise is structured according to the latest version of Vienna's addiction and drug policy from 2013. Consequently, departments are named after the areas of application in alignment with the four pillars of the underlying policy.

1. Labor market orientated measures and social (re)-integration
2. Counseling, treatment and support including the outpatient clinic of the SDW
3. Public space and security
4. Addiction prevention including the Institute for Addiction Prevention

All departments' organizational structures form under the overhead management board which consists of the following departments: Communication and public affairs, juridical affairs and international cooperation, controlling and development, gender- & diversity management and corporate health, documentation, evaluation and reporting, quality management, general administration and book keeping and payroll accounting (see figure 1).

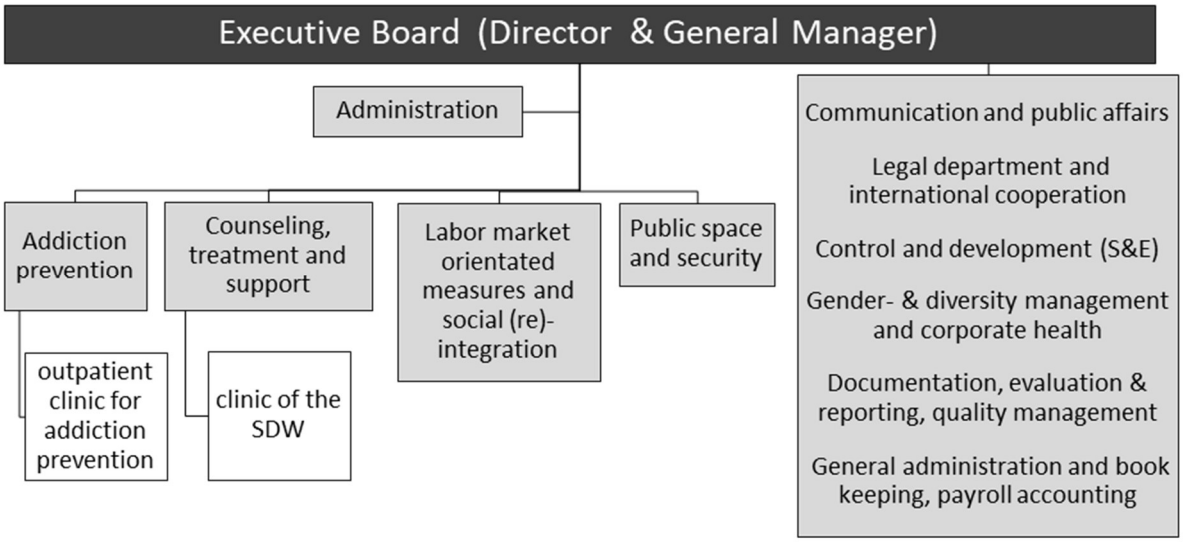


FIGURE 1: ORGANIZATION CHART SDW

In order to better understand the activities of the company the author is going to describe the four main pillars that have also been recognized within Vienna's addiction and drug policy. For the sake of reaching its policy goals the enterprise formulated two goals for itself. One overall goal is in alignment with the World Health Organization that postulates

a framework based upon the Ottawa Charter from 1986 (WHO 1986). The vision statement is that, "all people in Vienna have a comprehensive physical, mental and social wellbeing". This statement is completed by the strategic mission statement: "The needs-based implementation of Vienna's addiction and drug policy (in terms of quality and quantity) is permanently ensured and continuously improved" (SDW S&E 2020).

4.1 Addiction Prevention

The main objective of the addiction prevention department is to improve the subjective and objective health of people with an addiction disorder. The aim is their re-integration into society. For this purpose, the department has developed a network of treatment facilities either for impatient or outpatient treatment. Alcohol addiction treatment and drug addiction treatment are mainly financed by the social insurance agencies, but also partly by the Austrian retirement pension agency and other federal or municipal organizations.

In order to meet the needs of patients the SDW has established several so called "products" (actually measures) that address specific patient groups. Patients from the Public Employment Service Austria (AMS) are sent to investigate if the severity of their addiction problem causes incapability to work. Assessments according to the federal drug law with the intention of facilitating treatment before conviction are also part of the portfolio. Another product covers the authorization process for the actual impatient or outpatient treatment. This does not include the traditional hospital facility system in Vienna.

The next product, called "Contact" consists of special-trained social workers who directly get in contact with addicts in hospital facilities. With this approach the federal hospital network gets relieve and the patients receive a coordinated specialized long-term treatment plan.

The members of the product team of "Konnex" function as counseling experts for other enterprises in all industries. They lecture about drug addiction in other corporations and institutions with the intention of building awareness and further developing functional processes within companies for employees with addiction problems. The last product is called MOBIES which stands for Mothers and Babies. It is executed mostly in

cooperation with Vienna's youth and welfare service and specialized hospital facilities. MOBIES is accompanying addictive women through their pregnancy.

The staff of the outpatient clinic for addiction prevention is responsible for all the previously described "products" or tasks, also visualized in the organization chart, figure 1.

4.2 Occupational Health and Health Prevention at the SDW

The company provides a large portfolio of health promotions for its employees. This chapter provides an overview of the occupational and preventive health promotions. The health programs are described including the administrative procedure on how to apply for them and the way health promotions are developed. Within the company's structure corporate health management is situated in the department of control and development (figure 1). Corporate health management is part of an ongoing process called continuous improvement process (kontinuierlicher Verbesserungsprozess, KVP). The SDW has signed the Corporate Health Promotions Charta of the Austrian Network for Corporate Health Promotions and therefore subordinates itself to the quality criteria of the official network. In late 2020, the SDW was awarded the seal of quality from the network in cooperation with the Federal Ministry of Social Affairs, Health, Care and Consumer Protection (BGF 2021).

4.2.1 Task Force Corporate Health Management

The task force corporate health management was first designed in 2014 within the framework of the organizational development program. Members of the task force were acquired from all different departments of the SDW, regardless of qualification or hierarchical level. The members are called delegates, whose responsible is to directly inform their home departments and teams about developments and projects. Via the internal communication tools, the corporate news-ticker and corporate platform meetings, relevant information is communicated to all employees. Discussions resulting from this information transfer within corporate platforms and teams are fed back to the corporate health management task force, in order to reevaluate ideas and projects. Through this information loop, information gets reassessed and ideas are constantly evaluated with the objective to improve corporate health management and employees' health. At regular meetings the task force discusses issues like behavioral health aspects (nutrition, sports, physical and mental health), management and communication, team development and

social skills and aspects of process development. All elements mirror the 13 quality criteria of the Austrian Network for Corporate Health Promotions like corporate culture, project structure, responsibility, target group orientation, diagnosis-tools, diagnosis-phase, employee-orientation, communication, proportional measures, behavior-orientated measures, management, quality assessment of objectives, achievement of objectives, sustainability and an overall assessment (BGF 2021a).

4.2.2 Health promotions

This subchapter lists all health promotion offers including offers from the workers' council which are in alignment with the SDW executive board.

4.2.2.1 Nutrition

Promotions targeting healthy nutrition include various counseling measures and services of fresh food.

- *Healthy snack* is a service which provides employees with fresh fruits and vegetables on a weekly basis. Every Monday, a new box of such snacks arrives at the company and is distributed to the different internal departments. The fresh fruits and vegetables are then available for all employees at the kitchenettes. Fruits and vegetables are seasonal, local and organic. The company that provides the healthy snack feels committed to fundamental elements of corporate social responsibility and was therefore commissioned.
- *Lectures* regarding the topic of how food can support strength and hints for healthy nutrition at the workplace are offered.
- *Workshops* are offered covering topics like office cooking and cooking of healthy food at the workplace with other employees.
- *Workshops* for executive managers on the topic of healthy management are provided. Managers serve as multiplier for healthy nutrition.
- *Health nuggets* are short hints mostly via email, including instructions for nutrition in home office under given circumstances.

4.2.2.2 Sports

- *Employees move together with employees:* For this health promotion measure special trained employees ask other employees in a break to do exercises for around ten

minutes. All exercises vary according to the individual needs of the employees. This measure counts as working time.

- *Relaxed back* is a program where professionals come to the company for group-based muscle relaxing back training. Employees have to register prior to the course and attend mandatorily. This program cannot be consumed during working time.
- A *Self-defense course* that teaches Krav Maga techniques is offered.

4.2.2.3 Mental Health

- *Mind guards* are trained employees who serve as multipliers for psychological knowledge. They offer breathing exercises, imagination, progressive muscle relaxation, and cognition and mindfulness exercises. Cognition and mindfulness exercises are designed for five to ten minutes with the intention of keeping clear after stressful work-related situations. This is a health promotion targeted to single employees which can be consumed during working time.
- *Workshop*s to stop smoking are a group-based health promotion. Employees can participate in these workshops during working time.
- *Stress and burnout prevention* for executive mangers is a workshop for mangers as multipliers in order to mitigate stress and reduce burnout. Managers work as multipliers that can thereafter counsel employees within their own teams.
- *Supervision* is a mentoring or coaching technique usually based upon professional psychological knowledge. Supervision is available for all staff regardless of whether they are working directly with clients or not. It is a private offer, which can be consumed during working time. Expenses are covered until a fee of EUR 80 per counseling hour.
- *Intervision* is a similar approach to supervision but without external professional guidance. It is a group event which can feature different foci like gender, ethnic or cultural topics. The main focus lies on the exchange of information and difficulties experienced during work.
- *Breathing exercises* for stress relief purposes are conducted during a workshop by colleagues with colleagues.

4.2.2.4 Overall Health

- The annual free *health check* via a medical treatment facility is a personal measure that can be consumed during working time. Appointment coordination remains within the company's administration.
- Free of charge *vaccination programs* e.g. Covid-19, hepatitis A & B and influenza are offered.
- *Shiatsu treatment* is available in the company building. Fees apply for the treatment, which has to take place during leisure time. Treatment can be booked individually by staff.
- *Sporting events* (group or single events) are organized. Personnel can register for various sporting events and fees that apply can partly be covered by the SDW. Events are taking place in leisure time and only if at least five staff members are interested.
- *First aid courses* are offered annually for all employees, regardless of whether they are working with clients or not.
- Counseling for an *ergonomic workplace* at the SDW is organized via an external company, "preventatwork".
- A pilot scheme for *child care* at the SDW during the summer holiday season has been developed.

In addition, each member of the SDW can access supplementary information concerning health via the official internal web services of the city of Vienna.

4.3 Workers' Council

The SDW workers' council also plays an important role within the corporate health management. The workers' council provides monetary grants to the employees. Some of them can be subsumed under the topic of health promotion. These include grants for massages, psychotherapy, physiotherapy and supervision. Grants for remedies like optical glasses or contact lenses are also offered. For single parents these grants are also available for their children. Employees also get a grant for sporting equipment and accessories, for example running shoes. In addition, staff receives a discount at a nearby fitness center and a ten percent price reduction at the local pharmacy. Grants vary from EUR 30 up to EUR 300 annually (SDW Workers' Council 2021).

In general, the workers' council can be regarded as an important partner within the corporate health management. Its approval is required for the company agreement. The company agreement regulates numerous relevant labor topics and is subordinated to the collective bargaining agreement Sozialwirtschaft Österreich, SWÖ (SWÖ 2021). It regulates health topics like mental health offers (e.g. supervision) and employees' addiction problems. Important rulings concern the workers' protection in addition to the federal workers' protection law (AschG). It also regulates that the company pays vaccinations, official work clothes, subsidies for sports events, workplace equipment and special optical glasses for screen work purposes (SDW Workers' Council 2021).

As the research objective of this case study is to explore the perspective of employees on corporate health management, these were interviewed and surveyed about both, the company's CHM measures and those offered by the worker's council. The methodology of this empirical investigation is presented in the next chapter.

5 METHODOLOGY

The following chapter elaborates on how the presented study was conducted. It is based on the underlying research question regarding employees' perceptions and acceptance of corporate health management efforts within a non-profit limited company in Vienna, the SDW. The research was carried out in accordance with the fundamental principles of qualitative and quantitative research (Glaeser & Laudel 2010).

5.1 Research Design

The research design is a case study, including a mixed methods approach. The "Addiction & Drug Coordination Vienna", the SDW, establishes the company case as described. The researcher has conducted several interviews with employees selected through a purposeful sampling approach. The obtained qualitative data have been processed with the content analysis method defined by Kuckartz (2018). Findings of this first cycle provided the foundation for item construction for the quantitative survey, which was sent to all employees of the specified company. The survey was implemented using an online survey tool called Qualtrics. After finishing this second cycle of data collection, the quantitative data were processed and analyzed with SPSS applying the principal component analysis method. This approach generates dimensions relevant for the acceptance of corporate health management measures. The findings of the qualitative and quantitative research cycles are presented in separate results sections of this thesis. After describing the qualitative outcomes, the descriptive quantitative results are displayed followed by the results of the quantitative analysis. All data and collected information are anonymized. Therefore, the privacy of the voluntary participants can be guaranteed.

5.1.1 Case Study

The case study investigates a single analysis unit, the presented organization (Saldaña 2011), i.e. the "Addiction and Drug Coordination Vienna, SDW" in depth. For this purpose, qualitative methods are usually applied in case study research, frequently in combination with quantitative methods (Gillham 2000; Creswell & Plano Clark 2018). For the study at hand, qualitative interviews were complemented by a quantitative survey. In order to build the case, the author first selected relevant academic literature to better understand the underlying phenomenon of behavioral aspects in terms of corporate health

promotions. Relevant questions about the case selection and how it can be sufficiently described arose.

Recent studies confirm a high prevalence of work-related stress and burn out diagnoses among the professions of social workers and psychologists. These occupational groups are disposed to mental disorders and therefore show higher rates of sick leave compared to other professions. Specific medical diagnoses besides burn out occur between the codes F00 and F99 of the International Classification of Disease, ICD-10 (Anderson 2000 in Wirth et al. 2019). This specific sector of diagnoses stands for all organic – including symptomatic – mental disorders. Furthermore, diagnoses include addiction and personality disorders (WHO 2019). In conclusion, personnel at the SDW can profit from corporate health promotions with the intention of reducing harmful stress levels and increasing overall health.

The case can be regarded as typical concerning the topic of employees' perceptions and acceptance of corporate health promotions. The case should provide useful insights based on qualitative explorative research and a quantitative survey. These are accumulated to a triangulated approach through contrasting their results with those provided by empirical literature (Saldaña 2011).

5.1.2 Research Bias

The author of this study is an employee of the cooperation he investigates. Therefore, the most likely error to occur is a researcher-based bias, including different variations of researcher biases like the confirmation bias. In order to avoid such biases, the author wrote down his expectations and probable outcomes before conducting the study in order to display a re-check of the collected qualitative research material. Especially in the process of writing the transcripts and analyzing the qualitative data, this list has been used to ensure that all valuable information was extracted from the interviews and to avoid a subjective filter. In addition, the qualitative content analysis method that was applied defines a structured and theory- as well as material-guided process of establishing a coding scheme and a qualitative analysis framework. It thereby reduces the researcher-centered bias to a minimum.

Minimizing the researcher-centered bias seemed to be essential since the qualitative outcomes form the foundation for the following quantitative research. The researcher has

to stay open towards new perspectives and ideas. This is an ongoing process within the research process itself. It is essential to constantly examine the own ideas against the collected information and observations made. If done correctly, this should minimize the bias in research (NAS 2009). It is important to mention that the researcher was free in his research process. Even though he is part of the organization, he left the company for two months of educational leave and therefore was able to gain a certain objective distance in the process. Furthermore, the company has a genuine interest in the research field but still did not try to influence the researcher. All interview partners participated voluntarily and agreed to being part of the study. The outcomes of the study will be presented to the executive board, except research material that could uncover the identity of its participants.

5.1.3 Triangulation

Triangulation is a specific research design which enables the researcher to embed qualitative and quantitative methods. Basically, it aims at gaining different perspectives on the phenomena of interest. Such positioning can be reflected by the use of different research methods (method triangulation), data (data triangulation) or theoretical approaches (theory triangulation) (Flick 2018). The research process takes place under consideration of the theoretical concepts underlying the study. The theoretical concepts provide relevant guidance for the interpretation and discussion of the results. All theoretical approaches used within the research framework are stringently implemented and executed. Through triangulation an increase in knowledge is possible, based upon the findings from qualitative and quantitative surveys respectively. These methods enable the researcher to gain more knowledge about the research topic than with just one single approach (Flick 2018).

For this study the following triangulation approaches were applied (see figure 2):

- Method triangulation: Motives and barriers for accepting corporate health promotion measures are captured with two different methods of collecting data, these are qualitative interviews and a quantitative survey.
- Data triangulation: Different data, which were collected on different dates, at different physical locations and raised from various people are combined (Flick 2011, cited by Oelerich & Otto 2011).

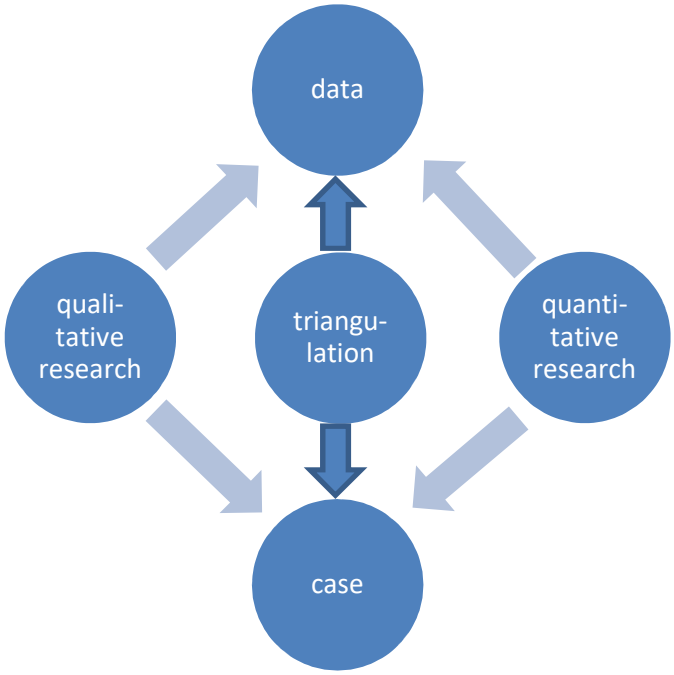


FIGURE 2: LEVELS OF TRIANGULATION ACCORDING TO FLICK (FIGURE ADAPTED FROM FLICK 2004)

5.2 Qualitative Research

This thesis contains an exploratory qualitative study. The aim of this study is to contribute to a better understanding of the social phenomenon on how perception and acceptance influence efforts of corporate health management and promotions. Underlying principles of qualitative research still remain intact, like openness, research as communication, process character of research and subject, reflexivity of the subject and analysis, explication and flexibility (Lamnek & Krell 2016). Especially the principle of openness is important since the study is exploratory and research is a dynamic process in which approaches and elements of the conceptual research design can change. In the tradition of Hoffmann-Riem (1980), no initial hypotheses were articulated. Qualitative research is mainly considered as inductive method and hypotheses can be generated through the research process. Openness also refers to the designated technique, because there is no standardized technique in exploratory research. Accordingly, the author has to stay open for changes and other approaches (Lamnek & Krell 2016).

The researcher himself is part of the research process and therefore not an independent observer, which can have an influence on the ongoing study. This bias problem has also been elaborated in the previous section. Struebing (2008) argues that such bias can be avoided with the parallelism of work steps, where there is constant movement in the

development process and continuous comparison between processes like data gathering, data collection and generating hypotheses. In this present study the qualitative data derived from seven guideline-based interviews were used for the construction of the quantitative survey.

The sample size is an ongoing dispute within qualitative research. For the present study the purposeful or purposive sampling approach was selected. According to Patton (2002), the sample size depends on the research interest, the purpose of inquiry, the usefulness and credibility of the gathered qualitative data, and the timeframe and resources available for the study. Purposeful or purposive sampling requires decent judgment which depends on the researcher and therefore is knowledge-based. The technique constructs different sub categories based on the characteristics of interviewees. Critical case sampling is part of the purposive sampling technique that fits to an exploratory research design and is decisive in explaining the phenomena of interest within the case. This should enable the author to ensure a maximum of applicability of the gathered information to other cases (Patton 2002). For the study at hand, conducting seven interviews with employees from different professions and with diverse backgrounds in terms of age, gender, family status and parenthood, educational level, duration of employment in the company, department and professional tasks seemed to fulfil the described criteria of the purposeful sampling approach.

5.2.1 Guided interview

The guided interview was selected as qualitative data collection tool because it meets the qualitative demands of comprehensible research. Through the formulated open-ended questions, the interviewed person can answer freely. The guide provides orientation within an interview situation, but it is not necessarily followed in a strict sequence. Its purpose is to ensure that all questions are answered and therefore all applicable aspects regarding the research question are covered. The interviewed person always has the possibility to ask questions and therefore deepen certain aspects and deviate from the formulated interview guide. After a decent elaboration, the researcher leads the interviewee back to the guideline and proceeds with the next question. Through the use of this approved tool of data collection a comparability arises which is a desired output in academic literature. In addition, an internal structure is developed which can be useful for the qualitative analysis afterwards (Mayer 2013).

5.2.2 Qualitative Instrument

The interview guide can be regarded as semi structured, meaning that it contains elements of standardized data sets e.g. age, date, duration of employment, days of sick leave, etc. and not standardized data deriving from open-ended questions. The interview guide is divided into three main sections. It starts with a preamble consisting of three closed questions about the interviewee's field of engagement, and the duration of his or her employment. The preamble closes with the question if the interviewee is working full or part time.

The second section comprises the main questions. These are eight open-ended questions plus one to three sub questions each. The main questions address the interviewee's knowledge about corporate health measures and specifically target the motives why or why not the interviewee participated in CHM benefits. Questions regarding the current Covid-19 pandemic were also included since it influenced the existing work routines. The main part of the interview guideline ends with an open-ended question regarding the relation between the interviewee and the employer.

The final section of the interview guideline is called closure and it contains general questions regarding CHM promotions like the subjective relevance and recommendations for CHM. It also provides a possibility for the interviewee to highlight certain aspects of the ongoing interview.

The interview guideline was handed out to the interviewees shortly prior to the interview in order to discuss ambiguities within the guide so both interviewer and interviewee created a common understanding of its purpose. The complete interview guide is included in the appendix of this thesis.

5.2.3 Qualitative Data Collection

In this thesis the qualitative data material is composed of the transcripts of seven guideline-based interviews that were conducted in German language. All interviews were digitally recorded, transcribed and anonymized. Transcription was executed under certain rules. These rules define what will be analyzed within the content analysis and therefore motivate a slight selection of the data material. For this purpose, the author used a method in alignment with Kuckartz (2018) for structuring the transcripts. Transcription is literal

and not paraphrased or summarized. Dialects were transferred to regular German terminology. Language was flatted, which means that pauses and word fillings were neglected. Transcripts were manually written in Microsoft Word.

5.2.4 Content Analysis defined by Kuckartz

The qualitative results are analyzed based on the structured content analysis method defined by Kuckartz (2018). Kuckartz shaped a specific terminology for the analysis of qualitative content. The "sampling unit" is the fundamental unit of the content analysis. Sampling units are selected out of the basic interview material via a unique process. Another specific term is the "analyzer". One sampling unit has several analyzers. According to this scheme all analyzers are part of a sampling unit. For example, the interview is the fundamental unit and a selected reply section is the analyzer (Kuckartz 2018).

A category is the result of the classification process of text units. This analysis process gives the collected data set structure and systematic value. A category is a collection of relevant topics and aspects with regards to the research aim. All categories can be transformed or reorganized into a category system. Code units are text passages from which a category derives. Furthermore, code units can overlap within the text (Kuckartz 2018).

Deduction and induction are research approaches that should be applied within the process of a content analysis. Code units were selected with regards to the research topic: Perceptions and acceptance of corporate health promotions. This formed the basis for a deductive category system based upon which the interviews were coded. In addition to the deductive approach, the data material was also part of inductive coding. This seemed to be necessary since deductive categories usually fail in being applicable to various code units. Accordingly, content analysis requires a parallelism of both approaches in order to meet the demands of the data and the underlying phenomena. The inductive and deductive selection processes can be repeated several times so all essential content is covered. Categories must be described so that the categories within a category system can be distinguished.

The following seven phases developed by Kuckartz (2018) were applied during the qualitative data analysis of this study:

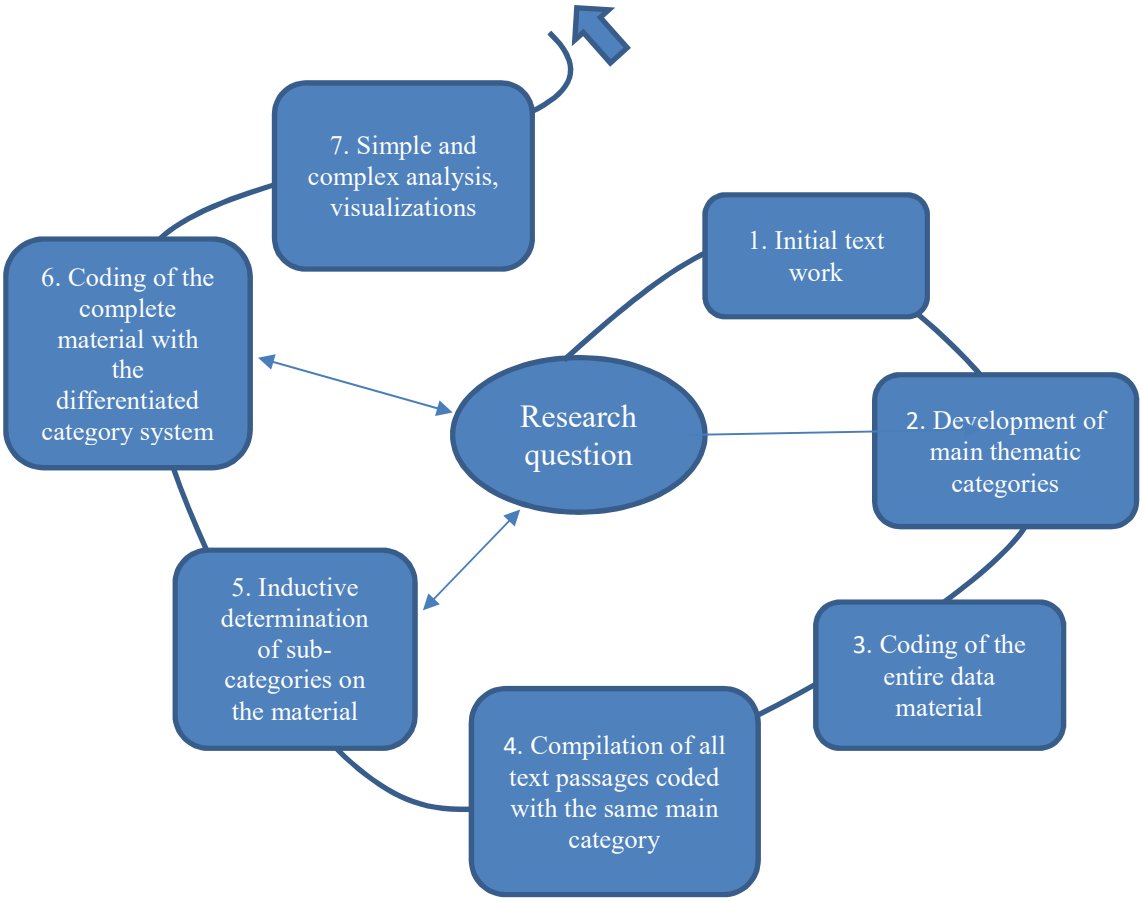


FIGURE 3: SEVEN PHASES ACCORDING TO KUCKARTZ 2018 (FIGURE ADAPTED FROM KUCKARTZ 2018)

All seven phases were executed properly with the use of MAXQDA, a software that is useful with regards to any qualitative content analysis (MAXQDA 2021). As one of the three sub-content analysis methods described by Kuckartz (2018), the author chose to select the content-structuring analysis. This method allows the researcher to systematically analyze the work material in order to synthesize the important aspects of the original research interest. The content-structuring analysis was used to identify relevant main and subcategories using inductive and deductive approaches (Kuckartz 2018). The main categories that resulted from the application of this method brought forward the items that were implemented within the online survey.

These main categories are: positive, negative and neutral motives (intrinsic), obstacles (external), suggestions (in regards to corporate health management), perceptions, influence of the pandemic, relation with the employer, length of service and corporate health promotion offers. After defining the main categories, example codes were used to formulate fitting items for the quantitative survey. The outcomes of the content analysis

are presented in chapter six. Categories are represented via direct and indirect quotes from the interview transcripts, the so called “anchor examples” (Kuckartz 2018).

5.3 Quantitative Research

Quantitative research differs from qualitative in the methods of data collection (standardized vs. not standardized) and the type of data (scales and frequencies versus text data). Quantitative data can be understood as numerical, abstract data including scale values and observed frequencies in the case of this thesis. These data forms can be collected via standardized tests or surveys. The interpretation of data depends on how they have been evaluated or analyzed and contextual information about timelines or locations (Witt 2001).

For the quantitative part of this study, a survey was constructed and converted into an online survey, compatible with iOS and Android for mobile purposes. The items of the survey are based on the findings from the content analysis. The online survey was sent to the “Addiction and Drug Coordination Vienna”, SDW, with the intention of receiving official permission to send it out to all employees.

5.3.1 Quantitative Data Collection

The SDW is part of the Austrian network for corporate health promotions. This implies that it subordinates itself to the official network criteria including the “control of results and evaluation” (BGF 2021). Therefore, employees are used to receiving surveys on a regular basis. One week before the start of the online survey an instruction of the research project was send out via the corporate news ticker. This included a short personal introduction and a research topic overview. The company was not involved in the design of the survey and had no influence on its content. Permission was granted without constraints after the survey had been reviewed prior to the official launch. The actual launch of the online survey was on 06/05/21 and included a reminder which was send out on 17/05/21. The survey ended on Saturday 09/05/21. The return quote was 89 replies out of approximately 110 employees (based on employment data from 2019).

5.3.2 Quantitative Instrument

This section provides an overview of the quantitative instrument. The items and scales that are central to the data analysis are included in the tables of this chapter. The complete questionnaire is included in the appendix of this thesis.

The first block of the questionnaire encourages the participant to state whether she or he has already participated in corporate health management offers and it quantifies the extent. Next, several statements that are assessed on a scale ranging from 0 to 100 (percentage of agreement), target the reasons why offers of corporate health management are or are not accepted. These statements are displayed in table 1.

I participate in corporate health management offers,
… because I highly appreciate these offers.
… because it gives me a direct advantage.
… out of curiosity.
… because I feel compelled to do it.
… because I do not have to work during this time.
… only if my current work does not suffer.
… if my superior suggests it to me.
… because team building takes place there.
I do not participate in corporate health management offers, …
… because I keep forgetting about it.
… because I do not know which ones there are.
… because I have not cared about these offers yet.
… especially for private reasons.
… because I am not interested in the specific offers.
… because I am concerned about the privacy of my personal health data.

TABLE 1: SURVEY STATEMENTS

The following blocks cover potential reasons why offers of corporate health management regarding (1) nutrition, (2) sports activities and (3) mental health are accepted or not accepted respectively. All items are assessed on the same scale that has been used in the first block to ensure consistency throughout the instrument. The listed items (see table 2) have been derived from the qualitative interviews.

I participate in offers about healthy nutrition, …
… because I like to learn more about nutrition and food in the context of corporate health promotion.
I do not participate in offers about healthy nutrition, …
… because cooking with colleagues is too private for me.
… because I find it inappropriate to cook during working hours.
I participate in corporate health management sports activities, …
… because they create balance.
… because I like to do sports with colleagues.
… because the existing offer corresponds with my interest.
… because I am doing something good for myself.
I do not participate in corporate health management sports activities, …
… because it mixes work and private life.
… because these offers are insufficient.
… because these offers are too demanding for me.
… when I don't like the trainer of a course.
… when certain colleagues also participate in these sport offers.
… because I do not want to shower at work.
I do not participate in offers to promote mental health, …
… because I do not want to discuss my mental health with professionals who work in the same organization with me.

TABLE 2: SURVEY STATEMENTS II

The questionnaire continues with a section that assesses the workplace. Thereby, the home office workplace is contrasted with the workplace at the company. The next block of statements aims to assess the importance of (1) a quiet workplace, (2) sustainable mobility, (3) climate issues, (4) healthy nutrition and (5) sports to the respondents.

In order to assess the level of stress of each respondent, the psychological stress measure (PSM-9) developed by Lemyre and Lalande-Markon (2009) was included in the questionnaire. Nine items measure latent stress indicators and are assessed on a Likert scale ranging from 1 (not at all) to 8 (extremely). The items are displayed in table 3. The sum of scores (after recoding items 1 and 6) creates a stress indicator ranging from 9 to 72, where large values represent high stress levels.

Mark the number that best indicates the degree to which each statement applies to you recently, that is in the last 4–5 days
1. I feel calm
2. I feel rushed; I do not seem to have enough time.
3. I suffer from physical aches and pains: sore back, headaches, stiff neck, stomach aches.
4. I feel preoccupied, tormented or worried.
5. I feel confused; my thoughts are muddled; I lack concentration and I cannot focus my attention.
6. I feel full of energy and keen.
7. I feel a great weight on my shoulders.
8. I have difficulty controlling my reactions, emotions, moods or gestures.
9. I feel stressed.

TABLE 3: PSM-9

The stress measure is followed by an open-ended question on additional offers that the respondent suggests. A number of items gathering demographic data (gender, age) and an item on the duration of employment at the company complete the questionnaire.

5.3.3 Data Analysis

Applying statistical analysis methods, the collected data are displayed in a descriptive form and data are processed via principal component analysis in order to retrieve underlying factors of motives and barriers for accepting corporate health promotion measures. The principal component analysis is an exploratory statistical method. It is based on a correlations matrix and identifies item relationships via calculating a vector solution. In the study at hand, 28 variables represent statements for or against accepting corporate health promotion measures. It can be expected that latent emotional constructs underly these motives or barriers. The principal component analysis supports the researcher in identifying these latent dimensions by grouping the questionnaire items. Items that correlate and show a common variance form a group in the vector solution. The vector solution is rotated in order to maximize factor loadings of items on their respective principal component (varimax rotation). The result shows several sets of intercorrelated items and thus allows to group variables (Field 2013). The researcher then freely interprets and names the underlying latent dimension that serves as a category of

items for further analysis. The analysis was performed with the statistical analysis software-based program IBM SPSS.

The results of the quantitative survey are presented in a subsequent chapter following the presentation of the qualitative outcomes. Descriptive statistical outcomes are displayed via adequate charts which will be evaluated on site. The results of the principal component analysis regarding employees' perceptions are also displayed and interpreted within the results section.

6 QUALITATIVE RESULTS

This chapter presents the results of the qualitative study. It is necessary to mention that the qualitative research results are carefully selected subjective perspectives on the phenomenon of corporate health management. Therefore, the author is limited to formulating and contrasting statements about perceptions and acceptance of SDW's corporate health management efforts. The so generated assumptions have to be reevaluated through additional academic research challenging the here presented results. The aims of the qualitative analysis are to establish items for the quantitative survey and to generate knowledge that fertilizes the company's efforts to implement effective corporate health measures.

The interview results address (1) the perception of and knowledge about corporate health management (CHM), (2) barriers to participation in CHM measures, (3) working climate issues, (4) target group orientation, (5) the response to the Covid-19 pandemic in terms of CHM and (6) health awareness. These major categories resulted from the described content analysis approach. Results are presented in sections along these categories. Thereby, attention is devoted to presenting the different perspectives, perceptions and standpoints on each issue that were expressed during the interviews rather than merging them into a single coherent view. This qualitative analysis approach acknowledges the multitude of facets on the issue of CHM.

6.1 Perception of and Knowledge about CHM

Perceptions of corporate health management and levels of knowledge thereof vary. The level of knowledge about corporate health management may influence the participation rate in corporate health measures.

Interviewees expressed a broad understanding of what corporate health efforts are and during the interview sessions people started thinking about their perception of corporate health measures (I5: Z26-28 & I6: L46-47). *"A single definition would be useful, so everybody would have the same understanding" (I6: Z126-127),* can be presented as a need of an interviewee. This quotation raises relevant questions on how the SDW communicates corporate health management efforts.

There is no general understanding of CHM and which measures are subsumed to it. One employee considers a workplace kitchen as a health benefit (I5: Z18-20). Another employee expresses that s/he is not sure if a certain measure is part of corporate health management (I5: 90-91). Some members of the cohort are not able to name any of SDW's health benefits ad hoc (I6: 117-118).

Despite this fact, all interviewees are glad that their company performs corporate health management and provides health benefits (I7: 187-191 & I1: Z255-256 & Z2: Z188-190). However, the cohort does not consider corporate health management and its efforts as an essential asset of the company. None of the interviewees would change the employer, solely based upon social health benefits (I7: L185 & I2: L188-192 & I4: L295 & I3: L194-201 & I1: L255-256 & I6: L102-106).

> *"… No, not because of social health benefits. Work should be meaningful." (I5: L333)*

Closely related factors like work climate and salary could play a role for work transitions (I3: L196 & I6: L102-106).

SDW's measures of corporate health management are labeled differently throughout the interview cohort. Perceptions of corporate health measures shape the action-based concepts behind every single health effort. Continuous correct naming of the actual health benefits could make a difference in whether employees pick up some of these benefits or not. For instance, Yoga is not Shiatsu (I3: Z9-11), a daily healthy meal is not the healthy snack which is additionally provided by the company (I2: Z53-55).

Perceptions are influenced by personal traits. Interviewees tended to know about corporate health benefits which fit their particular interests. Interviewees who tend to be interested in sport-related corporate health benefits are mostly sportive themselves. As a result, these members of the cohort know more about specific sport related corporate health benefits (I3: L30-32 & I4: L33-35 & I2: L50-51). However, sport activities at work lead to certain problems referring to clothing, changing and the hygiene afterwards. For instance, results show that interviewees reject sports benefits, because they prefer not to shower at their work place (I7: L164-167 & I5: L204-205). People would consider showering at their work place if there were sufficient shower and changing capacities (I1: L199-204). This also affects employees' health-oriented behavior, especially mobility

aspects like riding the bike to work which would be supported by adequate showering facilities.

Personal interest could play a role in terms of participation rates. Mostly, behavioral traits are formed outside the work environment, therefore factors like parental role models or learned health behavior could play an important role for corporate health management efforts. The learned health behavior influences the perception towards corporate health benefits. Perceptions are influenced by personal traits and intercollege work-relations. Interviewees tend to describe health and health activities as a strictly personal topic, which is not likely to be shared with the employer or coworkers. Even when interest is high in certain health benefits, interviewees dispute whether they would participate in group activities or stay in their personal health activity array (I3: L168-169 & I4: L23-26 & I5: L100). Others enjoy group activities, due to positive experiences they have made in the past (I2: L165-167 & I7: L51-53 & I2: L26-28). Despite the importance of role models in superior work colleagues (Uhle & Treier 2015; Kaminski 2013) the cohort articulated an uncomfortable feeling when superiors participate in the same corporate health activities.

This attitude represents the conflict between health being a personal good and personal health being part of a processed good within corporate health management (I5: L300-301 & I7: L178-179). This discrepancy has potential to affect employees' attitudes toward the company's data protection. However, only little concern is formulated by the interview partners.

> *"... I am not afraid regarding my data." (I7: L47-49)*

Most interviewees show no concern that their company might violate data protection laws or use health data against their personal best interest (I1: L134-136 & I3: L141-142 & I4: L232 & I5: L305 & I6: L88).

6.2 Barriers to Participation in CHM Measures

Obstacles for picking up a corporate health benefit often result from circumstances outside the corporate sphere.

Like mentioned before, personal traits mostly result from learned behavioral aspects before entering work life. Obstacles are sometimes outside the influence of companies, like relationship issues or family loss. Therefore, employers are only confronted with the visible consequences at the workplace, e.g. high stress levels or a bad performance on the necessary workload. Corporate health benefits can fertilize health behavior in order to cope with issues outside the corporate sphere. However, obstacles have been mentioned by the interviewees. Some hold the potential to be relevant stress indicators which could affect personal health and influence employees' performance. Especially, some are inclined by recent worldwide events like the Covid-19 pandemic, which resulted in high rates of home office work for several industries.

Home office is a new frontier for corporate health management, since remote health benefits had not been introduced for a long time into corporate health management. During the interviews, issues with family life were mentioned, in relation to the lack of a proper workplace including quiet zones at home (I1: L71-74 & I1: L61-64 & I5: L250-252 & I4: L252). On the contrary, home office was positively described as less stressful and as a benefit when it comes to work efficiency (I6: L33-35 & I4: L62-64).

> *"I am certain that home office will stay, which can be a relief" (I1: L116).*

Other obstacles refer to the specific educational background of employees. Some mention that sports- or nutrition-related benefits are not needed because they are experts in this field and see no additional value in participating in these corporate health efforts (I1: L24-26 & I2: L48-51).

Again, due to the pandemic, topics are raised like the vaccination question, which can be regarded as a personal health decision and not being part of any company's affairs. However, the infection risk during corporate health activities has to be taken into consideration, besides the regular work with vulnerable clientele. Interview participants wonder when and how corporate health efforts, especially group activities, are being reinstalled (I7: 142 & I2: L167-169 & I3: L80-82).

In conclusion, the biggest current obstacle to corporate health management is the pandemic. It can only be slightly influenced within specific industries, like for example the health industry, in which a Covid vaccination has become mandatory. In regards to this case study, a high percentage of staff has been vaccinated since the SDW is part of the health industry. Hence, national regulations that affect corporate health management efforts are relevant factors.

Another similar example shows external effects of legislation on health efforts. Public sports events are of public interest. Taking pictures there is not restricted, but employees may stay away from such events due to public regulations not being certain that their picture will not be uploaded and shared or reshared online (I5: L315-316). Regulations also determine who is accountable if an employee is injured (I2: L64-66).

On a cultural level, the cohort shows sensitivity for gender related topics such as men's health and gender stereotypes (I4: L238 & I4: L117). If group activities are mainly male dominated, this may hinder female employees to participate (I5: 309-310).

Troubling topics like climate change also play a role in the mindset of employees (I7: L112-113 & I1: 235-236 & I3: L211). Climate change as a complex phenomenon affects mobility topics, energy consumption, company's waste separation and individual nutrition habits. From this perspective, it can be considered as a general topic, that has relevance within and beyond the corporate sphere.

In summary, some stimuli could be identified that came from beyond the corporate management sphere. These are related to environmental and legal, sociological and cultural topics.

6.3 Working Climate Issues

Employees show a good relationship with their employer and are keen about a positive working climate.

It seems to be important to mention the relationship between employees and employer due to the fact that a positive or negative relationship may influence perceptions and attitudes towards corporate health management. The foundation of this hypothesis is that a trust-based relationship may result in higher acceptance rates and higher active

participation rates in health measures. Results of the qualitative cycle show a mainly positive picture of the SDW.

Upon encouraging references to corporate health management, employees compare their current employer SDW to previous employers.

> *"... I never had such a broad offer of corporate health management measures within the last 20 years of my professional life and that is something I consider as a very positive thing" (I1: L242-244).*

From the interviewees' standpoints their employer is able to reflect their attitudes towards employees' health by asking his employees about their needs (I5: L44-51 & I3: L88-90). In addition, staff members feel respected and heard (I7: 182-183). Interestingly, the interview cohort regards the workers' council as a factor for a good relationship. For this reason, a good relationship between employees and their employer can be formed via the workers' council (I4: L290-293). All stakeholders within a company are relevant, but specifically a workers' council in alliance with the employees and the employer side in opposition are able to form a positive working climate. This is considered as a desirable factor for any employer (I6: L96-97). The working atmosphere can be regarded as a pull-factor for relevant workforce and hinders work staff migration.

Although corporate health management seems to be an influencing factor for a positive working climate, interviewees also mention other important aspects. Salary is mentioned several times within the interviews, more accurately a fair, in time and sufficient salary (I3: 181-183 & I5: L: 329-330 & I6: L102-103 & I1: L241-244). Fair payment may affect the working climate by employees being less frustrated and better accepting existing negative aspects of working conditions. Phrases like *"... we try to be fair to each other..." (I5: L329)* or *"... I know of people with a very low loyalty towards our company" (I3: L100),* indicate some frustration within the cohort. These may be partly compensated by appropriate payment and corporate health management which affects the current working climate.

Another connection exists between team building, corporate health management and the working atmosphere. Interviewees mention the danger of new employees not being sufficiently integrated into their respective teams (I1: L125-131 & I3: L68-69 & I5: L213 & I7: L145-146). This can be accounted to the pandemic as most employees were sent

into home office. As a result, new employees were not included or welcomed via the normal onboarding process. Corporate health management could be a viable tool to close this gap and fertilize team building processes via group-oriented health benefits.

6.4 Target Group Orientation

Corporate health benefits are target-group-oriented and therefore they are not suitable for all employees.

Various health benefits are named by the interview cohort. Perceptions and attitudes towards specific efforts fluctuate by each cohort member. This fits to previous results like the various levels of knowledge about corporate health management. This result distinguishes itself by the aim of health benefits which can be summarized by improving personal health. Like mentioned in the literature review, health benefits should be oriented towards the needs of the staff. Individual needs are mostly unique. Therefore, only some needs match those of other coworkers but there may still be a general interest in a diverse CHM offer. Not every need has to be addressed by a health benefit offer. However, some offers that may not address certain employees may still be in their interest. For example, nonsmokers are naturally not targeted by health offers that support employees to quit smoking (I4: L105-108), but nonsmokers can have an intrinsic interest that their coworkers stop smoking. Therefore, they may endorse these CHM offers, even though they are not directly targeted.

Sometimes there is a need for certain health activities but interviewees may still allocate these in the private sphere for the sake of separation of work life and private life (I6: L32-35 & I4: L188-190 & I2: L189-191). Needs are a constant well of potential corporate health efforts, but not all are suitable of being realized. Under the dictum of effectivity and efficiency, companies' monetary resources cannot be widely spread across corporate health management. Consequently, corporate health management efforts have to be target-group-oriented. The needs of the group outweigh the needs of the individual.

From the employees' perspective needs have been captured but they are not necessarily processed into corporate health benefits. This is an origin of frustration, because employees do not feel heard and taken seriously (I5: L15-126 & I4: L285-286). Needs have to been taken seriously and staff whose needs are insufficiently met, from their individual perspective, should be informed why the company chooses to do something

different. Again, communication is a necessary tool to lower frustration and increase acceptance of the company's acting among work staff.

Further, needs should be regularly captured via direct or indirect feedback, e.g. employee interviews or wide-spread online surveys. Putting pressure on employees has negative consequences for trust and pick-up rates. Accordingly, companies cannot increase approval rates or pick-up rates of corporate health management by work staff through any kind of pressure (I2: L30-32& I5: L77). Being part of corporate health management and accepting health benefits has to be self-motivated and therefore oriented towards the needs of employees especially regarding personal health-related topics.

Employees are well aware that corporate health management is targeted towards increasing their work efficiency and staying fit for work (I4: L226-227). If this impression becomes a predominent perception, corporate health management only has little chances to be permanently implemented in any company.

6.5 CHM Response to the COVID-19 Pandemic

As a response to the increased extent of home office during the Covid-19 pandemic, remote corporate health benefits have been acknowledged by the staff.

Since March 2020, most companies and enterprises in Austria changed their operations to home office work. Ever since, SDW's corporate health management has been changing and adapting its portfolio as well. Suddenly, most health efforts were not available for employees. As a consequence, remote health benefits have been designed in order to reach out to people in home office. Despite the fact that a part of the employees is not in favor of remote working and consequently opposes remote health benefits (I3: L177-178), most of the interview cohort considers remote health benefits as a positive additional asset (I2: L106-108 & I4: L207-208 & I5: L77-78 & I6: L85-86 & I7: L83-87).

Home office poses new challenges for how to engage employees in participating in corporate health management and benefits. It also raises new questions about work conditions, occupational accidents and separation between private life and work.

> *"A labor law inspection in the home office is not possible either and I do not want this" (I7: L85-87).*

Results show worries about working conditions, especially work adequate equipment in home office duty (I1: L207- 209 & I4: L278-279). In terms of digitalization, companies rapidly adapted digital communication solutions, e. g. Skype, WebEx and Zoom. Online skills became a relevant work skill, including basic rules of online communication.

Some employees adapted better to the new work environment than others. Topics like mental health issues surfaced during the interviews (I7: L87-89 & I2: L107-108 & I3: L65-66). Corporate health management responded by an increase of available clinical supervision and regular health nuggets via email e.g. short videos or manual instructions on how to increase one's personal health at home.

The interview cohort, despite probable negative effects, mentions several positive side effects of home office for their health like getting up late in the morning, being able to have breakfast, not to use crowded public transport, enjoy more silence at home and not being interrupted by colleagues (I4: L62-67 & I5: L34-35). On the contrary, an interviewee also mentions the lack of social contacts (I6: L58-59) and higher stress levels for parents (I4: L248-249).

The topic of stress in regards to mental health is mentioned on various occasions throughout the interviews. Qualitative evidence shows that stress occasionally originates in the private sphere, e.g. through parenthood (I1: L65-66), but is mainly mentioned in context of professional duties. Stress is related to unhealthy behavior like smoking (I2: L35-38), or to working time models e.g. fulltime versus part time and gliding work time models (I5: L26-27). Stress occurs in home office due to the mixture of private life and work life (I1: L61-66). Interestingly, an oversupply of corporate health efforts is also linked to stress (I4: L268-270) if health benefits are too time consuming. As a consequence, regular work could suffer.

Some topics of corporate health management in home office can already be identified via the conducted interviews. Health issues arise from various challenges in home office like already mentioned above, a properly equipped work place which includes ergonomic seating, a separate quiet place that can be used as workplace and IT equipment e.g. a laptop or a personal computer with a monitor (I7: L65-67). There is a differentiation between working hours and leisure time or work life and private life respectively (I5: L252-253). Social isolation due to the lack of real-life social contacts (I6: L58), in further

consequence a lack of corporate feeling and suitable communication may result from home office.

In some cases, home office is considered the reason for gaining body weight, due to less physical activity (I4: L148-150). The gain of body weight is also linked to nutrition. Consequently, nutrition in home office should also play a role for further health benefits.

All of the mentioned health topics could be addressed by specifically planned interventions, but the question remains if corporate health benefits are accepted by employees and not rejected and identified as an intrusion into the private sphere. Employees expect that home office has come to "stay" (I1: L116-117 & I4: L127-128 & I5: L225-226), therefore remote health benefits will be an important topic for future corporate health management.

6.6 Health Awareness

Health awareness is present but health perceptions are subjective and differ from each other.

Members of the interview cohort engage themselves in health topics. Some show certain awareness about healthy nutrition (I1: L23-26 & I2 L18-19 & I4: L61.65), physical exercise (I3: L29-30& I1: L199-200 & I4: L24-29 & I6: L21) and social needs (I7: 147-149).

Healthy nutrition and sports are essential elements of corporate health management efforts and can also be linked to quality of life (I6: L32-33 & I3: L97-98). Health has been described as a bio-psycho-social model which increases resilience and prevents sickness (I3: L93-95). In addition, employees have an even broader view on health. During the interviews, the topic of men's health was raised (Bardehle, Dinges & White 2015) and how gender and sex affects individual health (I7: 116-117 & I4: L242-244). Health can be assumed to be something private. This also applies for acceptance of health benefits within the company (I3: L168-170 & I15: L105-106 & I6: L36-40).

Interviewees who assume health to be private and who prefer to do health activities in their leisure time are interested in health benefits that contribute to personal, privately consumed health efforts, e.g. monetary subsidies or vouchers for fitness offers (I3: L22-23& I4: L 323-325& I6: L41).

Articulated needs in regards to corporate health management or certain wishes for health benefits also represent an original interest in health. They can also reveal deficits. Based on this assumption, several relevant topics for future corporate health management benefits can be identified. These include supervision, nutrition and sports activities (I1: L174-176& I2: L53-59 & I3: L55-56 & I4: L141-142& I5: L94-95 & I6: L51-54 & I7: L105-108).

A positive impact of health initiatives can be reached if pro-health behavioral aspects that are covered during corporate health offers are executed outside of the corporate sphere i.e. in employee's private time. Such a transaction effect was observed within the interview cohort. Employees seem to be willing to pursue such learned behavior in their free time (I3: L210& I5: L124-127).

> *"Yes, why not, if I'm interested, sure. At any time, no question at all" (I2:127-128).*

Once again, during the pandemic many health topics have been related to the Covid-19 disease. Interestingly, during the interviews Covid-19 was not discussed in the context of being an imminent threat to anyone's personal health, but much more a threat to the working climate e.g. social bonding (I3: L78-84 & L1: L125-129 & I2: L96-99&). Vaccination programs are still ongoing. Since fall 2021, the third vaccine shot has been a relevant topic (Die Presse 2021). This discussion has been accompanied by health concerns, if once again side-effects or vaccination reactions may lead to sick leave. Health awareness towards the statewide vaccination program is characteristic for the cohort members, because some were already affected by Covid-19 (quoting was suspended due to anonymity protection).

The vaccination program is strongly supported by the SDW. Since working in the health industry with close bonds to national health facilities, health personnel are granted high priority in regards to vaccination. Although the vaccination status is private, employees express satisfaction that the company, SDW, organized and scheduled the vaccination process (I3: L82-83& I4: L228-231 & I7: L142).

Sick leave related to Covid-19 vaccination worries staff (I4: L302-305 & I5: L36-37). The vaccination is an ambivalent topic. On the on hand, the vaccine is widely regarded as a solution and on the other hand, the vaccine is identified as a health threat. As a

consequence, the idea is expressed that corporate health benefits could be provided exclusively to vaccinated staff (I3: L175-176 & I5: L306-307).

Corporate health management consequently has to address health-related issues that have appeared during the ongoing pandemic, including health-related socio-psychological impacts and biological effects of the disease itself. Most interviewees focus on socio-psychological impacts as described within this chapter. However, future health benefits will have to address post-Covid diseases like long Covid as well (CDC 2021). Not surprisingly, Covid-19 was a relevant topic within all interviews. This indicates the urgency of the topic and the relevance for corporate health management, not only for the SDW.

In addition to the qualitative results that have been elaborated in this chapter, the content analysis resulted in a list of statements about motives for and barriers against participating in CHM offers as well as an evaluation of the company's corporate health management. These statements were described in chapter 5.3.2 and displayed in the tables 1 and 2. They were included in the quantitative questionnaire that was sent out to all employees of the SDW in order to assess whether they are single opinions or wide-spread perceptions among the employees of this company. The following chapter presents the survey results.

7 QUANTITATIVE RESULTS

The results of the quantitative data analysis presented in this chapter are based on the online survey, which is available in the appendix of this thesis. All statements within the survey covering corporate health management result from the qualitative content analysis presented above. These items are assessed on the same scale, ranging from 0 to 100 percent, measuring agreement with the respective statement.

7.1 Sample

The quantitative questionnaire was sent out to all 110 employees of the SDW. 95 employees accessed the questionnaire. When patterns were found in the data where respondents always checked the first or last answer, these were not considered valid cases and they were deleted from the data set. Out of the 95 responses, 75 were complete or merely complete and valid, so that the inserted data could be used for the data analysis. The drop-out rate is 21 percent. Therefore, the results presented in this chapter are based on a sample size of 75. Some questionnaires were not fully completed but single answers were left out. This implies that some analyses presented in this chapter are based on a smaller sample size than 75. If this is the case, the sample size (n) is separately displayed.

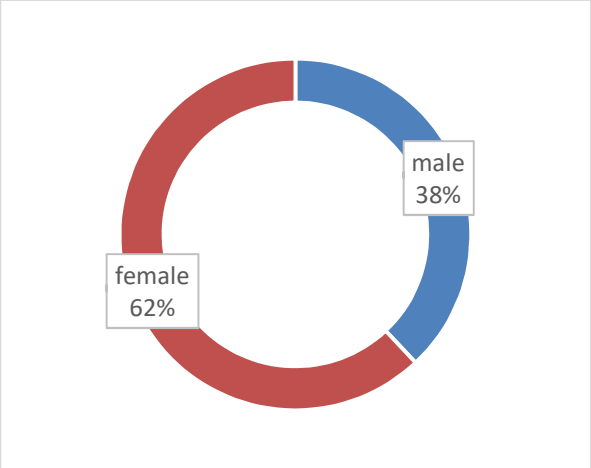


FIGURE 4: GENDER, N = 71

71 respondents stated their gender and the majority of respondents (44) is female. 27 are male, that is slightly more than a third of all respondents (see figure 4). Nobody selected the answer option “diverse”. The average age of the survey participants is 41,09 with a standard deviation of 8,93 and values ranging from 25 to 62. Overall, 68 participants stated their age.

Approximately half of the 75 respondents have been working for the SDW for more than five years. Almost a quarter have been working there for two to five years and the same share of respondents has only worked at the SDW for two years or less (see figure 5).

It can be assumed that the longer an employee has been working for the company, the more familiar s/he is with the corporate health management offers and promotions.

7.2 Descriptive Statistics

To understand how well accepted the corporate health management offer is among the respondents they were asked to indicate if they have already participated in such an offer and if so, how many CHM measures they have participated in during the last three years. 76 percent out of the sample of 75 respondents have already participated in at least one corporate health management offer (figure 6). It is not surprising that table 4 shows that employees who have been working at the SDW for a longer time have rather participated in CHM offers compared to employees who have only been working there for a shorter time period.

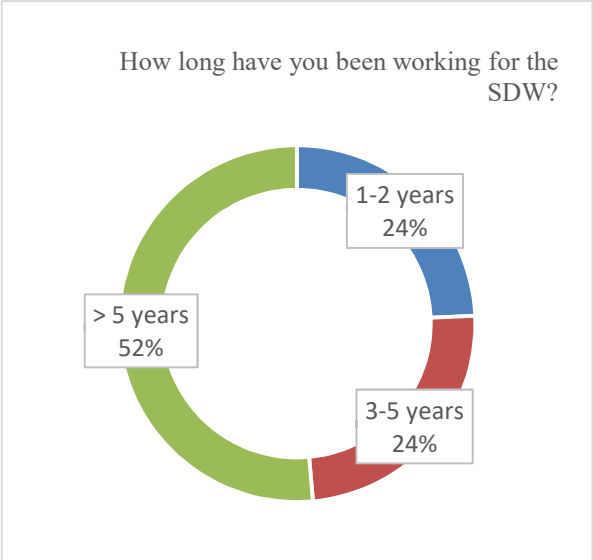


FIGURE 6: AFFILIATION, N = 75

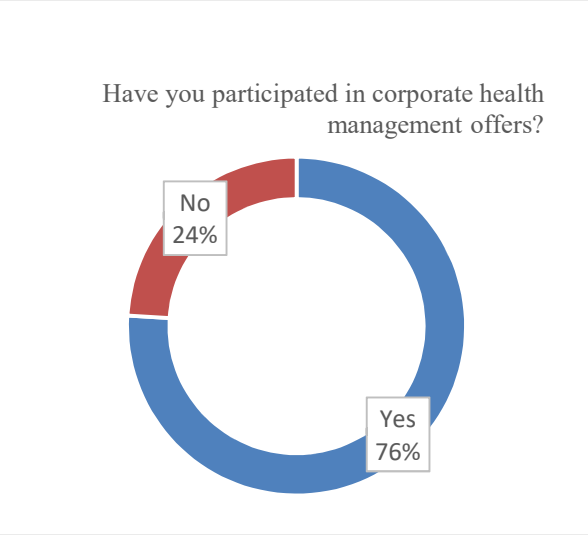


FIGURE 5: PARTICIPATION, N = 75

		Since when have you been working for the Addiction and Drug Coordination Vienna?		
		1-2 years	3-5 years	more than 5 years
		Count	Count	Count
Have you already participated in corporate health management offers?	Yes	**9**	**13**	**31**
	No	**8**	**4**	**5**

TABLE 4: PARTICIPATION IN CHM AND DURATION OF EMPLOYMENT

The number of offers that the employees have participated in during the last three years is widely skewed and shown in figure 7. Three participants have even participated in ten or more offers. Most employees state that they have participated in either one (22,7 percent), two (25,3 percent) or three (14,7 percent) offers.

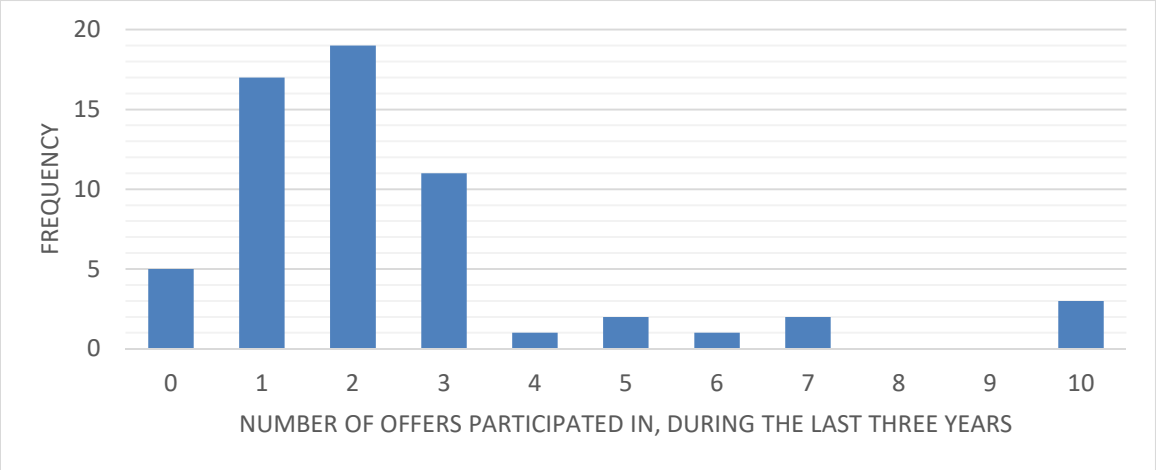


FIGURE 7: CHM PARTICIPATION, N = 61

In order to better understand the needs of the employees in terms of corporate health management, they were asked to indicate how important (1) a quiet workplace, (2) healthy nutrition, (3) sports, (4) climate topics and (5) sustainable mobility is to them. Looking at the averages of the provided answers (agreement measured on a scale from 0 to 100 percent) shown in figure 8, the quiet workplace is the most important topic, followed by healthy nutrition, sports, climate topics and sustainable mobility in descending order. However, the small differences between these average values are not statistically significant as a repeated measures ANOVA shows ($\lambda = 0{,}825$, $F(4, 66) = 3{,}49$, $p = 0{,}056$). There is no strong preference for either topic and all topics are considered relevant with average agreement scores ranging from 74,65 to 83,08. Therefore, it can be recommended to offer corporate health management measures addressing all of these topics.

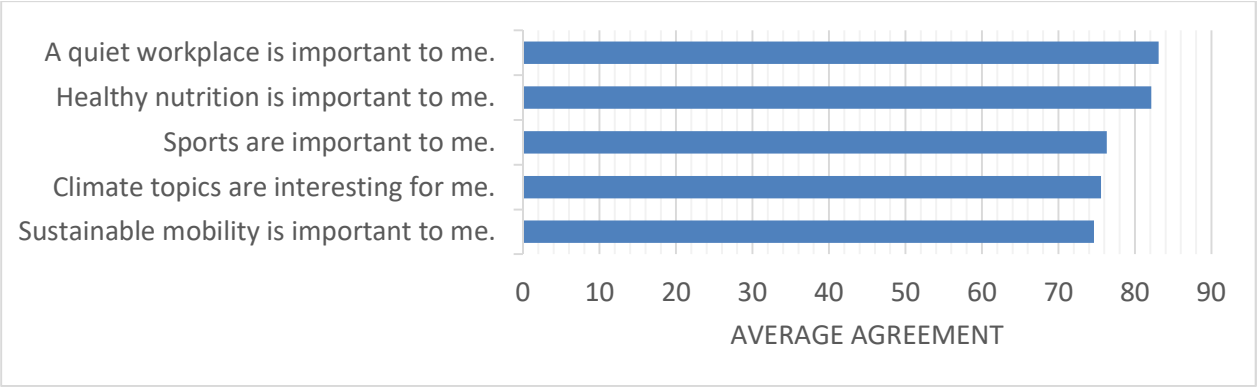


FIGURE 8: TOPICS AND THEIR IMPORTANCE, N = 72

7.2.1 Evaluation of Corporate Health Management

For the purpose of assessing the current corporate health management offer, employees were asked to state how much they agree with several statements on a scale from 0 to 100 percent. This procedure allows to test whether these statements are single opinions or widely spread perceptions regarding CHM at the SDW. The results of the quantitative assessment are shown in figure 9 in descending order. It describes the average agreement on CHM activities also in regards to employees' acceptance and perception of CHM benefits. Starting with the lowest average agreement ("In my opinion, we have too few offers"), employees seem to consider the number of available health benefits as adequate.

Two items that show an average agreement of approximately 50 percent indicate how future health care benefits should be planned, i.e. offering activities directly at the workplace or nearby the SDW. Nearly 47 percent agreement is expressed to the willingness of participating in CHM activities during leisure time.

Health care benefits are more likely to be accepted if they contribute to a better working atmosphere. This statement shows the highest average agreement of 72 percent. New offers regarding preventive medical care should not be pushed too much, since an average agreement of 55 percent indicates that preventive medical care is sufficient.

Corporate health care measures are highly linked to employees' self-care (average agreement of 69 percent). Obviously, more personal contact with other staff members is preferred (55 percent average agreement). Creativity offers are rated with an average agreement of 48 percent. So far, none of the existing CHM benefits cover artistic work or

creativity. Consequently, new offers could focus on benefits that foster creativity or artistic activities.

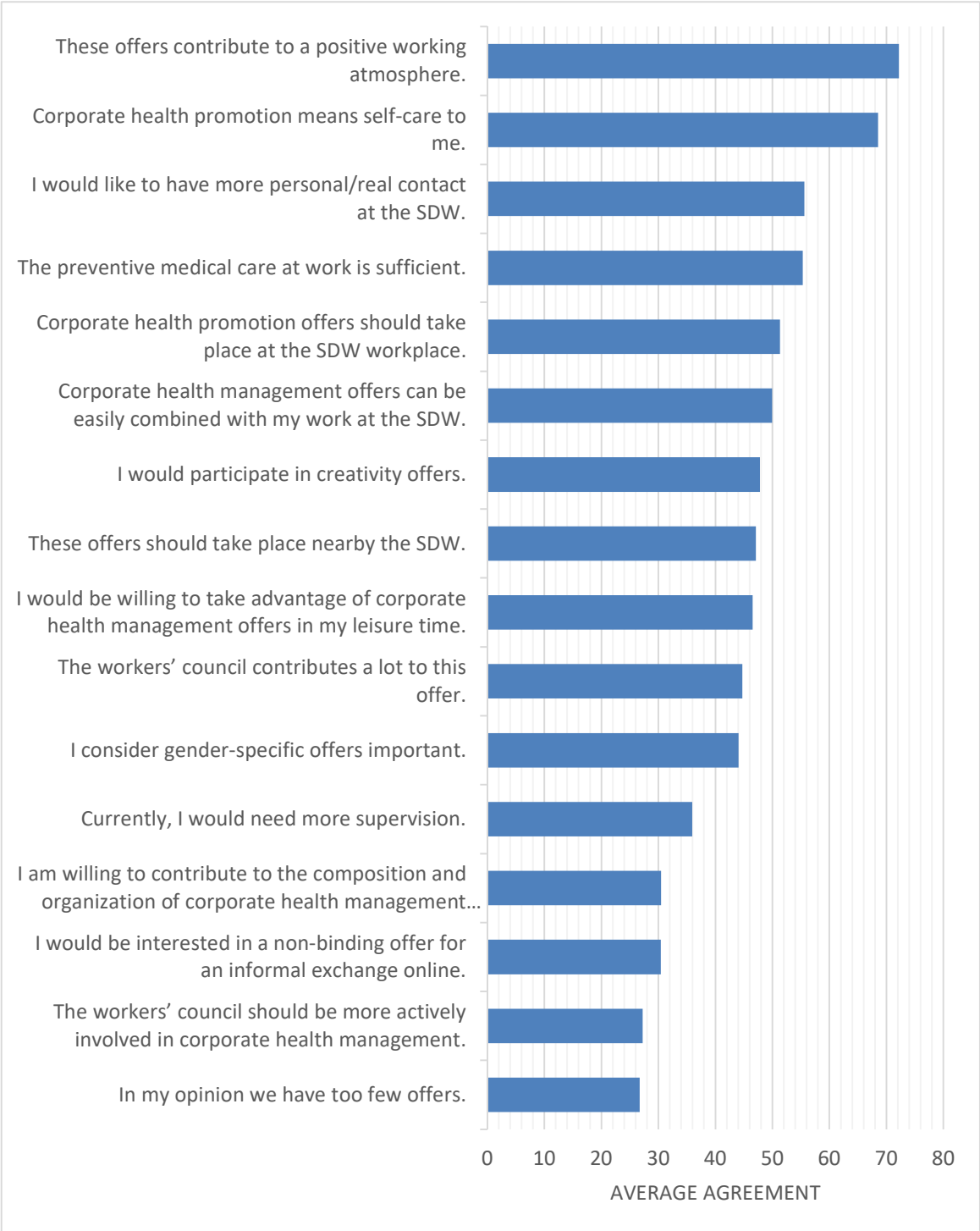


FIGURE 9: STATEMENTS ABOUT CHM, N = 72

Essential, but with slightly less agreement than 50 percent, is the fact that existing and future health benefits should be integrated into the normal working routines. Therefore, activities that hinder regular working routines can possibly reduce acceptance rates of

health benefits. The workers' council's contributions to CHM have been noticed positively by the staff (average agreement of 45 percent). However, a more active involvement of the workers' council into CHM is not expected and shows little average agreement of 27 percent. Further topics like gender issues, supervision, active staff's contribution to CHM and possibilities for further online exchange have rather low average agreement rates ranging between 30 and 45 percent. This does not mean that these topics are not important but CHM activities should rather concentrate on items showing higher average agreement rates in order to better satisfy the needs of the staff. Items of this chart can be combined to create "ideal" health care benefits.

7.2.2 Work Place Assessment

It is also important to assess the quality of the workplace at the company and at the home office, in order to develop recommendations for CHM measures based on these observations. Figure 10 shows that employees sit better at the SDW than in their home offices, but it is noisier at the company workplace. Employees state that they can generally concentrate better at their home office. The overall impression of the workplace assessment is that there is room for improvement regarding silence and an atmosphere promoting concentration at the SDW. Offers for a better seating in home office might be welcomed by many staff members. With an average agreement of 35 percent, respondents sometimes feel multiple burdens at home due to the pandemic and care obligations. This issue could also be addressed by targeted corporate health measures. It is also interesting to observe that approximately 65 percent of all respondents consider information about health and corresponding offers by e-mail helpful. However, only 39 percent agreement is expressed with the statement that employees would like to receive more health promoting tele offers.

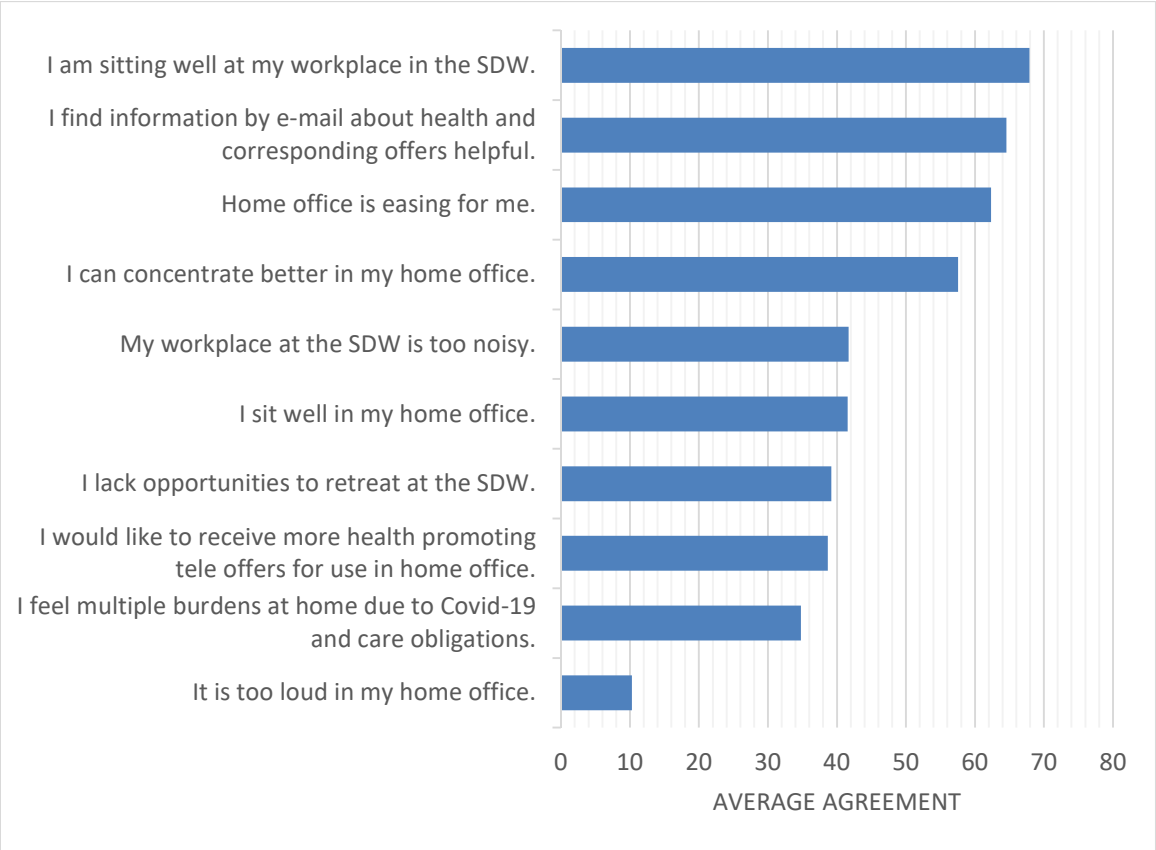


FIGURE 10: WORK PLACE EVALUATION, N = 72

7.3 Analysis of Motives for and Barriers Against Accepting CHM

The research question of this thesis focuses on reasons for accepting corporate health promotion offers and barriers, i.e. reasons against accepting these offers. The qualitative interviews served to collect a list of such pro and contra arguments from a diverse set of employees. 28 statements were extracted from the interviews and they were displayed in the questionnaire. Once more, respondents were asked to state how much they agree with these statements on a scale from 0 to 100 percent. Asking for agreement as a percentage created metric variables that can be used for a principal component analysis. As described in the methodology chapter of this thesis, this analysis technique groups variables (using vectors). This is how underlying factors (principal components) can be identified. The large number of 28 statements was reduced to nine groups of statements that were interpreted as principal components. Based on the statements that form a single component, the component is named by interpreting which common characteristic caused these statements to show a similar answer dynamic throughout the respondent group. Table 5 is based on the rotated component matrix that is enclosed in the appendix. It shows the questionnaire statements that load high on a common factor.

Factors / Components	Questionnaire Statements
Factors for accepting CHM measures: *Motives*	
Personal advantage	
1b I participate in corporate health management offers, because it gives me a direct advantage.	
1a … because I highly appreciate these offers.	
Affinity for corporate sports measures	
3a I participate in corporate health management sports activities, because I see them as compensation.	
3b…, because I like to do sports with colleagues.	
3c…, because the existing offer corresponds with my interest.	
3d …, because I am doing something good for myself.	
Curiosity and social commitment	
2a I participate in offers about healthy nutrition, because I like to learn more about nutrition and food in the context of corporate health promotion.	
1f I participate in corporate health management offers, only if my current work does not suffer.	
1h …, because team building takes place there.	
1c …, out of curiosity.	
Social desirability	
1e I participate in corporate health management offers, because I do not have to work during this time.	
1d …, because I feel compelled to do it.	
3i I do not participate in corporate health management sports activities when certain colleagues also participate in these sport offers.	
Factors against accepting CHM measures: *Barriers*	
Work-life interference	
3e I do not participate in corporate health management sports activities, because it mixes work and private life.	
3j …, because I do not want to shower at work.	
4 I do not participate in offers to promote mental health, because I do not want to discuss my mental health with professionals who work in the same organization with me.	
Insufficient offer and disinterest	
3f I do not participate in corporate health management sports activities, because the sporting offers are insufficient.	
2c I do not participate in offers on healthy nutrition because I find it inappropriate to cook during working hours.	
1m I do not participate in corporate health management offers, because some of them do not interest me.	
1g …, if my superior suggests it to me.	
Unknown/forgetting	
1j I do not participate in corporate health management offers, because I do not know which ones there are.	

	1k …, because I have not looked at the offers yet.
	1i …, because I forget about it.
	Privacy issues
	1l I do not participate in corporate health management offers, especially for private reasons.
	1n …, because I have concerns about data privacy regarding my personal health information.
	2b I do not participate in offers on healthy nutrition because cooking with colleagues is too private for me.
	3g I do not participate in corporate health management sports activities, because the sporting offers are too demanding for me.
	Dislike trainer
	3h I do not participate in corporate health management sports activities when I don't like the trainer of a course.

TABLE 5: PRINCIPAL COMPONENTS

After forming the principal components (factors) and naming them accordingly, the average agreement was calculated for each component. This component average is shown in figure 11. The fact that participation creates a personal advantage is the strongest motivator for employees to participate in CHM offers (average agreement of 66 percent). The second strongest motivator is the personal affinity for corporate sports measures that is strongly expressed by many employees (50 percent average agreement). These two motivators are the strongest factors that influence CHM-acceptance and participation. With an average agreement of 45 percent, curiosity and social commitment are less strong motivators. It is interesting to see that positive motivators are stronger influencing factors than negative barriers. The most prominent barrier for participation in CHM offers is that employees are not familiar with the offer or they forget about it. However, this barrier shows hardly more agreement (30 percent) than the work-life interference issue (28 percent). The fact that employees sometimes do not want to participate in CHM offers because they feel that this is too private or that they want to keep private life (health) and work-life separate also receives an average agreement score of approximately 28 percent. The statements that show a tendency towards an insufficient offer or disinterest show a similar average agreement.

The barriers that show the lowest average agreement scores are those that address privacy issues or social desirability. Employees are hardly influenced by social desirability in terms of accepting CHM offers or not as this item only receives an average agreement

rate of 8 percent. Only approximately 10 percent agreement is expressed with the item that employees reject CHM measures because they have privacy concerns or they feel that these activities are too private or too demanding. Even if these barriers are less prominent than others, they deserve to be taken into consideration by the corporate health management.

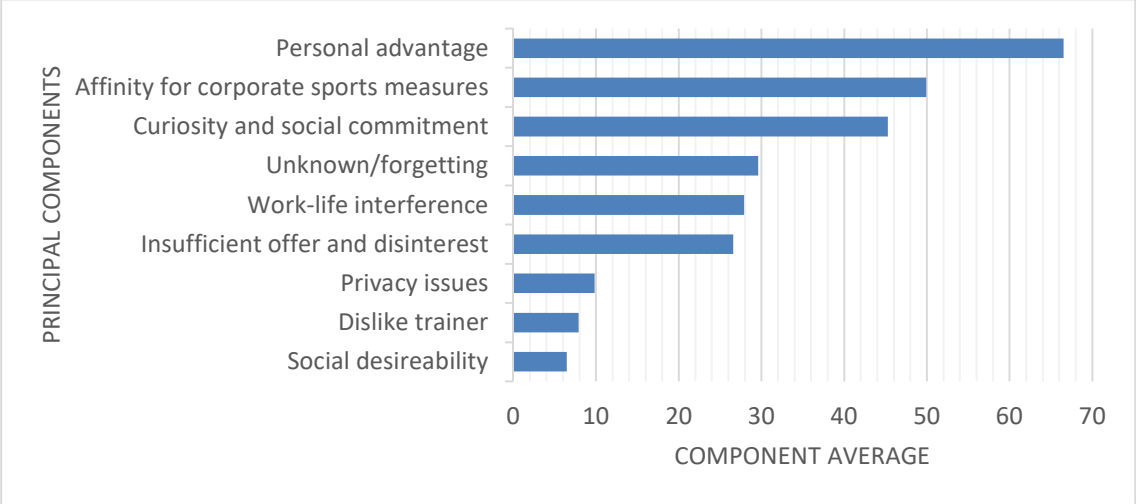


FIGURE 11: AVERAGE AGREEMENT WITH PRINCIPAL COMPONENTS, N = 73

Figure 12 shows that there are some differences between female and male employees in how much their acceptance of corporate health management is influenced by the described factors. A personal advantage seems to be a strong motive for both genders but women score higher than their male colleagues with 71 percent compared to 60 percent average agreement. Curiosity and social commitment are evenly distributed with 46 percent agreement among female and male employees. Affinity for corporate sports measures scores surprisingly high among the female cohort with 57 percent versus 40 percent average agreement among male. Agreement with the barrier that CHM offers are unknown or that employees forget about them is evenly distributed with each 28 percent average agreement. The component "Insufficient offer or disinterest" receives slightly different agreement among female (24 percent) and male (26 percent average agreement). Work-life interference is more prominent as a barrier in the female cohort (29 versus 24 percent average agreement). Privacy issues are almost equally distributed with 8,3 percent female and 7,7 percent male average agreement. Social desirability scores low among both gender groups but with a visible difference of 6 percent average agreement among male and 3 percent among female employees. Similarly, disliking the trainer is hardly a

barrier for either gender (6 percent female compared to 9 percent male average agreement).

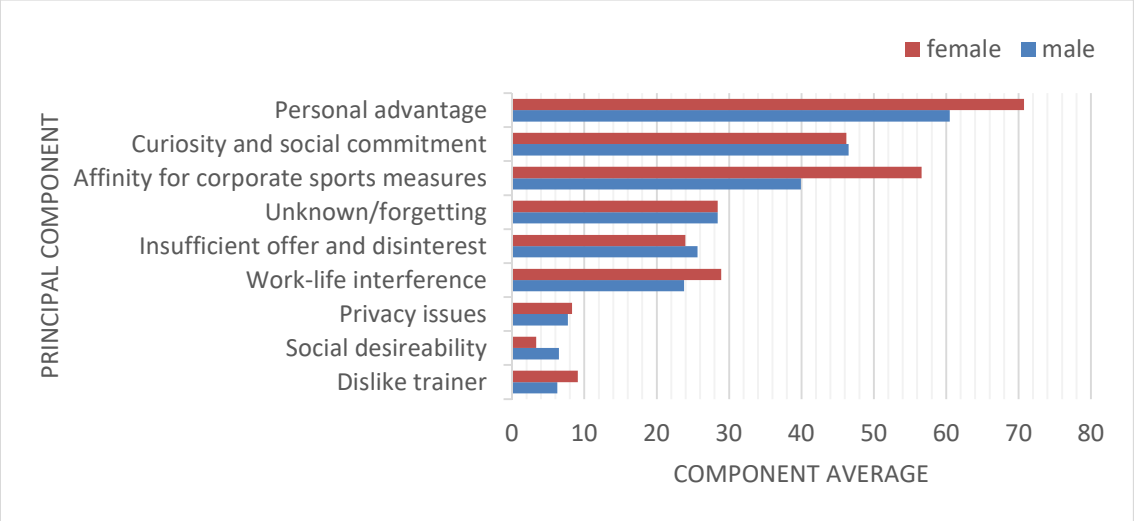


FIGURE 12: AVERAGE AGREEMENT WITH PRINCIPAL COMPONENTS BY GENDER, N = 73

The average agreement with these motives and barriers was also compared between the group of employees who have already participated in CHM offers and those who have not. Figure 13 shows this comparison. The motive-components ”personal advantage”, “affinity for corporate sport measures”, ”curiosity and social commitment” as well as the barriers “insufficient offer and disinterest” and ”privacy issues” clearly score higher within the group that already participated in CHM. Work-life interference has a slightly higher average agreement in the cohort that has already participated in CHM offers (28 percent average agreement compared to 27 percent in the group of employees who have not).

Privacy issues rather seem to be a topic for the “yes-cohort” with 11 percent average agreement versus 5 percent average agreement in the “no-cohort”. Not knowing and forgetting about CHM offers score with an average agreement of 41 percent in the ”no-cohort”, distinguishing itself from the ”yes-cohort” with an average agreement of 26 percent. Disliking the trainer and social desirability score slightly higher among the ”no-cohort” with average agreements of approximately 11 and 8 percent.

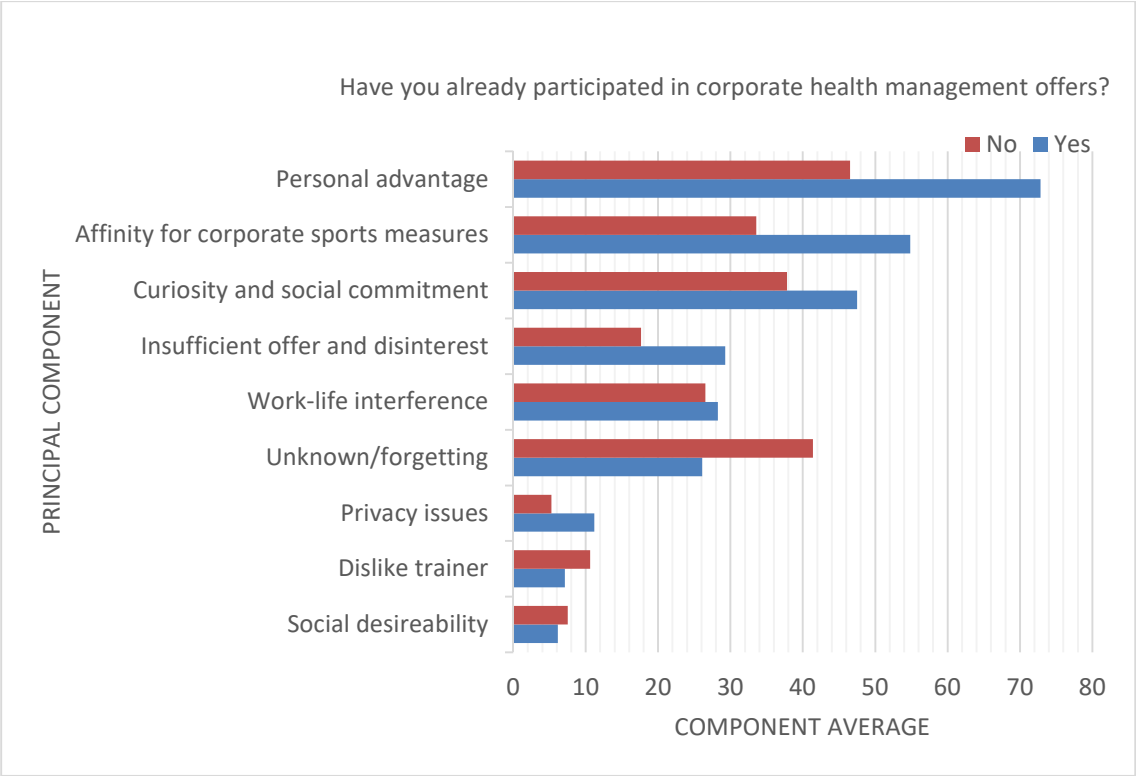


FIGURE 13: PRINCIPAL COMPONENT COHORT DIFFERENCE, N = 73

Finally, a t-test was calculated to find out if employees who participated in corporate health measures experience different levels of stress compared to employees who did not participate. A hypothesis could be that people who participate in CHM offers feel less stress because these offers address several stress factors. In contrary, the participation in CHM offers could cause stress because these activities appear as additional appointments and take away working time. Therefore, a two tailed t-test was performed. It shows a non-significant result ($t(69)=1,06$; $p = 0,29$). This means that no systematic difference in stress levels between employees who did and those who did not participate in CHM offers was found (null-hypothesis maintained). This does not imply that CHM measures do not affect stress levels because this setting does not differentiate between measures that address stress and others. Effects may also be too small to be detected within the sample at hand. Lastly, the data were collected during the Covid-19 pandemic where corporate health management was mostly limited to online suggestions. It is therefore recommended to perform further studies to investigate the effects of corporate health management on the level of stress but also other effects would be interesting to evaluate. This endeavor was not pursued by the study at hand. Its focus lies on motives for and barriers against participation in CHM offers and these have successfully been investigated and described above.

8 DISCUSSION

The following chapter provides an interpretation of the qualitative and quantitative results. In a methodological understanding, the discussion is used to triangulate the collected data. For this purpose, all research results are compared and contrasted with each other and the academic literature. This serves to detect similarities and differences (Flick 2008). The triangulation enables the researcher to further specify the findings and hence the relevant information about employees' perception and acceptance of corporate health benefits.

8.1 Triangulation

The qualitative content analysis reveals a newly generated thesis, that *the level of knowledge about CHM may influence the participation rate in corporate health measures.* The descriptive statistical evaluation shows that not knowing and forgetting about CHM offers are relevant with reference to participation rates. The principal component "unknown and forgetting" is evenly distributed among genders. It is not a surprise that the discussed item has a higher prevalence in the cohort that has not yet participated in CHM offers compared to the "yes cohort". Hence employees who are well informed about corporate health management offers are naturally more likely to participate in them. Like described in the literature (Walter et al. 2012), these results indicate that understanding and knowing health efforts raises acceptance. The rotated component matrix identifies "unknown & forgetting" as a relevant factor against accepting CHM measures. Based on the multivariate principal component analysis procedure the item builds upon a subset of clustered statements from of the quantitative survey. As the item name suggests, ignorance is fertilized by oblivion and not looking at the existing offers. It is widely recognized that knowledge is linked to personal interest. Therefore, interest in corporate health measures influences the participation rate. However, interest has not been observed within the quantitative analysis as a separate variable. To the opposite, interest is an antagonist to "unknown and forgetting", which can be said to increase acceptance based on the presented results. From an organizational perspective, interest can be increased by a corporate stakeholder management system, which itself should increase participation and interest in the topic CHM (Ulrich 2005 cited in Eberhard & Wülser 2010). In addition, regular appraisal interviews hold a chance to

transport information about health topics to employees (Kamiski 2013). Furthermore, precious feedback can be collected in order to develop CHM measures. All of this presupposes that a "positive and safe work environment" has been established in which feedback is not interpreted as criticism, so employees are not afraid of retaliation measures (Prue & Fairbank 1981). Suggestions for increasing awareness of CHM benefits have been found within the qualitative data, like a simple approach to post information sheets about CHM measures at the workplace (I1: L214).

Employees' age could play a role, since younger staff is said to have a smaller interest in health promotions (Claxton et al. 2019). This can logically be derived from the facts that younger employees have fewer health issues and they could be less aware of personal health topics. In the surveyed cohort, the average age of the participants is 41,09 years with a standard deviation of 8,93 years and values ranging from 25 to 62 years. Since the average age cannot be assumed as "young", CHM measures should be relevant for staff. The level of knowledge about CHM benefits is influenced by interest which again is influenced by the factor age. Since CHM should be target-oriented, the average participants' age is relevant for selecting relevant health topics, so a majority of employees feels addressed. This brings up the topic within CHM of age-appropriate work. This idea is also based on the fact that older employees have a different skill set compared to younger employees. CHM has to take responsibility, also in the sense of CSR, to embrace diversity and change work routines so employees stay in employment and companies further increase efficiency, argue Blattner and Mayer (2018).

In addition, the perception of health plays a certain role in this theoretical construct. The understanding of the cohort varies depending on the measures that lie behind certain labeled CHM activities. This topic arose from the qualitative analysis and brought up the question on how CHM benefits are communicated within the company. Communication of CHM measures certainly influences the level of knowledge, independent of the factor interest. Since interest refers to an intrinsic motivation, corporate communication as an extrinsic factor that can be controlled on an organizational level. Communication is described as a key element of a successful CHM by Walter et al. (2012). Bidirectional communication includes the implementation of feedback loops on CHM measures along with clear and accessible information on how to participate in corporate health benefits.

The assumption is that the clearer these benefits are communicated the higher the participation rate becomes.

CHM measures are target-group-oriented and not suitable for all employees. This qualitative result once again shows that target-oriented offers can also be expected to raise interest which not exclusively derives from a certain health status. As an example, from the interviewee cohort shows, nonsmokers are not interested in stopping smoking, hence the participation rate for stop-smoking health benefits cannot be increased over a certain point. Participation rate is always limited by design depending on the relevant population. For more general topics like nutrition, all employees should be addressed, since nutrition is not an exclusive topic and concerns all people. Therefore, more general topics can be expected to attract more participants compared to offers that are specifically targeted to a particular group. However, this does not mean that particularly targeted promotions (like the mentioned stop-smoking offer) are less important for a comprehensive and meaningful corporate health program.

This also refers to one of the most important items of the quantitative analysis: “personal advantage”. Personal advantage is the highest scoring motive for participating in CHM offers. The question remains what is a personal advantage. Again, based upon the rotated component matrix, it can be said that an offer that provides a direct advantage results in high appreciation. In the context of this thesis it is assumed that this personal advantage is related to employees’ health. This assumption is supported by the results of the quantitate survey indicating that corporate health promotions are linked to self-care.

Combined with the qualitative results various direct advantages of CHM have been mentioned, like the perception that CHM fertilizes a positive working climate and team building. Personal advantage could come from vaccination programs, especially relevant during the current Covid-19 pandemic or it could relate to mental health offers e.g. clinical supervision or “health nuggets” suitable for home office work. Other advantages could derive from a proper workplace which includes correct seating, quiet places at the workplace and convenient IT equipment, e.g. monitors that are gentle on the personal vision.

Results regarding the quality of the workplace indicate that seating should be improved in home office. Potential relief could come from monetary subsidies but also from the

new labor contract law and the adjustment law passed in March 2021. Up to EUR 300 can be deduced from taxes for refurnishing the home office workplace which seems to be an essential information that should be spread by CHM.

A literature-based conclusion also indicates that personal advantage results from an achieved higher productivity via CHM benefits (Shermann 2002), as this may lead to a promotion or a higher salary. More fundamental is the original purpose of CHM to increase control over and to improve personal health (WHO 1986). Personal advantage is a term that holds room for interpretation and therefore should be addressed in further internal CHM surveys.

Health can be increased via diverse offers, for example by CHM sports measures which are a positive motive for participation. The affinity for participation in sports offers assessed by gender interestingly shows that women are more interested in corporate sports offers than men. Within the qualitative data the topic of men's health was raised and how gender affects the individual health. *"I believe that we live in a society in which we grow up separated by gender. I think, that men or people that define themselves as male, tend to participate less in these yoga, shiatsu or Pilates offers" (I7: 116-117).* Gender-specific offers are considered important by staff in the quantitative survey.

Every company is somehow a mirror of society. In regards to CHM, this means that health measures also have to be gender-sensitive (and hence consider gender stereotypes), but they should also be used to initiate change, to break clichés and overcome gender roles. Nevertheless, this friction is evident and has an influence on acceptance and perception of CHM benefits. Based on this example the link between CHM and CSR becomes visible.

Health is something private which is not easily shared with others, referring to the presented qualitative results. In contrary, the quantitative part of this research shows that privacy issues are ranked the least important barrier. Of course, staff that participated in CHM benefits has more concerns than the group that did not yet participate. This comes from the fact that the CHM participants already shared some health information with colleagues or the company and therefore they may have higher concerns.

Privacy issues again occur in the rotated component matrix as a barrier against picking up CHM measures. Combined with qualitative results, groups with privacy issues tend to

perform health activities in their leisure time and are more interested in monetary subsidies or vouchers offered by CHM. *"I have to do my exercises for my sports, but I do not want to do them with my colleagues. It's rather a private thing" (I3: L36-L38).*

Another relevant finding is the understanding of health, or how it is described. *"Health awareness is present but health perceptions are subjective and differ from each other"(Chapter 6.6).* This result also fits to the previously stated results in regards to health and gender. It also raises the question how each single person defines his or her personal health and how CHM defines health or – in contrast – the absence of health. Health awareness among staff is present. In this particular case study most of the employees have a professional background in health-related fields. They define health similar to definitions used in the literature such as the biopsychosocial understanding (Engel 1977, 1980). Greiner (1998) takes a similar point of view, when he pledges that individuals judge for themselves how healthy or sick they are based on their understanding of health (Greiner 1998 cited in Eberhard & Wülser 2010). Stress that fertilizes unhealthy behavior plays a role in this theoretical construct. However, the quantitative results of the presented study show no difference between people who did or did not participate in CHM measures regarding their stress levels. Again, this does not imply that CHM measures have no effect, only that the effect may be smaller than expected. The factor stress was mentioned on various occasions in the qualitative survey. The origin of stress is not necessarily labor. It can also develop from circumstances outside the corporate sphere. Qualitative factors like the Covid-19 pandemic, parenthood and a mixture of private and work-life could be identified as stress-causing factors within this study.

This thesis surfaces new traces on how to raise acceptance and embrace new fields of CHM. Quantitative data show that needs exist in the area of creativity offers, with regards to retreating possibilities at the workplace and new ways of reaching out to staff by CHM tele offers. Strengths and weaknesses are revealed and the potential to improve CHM efforts. The most relevant barrier of a lack of knowledge about CHM activities or unawareness holds great potential to increase acceptance and raise participation rates by improved communication. A lack of knowledge about CHM offers results in low staff involvement. Involvement can be separated in active involvement, by actively contributing to the CHM agenda and passive involvement, by consuming CHM benefits.

Currently, the active involvement can be stated as relatively low. There seems to be no need for further involvement as the quantitative results indicate that sufficient offers are indeed available. Despite the benefit that CHM could empower staff to positively change health-related behavior, staff does not assume CHM as an essential asset. *"If I reduce it to certain offers, it has no relevance at all. It is a very, very, very, very 'nice to have' ..." (I4: L308-309).* Therefore, corporate activities should be initialized to improve the reputation of CHM. This goes along with the described communication aspects that need to be improved to raise awareness about CHM.

CHM measures and communication can also contribute to raising awareness about sustainably life-styles. Targeting commuting and mobility habits, nutrition, consumer behavior and other sustainability aspects could lead to short term and long-term individual and societal health benefits by contributing to a healthier life-styles and environment. When individual savings that are achieved by walking or cycling to work are reinvested for green energy or products in the sense of the triple benefit principle introduced by Renoldner (2009), health benefits are directly achieved. Corporate health management could create offers and measures that support this shift towards sustainable living.

8.2 Limitations

In the sense of a positive error culture within scientific research it seems necessary to describe the boundaries and limitations of this paper.

The first limitation lies within the complexity of the phenomena that encode employees' perception and acceptance of corporate health management. The reason is that the subjective perspective of each employee depends on a diverse set of factors, e.g. gender, sex, ethnic and cultural background, physical status, behavioral aspects and group dynamics, just to name a few. The aim of this thesis was to uncover motives and identify obstacles within the process, in order to increase acceptance and understand why employees choose to participate in corporate health offers. Factors that contribute to this objective were formed and transposed into a model that should allow corporate health management to better implement future health promotion offers and increase acceptance at the same time.

In general, this thesis holds great potential to strengthen corporate health management and increase its benefits within companies to become an even more viable asset than it

already is. However, this case study has characteristics that call for caution in generalizing the results. Findings of the study at hand should not be directly applied to other companies or organizations. The company is operating within the health industry and a large share of its staff consists of health professionals. Therefore, initial health-related knowledge is high and a professional perspective on the topic of health already exists. As a consequence, staff members are constantly concerned with health issues and it can be supposed that they reflect their own behavioral aspects in regards to health more deeply compared to other companies' staff. This possibly biases employees' perceptions and acceptance of corporate health management efforts. Consequently, this case study has a strong internal validity, which is a strong explanatory capability for the case under investigation. It can provide reliable results and evidence for this particular company case. The external validity, that is the transferability of the findings to other cases, is limited for the described reasons.

Another potential limitation is the survey period. The study was conducted during the pandemic and in between lockdowns. The Covid-19 pandemic affected the lives and health status of the sample group (among others) including physical and mental health. Like every crisis, this one holds the chance for people to grow by the task of managing it. However, the crisis is an omnipresent topic that could affect elements of the survey or responding behavior because of its dominance. In regards to corporate health management, it has changed the landscape of how health measures are executed and communicated. Based on the preexisting corporate health benefit program in which most activities where offered on a personal level, the pandemic stopped nearly all corporate health programs in the company-case. Circumstances during the survey period were extraordinary and hence results can neither be compared to the pre Covid-19 situation nor to the post-pandemic period to come.

Some limitations were detected during the research process and after the quantitative survey had been conducted. Results of the quantitative analysis show that additional variables would have been desirable to be included into the data analysis. Additional information about employees' work status (part-time or full-time employment) would have been an interesting asset in the resulting model.

Finally, some limitations arise from the quantitative design of this study. The sample size is in a good proportion to the research population but nevertheless it could eventually be

too small to detect small effects (differences or correlations). Therefore, the non-significant test results of the presented t-test and the ANOVA does not necessarily imply that the effect does not exist. It is possible that the effect is too small to be detected with the available sample size.

The non-response bias establishes another limitation. Employees who are not interested in corporate health measures are probably less likely to have responded to the online survey. Measured by the survey return rate this effect should be rather small (Groves & Peytcheva 2008). However, results showing that motives for accepting corporate health management offers outweigh barriers could be slightly influenced by this non-response bias.

In general, results should be compared with other companies within the health industry with the aim of comparing the findings of this study. In addition, a corresponding study seems to be necessary to assess the impact of this study. A supplementary longitudinal study over a longer period with fixed survey intervals is recommended. With these intentions the researcher will continue to work on the SDW's corporate health management.

This thesis should set an impulse for further research in this field, with a focus on the behavioral aspects of corporate health management including its acceptance. The results and data will be provided to the company and the city of Vienna for additional research.

Despite the presented limitations, this thesis was a personal challenge. It implemented elements provided by the MBA study program. Triangulation, especially for the subject matter of this paper, seems to be the best scientific method to catch subjective positions towards a certain topic. Based on the implementation and connection between qualitative and quantitative approaches, it was possible to successfully obtain precious perceptions about corporate health management efforts.

9 CONCLUSION

This final chapter focuses on answering the initial research question and gives an outlook on the effects of the results on SDW's corporate health management. Results of this thesis are summarized and the relevance for corporate health management will be discussed. Important main findings are presented in table 6 .

Main Findings
CHM can contribute to a positive working atmosphere. Employees appreciate a good relationship with their employer and they value a positive working climate.
CHM can effectively contribute to a more sustainable lifestyle.
CHM participation is linked to self-care.
The perceived personal advantage is the most dominant motivator for participation in CHM offers.
Other motivators are a general sports affinity regarding the participation in corporate sports offers, curiosity and social commitment. Social desirability plays a minor role.
Obstacles for picking up a corporate health benefit often result from circumstances outside the corporate sphere.
Barriers for CHM participation that could be identified are that CHM participation may be perceived as work-life interference, general disinterest and an insufficient offer as well as privacy issues. A lack of information about the existing offer is the most dominant barrier.
Corporate health benefits are target-group-oriented. Therefore, not every offer is suitable for every employee.
As a response to the increased extent of home office during the Covid-19 pandemic, remote corporate health benefits have been acknowledged by the staff.
Health awareness is present but health perceptions are subjective and differ from each other.

TABLE 6: MAIN FINDINGS

Based on the research interest about corporate health management, the research question targeted employees' perceptions and influences on their acceptance of corporate health promotions.

The research results show that employees' perception of corporate health promotions cannot be separated from perceptions or attitudes towards corporate health management in general and the company itself. Qualitative and quantitative results demonstrate that perception is influenced by the level of knowledge staff has about CHM, which again influences the participation rate. CHM measures are a well implemented tool. In the quantitative study it can be observed that the surveyed employees participated in 2,5 CHM offers on average within the last three years. Perceptions of CHM promotions vary but overall, they are very positive. Staff members appreciate the corporate health management of their company but surprisingly the value of CHM within employees' perception is not very high. This statement is based on qualitative results from the interview cohort, in which CHM was degraded to be a "nice to have" asset, and not an important factor for the job choice. Health is an omnipresent good within the company since the SDW is part of the federal health industry. Similarly, most employees are highly professional and well trained in this topic. This circumstance contributes to a high acceptance of health topics including CHM offers. Acceptance is also influenced by personal factors, which include the personal health status and an individual definition. Logically and verifiable by literature the personal health status may influence a person's interest in health likewise in subsidiary health offers. This fact makes it essential for any corporate health management to position measures in accordance with individual health needs and increase efforts with regards to stakeholder management. In the words of Biffi et al. (2018), the "affected should be involved". When discussing acceptance in this thesis, barriers and resistance are involved in the subject as a counterpart as well. Resistance to or rejection of corporate health measures are hardly expressed during the qualitative interviews and are underrepresented in the quantitative data compared to motivators. A lack of participation may rather result from a lack of knowledge than from resistance or rejection. A lack of knowledge about CHM offers or forgetting (which may originate in disinterest) are findings within the quantitative data and the highest rated factor against accepting corporate health measures that result from the rotated component matrix. The principal component matrix can be assumed to be the major outcome of this research. Not just because factors for and against accepting CHM measures have been scientifically

elaborated but rather this component matrix can be used as a landmark for designing new CHM measures and to assess already existing ones. The statements within the component matrix represent essential employees' perceptions. In regards to the research question, the personal advantage, affinity for corporate sports measures, curiosity and social commitment as well as social desirability influence employee's acceptance in a **positive** way (in descending order). To the contrary, work life interference, insufficient offer and disinterest, a lack of knowledge and privacy issues influence employees' acceptance in a **negative** manner.

A combination of the quantitative and qualitative findings complements the picture of employees' perceptions and acceptance of CHM measures. Qualitative results serve to interpret the quantitative findings. For example, knowing that *obstacles for picking up CHM offers often result from circumstances outside the corporate sphere* from the qualitative interviews, the quantitative component of *work life interference* is better understood. Qualitative results have a higher explanatory value for exploring employees' perceptions and the circumstances which lead to a higher acceptance. However, not all circumstances appear to be controlled within the company. Only identified factors that can be influenced by the company or CHM respectively should ultimately be assessed to determine whether an intervention is recommended, in the sense that employees' subjective health can potentially be increased.

The results of this study were presented to the company board, especially to the people responsible for CHM. As an indirect consequence, new remote corporate health offers were introduced, focusing on mental health topics. Remote CHM offers, as a direct consequence to workplace changes due to the Covid-19 pandemic are significant improvements of the CHM portfolio.

This approach seems to make sense, because it is based on research results presented by this study. Mental health has been identified as an important topic and has been explored by this thesis, especially stress. Although no direct connection between CHM and lower stress levels were detected, an effect can be assumed but it is obviously too small to be measured (or was too small during the Covid-period, where CHM promotions were naturally limited). Specifically, the qualitative research has found evidence of higher stress levels, which do not exclusively result from work but are certainly related to the Covid-19 pandemic, meaning that stress and burdens also result from societal transformations and an immanent health threat.

Staff is only a mirror of society. Therefore, challenges of our time like climate change and related issues such as sustainable mobility also appear in the research results. However global challenges can only be addressed, when change also happens on an organizational level. This seems to be possible if not only CHM acts on this behalf but efforts are made to increase business sustainability. Companies therefore need to operate under the mantra of the triple bottom line. For CHM, the triple benefit principle by Renoldner (2009) seems to be better adaptable, since the personal health aspect is included.

Furthermore, new paths of encouragind CHM participation could be explored like the gamification of CHM. Such an approach has not yet been described within academic literature in regards to CHM. However, it may hold the potential to further increase employees' perception and participation rates. Scientific research about gamification in the health sector shows encouraging results (Marston & Hall 2015). Further suggestions can be found in table 7.

Suggestions
Expand remote CHM measures.
Try new approaches like gamification in CHM.
Build trust in the company by data transparency.
Expand mental health CHM benefits as a consequence to the Covid-19 pandemic.
Increase advertising activities for CHM promotions.
Implement a stakeholder management.
Design new CHM promotions based on empirical evidence about employee's needs and interests.
Reevaluation of existing CHM offers on a regular basis
Link CHM offer to sustainable lifestyles.
Improve communication regarding the CHM offer and the benefits of CHM participation.

TABLE 7: SUGGESTIONS

Employees' perception is influenced by trust in the corporation. This includes the security of personal health information. Employees need to be able to trust that their personal health information is not used against their best interest or leaked outside the company. This is an allusion to the corporate culture which represents a safe environment for all employees and includes a corresponding error culture. This statement is underlined by the quantitative evaluation where the highest average appreciation is expressed for CHM offers that contribute to a positive working atmosphere.

Via this research, SDW's CHM has received a powerful mandate by its employees to further develop its corporate health promotions in order to increase subjective health. It also shows that CHM is more than just a corporate tool to increase efficiency and effectiveness of human capital, but it should also take responsibility for challenges of our time. Hence, the researcher will continue to work in this field in order to implement the results in SDW's corporate health management.

REFERENCES

Bardehle, D., Dinges, M., & White, A. (2015). Was ist Männergesundheit? Eine Definition: *Thieme*. Accessed on: 12/ 11/ 2020. Retrieved from: https://www.thieme connect.de/products/ejournals/abstract/10.1055/s-0035-1564077

Barge, B. (1992). Risk management/ employee benefits: Total quality— A risk management opportunity. National Underwrite

BGF (2021). BGF Gütesiegel. Accessed on 04/09/21. Retrieved from: https://www.netzwerk-bgf.at/cdscontent/?contentid=10007.752621&viewmode =content

BGF (2021a). Die 15 Qualitätskriterien. Accessed on 04/09/21. Retrieved from: https://www.netzwerk-bgf.at/cdscontent/?contentid=10007.752446&portal =bgfportal #

BGF (2021b). Kennzahlen der BGF. Accessed on 04/09/21. Retrieved from: https://www.netzwerk-bgf.at/cdscontent/?contentid=10007.733376&portal =bgfportal

Biffi, A., Fernando, F., Adami, P.E. (2018). Ferrari Corporate Wellness Program: Results of a Pilot Analysis and the "Drag" Impact in the Workplace. High Blood Press Cardiovasc Prev 25, 261-266. https://doi.org/10.1007/s40292-018-0266-z

Blattner, A. & Mayer, M. (2018). Handbuch Betriebliche Gesundheitsförderung (6., überarbeitete Auflage). Hrsg.: Österreichisches Netzwerk für BGF. Wien.

CDC (2021). Post-COVID Conditions. Accessed on: 09/ 11/ 2020. Retrieved from: https://www.cdc.gov/coronavirus/2019-ncov/long-term-effects/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcorona virus%2F2019-ncov%2Flong-term-effects.html

Claxton, Gary, Rae, Matthew, Damico, Anthony,Young, Gregory, McDermott, Daniel (2019). The Kaiser Family Foundation- Employer Health Benefits- 2019 Annual Survey. San Francisco. California.

Creswell, J., & Plano Clark, V. (2018). Designing and conducting mixed methods research, (3rd ed.). Thousand Oaks: Sage.

Die Presse (2021). Wien beginnt mit Auffrischungsimpfungen in Pflegeheimen. Accessed on: 08/ 31/ 2021. Retrieved from: https://www.diepresse.com/6028590/wien-beginnt-mit-auffrischungsimpfungen-in-pflegeheimen

Dyllick, Thomas, Muff, Katrin (2015). Clarifying the Meaning of Sustainable Business: Introducing a Typology From Business-as-Usual to True Business Sustainability. Sage: London.

Engel, G. L. (1977). The need for a new medical model: A challenge for biomedicine. Science, 8. April 1977, Vol. 196. Number 4286. 129-136

Engel, G. L. (1980). The clinical application of the biopsychosocial model. The American Journal of Psychiatry, 137:5, 535-544

Field, Andy (2013). Discovering Statistics Using IBM SPSS Statistics. Sage: London.

Flick, Uwe (2004). Qualitative Sozialforschung. Eine Einführung. Rowohlt TB- Verlag. Reinbek

Flick, Uwe (2008). Triangulation – Eine Einführung. 2. Auflage. Verlag der Sozialwissenschaften. Wiesbaden

Gillham, B. (2000). Case study research methods. Continuum: London.

Ginn, O. Gregory & Henry, L. Jean (2003). Wellness Programs in the Context of Strategic Human Resource Management. p23- 28, Vol. 81. no. 1 Winter 2003. Heldref Publications

GÖG, Gesundheit Österreich GmbH (2021): Organization Chart. Accessed on 04/09/21. Retrieved from: https://goeg.at/Organization_Chart

Harvey, Geraint (2019). Corporate wellness: what, why not and whither?, Employee Relations, Vol. 41 No. 4, pp. 638-648. https://doi.org/10.1108/ER-06-2018-0151

Ho, J.T.S. (1997), "Corporate wellness programmes in Singapore: effect on stress, satisfaction and absenteeism", *Journal of Managerial Psychology*, Vol. 12 No. 3, pp. 177-189. https://doi.org/10.1108/02683949710174801

Hoffman-Riem, Christa (1980). Die Sozialforschung einer interpretativen Soziologie. Kölner Zeitschrift für Soziologie und Sozialpsychologie.

Jochen, Glaeser & Grit, Laudel (2004). Experteninterviews und qualitative Inhaltsanalyse (The Expert Interview and Content Analysis). VS Verlag für Sozialwissenschaften. Springer. Wiesbaden.

Kaminski, Martin (2013). Betriebliches Gesundheitsmanagement für die Praxis : Ein Leitfaden zur systematischen Umsetzung der Praxis. Springer Gabler. Wiesbaden.

Klimont, Jeannette (2020). Österreichische Gesundheitsbefragung 2019 - Hauptergebnisse des Austrian Health Interview Survey (ATHIS) und methodische Dokumentation. Bundesministerium für Soziales, Gesundheit, Pflege und Konsumentenschutz: Wien.

Kuckartz, Udo (2018). Qualitative Inhaltsanalyse. Methoden, Praxis, Computerunterstützung. 4. Auflage. Beltz Juventa. Weinheim Basel.

Lamnek, Siegfried & Krell, Claudia (2016). Qualitative Sozialforschung. 6.Auflage. Beltz Verlag. Weinheim

Lemyre L, Lalande-Markon MP. (2009). Psychological Stress Measure (PSM-9): integration of an evidence-based approach to assessment, monitoring, and evaluation of stress in physical therapy practice. Physiotherapy Theory Pract. 2009 Jul; 25(5-6):453-62. doi: 10.1080/09593980902886321. PMID: 19842868.

Long, Thomas, Tallontire, Anne, Young, William (2015). CSR, voluntary standards and sustainability. in: Kopina, Helen/Shoreman-Ouimet, Eleanor 2015: Sustainability, Key issues. Routledge : London and New York.

Marston, Hannah & Hall, Amanda (2015). Gamification: Applications for health promotion and health information technology engagement. 10.4018/978-1-4666-9522-1.ch005.

MAXQDA (2021). Discover MAXQDA's Features. Accessed on 05/11/21. Retrieved from: https://www.maxqda.com/what-is-maxqda#

Mayer, Horst O. (2013). Interview und schriftliche Befragung. Grundlage und Methoden empirischer Sozialforschung. 6A. überarbeite Auflage. Oldenburg Verlag. München

NAS, National Academy of Sciences (U.S.) (2009). On being a scientist: A Guide To Responsible Conduct in Research. Washington, D.C: National Academy Press.

Niklas Luhmann, Dirk Baecker (HFrsg.) (2009). Einführung in die Systemtheorie, 5. Auflage, Carl Auer, 2009

Oelerich, Gertrud & Otto, Hans-Uwe (2011). Empirische Forschung und Soziale Arbeit- ein Studienbuch. 1. Auflage. VS Verlag. Wiesbaden.

Paff, Holger, Zeike, Sabrina (2019). Controlling im Betrieblichen Gesundheitsmanagement- Das 7- Schritte Modell. Springer Gabler: Wiesbaden

Patton, Michael Quinn (2002). Qualitative research and evaluation methods. 3rd edition. Sage Publications, Inc. Thousand Oaks. London. New Delhi.

Pauls, Helmut (2013). Klinische Sozialarbeit – Grundlagen und Methoden psycho-sozialer Behandlung. 3. Auflage. Beltz Juventa: Weinheim & Basel

Pfannstiel, Mario A., Mehlich, Harald (Hrsg.) (2016). Betriebliches Gesundheitsmanagement: Konzepte, Maßnahmen, Evaluation. Springer Gabler: Wiesbaden

Renoldner, Klaus (2009). The Triple Benefit Principle: A doctor's vie on CO2. Published in Medicine, Conflict and Survival Vol. 25. London.

Saldaña, J. (2011). Fundamentals of qualitative research. New York: Oxford University Press, Inc.

SDW S&E (2020). MitarbeiterInnenmappe SDW. Version 1.1.2020 (S&E stands for „Steuerung und Entwicklung" i.e. SDW's department of Control and Development), internal document.

SDW Workers' Council (2021). Betriebsrat Sucht und Drogenkoordination Wien. Accessed on 04/09/21. Retrieved from: http://www.belegschaftsvertretung.net/

Sherman, Bruce (2002). Worksite Health Promotion: A Critical Investment. In: Disease Management & Health Outcomes 10, S. 101–108. DOI: 10.2165/00115677-200210020-00005.

Sri, U. (2010). CSR strategies: Corporate social responsibility for a competitive edge in emerging markets. Singapore: Wiley.

Steckl, Miriam/ Simshäuser, Ulla/ Niederberger, Marlen (2019). Arbeitgeberattraktivität aus Sicht der Generation Z -Eine quantitative Befragung zur Bedeutung gesundheitsrelevanter Dimensionen im Betrieb. Springer Verlag. Heidelberg.

Strübing, Jörg (2008). Grounded Theory – Zur sozialtheoretischen und epistemologischen Fundierung. 2. überarbeitete Auflage. VS Verlag. Wiesbaden

SWÖ, Sozialwirtschaft Österreich (2021). Sozialwirtschaft Österreich- Verband der österreichischen Sozial- und Gesundheitsunternehmen. Accessed on 04/09/21. Retrieved from: http://www.bags-kv.at/1096,,,2.html

Uhle, Thorsten, Treier Michael (2015). Betriebliches Gesundheitsmanagement Gesundheitsförderung in der Arbeitswelt - Mitarbeiter einbinden, Prozesse gestalten, Erfolge messen. 3. überarb. Auflage. Springer Verlag. Berlin.

Ulich, Eberhard, Wülser, Marc (2010). Gesundheitsmanagement in Unternehmen. Arbeitspsychologische Perspektiven. 4. Auflage. Gabler. Wiesbaden.

Walter, U. N., Wäsche, H. & Sander, M. (2012). Dialogorientierte Kommunikation im Betrieblichen Gesundheitsmanagement. Prävention und Gesundheitsförderung, 7(4), 295-301.

WHO (1986). Ottawa Charter for Health Promotion. Accessed on 04/09/21. Retrieved from: https://www.euro.who.int/__data/assets/pdf_file/0004/129532/Ottawa_Charter.pdf

WHO (2019). The ICD-10 – Classification of Mental and Behavioral Disorders. Clinical descriptions and diagnostic guidelines. World Health Organization. Accessed on 04/09/21. Retrieved from: https://www.who.int/classifications/icd/en/bluebook.pdf

WHO (2020). Basic Documents – Forty-ninth edition 2020. Accessed on 04/09/21. Retrieved from: https://apps.who.int/gb/bd/pdf_files/BD_49th-en.pdf

Wirth, T., Wendeler, D., Dulon, M. (2019). Sick leave and work-related accidents of social workers in Germany: an analysis of routine data. International Arch Occup Environ Health 92, 175–184, Accessed on 04/09/21. Retrieved from: https://doi.org/10.1007/s00420-018-1370-z

Witt, Harald (2001). Forschungsstrategien bei quantitativer und qualitativer Sozialforschung. Accessed on 05/17/21. Retrieved from: https://www.qualitative-research.net/index.php/fqs/article/view/969/2114

Wollesen, B., Menzel, J., Drogemueller, R., & Mattes, K. (2017). The effects of a workplace health promotion program in small and middle-sized companies: A pre–post analysis. *Journal of public health, 25*(1), pp. S. 37-47.

APPENDICES

Appendix 1: Consent Form

Study program: MBA
Specialisation: Sustainable Management and Governance
Researcher: Gregor Wegenstein, BA MA
Student ID: 00652901
Modul University Vienna GmbH
Am Kahlenberg 1/ 1190 Wien

Declaration of Consent for Audio Recording and Data Processing in the Course of Qualitative Empirical Studies

Study Title: Corporate Health Management – Employees' Perception and Acceptance of Corporate Wellness. The Case of a Nonprofit Corporation in Vienna

I (first and last name in capitals) _____

have been informed that the interview/focus group will be audio-recorded. This audio recording will be transcribed by the researcher(s) and analysed in a confidential manner in the course of the empirical study at hand.

I understand that my name will not be associated with the research findings and that only the researcher(s) will know my identity as participant. The audio files and transcripts of the interview/focus groups will be anonymised and assigned an ID-number. The list which connects my name with the ID-number will only be accessible to the researcher(s) and will be deleted after the project is completed.

The researcher(s) will temporarily store the original audio file. I have been informed that I can request the audio file of my interview/focus group be deleted. After the study is completed, the audio files will be deleted and only the written transcript will be archived.

I consent to the described handling of the audio recording.

O *YES* O *NO*

I have received a copy of this declaration of consent.

O *YES* O *NO*

_____ _____

Place, date & signature of the interviewee Place, date & signature of the interviewer

I can contact the following person(s) with any questions or concerns:

Gregor Wegenstein
Mobile: 0676 432 4332
E-Mail: gwegenstein@hotmail.com

Appendix 2: Interview Guidelines

Interview number:

Interviewee: Duration of affiliation to the company:
Date:
Time:
Place:
Age:

Preamble

- Which area do you work in?
- For how many years are you working in that position?
- Do you work full-time or part-time?

Main Questions

1. Which health promotions and corporate health measures does your company offer?

2. Which ones did you take advantage of during the last two years?
    a. How many?
    b. If none => Why did you refuse any offers? Please be specific.
    c. Which ones did you not take advantage of and why?

3. Which health promotion offers would you like your company to offer? Wishes?
    a. group offer/single offer/remote offer

4. Which subject areas would you find suitable for additional corporate health management offers?
    a. Which ones and why?
    b. What kind of topics do you see for the future?

5. What concerns exist about offers of corporate health management?
    a. Gender-related? Covid-19? Privacy?
    b. Describe them in more detail.

6. When would you turn down an offer, what are the circumstances?
    a. Why did this case happen or did not?
    b. Are there any offers you know but do not find useful?
    c. Why do you think may other employees resist to accept health promotion offers from the company?

7. What offers make sense to you in home office operational mode?
    a. Which ones and why?
    b. Should these offers also exist after the Covid-19 pandemic? Why?

8. How would you describe your relationship with your employer? In general?
    a. Would better health promotion offers in the workplace be a reason for you to change employers? Why?

9. How many days have you been on sick leave in 2020?

Closure

Generally asked:

- What relevance does workplace health promotion have for you as an employee?
- Which aspect of this interview was most important to you?
- Do you have any further recommendations for experts in corporate health management?
- What other questions can you think of related to this subject?

We have now come to the end of the interview.

Would you like to say anything else that is important to you?

Thank you for your time

Darstellung des Forschungsvorhabens für Interviewpartner

Vorstellung

Mein Name ist Gregor Wegenstein. Ich bin Sozialarbeiter im Ambulatorium der Sucht und Drogenkoordination Wien. Derzeit studiere ich berufsbegleitend an der Modul Universität Wien, Nachhaltigkeit und öffentliche Verwaltung. Aktuell befinde ich mich im letzten Semester meiner Studienzeit und möchte im Rahmen meiner Abschlussarbeit das Thema betriebliches Gesundheitsmanagement, BGM bzw. betriebliche Gesundheitsförderung, BGF erforschen.

Dabei gilt es zu beachten, dass auch Überlegungen einfließen sollen wie Angebote aussehen können oder sollten unter einem Normalbetrieb, also vor bzw. nach der jetzigen Corona Pandemie.

Arbeitsthema

Betriebliches Gesundheitsmanagement – Welche Ansichten und Vorstellungen haben Mitarbeiterinnen der SDW gegenüber dem betrieblichen Gesundheitsmanagement und dessen Angebote?

Zielsetzung

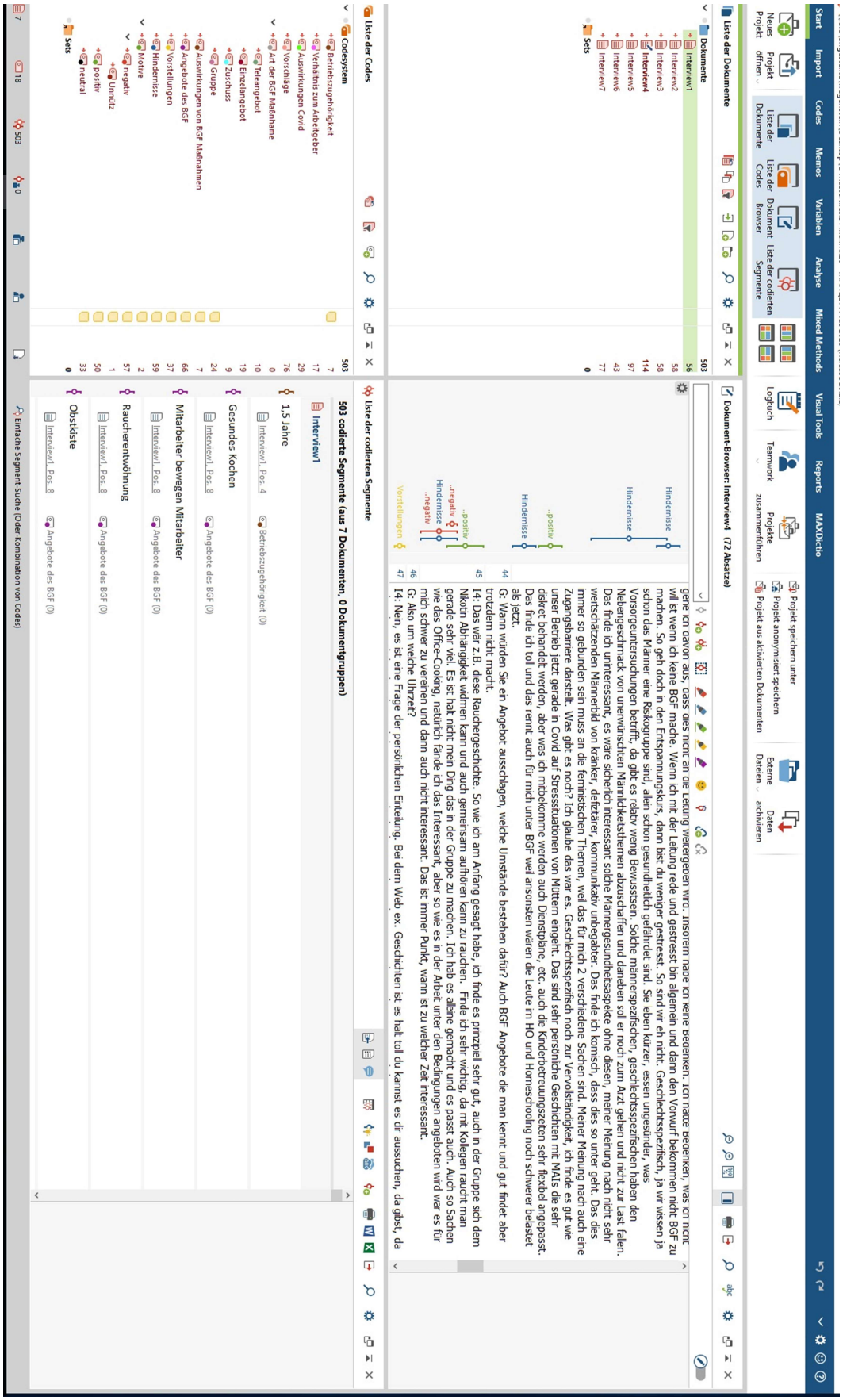
Angebote der betrieblichen Gesundheitsförderungen so zu gestalten, dass sie von einem Großteil der Belegschaft angenommen werden.

Ergänzung

Erhobene Daten werden anonymisiert. Diese werden vertraulich behandelt und nicht an die Sucht und Drogenkoordination Wien weitergegeben. Nach einer gesetzlichen Aufhebungspflicht von sieben Jahren werden diese gelöscht.

Ansprechpartner: Gregor Wegenstein, BA MA Kontakt: gwegenstein@outlook.com

Appendix 3: MAXQDA



Appendix 4: Qualitative Content Analysis

Selection of the qualitative content analysis. The complete analysis comprises 503 codes.

Farbwert	Interview	Kategorie	Absatz von	Absatz bis (Absätze im MAXQDA)	Textstelle
●	Interview2	Motive\neutral	18	18	Dass hier auch gekocht wird finde ich ganz cool, aber ich selber glaube brauche es einfach nicht.
●	Interview2	Vorschläge	18	18	Das müsste schon was ganz spezifisches kommen, so wie Get ripped in 100 Tagen.
●	Interview2	Vorstellungen	18	18	Das müsste eben schon sehr spezifisch sein, dass ich das Annehme.
●	Interview3	Vorschläge	44	44	Keine Teleangebote.
●	Interview3	Verhältnis zum Arbeitgeber	24	24	Menschen die vielleicht nicht so lange dabei sind und während oder kurz vor Corona gekommen sind, natürlich eine anderen Zugang, Bezug zu der Firma haben. Das ist ganz logisch und wenn die für manche Dinge nicht so

					herangezogen werden. Geh bitte kannst mir da einspringen? Als halt mehr dann für die Mittel zum Zweck.
●	Interview4	Motive\negativ	20	20	Die zwei Angebote, auch wegen der Abgrenzung zwischen Privat und Beruf und Funktion von Sport als Ausgleich.
●	Interview5	Motive\positiv	28	28	Zum Teil Interesse, auch das MG hat neugierig gemacht, weil ich mir dachte was denken sich die.

Appendix 5: Questionnaire

Haben Sie schon an Angeboten des betrieblichen Gesundheitsmanagements teilgenommen?

Have you already participated in corporate health management offers?

An wie vielen verschiedenen Angeboten haben Sie in den letzten 3 Jahren ca. teilgenommen?

How many different offers have you participated in during the last three years?

General - Start

Angebote des betrieblichen Gesundheitsmanagements nehme ich an, …

I accept offers from corporate health management,

… weil ich diese Angebote sehr schätze.

… because I really appreciate these offers.

… weil sich für mich ein unmittelbarer Vorteil daraus ergibt.

… because it gives me a direct advantage.

… aus Neugierde.

… out of curiosity.

… weil ich mich dazu gezwungen fühle.

… because I feel compelled to do it.

… weil ich in dieser Zeit nicht arbeiten muss.

… because I do not have to work during this time.

… nur wenn meine aktuelle Arbeit nicht darunter leidet.

… only if my current work does not suffer.

… wenn meine direkte Leitung es mir vorschlägt.

… if my superior suggests it to me.

… weil dort Team-Building stattfindet.

… because team building takes place there.

Angebote des betrieblichen Gesundheitsmanagements nehme ich nicht an, …

I do not accept offers from corporate health management, …

… weil ich darauf vergesse.

… because I forget about it.

… weil ich nicht weiß welche es gibt.

… because I do not know which ones there are.

… weil ich mich noch nicht mit den Angeboten beschäftigt habe.

… because I have not looked at the offers yet.

… insbesondere aus privaten Gründen.

… especially for private reasons.

… weil einige mich nicht interessieren.

… because some of them do not interest me.

… weil ich Bedenken bezüglich des Datenschutzes im Zusammenhang mit meiner persönlichen Gesundheit habe.

… because I have concerns about data protection in connection with my personal health.

Nutrition

Ich nehme an Angeboten zur gesunden Ernährung teil, ...

I take part in offers for healthy nutrition, …

- ... weil ich gerne mehr über Ernährung und Lebensmittel im Rahmen der betrieblichen Gesundheitsförderung erfahre.

… because I like to learn more about nutrition and food in the context of corporate health promotions.

Ich nehme an Angeboten zur gesunden Ernährung nicht teil,...

I do no take part in offers on healthy nutrition …

… weil mir Kochen mit KollegInnen zu privat ist.

… because cooking with colleagues is too private for me.

… weil ich es als unangemessen empfinde, in der Arbeitszeit zu kochen.

… because I find it inappropriate to cook during working hours.

Sports

Ich nehme an sportlichen Aktivitäten des betrieblichen Gesundheitsmanagements teil, …

I take part in corporate sports activities, …

… weil ich sie als Ausgleich ansehe.

… because I see it as compensation.

… weil ich gerne sportliche Aktivitäten mit KollegInnen mache.

… because I like to do sports with colleagues.

… weil das vorhandene Angebot meinen Interessen entspricht.

… because the existing offer corresponds with my interest.

… weil ich mir damit etwas Gutes tue.

… because I am doing something good for myself.

Ich nehme an sportlichen Aktivitäten des betrieblichen Gesundheitsmanagements nicht teil, …

I do not take part in corporate sports activities, …

- … weil es für mich eine Vermischung von Beruf und Privat darstellt.

… because I consider it as a mixture of work and private life.

… weil die sportlichen Angebote unzureichend sind.

... because the sporting offers are inadequate.

… weil die sportlichen Angebote zu anspruchsvoll für mich sind.

… because the sporting offers are too demanding for me.

… wenn ein/e TrainerIn in einem Kurs unsympathisch ist.

… If a trainer is dislikable in a course.

… wenn gewisse KollegInnen das Sportangebot auch nutzen.

… when certain colleagues also participate in these sports offers.

… weil ich nicht in der Arbeit duschen möchte.

… because I do not want to take a shower at work.

Mental Health & Health

Ich nehme Angebote zur Förderung der psychischen Gesundheit nicht wahr, …

I do not take advantage of offers to promote mental health, …

... weil ich nicht mit Fachpersonal, das in derselben Organisation arbeitet wie ich, über meine psychische Gesundheit sprechen möchte.

… because I do not want to discuss my mental health with professionals who work in the same organization with me.

Home Office

Bitte bewerten Sie folgende Aussagen zum Arbeitsplatz:

Please rate the following statemnets about the workplaxe:

Ich hätte gerne mehr gesundheitsfördernde Teleangebote für die Nutzung im Home Office.

I would like more health promoting tele offers for use in home office.

Ich sitze gut im Home Office.

I sit well in the home office.

Im Home Office ist es zu laut.

It is too loud in the home office.

Ich kann mich im Home Office besser konzentrieren.

I can concentrate better in the home office.

Home Office ist für mich eine Entlastung.

Home office is a relief for me.

Informationen per E-Mail über Gesundheit und entsprechende Angebote finde ich hilfreich.

I find information by e-mail about health and corresponding offers helpful.

Ich sehe eine Mehrfachbelastung zu Hause durch Covid-19 und Betreuungspflichten.

I see a multiple burden at the home office due to Covid-19 and care obligations.

Ich sitze gut an meinem Arbeitsplatz in der SDW.

I am sitting well at my workplace at the SDW.

Es fehlt mir an Rückzugsmöglichkeiten in der SDW.

I lack opportunities to retreat at the SDW.

An meinem Arbeitsplatz in der SDW ist es zu laut.

My workplace at the SDW is too noisy.

Evaluation of CHM measures

Bitte bewerten Sie folgende Aussagen zur betrieblichen Gesundheitsförderung:

Please rate the following quotes regarding corporate health management:

Diese Angebote fördern das Betriebsklima.

These offers improve the working atmosphere.

Ich fühle mich arbeitsmedizinisch ausreichend betreut.

I have sufficient preventive occupational medical care.

Betriebliche Gesundheitsförderung hat für mich etwas mit Selbstfürsorge zu tun.

Corporate health promotion is related to self-care.

Meiner Meinung nach haben wir zu wenige Angebote.

In my opinion we have too few offers.

Ich wäre bereit, auch in meiner Freizeit Angebote des betrieblichen Gesundheitsmanagements zu nutzen.

I would be willing to take advantage of corporate health management offers in my leisure time.

Organisation

Ich würde gerne mehr persönliche/reale Kontakte in der SDW haben.

I would like to have more personal/ real contact at the SDW.

Ein unverbindliches Angebot zu einem informellen Austausch online würde mich interessieren.

I would be interested in a non-binding offer for an informal exchange online.

Derzeit bräuchte ich vermehrt Supervision.

Currently I would need more supervision.

Ich finde geschlechtsspezifische Angebote wichtig.

Gender-specific offers are important to me.

Statements

Angebote des betrieblichen Gesundheitsmanagement lassen sich gut mit meiner Tätigkeit in der SDW vereinbaren.

Corporate health management offers can be easily combined with my work at the SDW.

Ich würde Angebote nutzen, die es mir erlauben mich kreativ zu betätigen.

I would take advantage of offers, if I were allowed to be creative.

Angebote des betrieblichen Gesundheitsmanagement sollten im Gebäude der SDW stattfinden.

Corporate health promotions should take place at the SDW workplace.

Diese Angebote sollten in der Nähe der SDW stattfinden.

These offers should take place nearby the SDW.

Der Betriebsrat sollte mehr in das betriebliche Gesundheitsmanagement involviert werden.

The workers' council should be more involved in corporate health management.

Der Betriebsrat trägt viel zu diesem Angebot bei.

The worker's council contributes a lot to this offer.

Ich wäre bereit an der Gestaltung des betrieblichen Gesundheitsangebots aktiv mitzuwirken.

I would be pleased to actively participate in measures of corporate health management.

Ruhe am Arbeitsplatz ist für mich wichtig.

A quiet workplace is important to me.

Nachhaltige Mobilität ist mir wichtig.

Suatainable mobility is important to me.

Klimathemen interessieren mich.

Climate topics are intersting to me.

Gesunde Ernährung ist mir wichtig.

Healthy nutrition is important to me.

Sport ist mir wichtig.

Sports is important to me.

PSM -9 (Lemyre & Tessier 1988, 2003)

In den letzten 4 bis 5 Tagen ...

	Überhaupt nicht	Nicht wirklich	Kaum	Gelegentlich	Immer wieder mal	Ziemlich	Sehr	Extrem
... fühlte ich mich ruhig	○	○	○	○	○	○	○	○
... fühlte ich mich gehetzt	○	○	○	○	○	○	○	○
... hatte ich nicht genug Zeit	○	○	○	○	○	○	○	○
... hatte ich körperliche Beschwerden oder Schmerzen (Verspannungen, Kopfschmerzen, Bauchschmerzen, Tinitus, etc.)	○	○	○	○	○	○	○	○
... fühlte ich mich zerstreut, greizt oder besorgt	○	○	○	○	○	○	○	○
... fühlte ich mich verwirrt, meine Gedanken waren durcheinander, ich konnte mich unzureichend konzentrieren und fokussieren	○	○	○	○	○	○	○	○
... fühlte ich mich voller Energie	○	○	○	○	○	○	○	○
... fühlte ich eine große Last auf meinen Schultern	○	○	○	○	○	○	○	○
... hatte ich Schwierigkeiten meine Reaktionen, Emotionen oder Stimmungen zu kontrollieren	○	○	○	○	○	○	○	○
... fühlte ich mich gestresst	○	○	○	○	○	○	○	○

Mark the number that best indicates the degree to which each statement applies to your recently, that is in the last 4-5 days.

Scale from 1-8 from **1 Not at all** to **Extremely 8**

1. I feel calm.
2. I fell rushed; I do not seem to have enough time.
3. I suffer from physical aches and pains: sore back, headaches, stiff neck, stomach aches.

4. I feel preocciped, tormented or worried.
5. I feel confused; my thoughts are muddled; I lack concentration and I cannot focus my attention.
6. I feel full of energy and keen.
7. I feel a great weight on my shoulders.
8. I have difficulty controlling my reaytions, emotions, moods or gestures.
9. I feel stressed.

Open Question

Welche zusätzlichen Angebote würden Sie im Rahmen des betrieblichen Gesundheitsmanagements zusätzlich als sinnvoll erachten?

Which additional offers would you consider useful as part of corporate health management?

Personal Data

Geschlecht/Gender: m/w/d

Alter/Age: 1-99

Seit wann arbeiten Sie in der Sucht und Drogenkoordination Wien?

How long have you been working at the Vienna Addiction and Drug Coordination?

1-2 Jahre/ 3- 5 Jahre / länger als 5 Jahre

1-2 years/ 3-5 years/ mor than 5 years

Appendix 6: SPSS Output

	Mean
Affinity for corprate sports measures	49,94
Curiosity and social commitment	45,28
Personal advantage	66,52
Social desireability	6,45
Privacy issues	9,84
Work-life interference	27,89
Insufficient offer and disinterest	26,59
Dislike trainer	7,89
Unknown/forgetting	29,62

	Gender		
	male	female	non-binary
	Mean	Mean	Mean
Affinity for corprate sports measures	39,94	56,59	.
Curiosity and social commitment	46,51	46,19	.
Personal advantage	60,48	70,77	.
Social desireability	6,48	3,33	.
Privacy issues	7,71	8,31	.
Work-life interference	23,79	28,93	.
Insufficient offer and disinterest	25,66	23,94	.
Dislike trainer	6,26	9,09	.
Unknown/forgetting	28,43	28,43	.

	Since when have you been working for the Addiction and Drug Coordination Vienna?		
	1-2 years	3-5 years	more than 5 years
	Mean	Mean	Mean
Affinity for corprate sports measures	54,32	52,46	46,68
Curiosity and social commitment	52,06	43,37	44,73
Personal advantage	64,97	63,18	69,00
Social desireability	7,81	7,18	1,97
Privacy issues	7,94	6,59	9,08
Work-life interference	27,48	39,82	21,19
Insufficient offer and disinterest	21,89	29,06	24,38
Dislike trainer	16,06	6,59	5,31
Unknown/forgetting	34,79	33,24	24,13

	Have you already participated in corporate health management offers?	
	Yes	No
	Mean	Mean
Affinity for corprate sports measures	54,82	33,56
Curiosity and social commitment	47,51	37,81
Personal advantage	72,83	46,53
Social desireability	6,13	7,53
Privacy issues	11,21	5,26
Work-life interference	28,27	26,54
Insufficient offer and disinterest	29,26	17,63
Dislike trainer	7,12	10,62
Unknown/forgetting	26,11	41,39

		Count
Have you already participated in corporate health management offers?	Yes	57
	No	18

		Since when have you been working for the Addiction and Drug Coordination Vienna?		
		1-2 years	3-5 years	more than 5 years
		Count	Count	Count
Have you already participated in corporate health management offers?	Yes	9	13	31
	No	8	4	5

		Count
Since when have you been working for the Addiction and Drug Coordination Vienna?	1-2 years	17
	3-5 years	17
	more than 5 years	36

		Count
Gender	male	27
	female	44
	non-binary	0

Statistics

How many different offers have you participated in, during the last three years?

N	Valid	61
	Missing	14
Mean		2,4918
Std. Deviation		2,28490
Minimum		,00
Maximum		10,00

How many different offers have you participated in, during the last three years?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	,00	5	6,7	8,2	8,2
	1,00	17	22,7	27,9	36,1
	2,00	19	25,3	31,1	67,2
	3,00	11	14,7	18,0	85,2
	4,00	1	1,3	1,6	86,9
	5,00	2	2,7	3,3	90,2
	6,00	1	1,3	1,6	91,8
	7,00	2	2,7	3,3	95,1
	10,00	3	4,0	4,9	100,0
	Total	61	81,3	100,0	
Missing	System	14	18,7		
Total		75	100,0		

	Mean	Standard Deviation	Minimum	Maximum
I participate in corporate health management offers, … - 1a... because I highly appreciate these offers.	72,7	30,9	,0	100,0
1b… because it gives me a direct advantage.	59,93	36,09	,00	100,00
1c... out of curiosity.	50,53	34,11	,00	100,00
1d… because I feel compelled to do it.	3,00	10,51	,00	65,00
1e… because I do not have to work during this time.	9,54	18,81	,00	79,00
1f… only if my current work does not suffer.	52,86	36,43	,00	100,00
1g… if my superior suggests it to me.	11,66	24,85	,00	100,00
1h… because team building takes place there.	38,05	37,63	,00	100,00
I do not participate in corporate health management offers, … - 1i… because I forget about it.	41,43	33,98	,00	100,00
1j… because I do not know which ones there are.	20,01	29,30	,00	100,00
1k… because I have not looked at the offers yet.	27,42	31,05	,00	100,00
1l… especially for private reasons.	12,12	27,22	,00	100,00
1m… because some of them do not interest me.	43,42	36,32	,00	100,00
1n… because I have concerns about data privacy regarding my personal health information.	9,30	23,53	,00	99,00
2a I participate in offers about healthy nutrition, … - ... because I like to learn more about nutrition and food in the context of corporate health promotion.	40,00	40,05	,00	100,00
2b I do not participate in offers on healthy nutrition …- … … because cooking with colleagues is too private for me.	12,67	27,29	,00	100,00
2c … because I find it inappropriate to cook during working hours.	17,59	31,24	,00	100,00
3a I participate in corporate health management sports activities, … - … because I see them as compensation.	57,61	40,76	,00	100,00
3b… because I like to do sports with colleagues.	38,32	38,60	,00	100,00
3c… because the existing offer corresponds with my interest.	40,75	37,20	,00	100,00
3d… because I am doing something good for myself.	60,90	42,52	,00	100,00
3e I do not participate in corporate health management sports activities, … - … because it mixes work and private life.	16,66	28,78	,00	100,00
3f… because the sporting offers are insufficient.	33,68	37,22	,00	100,00
3g… because the sporting offers are too demanding for me.	5,42	15,86	,00	85,00
3h… when I don't like the trainer of a course.	7,89	21,77	,00	100,00
3i… when certain colleagues also participate in these sport offers. .	6,40	17,40	,00	88,00
3j… because I do not want to shower at work.	24,68	35,72	,00	100,00
4 I do not participate in offers to promote mental health, …- ... because I do not want to discuss my mental health with professionals who work in the same organization with me.	42,34	40,99	,00	100,00

	Mean	Standard Deviation	Minimum	Maximum
Please rate the following statements about your workplace: - I would like to receive more health promoting tele offers for use in home office.	38,65	35,03	,00	100,00
I sit well in my home office.	41,56	35,62	,00	100,00
It is too loud in my home office.	10,31	21,49	,00	100,00
I can concentrate better in my home office.	57,54	38,58	,00	100,00
Home office is easing for me.	62,35	33,70	,00	100,00
I find information by e-mail about health and corresponding offers helpful.	64,56	35,13	,00	100,00
I feel multiple burdens at home due to Covid-19 and care obligations.	34,79	42,55	,00	100,00
I am sitting well at my workplace in the SDW.	67,90	29,20	,00	100,00
I lack opportunities to retreat at the SDW.	39,21	39,98	,00	100,00
My workplace at the SDW is too noisy.	41,70	37,02	,00	100,00

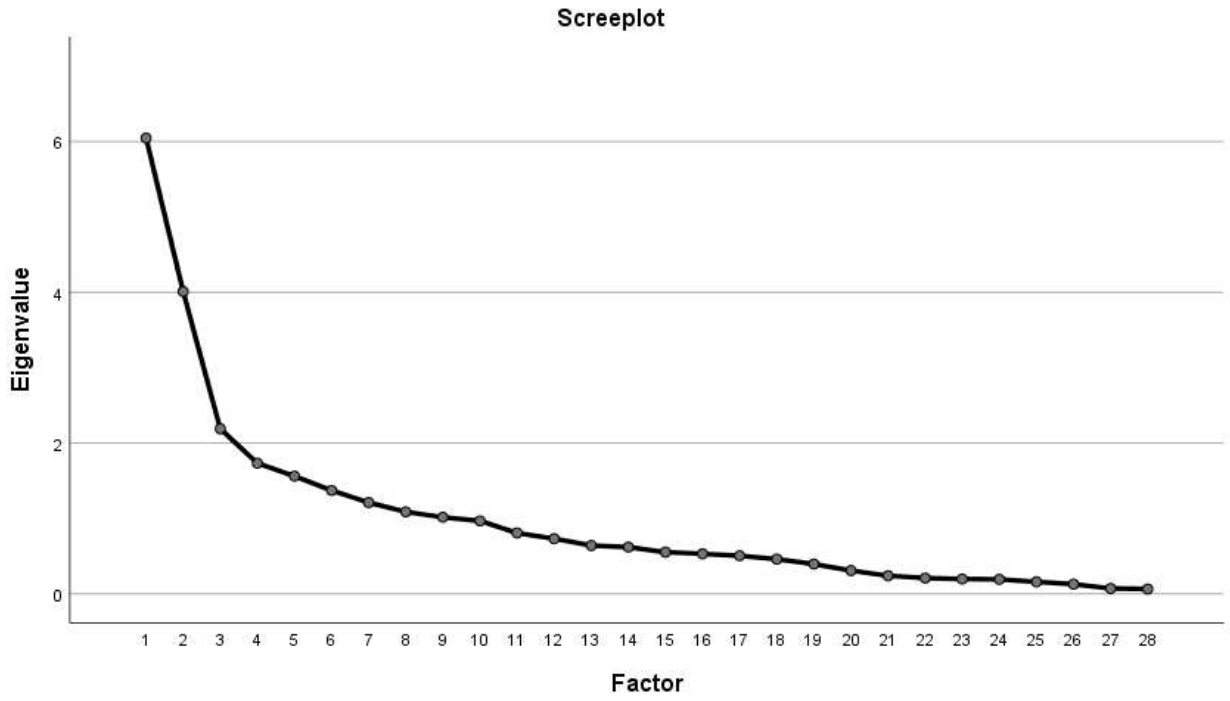
	Mean	Standard Deviation	Minimum	Maximum
Please rate the following statements regarding corporate health management: - These offers contribute to a positive working atmosphere.	72,16	26,99	,00	100,00
The preventive medical care at work is sufficient.	55,34	31,23	,00	100,00
Corporate health promotion means self-care to me.	68,53	32,10	,00	100,00
In my opinion we have too few offers.	26,71	30,46	,00	100,00
I would be willing to take advantage of corporate health management offers in my leisure time.	46,53	38,20	,00	100,00
I would like to have more personal/real contact at the SDW.	55,63	34,33	,00	100,00
I would be interested in a non-binding offer for an informal exchange online.	30,42	31,71	,00	100,00
Currently, I would need more supervision.	35,94	37,59	,00	100,00
I consider gender-specific offers important.	44,07	37,48	,00	100,00
Corporate health management offers can be easily combined with my work at the SDW.	49,97	30,87	,00	100,00
I would participate in creativity offers.	47,82	34,61	,00	100,00
Corporate health promotion offers should take place at the SDW workplace.	51,32	31,74	,00	100,00
These offers should take place nearby the SDW.	47,11	33,81	,00	100,00
The workers' council should be more actively involved in corporate health management.	27,25	30,93	,00	100,00
The workers' council contributes a lot to this offer.	44,74	33,01	,00	100,00
I am willing to contribute to the composition and organization of corporate health management offers.	30,46	36,32	,00	100,00

	Mean	Standard Deviation	Minimum	Maximum
A quiet workplace is important to me.	83,08	21,26	20,00	100,00
Sustainable mobility is important to me.	74,65	29,79	,00	100,00
Climate topics are interesting for me.	75,58	29,71	,00	100,00
Healthy nutrition is important to me.	82,14	20,79	20,00	100,00
Sports are important to me.	76,32	25,81	10,00	100,00

Explained Variance

Komponente	Anfängliche Eigenwerte			Summen von quadrierten Faktorladungen für Extraktion			Rotierte Summe der quadrierten Ladungen		
	Gesamt	% der Varianz	Kumuliert e %	Gesamt	% der Varianz	Kumuliert e %	Gesamt	% der Varianz	Kumuliert e %
1	6,046	21,592	21,592	6,046	21,592	21,592	3,753	13,405	13,405
2	4,010	14,322	35,914	4,010	14,322	35,914	2,791	9,968	23,373
3	2,189	7,818	43,732	2,189	7,818	43,732	2,374	8,478	31,851
4	1,733	6,188	49,920	1,733	6,188	49,920	2,366	8,450	40,302
5	1,561	5,575	55,496	1,561	5,575	55,496	2,266	8,093	48,394
6	1,371	4,897	60,392	1,371	4,897	60,392	2,126	7,593	55,987
7	1,211	4,324	64,716	1,211	4,324	64,716	1,904	6,801	62,788
8	1,087	3,883	68,599	1,087	3,883	68,599	1,627	5,811	68,599
9	1,016	3,627	72,226						
10	,968	3,456	75,682						
11	,807	2,884	78,566						
12	,731	2,611	81,177						
13	,640	2,287	83,464						
14	,620	2,214	85,678						
15	,552	1,973	87,651						
16	,530	1,894	89,545						
17	,505	1,802	91,347						
18	,460	1,643	92,990						
19	,395	1,412	94,402						
20	,308	1,102	95,504						
21	,240	,857	96,361						
22	,208	,744	97,105						
23	,197	,702	97,807						
24	,192	,687	98,493						
25	,159	,567	99,060						
26	,128	,457	99,517						
27	,071	,255	99,772						
28	,064	,228	100,000						

Extraktionsmethode: Hauptkomponentenanalyse.



Rotated Component Matrix

	Component								
	1	2	3	4	5	6	7	8	9
3a I participate in corporate health management sports activities, because I see them as compensation.	,906								
3d I participate in corporate health management sports activities, because I am doing something good for myself.	,868								
3c I participate in corporate health management sports activities, because the existing offer corresponds with my interest.	,829					-,201			
3b I participate in corporate health management sports activities, because I like to do sports with colleagues.	,820								
3g I do not participate in corporate health management sports activities, because the sporting offers are too demanding for me.		,840							
1l I do not participate in corporate health management offers, especially for private reasons.		,770							,392
1n I do not participate in corporate health management offers, because I have concerns about data privacy regarding my personal health information.		,648		,258		,346			
2b I do not participate in offers on healthy nutrition because cooking with colleagues is too private for me.	-,236	,510	,463	,254					-,269
3j I do not participate in corporate health management sports activities, because I do not want to shower at work.			,846						
3e I do not participate in corporate health management sports activities, because it mixes work and private life.	-,361	,296	,731						

4 I do not participate in offers to promote mental health, because I do not want to discuss my mental health with professionals who work in the same organization with me.		,321	,540			,337		-,325	
1e I participate in corporate health management offers, because I do not have to work during this time.				,827					
1d I participate in corporate health management offers, because I feel compelled to do it.		,540		,699		,226			
3i I do not participate in corporate health management sports activities when certain colleagues also participate in these sport offers.			,418	,533					,279
1j I do not participate in corporate health management offers, because I do not know which ones there are.					,823				
1k I do not participate in corporate health management offers, because I have not looked at the offers yet.					,823			-,339	
1i I do not participate in corporate health management offers, because I forget about it.				,311	,629		,287	,230	
3f I do not participate in corporate health management sports activities, because the sporting offers are insufficient.						,769			
2c I do not participate in offers on healthy nutrition because I find it inappropriate to cook during working hours.			,360		,299	,487			-,339
1m I do not participate in corporate health management offers, because some of them do not interest me.			,269		-,265	,459		,370	,371
1g I participate in corporate health management offers, if my superior suggests it to me.		,280		,402		,454	,376		
2a I participate in offers about healthy nutrition, because I like to learn more about nutrition and food in the context of corporate health promotion.	,201					-,260	,687		
1f I participate in corporate health management offers, only if my current work does not suffer.				-,256		,402	,579		
1h I participate in corporate health management offers, because team building takes place there.			-,279				,517		,402
1c I participate in corporate health management offers, out of curiosity.	,371		-,211				,513	,206	
1b I participate in corporate health management offers, because it gives me a direct advantage.	,285							,832	
1a I participate in corporate health management offers, because I highly appreciate these offers.	,475		-,219	-,213			,250	,567	
3h I do not participate in corporate health management sports activities when I don't like the trainer of a course.									,760

Extraction Method: Principal Component Analysis
Rotation Method: Varimax with Kaiser-Normalization
Rotation konverted in 10 iterations.

T-Test

Group Statistics

	Have you already participated in corporate health management offers?	N	Mean	Std. Deviation	Std. Error Mean
Stress	Yes	55	37,2818	11,28288	1,52138
	No	16	34,0313	8,59548	2,14887

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Stress	Equal variances assumed	2,418	,125	1,064	69	,291	3,25057	3,05517	-2,84434	9,34547
	Equal variances not assumed			1,235	31,601	,226	3,25057	2,63292	-2,11517	8,61630

Appendix 7: Transcript samples

A total of 46 pages

G: Was für Gebote würden ihre im Homeoffice Betrieb sinnvoll erscheinen? Welche und warum?

I1: Es gibt ja derzeit auch Anwesenheiten. Für zu Hause kann ich mir noch vorstellen, ja das was jetzt eben im neuen Home Office Gesetz drin ist, das auch geschaut wird dass die Arbeitsplätze zu Hause halbwegs ergonomisch tragbar sind. Wie du siehst besteht mein eigener Arbeitsplatz aus meinem Esstisch. Also so ein guter Zettel z.B. wenn man drei Tage zu Hause Homeoffice vom Computer sitzt eine gute Sache, dass man einfach schaut kann man die Leuten irgendwie unterstützen. Haben wir zum Beispiel irgendwo ein Depot wo mehr Sessel herum stehen. Also im Moment brauchen das was sagt unterschreib uns das für die nächsten 6 Monate gehört der Sessel dir für zu Hause, bring ihn zurück wenn das Homeoffice vorbei ist. Oder ich weiß es nicht, irgendwas wo man sagt, oder wir machen eine Checkliste wo jeder für sich selber durchgehen kann welche Punkte worauf soll ich schauen um es mir wirklich leichter und besser zu machen das

Homeoffice, was man manchmal gar nicht bewusst wahrnimmt von welcher Seite soll das Licht kommen. Ja solche Sachen.

G: Wäre es für dich ein Grund den Arbeitgeber zu wechseln, wenn du es du weißt die Firma X, Y und mit besseren BGF Maßnahmen dort?
I2: Nein, ich muss sagen, wenn ich dringend z.B. eine Supervision bräuchte oder was auch immer, dann würde ich mir das auch selber organisieren. Oder eine Shiatsubehandlung oder keine Ahnung was. Dann würde ich eher schauen mir die Information hole, wo ich weiß, wenn ich das und das Problem habe, dann würde ich es mir privat organisieren. Deswegen über ich eben den Arbeitgeber nicht wechseln. Ich glaube es geht um viel mehr als nur um einen Teil der Maßnahmen.

G: Welche Angebote der betrieblichen Gesundheitsförderung bietet ihr Unternehmen an?
I3: Das Unternehmen bietet viele Angebote an. Es gibt es eine Yoga, nein, Shiatsu Dame, jetzt unter Corona nicht, aber vor Corona 1x die Woche zu einem verbilligten Preis Shiatsu machen kann. Es gibt zweimal im Monat Turnen, oder 4 Mal, oder jede Woche, Turnen im ersten Stock. Im Rahmend er BGF gibt es ein Fahrradprojekt in welchem evaluiert wurde welche Angebote notwendig sind. In dem Zusammenhang gibt es schon einen absperrbaren Fahrradraum im Keller, also in der Garage. Jetzt mittlerweile 2 Spinte, wenn ich das richtig gesehen hab und da sind einige weitere Angebote in Planung. Darüber hinaus ist auch jedes Mal eine, das ist glaube ich auch über das BGF, das man sich einschreiben hat können wie viele Kilometer ist man zur Arbeit gefahren ist. Für die dann am meisten gefahren sind irgendwelche Preise vergeben worden sind. Das war noch unter der vorherigen BBB Leitung.

G: Wann würden Sie ein Angebot ausschlagen, welche Umstände bestehen dafür? Auch BGF Angebote die man kennt und gut findet aber trotzdem nicht macht.
I4: Das wär z.B. diese Rauchergeschichte. So wie ich am Anfang gesagt habe, ich finde es prinzipiell sehr gut, auch in der Gruppe sich dem Nikotin Abhängigkeit widmen kann und auch gemeinsam aufhören kann zu rauchen. Finde ich sehr wichtig, da mit Kollegen raucht man gerade sehr viel. Es ist halt nicht mein Ding das in der Gruppe zu machen. Ich hab es alleine gemacht und es passt auch. Auch so Sachen wie das Office-Cooking, natürlich fände ich das Interessant, aber so wie es in der Arbeit unter den Bedingungen

angeboten wird war es für mich schwer zu vereinen und dann auch nicht interessant. Das ist immer Punkt, wann ist zu welcher Zeit interessant.

G: Passend dazu bevor wir weiter machen. Wie viel Angebote des BGM hast du angenommen?
I5: Wie viele kann ich dir nicht sagen. Ich kann versuchen es aufzuzählen. Ich bin Mind Guard, das heißt ich habe mich zum MG ausbilden lassen. Ich kann die aber aus meiner Erfahrung sagen, dass wird jetzt nicht extra viel angenommen. Das ist jetzt nicht der Burner. Ich habe mehr schlecht als Recht das BGM? (MBM) Das eher aus sozialen Druck als auch Interesse. Was ich gut finde in der Lockdownzeit, dann schicken sie Videos das liebe ich. Die KollegInnen schicken Video mit kurzen Interventionen die lieb ich. Diese Gruppengeschichte lieb ich gar nicht, die habe ich schon, aber das war eher Gruppendruck als mir Lust und Laune. Dann habe ich eine Fortbildung zur Ernährung und Stress und Nährstoffe. Ich nutze den Raum immer wieder. Hab auch schon Input gegeben was ich gerne dort hätte, aber das wird nicht gehört.

G: Welcher Aspekt der Befragung war dir am wichtigsten?
I6: Das wir uns generell über das Thema ausgetauscht haben, weil ich mich bisher gar nicht damit auseinander gesetzt habe. Anscheinend weiß ich über viele Angebote nicht Bescheid, was es alles gibt. Vielleicht liegt es an mir, dass ich es nicht mitbekommen habe. Aber wer auch immer die se Angebote macht sollte vielleicht überlegen besser über die Angebote zu informieren oder die Informationen leichter zugänglich sind.

G:Bedenken bezüglich des Datenschutz?
I7: Nein, eigentlich nicht. Ich muss jetzt nicht um das Eck meiner Arbeit mich untersuchen und ich organisiere es mir selbst wo ich es auch kontrollieren kann. Ich habe keine Angst um meine Daten, aber mein Arbeitgeber muss das nicht wissen, mir ist es lieber ich mache es selber.