



The Role of Regional Networks in Implementing Workplace Health Management Interventions in the Craft

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Study Purpose

This study was carried out within the project e-RegioWerk, which focuses on health promotion in crafts small business. Workplace health interventions are rare in small enterprises due to lack of resources and suitable interventions (Leisten et al., 2011; Baumann et al., 2003). Established formal regional networks of the craft were used to reach small enterprises with two workplace health interventions: team development for entire organization and coaching for entrepreneurs in WLB. The goal of this study was to investigate, whether regional networking structures being regularly used for business relations (e.g. initiating projects) can be further developed toward prevention alliances that address health, i.e. whether and to what extent our workplace health interventions support this development.

Design and Method

Retrospective comparison three-groups design, N=27 entrepreneurs divided in:

- Group 1: team development intervention group (N=12)
- Group 2: coaching intervention group (N=7)
- Group 3: waiting control group (N=8)

Method: Qualitative semi-structured Interviews (1384 Min.; M=51,3 Min.) 4 months after intervention: value networking analysis (VNA; Allee, 2008) and implementation process evaluation (Nielsen, 2013).

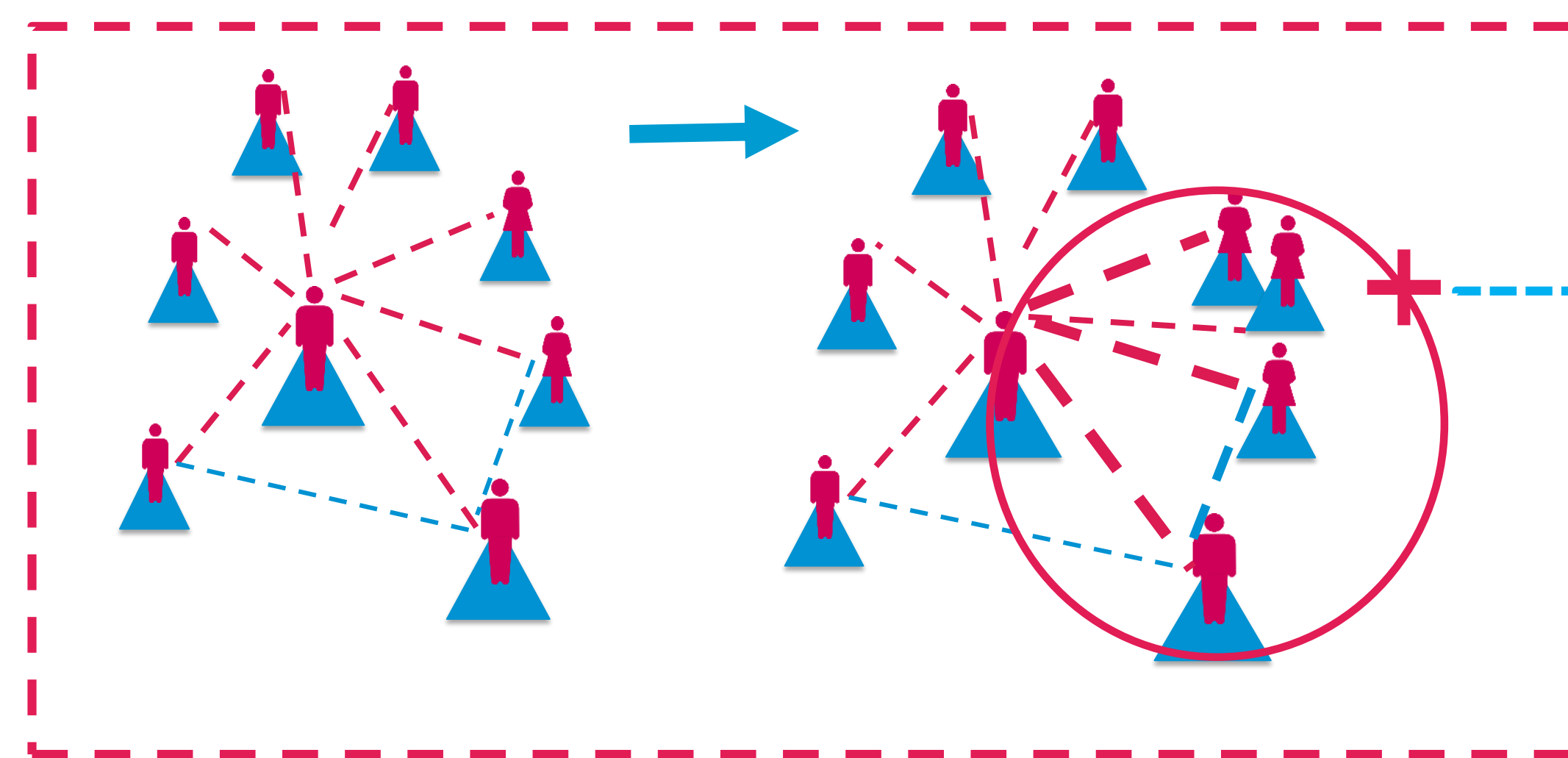
Analysis of received data: Qualitative content analysis approach (Mayring, 2014)

Research Questions

RQ 1: Do workplace health Interventions in small enterprises support the development of regional networks toward prevention alliances?

RQ 2: Is there a difference between health interventions in terms of their impact on the development of regional networks towards prevention alliances?

RQ 3: Which factors of workplace health interventions support development of prevention alliances?



Participants N=27:

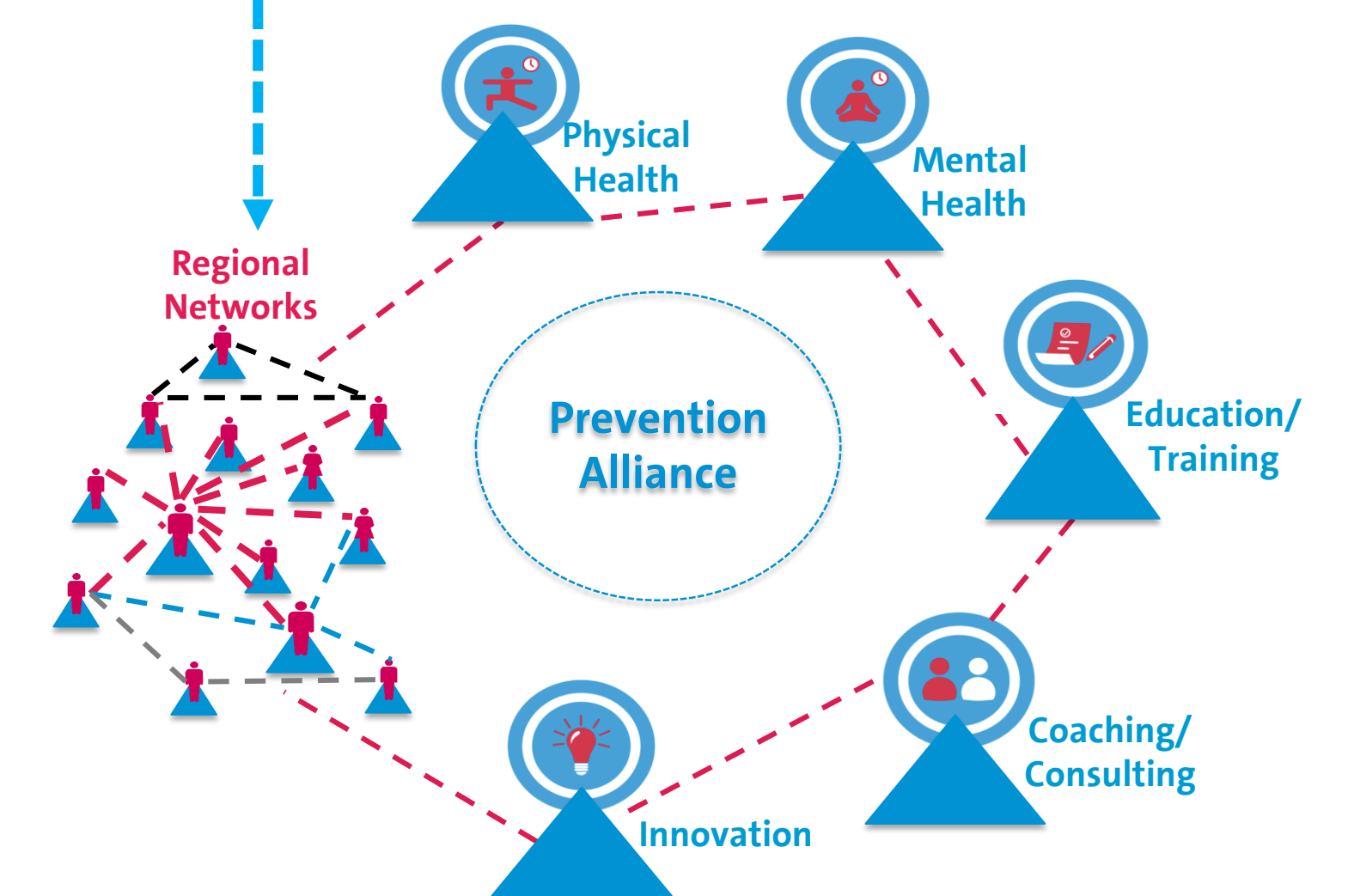
Sex: 23 Male, 4 Female

Age: M=51,3; SD=7,4

Employee N: M=13,2; SD=11,8

Networks: M=6,7; SD=3,5

High network status: N=20



Preliminary Results

RQ 1	RQ 2			RQ 3
	Group 1	Group 2	Group 3	
Workplace health interventions in small enterprises - can lead to increased interest toward health topics and - impact the development of regional prevention alliances	...reported the most changes in external structures, such as increased strength of already existing connections and contact extend. ...reported increased interest toward health topics → Intense co-work between enterprise and external actors sensitized for further interventions and increased value perception of external actors, who provided & supported the intervention.	...reported few changes in external structures, mostly increased contact and relationship strength between entrepreneurs and trainers/coaches. → Coaching was rather perceived as an individual and not organizational health intervention.	...reported no changes of networking structures or increased interest toward health topics. → No relevant changes despite the contact to external regional actors or research team.	High intensity of intervention is a strong factor for increased interest toward health and can be linked to development of prevention alliances: - participation of all internal actors - presence and support of external regional actors - Intense work on need-based goals and team resources

Conclusion

Regional networks are not only suitable for reaching small enterprises with health promotion. Workplace health interventions can in turn impact the further development of regional networks toward prevention alliances. High intensity of interventions, i.e. involvement of different within-organizational (e.g. employees, business owners) and external actors (e.g. trainer, regional organizations, research team) are crucial factors in sensitizing for health topics and supporting this development process.

Originality/Value

This study contributes to influence of workplace health interventions in small enterprises on development of regional prevention alliances, which can promote availability and further development of suitable interventions.

Limitations

Limited access to the full sample size (N=34) that received the intervention (missing data N=7). Study's time shortness to reveal observable structural changes.

References & Contact

GEFÖRDERT VOM

BETREUT VOM

