Work Place Health Management as a Diversity-Management-Tool

Csilla Czeglédi  
Associate professor  
Szent István University Faculty of Economic and Social Sciences  
H-2100 Gödöllő, Páter K. St.1.

Matthias Reich  
PhD Student in Doctoral School of Management and Business Administration  
Szent István University Faculty of Economics and Social Sciences  
H-2100 Gödöllő, Páter K. St.1.

Jürgen Fonger  
PhD Student in Doctoral School of Management and Business Administration  
Szent István University Faculty of Economics and Social Sciences  
H-2100 Gödöllő, Páter K. St.1.

Abstract

Innovative Management approaches have been largely explored in the scientific discussion during the recent years. The Diversity Management is an example for these innovative approaches and is recognised to be a functioning, promising Management tool to improve the outcome and the competitiveness of companies. However, there is quite a lack of research results to validate the theoretical assumptions. Additionally, the framework for an effective and efficient human resource management becomes more and more crucial for companies since the framework, e.g. shortages at the labour markets, is likely to provide strong competition. In this connection the Workplace Health Management also provides possible solutions e.g. by health maintenance of the existing employees of the company. This survey shows the positive impacts of the actions of the Workplace Health Management on the cooperation of employees within a workgroup and between different workgroups. By this, it could support the Diversity Management activities in a company.

Keywords: Diversity Management, Workplace Health Management, SME, demographic change, team building

1. Introduction

The German and Hungarian labour markets are facing great challenges. There is already a lack of skilled workers in Germany, for example engineers especially in the areas of metal construction, manufacturing systems engineering or electrical engineering are missing (Bundesagentur für Arbeit 2013). But not only personnel with an academic background is needed, there is lack of skilled, experienced workers in the area of air-conditioning technology, power engineering or sanitary and healthcare profession, too. A survey made by Manpower, a very big company within the temporary work branch, showed that the largest deficit of skilled workers in Hungary comprises especially electricians, welders or engineers in the field of electricity or industrial engineering. Additionally, there is a long term lack within the IT branch (Manpower Group 2014).

The SME are specially affected by the skills shortage. Because of the typical organizational structures of SME (i.e. short-term personal planning, old-fashioned personnel search strategies and less attractive working conditions (IAB 2015)) and the smaller financial resources compared with big companies they are particularly challenged to win the present so called “war for talents”. Following to the results of a survey among German SME by the “Federation of German Industry Companies (BDI)” (BDI 2014) stated more than 90.7% of the participating companies that they have established special measures in order to recruit and train skilled workers successfully.

The main reason for these developments on the labour market is the demographic change in both countries. The situation in Hungary: According to an estimation of Eurostat the population will decrease by about 700,000 between 2015 and 2060 (Europop 2013).
In comparison with the previous year the number of people working abroad increased by 12,000 or 12.3%, this is far more than the increase of employment within Hungary, which was about 1.7% (KSH 2014). In Germany according to population projections (IAB 2013) the percentage of people between 20 and 66 years of age will decline from 68% in 2013 to 62% in the year 2060. As a result of an aging society and with a lack of young people at the same time the labour force is shrinking. However, there are some chances to improve the level of the workforce: in 2013 about 800,000 people left Germany to work abroad, most of them in a working age (Maaß F., Icks I. 2012) in 2012 about 712,000 (Bundesamt für Migration und Flüchtlinge 2015). In return, there is a migration towards Germany and Hungary. To Germany came in 2012 more than one million and in 2013 more than 1.2 million migrants, among them many in working age (Bundesamt für Migration und Flüchtlinge 2015), so there is surplus of migration.

According to a survey by GKI Research from summer 2013 there are more than 250,000 Hungarian people working abroad. The educational level of the emigrants equals more or less the level of the Hungarian society in general, which means for example that there is no overrepresentation of academics among the emigrants (Hars 2012, Blasko 2014).

Austria, Germany and the United Kingdom are the three most interesting destination countries. Most of the emigrants that immigrated to the United Kingdom were academics; those who went to Austria or Germany were typically skilled workers.

In order to fill a part of the gap these migrants need to be integrated into the labour markets and into the companies successfully and sustainably. This integration is in a lot of companies realized by a Diversity Management. By this, barriers for a successful cooperation can be overcome especially if there are different sociological groups within the stuff of a company, like elderly or young, employees with different ethnic backgrounds, handicapped employees etc. Diversity Management attempts to use the different backgrounds, competences, skills and personalities of the employees to improve the outcome.

Another element to take steps to address the shortage is the attempt to keep the existing staff healthy and motivated in spite of its increasing average age. The “Work Health Management (WHM)” includes possible solutions to be successful in this field.

2. Theoretical Framework

2.1 Diversity Management

The promotion of diversified competencies helps increase the appreciation and motivation of employees as well as the capacity of the organisation through increased effectiveness, efficiency and competitiveness. For the Management of a company results the goal to use diversity to improve the outcome of the company (Roberge 2011). There are many definitions for Diversity depending on the scope of the author and of the scientific field. An example for a definition by Fleury concentrates the essential elements in one sentence: „Diversity is a mixture of people with different group identities within the same social system.” (Fleury 1999). The measures of the Diversity Management follow this basic assumption by using different groups within the social construct „company“. In any case the measures have on unique intention, which is the use of diversity measures to maximise the performance of the staff and finally to improve the outcome (Mkoij & Sikalieh 2012). Naturally the diversity approach measures intend to follow this basic intention, by supporting the kind of measures which try to overcome hurdles among the employees, which base on the belonging to different social groups. This groups can be defined e.g. by age or gender, ethnic background or disability. The mutual acceptance and the insight, that differences are not a disadvantage but a chance with a high potential are the most important goal or target of diversity measures (Kraske, 2012). Additionally, complementing approaches or measures like those of Workplace health Management flank the diversity Management approaches.

2.2 Workplace Health Management

According to Kastner (Kastner 2010) the aim of the WHM is “the productive and healthy employee in a high-performance organization”. On the one hand this should be reached by the defences against health threats, and on the other hand by strengthening of health potentials (Slesina W., Bohley S. 2011). Despite the fact that physical and psychological health of the individual requires a high degree of personal engagement of the individual employee, activities within a company are important to maximize the health and productivity of the employee (Zimolong B., Elke G., 2010 and Hymel P. et al. 2011).
Many of the activities carried out in the context of the WHM (Ljungblad et al., 2014) are similar to measures of the Diversity Management (Roberge M.E. et al., 2011), some e.g. high rope courses, are even the same. Hitherto the focus of the literature about Diversity and WHM has been to examine the challenges of the Diversity for the WHM activities. In other words, to highlight how the WHM should be structured and performed to be successful within a diverse workforce (see Walter, U.; 2013; and Misch B. et Koall, I.; 2010). The approach of this survey is reversed: It examines which challenges and chances the WHM offers to the Diversity.

3. Aim of the survey:
The aim of this survey is to investigate if there is a positive impact of the actions of the Workplace Health Management on the cooperation between
a) Employees within a workgroup and
b) Between different workgroups.
These positive effects may be able to support the Diversity Management activities in a company. In that case the measures fulfil several functions and represent a management–tool in the area of the Diversity Management. The WHM has more to offer than only the health aspect. With the right actions, achievements in other areas (here Diversity Management) can be performed and thereby possibly costs for measures in this areas be saved.

4. Sample
The research was done in Hungary and Germany in the time between March 2014 and November 2014. In Hungary an online questionnaire was used which led to 224 evaluable responses. The questioned persons were part-time university students with minimum some years of professional experience. In Germany the research was performed with a direct questionnaire and resulted in 60 usable responses. In the German case employees attending courses of the Chamber of Industry and Commerce were surveyed. The questionnaire itself was anonymous. About the mentioned population the research is not representative, but is able to show a rough direction. The questionnaire consisted of two sections. In the first section personal information and general data were collected. The second section contained questions with regard to the employment structure and the experiences and expectations of the employees relating to the measures of the Workplace Health Prevention. The variables in case of the questions regarding the WHP were nominal and metric variables (5 point Likert scale).
One question considered the cooperation exchange within a team and a second question the cooperation exchange between different teams. The questions were supplemented by a question about the change of the personal attitude to another person in a concrete case. The present study is an explorative study to get a first idea how to establish a consistent follow-up research. The gathered data were prepared with the help of Excel and the software “R”.

5. Results and Discussion
5.1 Overall view
The questionnaire was completed by 120 men and 165 women, being between 17 and 72 years old. In this article we do not compare the results of Germany and Hungary but we show an overall assessment. In a further step the results for the group’s men / women and the groups younger than 40 / 40 and older are extracted and examined.

Figure 1: Overall view (cooperation exchange within my workgroup and between different workgroups)
The overall view shows, that 47.6% of the questioned persons agree to the statement that the actions of the WHP has a positive influence on the cooperation exchange within their workgroup and only 14.1% denied that (38.3% do not know about the effects).

The result for the question about the positive effects of the actions of the WHP between different workgroups is not as clear as the result about the effect within a workgroup. Only in 42.8% the participants agreed fully or partly (17.8% disagreed to some extent and 39.4% didn’t know about effects).

Summarizing the facts it can be derived that the actions of a WHP are good for the cooperation exchange within teams and between different teams. This conclusion can be strengthened by the answers about a positive change of the attitude to another person in a concrete case caused by the actions of the WHP. In 110 of 268 cases (41.1%) the participants answered that there was a positive change. Only in 58 cases (21.6%) the answer was “No” and in 100 cases (37.3%) the response was a “Don’t know”. This result shows that in over 40 percent the actions of the WHP helped to lay foundations for a better cooperation. This may be, because through participation in various actions of the WHM the employees are in direct contact to each other. This gives the possibility for group forming between employees from different departments, fields and buildings. Employees do have contact to colleagues they would never have face-to-face contact on this personal level (joint sports, breakfast, lecture). These shared experiences promote group forming beyond departmental boundaries.

5.2 Comparison men / women

In the next step we want to analyze the data in regard to the groups men and women (see table 1 and figure 2).

Table 1: Comparison men / women (Cooperation exchange)

<table>
<thead>
<tr>
<th>Men / Women</th>
<th>Cooperation exchange within my workgroup (F16)</th>
<th>Cooperation exchange between different workgroups (F15)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>(1) do not agree</td>
<td>6</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>5.5%</td>
<td>9.4%</td>
</tr>
<tr>
<td>(2) rather disagree</td>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>5.5%</td>
<td>6.9%</td>
</tr>
<tr>
<td>(3) do not know</td>
<td>52</td>
<td>51</td>
</tr>
<tr>
<td></td>
<td>47.3%</td>
<td>32.1%</td>
</tr>
<tr>
<td>(4) somewhat agree</td>
<td>35</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>31.8%</td>
<td>37.7%</td>
</tr>
<tr>
<td>(5) fully agree</td>
<td>11</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>10.0%</td>
<td>13.8%</td>
</tr>
<tr>
<td>Total</td>
<td>110</td>
<td>159</td>
</tr>
<tr>
<td>Distribution</td>
<td>40.9%</td>
<td>59.1%</td>
</tr>
</tbody>
</table>

Source: Own processing

The male group is 40.9% and the female group 59.1%. There are no significant differences between the different groups (p>0.05), but we are able to show a tendency how men and women think about the impacts of the measures of a WHM. The research shows that only 41.8% of the men agree to the statement of a cooperation exchange within workgroups, while 51.5% of the women think there is one. But on the other side only 11.0% of the men think there is no effect on the cooperation exchange whereas at least 16.3% of the women think this way. 47.3% of the men (nearly the half of the men) see neither positive nor negative effects within a workgroup. In this case only 32.1% of the women don’t know about the impacts.

A very different picture is shown in the question about the cooperation exchange between different workgroups. In this context the views of the men and women are very similar: approximately 39% of both groups are without a preference to agree or disagree and 16.4% of the men and 18.8% of the women disagree to this. But on the other hand the ratios for men and women for approval to the statement being 44.5% and 41.5% (larger difference in “fully agree” with 3.6% and 11.9%).
The question about a positive change of the attitude to another person in a concrete case about the actions of WHP is answered with “Yes” from 39.4% of the men and 42.1% of the women (for comparison: 41.0% in total). A larger difference becomes apparent in the answer “No”: 25.7% men and 18.9% women have not made positive experience in this case. In summary it can be emphasized that the two group’s men and women show nearly similar results, only the agreement to the expected cooperation exchange within a workgroup differs to nearly 10%. These great harmonies may exist, because in general the men and women are spread over all age-groups and have made the same experiences in their lives. The difference for the expected cooperation exchange within a workgroup may occur because the process of the team building itself is different between men and women. While for the internal teambuilding the actions of the WHM are suitable for men, the women need other measures to get to know each other.

5.3 Comparison people younger than 40 / people with 40 and older

Another interesting issue is the comparison of the results of the people younger than 40 and the people with 40 and older (see table 2 and figure 4).

![Figure 2: Comparison men / women (Positive change of the attitude to another person in a concrete case)](image)

### Table 2: Comparison younger than 40 / 40 and older (Cooperation exchange)

<table>
<thead>
<tr>
<th>&lt;40 / 40 and older</th>
<th>Cooperation exchange within my workgroup (F16)</th>
<th>Cooperation exchange between different workgroups (F15)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt;40</td>
<td>40 and older</td>
</tr>
<tr>
<td>(1) do not agree</td>
<td>15</td>
<td>6</td>
</tr>
<tr>
<td>(2) rather disagree</td>
<td>7.7%</td>
<td>8.2%</td>
</tr>
<tr>
<td>(3) do not know</td>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td>(4) do not know</td>
<td>82</td>
<td>21</td>
</tr>
<tr>
<td>(5) do not know</td>
<td>41.8%</td>
<td>28.8%</td>
</tr>
<tr>
<td>(6) somewhat agree</td>
<td>60</td>
<td>35</td>
</tr>
<tr>
<td>(7) fully agree</td>
<td>30.6%</td>
<td>47.9%</td>
</tr>
<tr>
<td>(8) fully agree</td>
<td>24</td>
<td>9</td>
</tr>
<tr>
<td>(9) fully agree</td>
<td>12.2%</td>
<td>12.3%</td>
</tr>
<tr>
<td>Total</td>
<td>196</td>
<td>73</td>
</tr>
<tr>
<td>Distribution</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Source: Own processing

Almost 73% of the questioned people were younger than 40, a consequence of the questioned population. As in table 1 in table 2 there also are no significant differences between the different groups (in all cases: p>0.05). But we are also able to show a tendency how the measures work in the perception of the two groups.
The highest figure in the research appears in the agreement of the group 40 and older to the cooperation exchange within the workgroup. With 60.2% the figure is much higher than the figure of the group younger than 40 (42.8%) and even than the total average of all groups with 47.6%. Only 28.8% of the older group could not decide and answered “do not know” and 8.2% of them disagree. In the group younger than 40 15.4% disagree and 41.8% answered neutral. The tendency is the same in the case of the cooperation exchange between different workgroups: 56.1% of the people 40 and older agreed to some degree (total average: 42.8%; group younger than 40: 37.7%) and 12.3% disagreed to the statement (total average: 17.8%; group younger than 40: 19.9%). This result maybe owed to the greater life experience of the older people.

**Figure 4: Comparison younger than 40 / 40 and older (Positive change of the attitude to another person in a concrete case)**

These results are strengthened by the results of the question about a positive change of the attitude to another person in a concrete case (see fig. 4). As before the people of the group 40 and older have made positive experiences in a much higher grade than the younger group. 47.2% of the group 40 and older answered with a “Yes” while only 38.8% of the group younger than 40 agreed to the statement. But an important fact is, that the difference for the answer “No” is very small (only 3%). It can be stated, that the older people have gained more positive experience, but the younger have not gained more negative experience in that point. This may be because the actions of a WHM are suitable for bringing the people together but the young people have not yet made this experience.

**6. Conclusion**

The present survey is able to display that the actions of a Workplace Health Management do have positive impacts on the cooperation between members of a workgroup and on the cooperation between different workgroups. The impacts for the cooperation exchange within workgroups are more positive than the results for the cooperation exchange between different workgroups, but in summary all are clearly positive. For the in detail analysed results of the groups of men and women only little differences between these two groups are found. Only for the cooperation exchange within the own workgroup a larger difference for the statement “agree” exists. As well as for the overall view and the groups men / women the two groups “younger than 40” and “40 and older” the positive effect of the WHM measures is clearly visible. But comparing the results of these two groups it can be shown, that the older employees have made more positive experience with the actions of a WHM. The younger do not confirm the positive effect to the same extent as the older, but they do not negate it either. These described effects of the WHM actions are desirable in the area of the integration of new colleagues (one important aim of the Diversity Management). Thus it can be stated as a result of this survey, that the investments in the Workplace Health Management do not only have positive impacts within the area of health, but also support the, in a diverse workforce necessary, Diversity Management actions.

The companies would be able to pursue two aims with one investment at the same time. As being an explorative survey, the results of the current study have to be investigated closer in further studies. In the next step the arising and the improvement of the “we-feeling” in groups and companies should be examined. It is very interesting for managers to know which actions of the WHM support this team-spirit.
References


Bundesagentur für Arbeit (Hrsg.) (2013). Der Arbeitsmarkt in Deutschland - Fachkräfteengpassanalyse, Juni 2013 Nürnberg, p. 5.


Hárs, A. (2012). A munkaerő migrációja Magyarországon a kilencvenes és a kétezres években. Bevándorlás és elvándorlás a Munkaerő-felmérés adatai alapján Összegző tanulmány (TÁMOP - 2.3.2-09/1 MŰHELYTANULMÁNYOK T/15)


Walter, U. (2013). Zentrum für wissenschaftliche Weiterbildung an der Universität Bielefeld e.V. (ZWW) „Diversity - Herausforderung für das Betriebliche Gesundheitsmanagement