

**Participation in Occupational Health Promotion**  
**An analysis of the individual prerequisites for attending a health circle**  
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Occupational health promotion focuses on empowering the employees to take on more responsibility for their health and to influence conditions causing health problems at the workplace. However, most employees are usually not asked to express their interests or they are not encouraged to look after their health while working. Most probably people have found alternative solutions to deal with workplace strain. When an official health promotion program starts up, employees usually estimate the personal benefit before they decided to participate, because attending a health circle (participation group) might not solve personal health problems immediately. Employee's decision will also be based on the credibility of the management's initiative. Experience have shown whenever a health circle is implemented most employees are sceptical, slow to support it and seemingly uninterested in participating. The reasons for this attitude have not been explored by scientists so far. In addition it is not known what motivates people to attend a health circle.

This investigation analyzes the circumstances under which persons decide to attend a health circle or not. The focus is to search for individual perceptions rather than for objective conditions at the workplace. The goal of this study is to gain more knowledge about individual decision-making within occupational health promotion programs and the employee's motivation for participation. The theoretical background for this research lies on the Action Phase Model of Heckhausen (1989) and the Health Action Process Approach of Schwarzer (1999) as well as on occupational psychological theories about distress and participation. Some theories assume only those persons would participate who already perceive themselves to have a high health risk but also hope for a benefit from the health circle. Other theories assume employees would not attend when they perceive high occupational strain.

In this study 25 employees (9 women) coming from three different companies were interviewed. Out of this group 12 persons attended a health circle and 13 did not. The inquiry took place at least six months after a circle was finished. The entire interview outcome was split into 4 topics: (1) Participation experience and ideas on influencing health; (2) decision-making process: information, motivation and outcome expectation; (3) evaluation of the circle work and circle outcome and (4) anticipated change opportunities and future willingness to participate in a circle. By comparing the two groups of participants and non-participants some interesting differences were discovered. For example the motivation to participate was shown to be based either on stress-coping, health awareness or the wish to a share in decision-making. Reasons for non-participation are more varying: Either employees already have enough share in decision-making within their jobs or already attend participation groups in parallel. Others who do not have any health complaints go without a share in decision-making. The last group do not participate because of not having the self-efficiency or believe they are not able to control any situation. In general the analysis of all interviewees showed six different types of participation orientation. This lead to the conclusion health circles cannot reach all employees with their different orientations. That means the management should provide different opportunities to participate in health promotion programs for covering all the employee's varying needs. Employees who have a resigned and fatalistic orientation need even more support in taking on the responsibility for their own health.