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Challenges in Applying Participatory Approaches for Workplace Health Promotion Research in Small and Medium-Sized Enterprises.

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Abstract. Workplace health promotion (WHP) is gaining attention as a critical factor in enhancing employee well-being and organizational productivity. However, applying participatory approaches in WHP research within small and medium-sized enterprises (SMEs) presents substantial challenges. These challenges raise important questions about the feasibility and appropriateness of such approaches in SMEs, and about the broader context of workplace health as an individual and social construct.

Introduction

In this position paper, we outline some challenges faced by our research team while conducting research on workplace health promotion and interventions in a small company with 35-40 employees in the north-west region of Germany. The

company is a service provider for print and media solutions, and the employees mostly work full-time or part-time desk jobs with computers.

During the research period, participatory methods were planned but were adapted due to the challenges listed in the later sections. Initially, it was planned to conduct participant observations, which were not possible, so only interviews were conducted. These were followed by online questionnaires to collect more data and fill the information gaps in the interviews. The company requested that all interviews be conducted in one day, in one room, with 30-40 minutes time slots, where one participant would engage with us for the time and then be replaced by the next person. The participatory mapping and co-design workshops were replaced with focus groups, where design ideas were demonstrated and feedback was collected.

The following are some of the noticeable challenges in employing participatory methods in SMEs, especially in the context of workplace health.

Gatekeepers, Gateways and Power Imbalance

In establishing contact with small and medium-sized enterprises (SMEs), interaction often revolves around designated contact persons who serve as liaisons between external entities (such as research institutions) and the company. These individuals play a crucial role not only in facilitating communication but also in shaping the flow of technology and research within SMEs. Acting as gatekeepers or gateways, they control access to resources, information, and opportunities for collaboration and participation in research. Their influence extends beyond mere communication facilitation, as they possess the authority to direct inquiries, proposals, and partnerships towards the individuals of their choice within the organization. Thus, the effectiveness of engaging with SMEs often hinges upon the relationships forged with these key contact persons, who wield considerable influence over the integration of technology and research initiatives within the company.

Parallely, SMEs often have flatter organizational structures, which can lead to power imbalances where senior management disproportionately influences the co-design process. Participatory methods, on the other hand, bring a sort of democracy and activism to the field, requiring SMEs to find ways to ensure that all employees' voices are equally heard.

Blurred Boundaries in Privat vs Workplace Health Choices

In the broader context of workplace health, the conflicted positioning of this as both an individual and social construct is often overlooked, leading to debates about the collective versus private responsibility for health measures. Traditionally, health has been regarded as a private matter, but with the integration of health promotion initiatives into the workplace, personal health concerns are brought into the

professional sphere. As employers seek to create healthier work environments, they may implement various programs and policies that encourage behaviors such as exercise, healthy eating, and stress management. While these initiatives are well-intentioned, they can inadvertently encroach upon employees' personal time and space. For instance, wellness programs may involve activities during lunch breaks or after work hours, blurring the distinction between work and leisure time.

The smaller workforce in SMEs means that individual differences in health needs and perspectives can be more pronounced. Thus, participation in workplace health research can contribute to a culture where personal health issues are not only discussed but also monitored and managed within the professional context. This blurring of boundaries may result in employees feeling exposed or uncomfortable discussing health concerns with their employers, researchers, or colleagues, further complicating the delicate balance between work and personal life and making participatory research a complicated endeavor.

Operationalization of Participatory Research

SMEs like ours operate with limited financial and human resources. Unlike larger corporations, they may lack dedicated health promotion staff or a sufficient budget to support workplace health initiatives. Participatory research approaches in such a health context require engaging employees in co-design, demanding their willingness to adopt new behaviors and interventions. The operational flexibility of SMEs, often touted as a competitive advantage, paradoxically hinders participatory approaches because employees frequently juggle multiple roles. This leaves little time for participation in research endeavors, creating an additional burden on their daily work. Furthermore, participatory data collection requires skills that may not be readily available in SMEs. Without proper training, the quality of data collected can be compromised. It may not be realistic to expect SMEs to develop these capabilities internally, so support from external organizations, like research institutions, is needed to bridge this expertise gap. Even if researchers are available to invest time and bring along this expertise, operationally bound employees have very limited time, capacity, and zeal to learn these methods.

Leading Questions

How can SMEs balance the need for employee participation in research with their operational demands?

Is it fair to ask employees to take on additional responsibilities in the name of participatory research?

Should SMEs be responsible for developing the expertise required for participatory research internally?

Who bears the responsibility for ensuring the quality and validity of participatory research data?

How can SMEs address power imbalances in the co-design process to ensure genuine participation from all employees?

Does the existing hierarchical structure inherently undermine the participatory approach?