HOW THE ECONOMIC CRISIS AFFECTS WORKPLACE CONDITIONS AND OCCUPATIONAL HEALTH

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ABSTRACT

The article analyses the influence of business premises and workplace design factors on employees' satisfaction with the workplace, and the influence of satisfaction of employees on the overall health of employees. The purpose of the research is, firstly, to assess the influence of business premises, and, secondly, to facilitate improvement of employee health, through application of base parameters, and subsequent adequate changes to the workplace and work processes. The quantitative research was carried out in Slovenia in 2012 among 1,038 employees from the service sector. The results were statistically analysed using factor analysis and applied structural equation modelling. The results show that business premises factors of the workplace have an impact on the satisfaction of employees, and consequently on their health. With the aid of factor analysis and structural equation modelling, significant links with the following factors were established: orthopaedic problems, past health problems, cardiovascular problems, and state of health. The research covers a need that is becoming more important, as the focus on health and well-being issues is increasing. Implementing aspects of better workplace conditions introduces a better base of value for employees and employers.

Keywords: satisfaction of employees, overall health, Slovenia, workplace

1.   INTRODUCTION

Employees spend a large part of their lives at work, and, as a result, the workplace typically influences their health. Employees encounter working condition problems related to environmental and physical factors in many organisations around the world (Pizam and Thornburg, 2000). Research on workplace health promotion, friendly workplaces, healthy organisations, job stress, high-performance workplaces, strategic human resources management, and leadership styles confirms the importance of supporting employees to be effective in their jobs in ways that promote their health (Lippel et al., 2011; Vischer, 2008; Shain and Kramer, 2004). Work-related injuries and diseases represent serious and costly burdens to all countries and are a major challenge to managers, unions, governments, and the workers themselves. Common health problems, such as spinal pain, diseases, allergies, respiratory problems, physical limitations, and mental illness, emerge at some point during a worker's life (Ford et al., 2014). Many of the health problems of the workforce can be attributed to worsening public health, with poor diets, growing obesity, smoking, and more

sedentary lifestyles all playing their part, and some problems can be attributed to working conditions and workplace stress (Ford et al., 2011; Quinlan et al., 2010). From a systematic review and meta-analysis, it is evident that job insecurity is associated with incident coronary heart disease (Virtanen et al., 2013). Virtanen et al. (2013) also found that depression could contribute to job insecurity coronary heart disease. Today, employee health is becoming a hard economic factor of production. Government agencies, businesses, and economists argue that workplace health and well-being ought to guide research and development, investment in technology, and customer relationship management. The issue affects not only the community in which the workplace is located, but also how the organisation is managed (Stone et al., 2013). Boustras (2015) stressed that despite the importance of legislation and existing enforcement authorities, safety in the workplaces of SMEs in times of financial crisis becomes a secondary issue.

The negative impact of the financial crisis on Spanish employees' perceived level of work flexibility, autonomy, and stress is evident from work-life balance impairment (Gregory et al., 2013). The financial crisis in Greece had a number of effects on the workplace (Boustras, 2015), such as job insecurity and work intensity, an increase in temporary uninsured work, violence and harassment, and absenteeism and presenteeism due to occupational stress. The economic downturn in Japan caused a prolonged increase in suicide mortality for Japanese working-age males in management (Wada and Gilmour, 2016). The long economic crisis in Slovenia poses an additional risk factor for mental health problems, which clinicians should internalise and monitor using screening tests. Symptoms of depression and anxiety can be masked in high utilisers of medical care in terms of physical complaints, reported injuries sustained at work or on the way to work, or psychoactive drug use (Avčin et al., 2011). In Slovenia, because of the recession, stress, depression, and suicidal emotions are increasing (Margan and Dodič-Fikfak, 2015). This creates new pathology – health problems are connected with the reality of getting and keeping a job, health indicators show that psychological problems are growing, the consequences of stress are stronger, and the rate of absenteeism and presenteeism among employees is higher. The current research provides an analysis of specific elements of the work environment and behavioural habits of employees in their jobs, with the aim of discovering the characteristics of the workplace that have the greatest effect on the individual.

1.1 Job satisfaction and occupational health

Two acclaimed theories of workplace stress identify the following stressors as key factors in the onset of stress-related illness. First, the demand-control-support model predicts that high levels of job demands, low levels of job control, and low levels of social support are strongly associated with negative health outcomes (Van der Doef et al., 2000). The second popular model, the effort-reward imbalance model, predicts that high levels of extrinsic or intrinsic effort and low levels of reward will significantly predict negative health outcomes. These two models are found to be good predictors of physical and psychological health outcomes, including heart disease, mortality, and depression, in many occupational groups (Mark and Smith, 2012; Kinman and Court, 2010). Factors such as high levels of workload and job demands, low peer support, and poor working relationships in populations would certainly suggest that these populations may be at high risk for stress-related illness. When

high levels of workload are present in a job, a person's basic needs for personal growth and performance must be met in one way or another (Herzberg et al., 2011). Job satisfaction is also considered to result from a set of factors characterising the context in which work is performed. Such factors are typically called company policies and administrative practices. The main such factors are technical quality of supervision, interpersonal relations, particularly with supervisors, physical working conditions, job security, benefits, and salary (Maamari and Smith, 2012; Herzberg et al., 2011). By contrast, dissatisfaction in a job may be caused by environmental factors, such as poor lighting, poor ventilation, poor working conditions, low salaries, and poor supervisory relationships. These are considered to be basic needs, and, for that matter, are the responsibility of the respective society, businesses and industrial institutions, which are expected to provide for their employees, so that they can self-actualise (Salaj et al., 2015; Herzberg et al., 2011; Kalleberg, 2011). Employees tend to reflect the wellness of their workplace environment through their well-being (Ljungblad et al., 2014). From the workplace perspective, happiness is connected with well-being, and it is about employees' physical health, psychological health, physical safety and wealth (Andrew, 2011). Poor management of the occupational health condition can lead to work-related illnesses (Arnetz et al., 2011). Arnetz et al. (2011) recommend interventions that target both the traditional psychosocial environment and the organisation's efficiency, in order to decrease employee stress and enhance mental well-being. Although convenient workplace conditions are requirements for improving productivity and quality of outcomes, working conditions in many organisations may present a lack of safety, as well as health and comfort issues, such as improper lighting and ventilation, excessive noise, and lack of emergency access (Kalleberg, 2011). Pech and Slade (2006) identify an increase in so-called employee disengagement. They focus on symptoms of disengagement, such as distractions, lack of interest, poor decision-making, and high absenteeism, rather than the root causes of disengagement. The working environment is probably a key root factor causing employee engagement or disengagement (McTernan et al., 2013). In recent years, employee comfort on the job, as determined by workplace conditions and the environment, has been recognised as an important factor for measuring employee productivity (Johns, 2010). The greatest challenge is that this model requires employees and managers to think about the workplace far more holistically (Gilbreath, 2012; Chu et al., 2000).

The broader research is devoted to an analysis of specific elements of the work environment and the behavioural habits of employees in their jobs, with the aim of discovering the characteristics of the workplace that have the greatest effect on the individual. The objective of this study is to use the discovered parameters and consequent changes in the work environment and work processes to ensure a sustainable effect on the improvement of employees' health.

The basis of this research is three fundamental hypotheses, within which we specify the sub-hypotheses:
- *Hypothesis 1:* Business premises and workplace factors have a significant impact on the satisfaction of employees with the workplace.
- *Hypothesis 2:* Workplace design factors have a significant impact on the satisfaction of employees with the workplace.
- *Hypothesis 3:* Satisfaction of employees with their workplace has a significant impact on the health of employees.

2. METHODS

The researchers carried out quantitative research using an array of questions, scales, and differentials, where most of the instruments were specially constructed with suitable measurement characteristics. The questionnaire demonstrated a high level of internal consistency, as measured by the Cronbach's alpha coefficient. The questionnaire consisted of 160 variables divided into eight content sections: general questions, business premises and workplace, workplace design, habits, conditions in the workplace, organisational culture, state of health, and mental health condition. One section of the questionnaire includes questions with pre-set parameters to choose from, and the other section includes three- or five-point Likert-scale items. For collection of data, the researchers designed an online anonymous survey questionnaire. The fundamental objective of the questionnaire was to investigate the relationships among the selected factors of workplace, organisational culture, and the physical and mental health condition of employees. One-thousand-and-thirty-eight employees from Slovenia, from organisations within the service sector, responded, which equates to a 98% response rate. All respondents performed only office tasks and participated voluntarily, with assurances given that their anonymity would be maintained. The data were processed with the SPSS statistical software, and they were subjected to factor analysis and structured equation modelling (SEM). The collected data were first processed with exploratory factor analysis, which was used to investigate the number of factors required for the presentation of specific information. This was followed by confirmatory factor analysis, which was used to test the quality of the metrics and the structural parts of the model. Confirmatory factor analysis was also used to test the hypotheses and the links and/or structure in the exploratory factor analysis of specific factors. In the last stage, the SEM method was applied, in order to overcome the restrictions of multivariant techniques and to achieve a statistically efficient and transparent assessment of relationships when dealing with several mutual relationships at the same time.

3. RESULTS

In the theoretical model of the researched influences, we included the construct "the workplace", which includes the questionnaire sections "business premises and workplace", "workplace design" and "conditions of workplace", and which comprised 60 variables. The "state of health" section of the questionnaire comprised 31 variables.

3.1 The "business premises and workplace" section

The "business premises and workplace" section of the questionnaire comprised 20 questions or statements regarding the description of the building (building and workplace location, accessibility and use of public transport, parking possibility, age of building, building construction characteristics, and renovation and maintenance information) and workplace specifications (workplace location, type of office, location of the superior's office, and cleaning information). Table 1 shows the connections of the 11 variables (or questions) of the "business premises and workplace" section with the following factors (or components): state of workplace, orientation of workplace, and state of business premises.

Table 1: The "business premises and workplace" section's rotated component matrix[a]

	Component		
	1	2	3
The distance of the window closest to my workplace is (less than 1 m...more than 4 m)	.838		
The distance of the outer wall from my workplace is (less than 1 m...more than 4 m)	.777		
My workplace is (in the basement/on the ground floor/other)	-.545		
The floor of the room where I work is clad with (wood/textiles/plastic/stone/other)	.505		
My workplace is in an office (cell room/open-plan office/other)	.454		
The orientation of my workplace has a large share of windows and walls		.972	
The orientation of the closest window surface is (north-facing/south-facing/other)		.971	
The room where I work was last thoroughly refurbished (building/heating/ventilation/other)			.705
The age of the building where I work is (less than 5 years...older than 30 years/don't know)			.700
The room where I work is regularly maintained (once a year... once every four years)			.609
The construction of the building where I work is (reinforced concrete/wooden/other)			.571

Extraction method: principal component analysis. Rotation method: varimax with Kaiser normalisation.

[a] Rotation converged in four iterations.

We confirmed the suitability of the data for factor analysis and correlations in the correlation matrix with the Bartlett test (p=0.000). The results of the KMO test (0.561) showed that the connections and the suitability of the variables are adequate.

Through the application of factor analysis, and based on the Kaiser criterion, we selected a solution with three factors, which explains 51.79% of the total variance. Upon completion of the rotation, we used the first factor of the section to explain 18.93% of the total variance, the second factor to explain 17.32% of the total variance, and the third factor to explain 15.54% of the total variance. The first factor, "state of workplace", includes five variables: "the distance of the window", "the distance of the outer wall", "the location of my workplace", "floor furnishing", and "kind of workplace". The second factor, "orientation of workplace", includes two variables: "sky orientation of the windows and walls", and "sky orientation of the window closest to my desk". The third factor, "state of business premises", includes four variables: "refurbishment of the room", "age of the building", "regular maintenance", and "construction type".

3.2   The "workplace design" section

This section, headed "The concept of my workplace" in the questionnaire, included 10 questions/statements on the possibility of controlling devices in the workplace. The Bartlett

test (p=0.001) confirmed the suitability of the data for factor analysis, while the result of the KMO test (0.655) indicates adequate connections and suitability of the variables.

Table 2: The "workplace design" section's rotated component matrix[a]

	Component	
	1	2
The windows are furnished with blinds	.750	
The window blinds are controlled from the workplace	.744	
The workplace is at least part of the day directly sunlit	.670	
The windows can be opened	.656	
The room is ventilated by a central ventilation system		.790
The intensity of the ventilation can be set with a switch in the room		.763
The room is cooled/heated with an air conditioner		.599

Extraction method: principal component analysis. Rotation method: varimax with Kaiser normalisation.
[a] Rotation converged in three iterations.

We specified two factors for the "workplace design" section, which together explain 53.03% of the total variance. After rotation, the first factor explains 29.57% of the total variance, and the second factor explains 23.46% of the total variance (see Table 2).

The first extracted factor was named "illumination of workplace", and it includes four variables: "windows with blinds", "local regulation of blinds", "direct sunshine", and "windows can be opened". The second factor was named "heating/cooling of workplace", and it includes three variables: "central ventilation system", "local regulation of ventilation system", and "air conditioning".

3.3 The "condition of workplace" section

The "condition of workplace" section included 30 questions and/or statements relating to evaluation of the level of satisfaction with different characteristics of the place, for example indoor quality characteristics, ICT equipment, condition of the furniture, cleaning and maintenance characteristics, possible facility characteristics as reasons for changing job, and overall satisfaction characteristics. The suitability of the data for factor analysis was confirmed with the Bartlett test (p=0.001), while the result of the KMO test (0.893) shows a high level of connection and suitability of the variables for examination. We specified three factors for the "condition of workplace" section, which together explain 59.21% of the total variance (see Table 3). After rotation, 15 variables were represented in three components.

The first factor explains 40.17% of the total variance, the second one explains 10.10%, and the third one explains 8.93%. The first factor, "satisfaction with the workplace", includes nine variables: "satisfaction with the conditions", "pleasant workplace", "feeling good", "satisfaction with business premises", "satisfaction with furniture and facilities", "evaluation of cleanliness", "evaluation of hygiene standards", "satisfaction with ventilation", and "desire to change jobs". The factor "climatic characteristics of the workplace" factor includes three variables: "concentration of humidity", "dry air", "too hot/cold". The third factor, "performance in the workplace", includes three variables:

"concentration problems", "influence of arrangement of workplace on work efficiency", and "work performance".

3.4 The "state of health" section

The "state of health" section of the questionnaire includes 31 questions/statements relating to health. It includes self-evaluation of state of health with regard to the following variables: "being a disabled person/chronic patient"; "having an occupational disease, having pain in the back, spine, neck, or high blood pressure, headaches, rheumatism, problems with blood flow, allergies"; and "being on sick leave/an operation, or other".

Table 3: The "condition of workplace" section's rotated component matrix[a]

	Component		
	1	2	3
I am pleased with the conditions of my workplace	.865		
My workplace is pleasant	.853		
I feel good in my workplace	.844		
The business premises is as new and is pleasant to work in	.782		
The furniture and facilities ensure a pleasant feeling	.688		
The workplaces are clean	.667		
The standards of hygiene in the business premises are high	.651		
Ventilation in my workplace is good	.613		
Due to the conditions in my workplace, I am contemplating a change of employment	–.597		
There is exceptionally high humidity in my workplace		.789	
There is only rarely dry air in my workplace		.734	
My workplace is exceptionally uncomfortably hot/cold		.665	
In my workplace I experience concentration problems to an exceptional degree			.671
The arrangement of my workplace influences my feelings and work efficiency			.622
As a rule, I have no problem with performance in my workplace			.596

Extraction method: principal component analysis. Rotation method: varimax with Kaiser normalisation.
[a] Rotation converged in six iterations.

The typical correlations of the correlation matrix were confirmed by a Bartlett test (p=0.001), while the result of the KMO test (0.774) confirmed the suitability of the variables for examination. The criterion of own value determined three factors of the section. The first factor explains 25.53% of the total variance, the second one explains 14.83%, and the third one explains 10.17% (see Table 4).

The information in 13 of the variables can be represented by three components, as displayed in Table 4. The first extracted factor is named "orthopaedic problems", and it includes four variables: "occasional pain in my back", "occasional pain in my neck", "occasional pain in my spine", and "suffer from rheumatism". The second one is named "past health problems", and it includes four variables: "sick leave", "therapies in health institutions or spas", "physician's help because of troubles at work", and "state of health". The third factor is named "cardiovascular problems", and it includes five variables: "high blood pressure", "regularly taking medicines", "chronic disease", "high blood sugar", and "blood circulation problem".

Table 4: The "state of health" section's rotated component matrix[a]

	Component		
	1	2	3
I have occasional pain in my back (muscle tension)	.877		
I have occasional pain in my neck	.838		
I have occasional pain in my spine	.831		
I suffer from rheumatism	–.383		
In the last year I have been on sick leave because of my own diseases (for 0 days...for more than 15 days)		.732	
In the last three years I have had therapies in health institutions or spas (for less than 7 days...for more than 29 days)		.726	
In the last five years I have sought a physician's help because of troubles at work (never...more than three times)		.596	
In the last 12 months my state of health has (remained the same/improved/deteriorated)		–.429	
I have high blood pressure			.734
Currently I regularly take pills/capsules/drops/salves			–.688
I suffer from a chronic disease			.601
I have high blood sugar			.599
I have a blood circulation problem			.446

Extraction method: principal component analysis. Rotation method: varimax with Kaiser normalisation.
[a] Rotation converged in five iterations.

3.5 Testing of hypotheses

We used confirmatory factor analysis to test the quality of the measurement and the structural parts of the model. In the measurement part, we verified the compatibility of pattern data with the theoretical model. We applied the following suitability indicators: a chi-squared (χ^2) test, RMSEA, CFI, GFI, and SRMR.

Two main analyses are included in the model:
- Business premises and workplace → satisfaction with the workplace → state of health; and
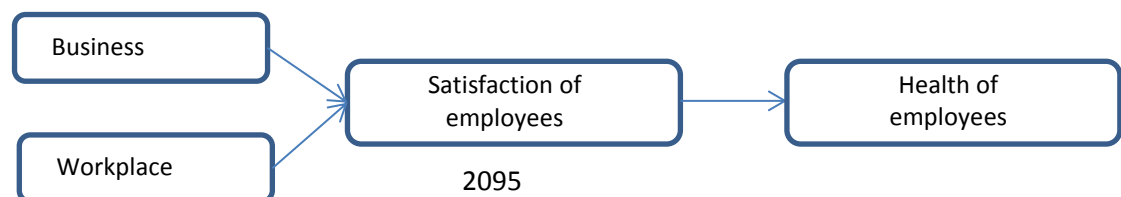- The workplace design → satisfaction with the workplace → state of health.

Business → Satisfaction of employees → Health of employees
Workplace → Satisfaction of employees

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Figure 1: The theoretical model

H₁: Business premises and workplace factors have a significant impact on the satisfaction of employees with the workplace.

Through application of factor analysis, and on the basis of the factor weight matrix, we identified the following factors of the "business premises and workplace" section: "state of workplace", "orientation of workplace", and "state of business premises".

H₂: Workplace design factors have a significant impact on the satisfaction of employees with the workplace.

Through application of factor analysis, and on the basis of the factor weight matrix, we identified the following factors of the "workplace design" section: "illumination of workplace", and "heating/cooling of workplace".

For the "condition of workplace" section, based on the factor weight matrix, we identified the following factors: "satisfaction with workplace", "climatic characteristics of the workplace", and "performance in the workplace".

H₃: Satisfaction of employees with their workplace has a significant impact on the health and health care of employees.

Through application of factor analysis, and based on the factor weight matrix, we identified the following factors of the "state of health and health care" section: "orthopaedic problems", "past health problems", and "cardiovascular problems".

Model fit information: $\chi^2 = 5.9$; RMSEA < 0.000; CFI ≈ 1.000; SRMR = 0.010.

Based on the results of the SEM shown in Table 5, we established that "orientation of workplace" has a statistically significant (p < 0.001) and a positive ($\beta = 0.106$) impact on "illumination of workplace". "State of workplace" has a statistically significant (p < 0.001) and a medium positive ($\beta = 0.521$) impact on "illumination of workplace". "Illumination of workplace" has a statistically significant impact (p < 0.001) on "satisfaction of employees with the workplace", with a negative standardised β coefficient (–0.228). The following two factors also have a statistically significant impact (p < 0.001) on "satisfaction of employees with the workplace": "state of business premises", with a negative standardised β coefficient (–0.217), and "state of workplace", with a negative standardised β coefficient (–0.165).

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Table 5: The achieved values of the SEM final model

Causal path			Path coefficient	p
SATISFACTION WITH THE WORKPLACE	←	STATE OF BUSINESS PREMISES	−.217	***
SATISFACTION WITH THE WORKPLACE	←	STATE OF WORKPLACE	−.165	***
SATISFACTION WITH THE WORKPLACE	←	ORIENTATION OF WORKPLACE	−.033	.250
SATISFACTION WITH THE WORKPLACE	←	ILLUMINATION OF WORKPLACE	−.228	***
SATISFACTION WITH THE WORKPLACE	←	HEATING/COOLING OF WORKPLACE	−.087	.003
CARDIOVASCULAR PROBLEMS	←	SATISFACTION WITH THE WORKPLACE	.085	.009
PAST HEALTH PROBLEMS	←	SATISFACTION WITH THE WORKPLACE	−.166	***
ORTHOPAEDIC PROBLEMS	←	SATISFACTION WITH THE WORKPLACE	−.207	***

***p < 0.001

With β = –0.166, we established a negative link between "satisfaction with workplace" and "past health problems of employees". With β = –0.207, we established a negative link between "satisfaction with workplace" and "orthopaedic problems of employees".
For the case, all three hypotheses are confirmed.

Hypothesis 1: Business premises and workplace factors have a significant impact on the satisfaction of employees with the workplace.
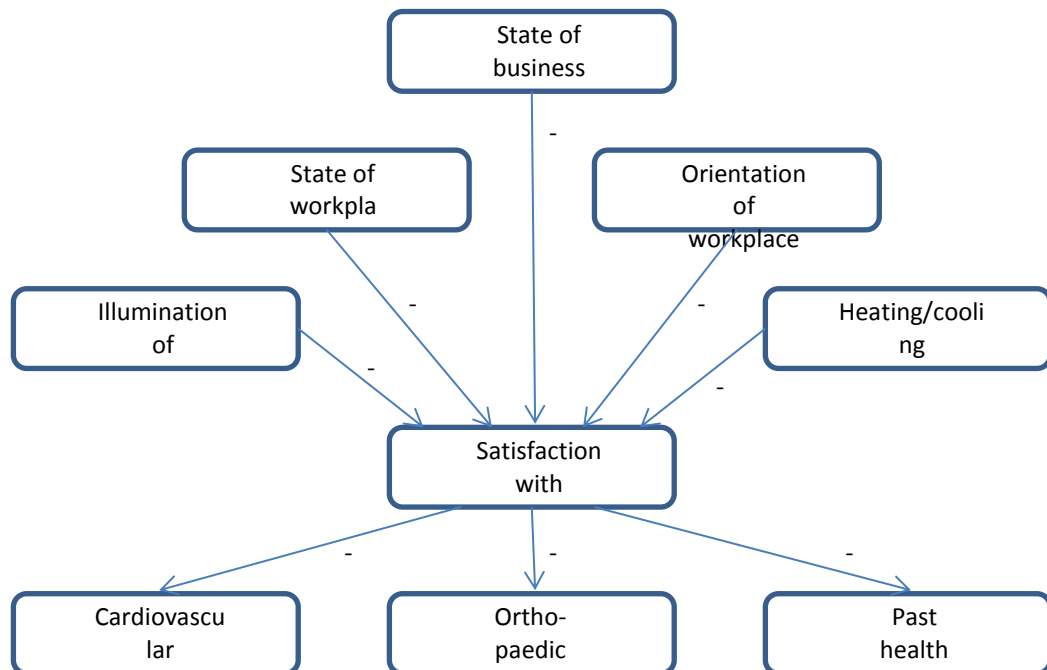

Figure 2: Results of the SEM

Two factors were found to be significantly important: "state of business premises" (refurbishment of the room, age of building, regularly maintained room, building construction), and "state of the workplace" (distance of the closest window, distance of the outer wall, position of the workplace, floor finishing, and office type, i.e. a cell room or an open-plan office).

Hypothesis 2: Workplace design factors have a significant impact on the satisfaction of employees with the workplace.

The factor "illumination of workplace" (windows with blinds, window blinds are locally controlled, direct sunshine by day, windows can be opened) was found to be the one with a significant influence.

Hypothesis 3: Satisfaction of employees with their workplace has a significant impact on the health and health care of employees.

The factor "satisfaction with the workplace" is characterised by nine items: "pleased with the conditions", "pleasant workplace", "feeling good", "state of business premises", "state of furniture", "cleanliness", "hygiene standards", "ventilation", and "changing jobs". The links between this factor and the health factors "orthopaedic problems" (pain in back, pain in neck, pain in spine, rheumatism) and "past health problems" (sick leave, therapies, physician's help, state of health) were found to be significant.

4.   CONCLUSIONS

The main purpose of the study was to determine what constitutes a healthy workplace, according to the perceptions of employees in Slovenia. It was important to determine the perceptions of employees at the time of economic crisis, such as in Slovenia. The theoretical and practical solutions, which are identified in the reviewed literature, are taken into account, and findings are compared. In the discussion, we stress that some of the findings were similar to the findings from the literature review, and some are more specific.

Based on the SEM results, and similar to previously reported research results presented in the theoretical part of this article, the researchers found that some of the business premises factors of the business-building construct have a significant impact on the satisfaction of employees with the workplace, such as orientation of workplace, state of workplace, and state of business premises. The researchers found that business premises and workplace factors have a significant impact on the satisfaction of employees with the workplace (state of workplace, orientation of workplace, and state of business premises). This is in line with what is reported in the literature reviewed, where the physical conditions of the working environment are reported to affect job satisfaction (Kalleberg, 2011; Vischer, 2008). The factor "state of business premises" includes the characteristics "refurbishment of the room", "age of building", "regularly maintained room", and "type of building construction". In the case of Slovenia, the main business area is in the city centre, where the average age of business buildings is more than 60 years. Such buildings should be renovated or refurbished, which is unfortunately not possible during the economic crisis.

Illumination of the workplace is a factor of workplace design with a significant influence on employees' satisfaction with the workplace, and it comprises the characteristics "windows with blinds", "window blinds are locally controlled", "direct sunshine by day", and "windows can be opened". The effect of workplace lighting on employees, and the need for local regulation, has been investigated by several researchers (Haldi and Robinson, 2008; Nicol et al., 2006; Galasiu and Veitch, 2006) when measuring quality of the indoor environment. These researchers were focused on heterogeneous factors of indoor environment quality (IEQ), particularly physical ergonomic conditions of the workplace. Many of them reported a positive correlation between the satisfaction of users and the importance of individual control of conditions in their work environment (Toftum, 2010; Andersen et al., 2009; Haldi and Robinson, 2008). Some of them claimed that in office buildings, users mostly complained about (too) low temperatures, dry air, bad air or cold radiation next to windows, and lack of sound privacy in open-plan offices.

As predicted, we found that satisfaction of employees with their workplace has a significant impact on the health of employees. The factor "satisfaction with the workplace" is characterised by nine items: "pleased with the conditions", "pleasant workplace", "feeling good", "state of business premises", "hygiene standards", "furniture and facilities ensure a pleasant feeling", "cleanliness", "ventilation", and "changing jobs". The links between the factor "satisfaction with the workplace" and three factors from the "health and health care of employees" section were found to be statistically significant. These factors were "orthopaedic problems" (pain in back, pain in neck, pain in spine, and rheumatism), "past health problems" (sick leave, therapies, physician's help, and state of health), and "cardiovascular problems" (high blood pressure, taking pills, chronic disease, blood sugar, and circulation problem).

The results show the seriousness of the researched theme, especially from the health care perspective. It is obvious that employees show the symptoms of their health condition, including stress, depression, and cardiovascular diseases, as is reported by other researchers (Ford et al., 2014; McTernan et al., 2013; Virtanen et al., 2013; Drach-Zahavy, 2008; Noblet and LaMontagne, 2006; Shannon et al., 2001). There is also a connection between pain in the neck, spine and back and stress. In the economic crisis, it is hard to change jobs, so the main motivation is job security, which leads to low performance and occupational health diseases, causing high absenteeism or presenteeism. Findings from the research should be taken seriously, as we are aware that synchronous stressor strain effects tend to strengthen over time, with stressor-psychological strain effects increasing, especially when workers are constantly exposed to stressors (Ford et al., 2014). Even though the system of health promotion in the workplace is formally established in Slovenian companies and institutes, it is still evident, from a managerial perspective, that a straight-line relationship between employees' productivity and their well-being to keep employees creative and healthy is not being maintained.

Major changes in the economic situation nowadays necessitate future studies with in-depth research on impacts or connections between specific business premises factors and the occurrence of depression symptoms. The link between specific business premises factors and specific elements of organisational culture, research on the link of satisfaction with the

physical workplace, specific elements of organisational culture, and research on the link between perceptions of the workplace and specific elements of organisational culture and a possible positive influence on employees remain to be explored.

5.   ACKNOWLEDGEMENT

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