

Employees` health care in the current business environment (Inspiration by Bata Company before 1945)

G. Končítíková, P. Staňková and M. Sasínková

Abstract –This article presents the results of research, which was focused on the analysis of health care in Bata management system introduced by Bata Company before 1945. This management system was introduced by Tomas Bata (1876-1932) in 1894 and lasted until 1945, when the company was nationalized due to the change in political regime. Bata management system may be perceived as very specific in the way it shows signs of modern Corporate Social Responsibility (CSR) and Creating Shared Value philosophy (CSV). This research focuses on a subset of CSR, which includes employees` health care.

Employees` care in Bata management system was very sophisticated and was composed of several areas such as: social care, health care, educational system, cultural background and urban development of the city. Aim of this research is employees` health care in Bata Company before 1945. Due to the fact that different aspects of CSR and CSV in Bata Company before 1945 have not been described yet, upcoming research is based on the analysis of historical documents of Bata Company. Analysis of data and interviews with witnesses of the time, who experienced Bata Management System before 1945, help us to understand how the system of employee`s health care worked. The results of the research will be applied to the specific group of companies in order to test whether our findings might improve health care policy towards their employees. Prior to the application, the research of how employees, managers and senior managers perceive the employees` health care, was conducted.

Keywords—Bata management system, Tomas Bata the Founder, Motivation, Occupational therapy, Employees` health care

G. Končítíková is with the Department of Management and Marketing, Faculty of Management and Economics, Tomas Bata University in Zlin, CO 76001 Czech Republic (e-mail: koncitikova@fame.utb.cz).

P. Staňková is with the Department of Management and Marketing, Faculty of Management and Economics, Tomas Bata University in Zlin, CO 76001 Czech Republic (e-mail: stankova@fame.utb.cz).

M. Sasínková is with the Department of Management and Marketing, Faculty of Management and Economics, Tomas Bata University in Zlin, CO 76001 Czech Republic (e-mail: sasinkova@fame.utb.cz).

I. INTRODUCTION

Bray (2012) states that: “Your employees` health impacts your business`s bottom in two important ways: (A) You are probably paying to provide employees with health insurance benefits. (B) Your business might be losing productivity due to employee health problems.” She underlines the importance of healthy employees during the economic recession: “When you may have already cut your staffing to its leanest possible levels, every employee becomes crucial and it needs to be working at maximum efficiency.” Therefore, absenteeism and presenteeism (working under stress or distracted by any diseases) will reflect in company`s results. Arnoldová (2012) defines occupational services as healthcare services focused on: prevention, impact assessment of activity, work environment, health assessment for the purpose of assessing the medical fitness, consulting, lecturing and supervising. Hardy (2012) pointed out stress as a recent problem. He states that: “Stress among staff is becoming a major concern to employers as the cost of caring rises not only in monetary terms but also in terms of the efficiency of the services provided.” The author adds that the most effective way of dealing with stress is to eliminate its sources. Reed (1999) defines occupational therapy as: “The practice which involves treatment of disease or disorder by employing or engaging a person, the mind, and attention in occupation. Such occupation does by its nature take up, use up, or fills space and time.

Brhel, Manoušková and Hrnčířik (2005) appeal to the need for medical care in the work environment, because it is unsuitable working conditions and uncontrolled health workers what has a major impact on the spread of transmissible diseases and chronic diseases. Another view states the need to distinguish between health care of practitioners and occupational medical care point out Borrows and Holland (2013)

Burešová, Dvořáková (2013) highlight the fact that current economic environment is undergoing a period of transformation, which is associated with many changes. Employees and society expect from entrepreneurs and managers a certain added value, which will increase the quality of labour. This increase in quality may be seen just as an increase in employees` health care. Such increase will not

only have an impact on improving health of employees, but consequently it might be reflected in the global environment (improving social mood, lower consumption of drugs, lower use of hospital facilities, improving lifestyle etc.)

Currently, it is possible to face the fact that many companies consider occupational therapy as a part of their loyalty program for their employees (Hommerová, 2013). However, that is not and cannot be understood as occupational therapy (medicine). The goal for occupational therapy should be to improve overall lifestyle of employees. Close links between economics and healthy lifestyle pointed out Pehoiu and Puscoi (2010).

Tuček, Cikrt a Pelclová (2005), however, add that to properly set medical care of employees in the labour relations it will be necessary to carry out legislative changes as they believe that without the legislative framework any employer will not support the care. Medical care of employees is not associated with legislative changes only, but also with expertly educated professionals who know how the care should operate. Kerry, Strong and Chipchase (2013) pointed out the issue of the lack of education in this field

Problematic issue in occupational therapy are for example legislative restriction in drugs promotion, state Lostakova, Horakova and Pecinová (2013, s. 11 – 19). Therefore, employers must be careful not to accidentally provide advertising for pharmaceutical companies through occupational medicine

II. PROBLEM FORMULATION

Currently, many companies, not only in the Czech Republic but also in European Union, have begun to implement elements of Corporate Social Responsibility into their business strategy and philosophy. This philosophy consists of employees' health care. The question of healthy employees has become a part of political programs too. Currently, many states try to anchor its legal. General surveys have shown that many small businesses do not know how to occupational medicine seize or do not know its meaning and consequences for their actions. Due to the fact that there is only marginal knowledge of health care about Bata's employees before 1945, we decided to describe the system very closely based on the studies. We expect that based on these findings, we can enrich the field of occupational medicine with practical experiences in this field, which have been applied in the Bata Management System.

The task of our research is to point out the historical background of occupational medicine in the Czech Republic and other countries there, where Bata Company before 1945 operated. The research indicates the fact that the company through the occupational medicine influenced both, own employees and its surrounding too. The company was established in 1894 in Zlin (Czech Republic) by Tomas Bata (1876 – 1932). Tomas Bata was a man who had managed to transform a small family business into the multinational company and he had laid the foundation of CSR in the Czech Republic. Our research highlights the fact that occupational medicine is not a modern affair, but has historical roots, which significantly affect the health of employees and surrounding

too. We focused on the occupational medicine of Bata Company before 1945 in order to wisely choose its main principals, which we may apply in the current business environment.

At the beginning of the pilot research we set four research questions we sought to answer through an extensive analysis of historical documents and application of this knowledge to the current business environment. These questions were following:

What activities included occupational medicine in Bata Company before 1945?

Is it possible to use the data for the current business environment with regard to ethical and legal standards?

Is there an interest of entrepreneurs in the application of this knowledge?

Do employees have an interest to take care of their health (through their employer)?

The questions above we sought to answer through extensive research of archival documents that have been preserved from the operation of Bata Company from 1894 to 1945 (the company was nationalized in 1945)

According to the quantitative level of the research we formulated a hypothesis.

H10: Management's ability to provide medicine care to their employees inspired by Tomas Bata philosophy is not dependent on the type of organization.

III. PROBLEM SOLUTION

This research was conducted on the application of qualitative and quantitative research methods.

Qualitative methods were used for processing the archives documents of Bata Company before 1945 and for interviews with managers and owners of interested companies.

Quantitative methods were used in the survey focused on the opinion of selected employees about the health care from their employers.

Methodology

The qualitative research used several methods: method of content analysis of historical data, biographical research, phenomenological research and the method of oral history.

Content analysis of the data was subjected to many historical documents that are stored in several archives. The subject of our research was the documents, which were related to the period before 1945.

The method of phenomenological research can be applied if the investigated object was/is considered as the phenomenon. There are several parameters by which to evaluate the phenomenon. One of these parameters is the fact the object has a certain number of written statements, references or historical artefacts, which indicate that the object has been considered as the phenomenon. The Bata Management System complies with all these features needed to identify the phenomenon. (Hendl, 2005)

The biographical research was subjected to the analysis of personal belongings of witnesses the period of Bata Company. It was a personnel medical card, press clippings and photographs. (Hendl, 2005) Through oral history method we were able to describe personal experiences of former Bata employees before 1945. (Vaněk, 2007) Interviews with entrepreneurs and employees of the current companies followed the methodology of structured interviews. The data obtained will be processed on the basis of Pearson coefficient and non-parametric tests.

Medical care of Bata company's employees before 1945

Tomas Bata he founder at the beginning of his business activities stated: "a man cannot be happy among those who are unhappy, nor a man cannot stay healthy among those who are sick" (Bata, 1932). Therefore, Tomas Bata did not develop shoes manufacture only, but also medical care, education and social background for his employees.

Medical care had a significant role in Bata Company before 1945. As it was revealed during the research of documents Bata Company focused on the health of their employees as well as on the health of people in the city and region. The research showed that the company's health care was divided into three stages as we might know nowadays:

- Primary
- Secondary
- Tertiary

As the primary medical care in Bata Company before 1945, we discovered prevention itself. From our previous research we revealed that in the years 1932 – 1942 there were at least two articles devoted to health prevention in daily newspapers three times a week. The theme of these articles was focused on professional information about diseases, their causes, health food, and the importance of regular exercise for human health. These articles were intended for both – employees of Bata Company and habitants of the Czech Republic too.

In the early days of the business, Tomas Bata ordered regular medical examinations. There was a corporate doctor too. Subsequently, the company introduced so-called „Days devoted to the health“. During these days there were organized lectures for both, employees and their families and for the public.

The aim of these lectures was to inform about lifestyle, the importance of hygiene, diseases and causes and how to prevent them. An admission process for new employees consisted of health questionnaire, which consisted of six parts contained by 45 questions. Some of those questions were very personal and detailed examining medical history including not only the individual, but also his entire family. This questionnaire was the subject of our research. The results of the investigation are presented in the following chapter together with overall results of the sub-research.

A detailed description of the health questionnaire provides following table (Fig. 1):

Par	Characteristics	No. of questions
I.	Identification of an employee	8
II.	Characteristics and health of employee's father	4 (19 sub.)
III.	Characteristics and health of employee's mother	5 (19 sub.)
IV	Characteristics of family relations of an employee	3 (12 sub.)
V.	Characteristics of health of the siblings	5 (15 sub.)
VI	Current health of an employee	20 (24 sub.)

Fig. 1 – Overview of specific parts of the contemporary health questionnaire in Bata Company before 1945

Bata Company had built an extensive system of education, which included comprehensive care of children, medical and health care too. During the research of archival documents, we found out that due to preventive examinations, the caries of children's teeth decreased. Specifically, in the years 1929 and 1935 children's dental curiosity dropped from an average of 11 caries to just 3 per a child. Preventive examinations did relate adults too. The preventive examinations at the doctor had to complete each employee twice a year. Thanks to medical care, the region managed to significantly reduce the incidence of tuberculosis, scabies, lice, whooping cough and other diseases. Reducing the incidence of transmitted diseases had been achieved thanks to patient records. The improvement of employees' health was achieved through good diet and healthy living. Tomas Bata banned meals delivery to work and its consumption nearby machines. He built several large canteens in Zlin to ensure that employees had access to healthy food and would eat in clean hygienic environment. With healthy eating was associated the length of lunch breaks, which lasted two hours. In the canteens there were always cooked quality meals, which should match to the intensity of the work. Even today there are accurate records of eating in Bata Company, including records of man condition influence and nutritional value of each meal. With the same intensity Bata Company cared about healthy living. For its employees, the company built hundreds of houses, which met modern requirements of a modern and healthy living. All rooms were spacious and bright. The houses were surrounded by greenery. Tomas Bata was a great opponent of prefabricated buildings and high apartment buildings. He built houses in which could live separately up to four families.

Tomas Bata was also a supporter of regular exercise. In all Bata schools, which the company established, were daily regular calisthenics. The calisthenics were mandatory for workers and administrative personnel. The company also hosted a number of sport events and operated dozens of sports club, built sports, recreational and spa facilities.

That Company was one of few in Europe, which was interested in the influence of footwear on human health. It was

founded Research Institute, which had researched and had proposed the best shape of shoes to fit the needs of the human anatomy as well as had avoided deformation of attended vault.

A transition element between primary and secondary medical care about employees in Bata Company was regular health check-ups, which aimed was to prevent new diseases and to monitor development of treated diseases and injuries. The direct proof of secondary health care was the establishment of Bata Hospital in 1928. Since the company expanded at a rapid pace, it was no longer possible to employ just a group of doctors. With the growth of the company, it was also linked higher birth rate, spread of transmissible diseases, occupational accidents etc. Therefore, Tomas Bata had decided to establish own hospital, which was one of the most modern in Europe. He brought foremost doctors and those were involved in the design of the hospital. During the construction of the hospital, Tomas Bata insisted on the fact that all rooms had to be spacious and bright. Great care was focused on the obstetrician-gynaecological department and the accident department. The accident department was also a direct part of the factory area. Thus, there was in Zlin twice – in the hospital and in the factory. The reason was simple, if there was an accident, the victim should be treated as soon as possible without wasting the time by transfer to the hospital (distance from the factory complex was less than 3km). Later, there was established Bata House of Health, which straddle several different clinics, training centres and counselling.

In the archival documents it is possible to identify the exact number and breakdowns of hospital beds operated in the company before 1945 by Bata Hospital, Bata House of Health and related facilities. Specifically, in 1938 there was about 1,630 beds, which were divided into several categories identified by letters A to D. Overview of categories and their orientation is presented in the following table. (Fig. 2):

Type of bed	Characteristics of beds	No. of beds
A1	Beds used for classification and treatments	805
A2	Beds used for mothers and postpartum care	
B	Beds used for pathologic patients	150
A/B	Beds of transitional type	295
C	Beds for recovery	120
D	Beds for preventive care and protection	260
Total amount of beds		1630

Fig. 2 – The breakdown structure of the beds in Bata Health System (own design)

Medical beds were subdivided according the type of located equipment. Beds A1 to A/B were to be found mainly in the Bata hospital. A limited number of the beds (less than ¼) were located in Bata House of Health. Beds of type C and D were located mainly in medical institutions, spas and recreational centres owned by Bata Company.

The evidence of close relations between health care and social care of the employees was so called cash sickness benefit. Each employee of the company received financial support during any illness, so that he/she could heal at home instead of going at work sick. Bata Company was of the opinion that the costs of sickness benefits are lower for the company than the risk of the patient infecting other employees, which could jeopardize the functioning of the whole department.

The tertiary care consisted of an afford to prevent the development of disease dissemination or chronic course. As it was already mentioned, Bata Company was keeping the detail evidence of their employees' health status. They were divided into several groups according to ability to perform certain work. The employees were divided into groups A (AA) to D according to their ability to work based on the state of their health. The list of the ability to work is reflected in the table below:

Type	Description
A	Completely healthy person, capable of any work
AA	A young and healthy person capable to handle the most demanding labour work
B	A healthy person who may suffer mild healthy deficiencies, but these do not affect the work. A person who has recovered from serious illness.
C	A person with long-term illness, health status monitored every three months.
D	A person suffering from serious infectious diseases. Such person may be employed until his condition improved. Regular medical checks.

Fig. 3 – Overview of breakdown of health employees. (Own design)

The part of tertiary care was the construction and operation of homes for elderly and disabled. The company found its way to care about its employees and about other people from a wide area, those who needed this type care. These facilities had been unique and luxuriously equipped in these times.

Summary of individual activities are stated below:

Medical Care in Bata Management System	
Primary care	<ul style="list-style-type: none"> Newspaper articles Preventive checks Health Days Housing and Diet care Need of every movement School health checks Entry Health checks Research departments Evidence of illness

Secondary Care	
	Regular health checks Bata Hospital Bata House of Health Sickness days benefits
Tertiary Care	
	Employment of people with serious diseases and care about them Evidence of people who have experienced serious illness Eldred and Disabled care

Fig. 4 – Overview of activities by Bata Company within the health care (own design)

Application of the findings into practice

The research specified five main areas used by Bata Company before 1945 to provide the medical care to its employees. These areas were discussed with the representatives of the current business environment.

The areas are following:

Prevention of health care through electronic articles.

Introduction of regular physical activities for employees.

Providing healthy meals for employees.

Offer of lectures on health care.

Direct support of health prevention through vitamin packages.

The research sample for our pilot research was 25 mid-sized companies (according by number of employees from 50 to 99), which have shown an interest in Bata Management System application in their business strategy and philosophy. To the question of which of the areas are you able to provide to your employees, they replied as follows (Fig. 5):

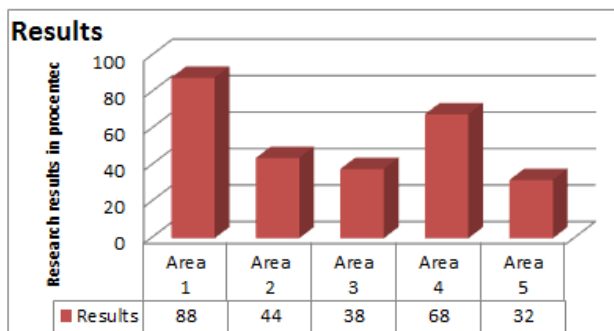


Fig. 5 – Percentage of companies implement various areas of health care (own design)

The research was conducted based on structured interviews. Representatives of the companies are willing to introduce a mechanism, which would support the health of their employees, but they need to know the exact costs of implementation such actions. The research also showed that corporate managers do not have the tools to calculate the cost of preventive health care for employees and the costs associated with employee's illness – only 24% of managers are able to quantify these costs.

Above listed areas of health care were applied to all companies involved. Before starting the application,

performance parameters of each company weremeasured, including employee satisfaction. Subsequently, it will be held a comparative measurement that will yield specific results, how the introduction of the areas affects the area of performance and employee satisfaction.

The part of our research was an experiment in which the sample of 100 employees was presented to the original health questionnaire for Bata employees before 1945 to find out, whether the sample would be willing to fill it in. Due to the complexity, detail and personality traits of questionnaire, only 14% of respondents answered they would be willing to complete the questionnaire, 68% of respondents answered the questionnaire is to personnel and they refused to fill it in and 18% of respondents would answer the questions, but unfortunately the do not have such detailed information about their family history.

Verification of hypotheses

By Pearson's chi-square we used to assess comparison – test of independence. A test of independence assesses whether paired observations on two variables, expressed in a contingency table, are independent of each other.

The value of the test-statistic is

$$\chi^2 = \sum_{i=1}^r \sum_{j=1}^c \frac{O_{ij} - E_{ij}}{E_{ij}}$$

χ^2 = Pearson's cumulative test statistic;

O_i = an observed frequency in a given contingency table;

E_i = an expected (theoretical) frequency, asserted by the null hypothesis;

r and c are the number of rows and columns in the table, respectively.

Problems:

H10: The ability of management to ensure employees' health care inspired by Tomas Bata's philosophy in not dependant on the type of organization.

$$\chi^2 = 1,72478 \quad P = 0,540899$$

Conclusion: With 5 per cent accuracy of the data there is not a proof of positive correlation between the ability of management to ensure the care and the type of the organization.

Following researchsample consisted of five manufacturing companies. The sample consisted of 350 employees, 38 middle managers and 24 senior managers including owners. Attitude of employees toward the care was tested through a questionnaire survey. The survey was composed of 40 questions. These questions were scaling, with a choice of one option and possibility of open answer too. Middle managers were also addressed through the survey, which was focused on two main areas:

1. What is the interest of the managers to take care of the health of their subordinates
2. Would middle management appreciate the care of their health by senior management?

Senior managers were asked in two ways through questionnaires and semi-structured interviews.

Test questions for employees were divided into nine main categories, which were:

1.	Willingness of employees to share detailed information about their health <i>Information about lifestyle, regular sleep, balance between work life, family and leisure time, relationship to a healthy diet, regular exercise etc.</i>
2.	Willingness of employees to share information about their lifestyle <i>Information about life philosophy, relationship to society, opinions about meaning of life etc.</i>
3.	Willingness of employees to eat healthy <i>Information on healthy lifestyle in quality, regular meals, questions focused on whether staff would welcome the opportunity to eat healthy and regularly during the working hours etc.</i>
4.	Employees relationship to regular physical activity <i>Questions related to the willingness of employees to include regular physical activity to their lifestyle, such as sports with colleagues etc.</i>
5.	Employees` opinion on the introduction of regular health checks <i>Establishing the cooperation with experts and their contribution to improve the health of employees</i>
6.	Willingness of employees to participate in improve work ergonomy <i>Investigation whether the employees are willing to contribute to the improvement of the working process in terms of ergonomics</i>
7.	Willingness of employees to cooperate with management to improve their overall health <i>To determine whether the employees themselves are interested in cooperation with the management to improve healthcare in their company.</i>
8.	Willingness of employees to improve their mental health <i>To determine whether the employees are interested in improving their mental health in cooperation with the management of the company</i>
9.	Willingness of employees to engage their own families into corporate project, which aims to improve the health of employees <i>This finding should answer whether the company could participate in sport events in wider environment of their employees</i>

Fig. 6– List of research fields (own design)

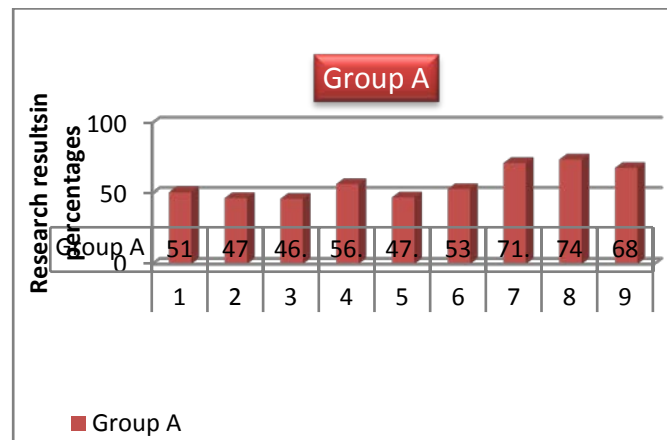


Fig. 7– Research results in Group A (own design)

Group A – The first research group were regular employees of selected companies. The group was composed of 350 respondents. These were tested through a questionnaire survey. The survey consisted of 40 test questions and sub questions. The survey revealed that least interesting option is to eat healthy in a working environment. In this area, the results of the research have been different if we divide the research sample of men and women. Women were more favourable in this option. At least favourable relations to this activity were men in the age 45 and more. 81 per cent of the respondents explained that there is no need to change their eating habits in their age, or they do not find healthy food tasty. However, they admit that if the healthy food taste good, so they would not mind the change. Less than half of the respondents would also welcome to share their information about their lifestyle and they would admit to attend a regular preventive medical check within their employment. An interesting fact is that the respondents would prefer sharing information about their health instead of sharing their information about life style (only 47 per cent of respondents were willing to share these information). This fact is explained by majority of respondents that their lifestyle is not perfect and they are aware of it. Consequently, they are aware, that they are far more able to influence their lifestyle then their health. Therefore, the respondents would not mind sharing unfavourable health information so as to share information about their unsatisfactory lifestyle. Group A has a very positive approach towards activity no. 7 – Willingness of employees to cooperate with management to improve their overall health, and towards activity no. 8 – Willingness of employees to improve their mental health. Their attitude to refusal of some activities is explained in 67 per cent cases by the fact that they do not think that selected activity should improve their health. They consider these activities as an experiment, which would bring increase and stricken of the working process.

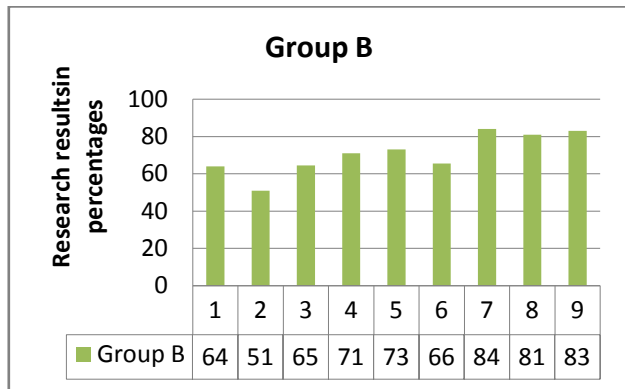


Fig. 8 –Research Results in Group B (own design)

The graph above shows that Group B is more conducive to the application of selected areas. In all surveyed areas, Group B reaches higher score, which is characterized by positive attitude to selected areas, than in Group A. In another test, we will focus on the correlation between affinity for the application of selected areas in corporate strategy, education and work placement. As it is stated above in the graph, Group B is most interested in opportunity to cooperate with top management on improving employees` health care. This may be due to the fact that middle managers are direct subordinates of senior management. On the other hand, Group A may seem, it is very far from Group C and based on this fact, they may find any idea of cooperation very difficult. There is a match between Group A and Group B in area 2. Both groups find it the least acceptable. It is possible to see a special relationship between Group A and Group B. It is the fact that Group B is more positive in all nine areas than Group A. This fact will be subject of the further research.

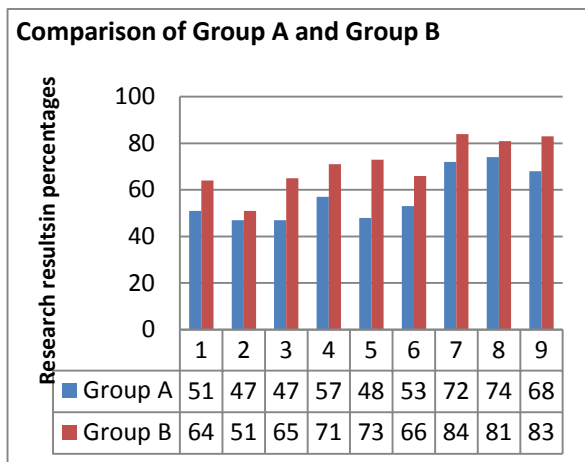


Fig. 9– Comparison of the result of Group A and Group B(own design)

Group C consisted of senior managers and business owners. This group was tested through different questionnaire. The goal of this survey was to determine the attitude of this group to the implementation of the principles related to the improvement of lifestyle and health status into the company`s strategy. It was following areas:

No.	Research areas
1.	Employees` health care through medical care
2.	Awareness of health and healthy lifestyle for employees
3.	Introduction of regular exercise in the context of business activities
4.	Introduction of healthy food during the working process
5.	Willingness to cooperate in order to improve the working environment
6.	Support financially the distribution of pharmaceutical products in order to reduce level of illness.
7.	Public engagement in educational activities of the company (for families, friends etc.)
8.	Willingness of employers to collaborate with other institutions to improve the health of employees.

Fig. 10 –Research areas for Group C

As it is shown in the graph below, Group C would introduce areas no. 3 and no. 7. In both cases, it was always found out that the introduction of such activities would have been precisely calculated in terms of effectiveness and costs. High score was also measured in area no. 2, which focuses on rising awareness of health and healthy lifestyle for employees. The lowest rate of interest was researched in area 6. Within the implementation of such activity, the biggest concern is about reasonably incurred finances. This activity is possible to accept only on a basis of detailed analysis.

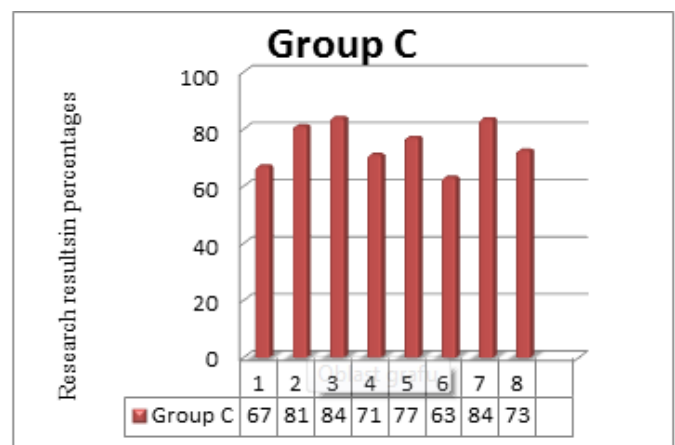


Fig. 11 –Research results in Group C (Own desing)

Further information and feedback on different research areas of Group C were consulted through structured interviews, which was part of the research.

IV. CONCLUSION

In the conclusion of the pilot research it is possible to answer the questions that preceded it. Through detailed analysis of archival documents it is possible to define health care of employees in the Bata Management System before 1945. Based on this analysis, it was possible to determine the essential elements of health care about employees in Bata Company before 1945. Due to legal and ethical standards it is

not possible to apply all the techniques and methods, which Bata in his company used.

The meaningfulness of our research supports the fact that each of the interested companies would apply the Bata Management System into their business strategy and philosophy. But they always will respect costs and profit at first. The research also uncovered the fact, that employees are interested in health care by their employer, but only within legal and ethical standards. Employees are reluctant about their health, by extension, the health of their families, communicate more than necessary.

The research showed that business owners, managers and employees are interested in changing their relationship to the occupational medicine, health and lifestyle. Highly positive result of the research is the fact that these changes are in favour of senior managers and business owners.

The exact results of the research will be known after the completion of the experiment above.

ACKNOWLEDGMENT

This paper was carried out with the financial support from IGA TBU No. IGA/FAME/2012006.

REFERENCES

- [1] A. Arnoldová.: Sociální zanepečení I. Praha: Grada Publishing, 2012. p. 353. ISBN 978-80-247-3724-9.
- [2] BAŤA, T. Úvahy a projevy. Zlín, 1932.
- [3] A. Borrows, R. Hollad.: International Journal of Therapy & Rehabilitation, 2013 Apr; 20 (4): 187-94. ISSN: 1741-1645
- [4] BRAY, I. Healthy Employees, Healthy Business: Easy, Affordable Ways to Promote Workplace Wellness. California: Bang Printing, 2012. p. 391. ISBN 978-1-4133-1625-4.
- [5] P. Brhel, M. Manoskova, E. Hrcir.: Pracovní lékařství. Základy primární pracovní lékařské péče. Brno: NCO NZO, 2005, s. 338.
- [6] C. Pehou, S. Pušcoci.: Sport in the context of competitive economy. Proceedings of the 4th WSEAS International Conference on Business Administration (ICBA '10), University of Cambridge, United Kingdom, February 20-22, 2010, pp. 169-178. ISBN 978-960-474-161-8.
- [7] H. Lostakova, V. Horakova, Z. Pecinova.: Beneficial Effects of Forms of Information Support to OTC Drugs from the Perspective of Clients of Brick-and-Mortar Pharmacies. Proceedings of the 4th International Conference on Business Administrations (ICBA '13), Chania, Crete Island, Greece, August 27-29, 2013, pp. 11 - 19. ISBN 978-960-474-325-4.
- [8] S. Hardy.: Occupational Stress: Personal and Professional Approaches. Cheltenham: Stanley Thornes Publishers Ltd., 1998. p. 209. ISBN 0-7487-3302-7.
- [9] J. Hendl.: Kvalitativní výzkum. Základní metody a aplikace. Praha: Portál, 2005. ISBN 80-7367-040-2.
- [10] Hommerová, D.: Application of loyalty programmes in the Czech Republic. Proceedings of the 4th International Conference on Business Administrations (ICBA '13), Chania, Crete Island, Greece, August 27-29, 2013, pp. 105 - 11. ISBN 978-960-474-325-4.
- [11] A. Kerry., J. Strong, Chipchasel. International Journal of Therapy & Rehabilitation, 2013 Feb; 20 (2): 91-100. ISSN: 1741-1645.
- [12] K. Reed.: Concepts of Occupational Therapy. Baltimore: Lippincott Williams & Wilkins, 1999. p. 503. ISBN 0-683-30454-2.
- [13] M. Tucek., M. Cikrt, D. Pelcová.: Pracovní lékařství pro praxi. Grada Publishing, a.s., 2005. p. 325. ISBN 80-247-0927-9.
- [14] V. Burešová, L. Dvořáková.: Possibilities and Difficulties of Economic Value Added Use. Proceedings of the 4th International Conference on Business Administrations (ICBA '13), Chania, Crete Island, Greece, August 27-29, 2013, pp. 99 - 104. ISBN 978-960-474-325-4.
- [15] M. Vaněk, Mücke, P, H. Pelikánová.: Naslouchat hlasům paměti. Praha: Ústav pro soudobědějiny AV ČR, 2007. ISBN 978-80-7285-089-1.