

Brief Report

Perceived Workplace Support for Employee Participation in Workplace Wellness Programs: A Brief Report

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Abstract: Workplace wellness programs have the potential to help improve employee well-being and manage the growing costs associated with poor employee health. Low participation rates stunt the benefits to employee health and limit organizations from maximizing their return on investment. Understanding what influences participation is key to developing effective programs. This research explores the complexity of influencers by blending key concepts of the social–ecologic model and the Fogg Behavioral Model. Ninety-one full-time U.S. employees participated and completed a brief online survey. Key measures included participation in workplace wellness programs, perceived workplace support for health, employee motivation to participate, and employee ability to participate. Perceived support for health was positively correlated with all variables examined. These study findings expand on the current literature to help researchers and practitioners better understand the pathways in which culture of health relates to participation in workplace wellness programs by including the potential moderating effects of motivation, ability, and total number of workplace wellness programs.



Citation: Altman, J.; Mace Firebaugh, C.; Morgan, S.M.; Epstein, M.

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Merits **2023**, *3*, 494–503. <https://doi.org/10.3390/merits3030029>

Academic Editors: Carla Maria Marques Curado, Paulo Lopes Henriques, Helena Mateus Jerónimo and Lucía Muñoz-Pascual

Received: 19 March 2023

Revised: 7 July 2023

Accepted: 13 July 2023

Published: 20 July 2023



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Keywords: workplace wellness; company culture; employee well-being

1. Introduction

Poor employee health costs United States employers USD 578 billion annually [1]. In 2019, the United States spent USD 3.8 trillion or USD 11,582 per capita on health expenditures, with employers contributing USD 551.6 billion [2]. Annual health spending has grown by an average of 5.4%, and it is projected to continue to grow at that annual rate, reaching USD 6.2 trillion by 2028 [2]. These rising rates of health care place an increasing financial burden on employers who are responsible for providing affordable and comprehensive health coverage to their employees. The indirect costs of lost productivity add a significant financial burden on employers. Employees with health conditions or who are at high risk for health problems cost an organization between USD 15–USD 1601 more per year in lost productivity compared to similar employees without health risks [1]. Recent estimates indicate that for every dollar an employer spends on health care benefits, they spend another USD 0.61 on illness-related absence, disability, and reduced work output, which cost employers a total of USD 1.5 billion annually [2].

To control the growing direct and indirect costs associated with poor employee health, some organizations have implemented workplace wellness programs to help improve employee well-being. When implemented effectively, these strategies have the potential to benefit employers, employees, employee family members, and the surrounding communities [3]. These programs have been found to improve health behaviors, stress management, anthropometric values, and cardiometabolic risk factors [4–6]. As workplace wellness programs have the potential to reach a sizeable portion of the U.S. population, these initiatives can positively impact millions of workers and their families. The wide

array of benefits of these programs has led many non-profit and government organizations, including the World Health Organization (WHO), Centers for Disease Control and Prevention (CDC), American Heart Association (AHA), American Cancer Society (ACS), and American Diabetes Association (ADA), to recommend workplace wellness programs as a key opportunity for improving population health [7].

Research from the CDC found that 46.1% of workplaces offered some type of health promotion or wellness program, with the percentage jumping to 91.8% for worksites with over 500 employees [2]. Programs range from employers that simply provide brochures about health topics to workplaces that have onsite fitness and wellness facilities to workplaces that offer a variety of activities that address multiple health topics. The literature consistently indicates that comprehensive programs that utilize a whole-person health approach lead to more favorable outcomes. Although there remains a lack of consistency as to what constitutes a holistic approach [8], most organizations identify four to eight different dimensions of wellness. For example, the CDC promotes seven dimensions of wellness: physical, emotional, social, spiritual, intellectual, career, and environmental [9]. Despite organizations advocating for a multi-dimensional approach to wellness, the research literature rarely addresses the complexity of well-being in relation to workplace wellness programs and continues to focus mainly on physical and emotional health. One systematic review of 78 research papers found that only 14.1% of papers included an explicit definition of wellness [10]. Most papers included the physical or emotional dimension of wellness, while only three papers included social well-being, and two included spiritual components [10].

Despite the many benefits to both employers and employees, participation in workplace wellness programs remains low. According to the RAND Employer Survey, only 46% of employees completed an employer-sponsored screening, and of those who completed the screening and were identified as needing an intervention, a fifth or less chose to participate in a workplace wellness intervention [7]. These low participation rates stunt the benefits to employee well-being and prevent organizations from maximizing their return on investment. Researchers have identified a complex list of barriers and facilitators that influence participation in these programs [11–13], with workplace culture of health (CoH) emerging as a leading element that influences program participation [14,15]. Research suggests that higher levels of perceived organizational support are associated with increased participation, reduced stress, and healthier lifestyle behaviors [8,9]. However, little is understood about the pathway in which culture impacts employee participation in wellness programs and health [8,9].

The social–ecological model is a frequently used framework for implementing and studying workplace wellness practices [16]. The social–ecological model is grounded in the idea that a variety of factors, ranging from the individual to the macrosystems level, influence human behavior. In the context of health, the social–ecological model suggests that interventions at all levels can influence health and health behaviors [16]. Although this model encourages a comprehensive approach to workplace wellness, it does not explain the pathway in which initiatives lead to desirable outcomes. The Fogg Behavioral Model (FBM) can potentially fill this gap. The FBM states that three elements are needed for a behavior to occur: motivation, ability, and a trigger [17]. For individuals to engage in a behavior, such as participating in workplace wellness programs, they must be internally motivated to do so, have the ability to complete the action, and be triggered to perform the behavior. By evaluating the relationship between workplace wellness culture and the moderating variables (motivation and ability to participate), a clearer pathway on how to increase workplace wellness program participation may begin to form. These variables, motivation to participate and ability to participate, help consolidate the wide array of barriers and facilitators experienced by employees that influence participation in workplace wellness programs.

The way research studies quantify program participation continues to evolve as well. Whereas most studies evaluate the impact of workplace wellness programs using a

binomial yes/no measure to capture participation in workplace wellness programs, more recent research is considering the potential impact of increased levels of participation using a participation index [18]. This allows for differentiation between employees with minimal participation compared to those with extensive participation. A participation index provides a more nuanced measure that can better capture engagement, particularly for robust, multi-faceted workplace wellness programs [18].

This study aimed to examine variables correlated with employee health and wellness program participation. Specifically, we examined whether the correlations between perceived support, motivation, ability to participate, and availability of programs are correlated with employee participation in wellness programming. This research utilized indexes to measure the degree of participation, motivation, and ability and accounts for the multi-dimensional nature of workplace wellness programs through the inclusion of five dimensions of well-being: screening activities, physical well-being, emotional well-being, financial well-being, and social well-being.

2. Materials and Methods

The study used a quantitative, nonexperimental survey design to examine the relationship between perceived workplace support for health, availability of programming, motivation to participate, ability to participate, and wellness program participation. The sample consisted of full-time employees who were 18 years of age or older and worked in the United States. Google Forms was used to create a digital link to distribute the survey. Participants were recruited through social media platforms, including LinkedIn and Facebook. Participants were then encouraged to share the survey link with their network in order to increase participation through snowball sampling.

The Workplace Support for Health (WSH) scale, developed and validated by a research team at the University of Washington et al. [19], was used to measure perceived workplace support for health. The five-question WSH scale was chosen due to its short length, clear and concise wording, ordinal scale of measure, and emphasis on support from senior leadership, supervisors, and coworkers. This validated scale consists of five items with responses given using a 5-point Likert-type scale (1 = strongly disagree to 5 = strongly agree). It was found to have good reliability at baseline ($\alpha = 0.82$) and 15 months ($\alpha = 0.83$) [19].

Responses related to program availability, employee participation, motivation, and ability to participate in available employer-sponsored workplace wellness programs were collected using binomial (yes/no) questions. Five skip logic questions were asked to first determine the availability of programming that represented five different dimensions of a holistic and comprehensive wellness program. The five dimensions evaluated included screening activities (Health Risk Assessments or biometric screenings), programs that support physical well-being (such as free exercise classes, access to a gym, fitness app, or health coaching), programs that support emotional well-being (such as Employee Assistance Programs, mindfulness/meditation resources, or stress management programs), programs that support financial well-being (such as wellness rewards/financial incentives for participating in wellness programs, or financial management seminars), and programs that support social well-being (such as volunteer opportunities, team sports, or support groups). If the participant answered "no," indicating that the specific type of workplace wellness program was not offered, they were routed to the next skip logic question. If the participant answered "yes," indicating that a program pertaining to that specific dimension of wellness was offered, they were prompted to complete three subset questions regarding their participation in the workplace wellness program, motivation to participate, and ability to participate in that specific dimension of programming.

The survey concluded with eight demographic questions, which consisted of sociodemographic and pertinent job-related questions. The sociodemographic questions included characteristics that have previously been associated with health status and participation in workplace wellness programs, including gender, age, race, education level, and household income. The job-related questions included those that may impact an employee's perception

of the workplace, including the number of years working for their current employer, current level of supervisory responsibilities, and enrollment status in the employer-sponsored health insurance plan.

The power analysis conducted for a power of 0.85 found that the minimum sample size should be 102 participants. Although 111 participants completed the survey, 20 participants were excluded due to not having access to any workplace wellness programs. Therefore, the final sample was 91, which was under the desired sample size. This study was approved by the Touro University IRB in 2022.

3. Results

A total of 111 individuals participated in the study, with 20 participants excluded due to lack of access to any workplace wellness programs. A full list of participant demographics can be found in Table 1.

Table 1. Demographic information.

| Gender | Frequency | Percentage |
|--------------------------------------|-----------|------------|
| Female | 65 | 71% |
| Male | 25 | 28% |
| Prefer Not to Say | 1 | 1% |
| Race | Frequency | Percentage |
| White/Caucasian | 57 | 62% |
| Asian/Hawaiian/Pacific Islander | 9 | 10% |
| Black/African American | 9 | 10% |
| Hispanic/Latino | 7 | 8% |
| Multi-racial | 4 | 5% |
| East African | 1 | 1% |
| Middle Eastern | 1 | 1% |
| Prefer Not to Say | 3 | 3% |
| Age | Frequency | Percentage |
| 18–29 | 4 | 4% |
| 30–39 | 55 | 60% |
| 40–49 | 18 | 11% |
| 50–59 | 10 | 11% |
| 60+ | 3 | 3% |
| Highest Level of Education Completed | Frequency | Percentage |
| No High School Degree/GED | 1 | 1% |
| High School/Earned a GED | 2 | 2% |
| Associate Degree | 4 | 5% |
| Bachelor's Degree | 27 | 30% |
| Graduate Degree | 57 | 62% |
| Income | Frequency | Percentage |
| USD 25,001–USD 50,000 | 2 | 1% |
| USD 50,001–USD 100,000 | 18 | 20% |
| USD 100,001–USD 150,000 | 14 | 15% |
| USD 150,001–USD 200,000 | 18 | 20% |
| Over USD 200,000 | 38 | 41% |
| Years Worked (years) | Frequency | Percentage |
| <2 | 25 | 28% |
| 2–6 | 23 | 25% |
| 6–10 | 18 | 20% |
| >10 | 21 | 23% |
| Supervisory Responsibilities | Frequency | Percentage |

Table 1. *Cont.*

| Gender | Frequency | Percentage |
|--|-----------|------------|
| None | 37 | 40% |
| Team leader | 9 | 10% |
| Supervisor | 11 | 12% |
| Manager | 24 | 26% |
| Executive | 10 | 11% |
| Enrolled in Employer-Sponsored Health Insurance Plan | Frequency | Percentage |
| Yes | 80 | 88% |
| No | 11 | 12% |

3.1. Descriptive Statistics

Table 2 provides the descriptive statistics for the variable workplace support for health. Total perceived workplace support for health was determined by averaging the five WSH responses, with higher scores indicating greater workplace support for health. The mean score for total perceived workplace support for health was 3.73. The greatest level of perceived support was observed in relation to supervisor support ($M = 4.13$, $SD = 0.909$). The lowest level of perceived support was observed for leadership support ($M = 3.43$, $SD = 1.30$).

Table 2. Descriptive statistics for support for health.

| | Mean | Minimum | Maximum | Standard Deviation |
|---------------------------------------|------|---------|---------|-----------------------|
| Total Perceived Support for Health | 3.73 | 1.2 | 5 | 0.835 |
| Overall Support | 3.88 | 1 | 5 | 0.941 |
| Supervisor Support | 4.13 | 1 | 5 | 0.909 |
| Employee Habits | 3.49 | 1 | 5 | 0.923 |
| Leadership Support | 3.43 | 1 | 5 | 1.30 |
| Wellness Champions | 3.74 | 1 | 5 | 1.26 |

A total of 45.7% of participants reported that their workplace offered wellness programs representing all five pillars of well-being, 19.6% had programs with four of the pillars, 10.9% had programs with three of the pillars, 8.7% had programs with two of the pillars, and 14.1% of participants reported that their workplace only offered wellness programs representing one pillar of well-being.

Participation in workplace wellness programs, motivation, and ability were measured on a continuous scale through an index. The indexes were determined by calculating the ratio of total yes responses for each variable over the total number of programs identified, then were standardized for a scale with a maximum of five. The higher the score, the greater the level of participation, motivation, and ability. Table 3 provides the descriptive statistics for total participation ($M = 3.09$, $SD = 1.87$), total motivation ($M = 3.20$, $SD = 1.85$), and total ability ($M = 4.36$, $SD = 1.51$).

3.2. Inferential Results

Correlation testing was conducted to explore the associations between all variables. Pearson's correlation found that perceived support for health was positively correlated with all variables examined: total participation, total motivation, total ability, and total number of programs identified. A weak correlation was found between total perceived support for health and total participation $r(91) = 0.376$, $p \leq 0.001$. A moderate correlation was found between total perceived support for health and total motivation $r(91) = 0.433$, $p \leq 0.001$, total ability $r(91) = 0.406$, $p \leq 0.001$, and total number of programs identified

$r(91) = 0.595, p \leq 0.001$. Total participation was also moderately associated with total motivation $r(91) = 0.577, p \leq 0.001$, total ability $r(91) = 0.479, p \leq 0.001$, and total number of programs identified $r(91) = 0.543, p \leq 0.001$. Table 2 shows the correlation of the research variables analyzed.

Table 3. Correlation matrix of workplace wellness participation variables.

| Variable | Mean (SD) | Total Perceived Support for Health | Total Number of Programs Identified | Total Participation Index | Total Motivation Index | Total Ability Index |
|-------------------------------------|------------------------------------|------------------------------------|-------------------------------------|---------------------------|------------------------|---------------------|
| Total Perceived Support for Health | 3.74, SD = 0.84 | | 0.595 ** <0.001 | 0.376 * 0.002 | 0.433 ** <0.001 | 0.406 * 0.005 |
| Total Number of Programs Identified | 3.74, SD = 1.47 | 0.595 ** <0.001 | | 0.543 ** <0.001 | 0.445 ** <0.001 | 0.445 ** 0.018 |
| Total Participation Index | 3.09, SD = 1.87 | 0.376 * 0.002 | 0.543 ** <0.001 | | 0.577 ** <0.001 | 0.479 ** 0.001 |
| Total Motivation Index | 3.20, SD = 1.85 Sig. (2-tailed) | 0.433 ** <0.001 | 0.445 ** <0.001 | 0.577 ** <0.001 | | 0.376 * 0.003 |
| Total Ability Index | 4.36, SD = 1.51 | 0.406 * 0.005 | 0.445 * 0.018 | 0.479 ** 0.001 | 0.376 * 0.003 | |

Note: Correlation is significant at the ** <0.001 or * <0.05 level (2-tailed).

4. Discussion

Total perceived support for health was significantly correlated with participation in workplace wellness programs. This is consistent with other studies that have found that CoH is an important factor in increasing employee engagement in wellness programming [20,21]. This finding adds to the breadth of literature that highlights the importance of workplace support for health. As workplace culture can influence employees' attitudes, thoughts, and behaviors, a positive CoH can positively influence employee health behaviors [22]. The multi-disciplinary nature of support for health suggests that effective workplace wellness programs will require a comprehensive approach that includes organizational support from all levels [23].

The importance of a comprehensive program is echoed in the finding that a correlation was found between total perceived support for health and number of workplace wellness programs provided. This suggests that the mere fact that an organization offers a robust and comprehensive workplace wellness program is correlated with higher levels of perceived support for wellness. This finding is consistent with others who have found that the presence of well-being programs contributes to an organization's CoH [21]. Despite the benefits of comprehensive programming, according to the Centers for Disease Control and Prevention [3], only 11.8% of all worksites and 37.5% of worksites with more than 500 employees provide comprehensive workplace wellness programs. Despite this promising relationship, more research is needed to understand the associations found in this study.

Total perceived support for health was also significantly correlated with motivation and ability to participate in workplace wellness programs. These findings are consistent with the theories presented in both the social-ecological model and the FBM. An employee's motivation to participate in workplace wellness programs is a complex process that is impacted by a variety of factors. Despite individual motivation theoretically being a key factor in an employee's decision to participate in a workplace wellness program, little research has been carried out on this topic. Most often, studies evaluate the effects of financial incentives [12] or gamification [13] to increase motivation and, in turn, participation. Few focus on innate motivation to participate in these programs. One study that focused on this motivation found that beliefs and attitudes were positively associated with wellness

program participation, suggesting that motivation, including personal beliefs and attitudes, is likely a key piece to the participation puzzle [7].

In the present study, on average, employees expressed having a higher ability to participate ($m = 4.26$) than a motivation to participate ($m = 3.02$) in workplace wellness programs. This finding was surprising as when compared to motivation, the current literature more heavily focuses on understanding and working to minimize these barriers related to the ability to participate. This finding suggests a possible gap in the literature and a need to further investigate employee motivation to participate in these programs. If motivation to participate is low, organizations would be better to consider either alternative programs that better meet the needs of the population or invest in programs aimed at increasing motivation.

4.1. Limitations

There are several limitations to the present study. First is the use of a small and relatively homogeneous sample population. In terms of homogeneity of the sample, over half of the sample is female, white, ages 30–39, and with a graduate degree. This sampling bias may be due to recruiting through social media platforms that disproportionately target members of the researcher's immediate social network. This study also relied on subjective reporting from the participants. Although attempts were made in the survey to list examples of workplace wellness programs in each dimension, participants may be unaware that their organization offers these programs, which would lead to unintentional false reporting. Additionally, the survey did not define the terms motivation and ability, which left defining these terms to the individual participant. The way an individual defines these terms could have impacted the way those questions were answered. Lastly, there was a level of complexity regarding how to count the level of participation. A variety of methods were considered, including a simple sum of total programs participated in, analyzing only participants that had access to programs within all five dimensions of well-being, and participation as a percentage of available programs. Ultimately, calculating participation as a percentage was chosen in order to standardize the index for more accurate comparison while maintaining the largest appropriate sample size.

4.2. Implications

These findings can be used to help build on prior research [15,19,24] to shape the development and implementation of workplace wellness programs. Organizations can use these findings to create a framework for integrating wellness into the workplace culture. Historically, workplace wellness programs have been thought of as a standalone employee benefit [25]. However, this research suggests that effective workplace wellness programs are those that are integrated into the organization's foundational culture and receive visible support from employees at all levels of the organizational structure. Findings from this research and the FBM can also help organizations think about the potential reasons why employees do or do not participate in wellness offerings. When considering roadblocks to participation, employees must consider both motivation and ability to participate. Each of these associations can then be broken down into more specific roadblocks. For example, motivation should be evaluated considering intrinsic and extrinsic factors. Ability can be evaluated based on employee time, energy, and accessibility to programs. Based on the identification of these roadblocks, additional interventions can be developed and implemented to increase the utilization of programming.

4.3. Future Research

Although this research adds to the breadth of literature related to workplace wellness culture and participation [26,27], more research is needed to understand the pathways in which culture impacts participation. The Culture of Health Study Committee [28] identified 24 key elements of a CoH. Future research should analyze whether individual components of CoH have a larger impact on participation or if it is the collective 24 elements of CoH

that are most significant. Future research could also seek to evaluate the difference between perceived CoH compared to a standardized measure of workplace CoH. Currently, most of the research relies on subjective reporting from participants who provide their perceived CoH [29–31]. The integration of the FBM in this research offers a potential new way to consider why employees do and do not participate in workplace wellness programs. In relation to motivation, more research is needed to understand the intrinsic factors that encourage employees to utilize employer-sponsored wellness services. Perhaps employees are motivated to improve health behaviors but are not motivated to use the pathways or services provided by their employer. Few studies in the current literature consider the benefits of flexible wellness programs. Future research could evaluate the relationship between motivation to participate in workplace wellness programs and an increase in flexibility within workplace wellness programming. Lastly, more research is needed with larger sample populations to increase the study's reliability. The diversity of the research population should also be considered, and sample populations should accurately represent the diversity of the research population.

5. Conclusions

Perceived support for health was positively correlated with all variables examined, which included participation in workplace wellness programs, number of programs available, employee motivation to participate, and employee ability to participate. These findings expand on the current literature to help researchers and practitioners better understand the pathways in which CoH relates to participation in workplace wellness programs. The current literature appears to agree with these findings in that CoH is related to participation in workplace wellness programs. This research expands on this pathway to include the potential moderating effects of motivation, ability, and total number of workplace wellness programs on workplace wellness program participation.

Organizations should continue to work to incorporate a culture of well-being into the organizational fabric. Effective workplace wellness programs are integrated into the organization's foundational culture and receive visible support from employees at all levels of the organizational structure. Additionally, it is important for organizations to provide a comprehensive workplace wellness program, not only to support employee well-being in a holistic manner but also due to the potential relationship between comprehensive programming and participation in those wellness programs. As organizations continue to refine their workplace wellness programming, they must also consider the possible reasons why employees choose to participate or not participate in the wellness offerings, including motivation and ability. Although common trends may occur throughout the literature that can help guide organizations, it is important for organizations to consider and understand the specific roadblocks that most impact their workforce population. With such large financial investments and incentives on the line, it is imperative that these programs are well utilized to maximize the organization's return on investment.

Author Contributions: Conceptualization, J.A. and C.M.F.; methodology, J.A., C.M.F. and M.E.; software, J.A.; validation, J.A.; formal analysis, J.A., C.M.F. and M.E.; resources, J.A. and S.M.M.; data curation, J.A., C.M.F. and S.M.M.; writing—original draft preparation, S.M.M.; writing—review and editing, J.A., C.M.F., S.M.M. and M.E. All authors have read and agreed to the published version of the manuscript.

Funding: This research received no external funding.

Institutional Review Board Statement: This study received ethics approval through Touro University Worldwide's IRB.

Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: Supporting data are not openly available. For further information about the data and conditions, contact Jennifer Altman at jennifer.arougheti@gmail.com.

Conflicts of Interest: The authors declare no conflict of interest.

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