Why Do People Participate in Health and Well-being Programs?

An intensive triangulated case study

Alice Nora Burston

Qualifications: Bachelor of Psychology (Organisational), Master of Applied Psychology (Organisational)

This thesis is presented for the degree of Doctor of Psychology of Murdoch University, 2013
Declaration

I declare that this thesis is my own account of my research and contains as its main content work which has not previously been submitted for a degree at any tertiary education institution.

.............................................................

Alice Nora Burston
Abstract

Since the early 1990s the implementation of organisational wellness programs has become an accepted part of the workplace (Grawitch, Gottschalk & Munz, 2006). Health and well-being programs aim to actively encourage employees to participate in fitness, education and well-being initiatives in an effort to reduce workplace-related illnesses and improve job satisfaction, organisational commitment and employee engagement. However, given that participation in health and well-being programs among employees is generally less than 50% (Robroek, van Lenthe, van Empelen & Burdoff, 2009), further research is required to examine the inherent and psychological predictors associated with participation in health and well-being programs.

Detailed analysis of the literature shows that no previous single study has attempted to determine the best predictors of participation in health and well-being programs using the full range of possible predictors. This thesis presents a triangulated case study examining employee participation in a health and well-being program in a focal organisation. The term ‘triangulated’ refers to a multi-method study and the associated benefits of this study on participation in health and well-being programs. In this thesis, Study 1 reported on whether a health and well-being program had an effect on absenteeism, which led to Study 2 which investigated the focal question of why people participate in health and well-being programs and finally Study 3 was conducted to investigate nuances in data found in Study 2.

This research began with a survey questionnaire administered to 154 ‘white-collar’ employees of a large construction management organisation (‘LCMO’) in 2009-2010, examining predictors of participation in a health and well-being program. Inconsistencies were found in the qualitative and quantitative analysis that
provided the rationale for developing an intensive triangulated case study the following year in 2010-2011.

Participation in health and well-being programs has been found to reduce employee absenteeism, possibly as a result of creating a healthier workforce (Parks & Steelman, 2008). Study 1 was conducted to examine whether a structured health and well-being program had an effect on absenteeism over a two-year period. The analysis of Study 1 shows that the average reduction in employee absenteeism for staff was $M=4.28$ hours per person, which provided a savings-to-cost ratio of AUD$4.00:$1.00.

Study 2 re-examines the survey questionnaire in 2010-2011 to address some limitations and provides the rationale for conducting a further series of open-ended telephone interviews with a sample of employees (Study 3). Study 2 found, with 152 employees drawn from the focal organisation, that it was possible to reliably predict participation in a health and well-being program. The factors found to be predictive of participation were: *Interest In General Health and Well-Being, Interest and Enjoyment, Recruitment and Attraction, Timing and Convenience, Job Satisfaction and Socialising*. Combining these factors, discriminant function analysis was 78.7% accurate in predicting membership of the group of people who did participate and 80.0% accurate in predicting whether people did not participate. Study 3 found, with 10 employees drawn from the focal organisation, that people participated in health and well-being programs to improve and/or benefit their health and wellness knowledge. Study 3 also found that intrinsic motivation and perceived organisational support contributed to individual participation. Further research on whether mediators explain why the factor of *Workload Pressure* was not a direct predictor of participation in the discriminant function analysis needs to be addressed.
Findings from this research suggest that health and well-being programs are associated with lower absenteeism, and that they can foster perceived organisational support. With active promotion, visible leadership and routine evaluation, health and well-being programs can be very effective in creating a healthier workforce, reducing absenteeism and creating a positive organisational culture.
Acknowledgements

Firstly, I would like to acknowledge and thank my research supervisor, Dr Guy Curtis of Murdoch University. I feel privileged to have taken my research journey under his guidance and have valued his feedback, academic experience and good humor throughout the past four years. Further, I would also like to acknowledge my co-supervisor Dr Graeme Ditchburn and Murdoch University’s School of Psychology.

I would also like to acknowledge the focal organisation that has allowed me to examine and research their health and well-being program throughout 2009-2011. Special thanks must go to Tenneille Ross and Jenna Lister.

Lastly, my utmost and heartfelt thanks go to my greatest supporter and believer, Nick. By far the most patient, generous and loving person I know and, upon composing this acknowledgement, the very soon-to-be wonderful father to our newborn child.
Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>DECLARATION</td>
<td>II</td>
</tr>
<tr>
<td>ABSTRACT</td>
<td>III</td>
</tr>
<tr>
<td>ACKNOWLEDGEMENTS</td>
<td>VI</td>
</tr>
<tr>
<td>TABLE OF CONTENTS</td>
<td>VII</td>
</tr>
<tr>
<td>CHAPTER 1: GENERAL INTRODUCTION</td>
<td>13</td>
</tr>
<tr>
<td>1.1 OVERVIEW OF SECTION</td>
<td>14</td>
</tr>
<tr>
<td>1.2 THE COST OF EMPLOYEE ABSENTEEISM TO THE AUSTRALIAN ECONOMY AND THE WORKPLACE</td>
<td>15</td>
</tr>
<tr>
<td>1.3 THE IMPORTANCE OF ADDRESSING HEALTH AND WELL-BEING IN THE WORKPLACE</td>
<td>16</td>
</tr>
<tr>
<td>1.4 TYPES OF ORGANISATIONAL HEALTH AND WELL-BEING PROGRAMS AND INITIATIVES</td>
<td>21</td>
</tr>
<tr>
<td>1.5 CHALLENGES IN EVALUATING EFFECTIVE HEALTH AND WELL-BEING PROGRAMS</td>
<td>24</td>
</tr>
<tr>
<td>1.6 FOSTERING A POSITIVE HEALTH AND WELLNESS CULTURE IN ORGANISATIONS</td>
<td>26</td>
</tr>
<tr>
<td>1.7 EMPLOYEE CHARACTERISTICS THAT MAY PREDICT PARTICIPATION IN HEALTH AND WELL-BEING PROGRAMS</td>
<td>30</td>
</tr>
<tr>
<td>1.7.1 INDEPENDENT VARIABLE #1: RECRUITMENT AND ATTRACTION</td>
<td>33</td>
</tr>
<tr>
<td>1.7.2 INDEPENDENT VARIABLE #2: INTEREST IN GENERAL HEALTH AND WELL-BEING</td>
<td>35</td>
</tr>
<tr>
<td>1.7.3 INDEPENDENT VARIABLE #3: SOCIALISING</td>
<td>36</td>
</tr>
<tr>
<td>1.7.4 INDEPENDENT VARIABLE #4 AND #5: MOOD STATE AND PHYSICAL FITNESS</td>
<td>38</td>
</tr>
<tr>
<td>1.7.5 INDEPENDENT VARIABLE #6: STRESS</td>
<td>40</td>
</tr>
<tr>
<td>1.7.6 INDEPENDENT VARIABLE #7: JOB SATISFACTION</td>
<td>42</td>
</tr>
<tr>
<td>1.7.7 INDEPENDENT VARIABLE #8: INTEREST AND ENJOYMENT</td>
<td>46</td>
</tr>
<tr>
<td>1.7.8 INDEPENDENT VARIABLE #9: TIMING AND CONVENIENCE</td>
<td>48</td>
</tr>
<tr>
<td>1.7.9 INDEPENDENT VARIABLE #10: FAMILY COMMITMENTS</td>
<td>51</td>
</tr>
<tr>
<td>1.7.10 INDEPENDENT VARIABLE #11: WORKLOAD PRESSURE</td>
<td>54</td>
</tr>
</tbody>
</table>
1.8 CONCLUSION

CHAPTER 2: STUDY 1 61

2.1 OVERVIEW 62

2.2 SICK LEAVE IN AUSTRALIA – A THEORETICAL PERSPECTIVE 62

2.3 HEALTH AND WELL-BEING PROGRAMS AIM TO REDUCE EMPLOYEE ABSENTEEISM 66

2.4 THE HEALTH IMPACTS OF SHIFT WORK AND MINE SITE-BASED EMPLOYMENT ON EMPLOYEE ABSENTEEISM 69

2.5 METHOD 72

2.5.1 PARTICIPANTS 73

2.5.2 PROCEDURE 74

2.6 RESULTS 75

2.6.1 CONVERTING ABSENTEEISM RESULTS INTO DOLLAR UNIT COSTS FOR THE PERIOD 2009-2010 AND 2010-2011 79

2.7 DISCUSSION 79

2.7.1 INTERPRETATION AND IMPLICATIONS OF FINDINGS 80

2.8 LIMITATIONS 84

2.9 REVIEW OF THIS STUDY 85

2.10 SUMMARY 85

2.11 FUTURE RESEARCH 86

CHAPTER 3 – STUDY 2 89

3.1 OVERVIEW 90

3.2 POSITIVE ORGANISATIONAL EFFECTS OF INCREASING PARTICIPATION IN HEALTH AND WELL-BEING PROGRAMS 91
3.3 Possible inherent and psychological factors associated with participation in health and well-being programs 94

3.4 Method 98

3.4.1 Participants 100

3.4.2 Procedure 101

3.4.3 The LCMO health and well-being questionnaire 104

3.4.3.1 Independent variable # 1: Recruitment and attraction 104
3.4.3.2 Independent variable # 2: Interest in general health and well-being 105
3.4.3.3 Independent variable # 3: Socialising 105
3.4.3.4 Independent variable # 4: Mood state 106
3.4.3.5 Independent variable # 5: Physical fitness 106
3.4.3.6 Independent variable # 6: Stress 107
3.4.3.7 Independent variable # 7: Job satisfaction 107
3.4.3.8 Independent variable # 8: Interest and enjoyment 108
3.4.3.9 Independent variable # 9: Timing and convenience 108
3.4.3.10 Independent variable # 10: Family commitments 109
3.4.3.11 Independent variable # 11: Workload pressure 109
3.4.3.12 Additional questions 110

3.5 Results 110

3.6 Quantitative results from the survey questionnaire 113

3.6.1 Descriptive statistics 113
3.6.2 Discriminant function analysis statistics 118

3.7 Qualitative results from the survey questionnaire 128

3.7.1 Thematic analysis 128

3.8 Discussion 132

3.8.1 Interpretation and implication of findings 133

3.8.1.1 Independent variable # 1: Recruitment and attraction 133
3.8.1.2 Independent variable # 2: Interest in general health and well-being 133
3.8.1.3 Independent variable # 3: Socialising 134
3.8.1.4 Independent variable # 4: Mood state 135
3.8.1.5 Independent variable # 5: Physical fitness 136
3.8.1.6 Independent variable # 6: Stress 136
3.8.1.7 Independent variable # 7: Job satisfaction 137
3.8.1.8 Independent variable # 8: Interest and enjoyment 138
3.8.1.9 Independent variable # 9: Timing and convenience 138
3.8.1.10 Independent variable # 10: Family commitments 139
3.8.1.11 Independent variable #11: Workload Pressure 140
3.9 Qualitative data and implication of findings 140

3.10 Limitations 146
3.11 Summary 147

CHAPTER 4: STUDY 3 149
4.1 Overview 150
4.2 Strengths and weaknesses of qualitative methods for data collection 151
4.3 The standardised open-ended telephone interview as a qualitative method for data collection 153
4.4 Method 157
4.4.1 Participants 158
4.4.2 Materials 159
4.4.3 Procedure 159

4.4.4 The telephone interview format 161
4.4.4.1 Independent variable #1: Participation in health and well-being programs 161
4.4.4.2 Independent variable #2: Health and well-being culture at the LCMO 161
4.4.4.3 Independent variable #3: Interest and enjoyment 162
4.4.4.4 Independent variable #4: Workload pressure 162
4.4.4.5 Independent variable #5: Job satisfaction 163
4.4.4.6 Independent variable #6: Individual health and well-being 163

4.5 Results 163
4.5.1 Qualitative results from telephone interviews 164
4.5.1.1 Independent variable #1: Participation in general health and well-being 164
4.5.1.2 Independent variable #2: Health and well-being culture at the LCMO 166
4.5.1.3 Independent variable #3: Interest and enjoyment 167
4.5.1.4 Independent variable #4: Workload pressure 168
4.5.2 Quantitative results from telephone interviews 170
APPENDIX C – STUDY 2 RESEARCH INVITATION LETTER FROM THE LCMO

APPENDIX D – THE LCMO HEALTH AND WELL-BEING QUESTIONNAIRE

APPENDIX E – STUDY 3 TELEPHONE INTERVIEW GUIDE

APPENDIX F – STUDY 3 INFORMATION LETTER TO PARTICIPANTS

APPENDIX G – STUDY 3 CONSENT FORM FOR PARTICIPANTS