

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

An intensive triangulated case study

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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.

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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.

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