

Research review: The risks of ill-informed wellness programmes

Esme Franken, PhD Candidate, School of Management, Victoria University of Wellington

Wellness programmes have become increasingly popular workplace initiatives - probably as part of the wider wellness movement (Walsh, Jennings, Mangione, & Merrigan, 1991). A typical wellness programme provides weight-loss and diet programmes, workplace exercise facilities, gym membership discounts, health coaching, and health promotion events (Mills, Kessler, Cooper, & Sullivan, 2007). The common rationale for them is that “healthy employees have higher productivity than unhealthy employees” (Healey & Marchese, 2005). There is some evidence that they do reduce health risks and improve quality of life (Zula, Yarrish, & Lee, 2013). But are they really that effective for those they are purported to serve – employees?

It is already widely understood that successful wellness programmes help organisations to improve employee health, which subsequently reduces long-term health care costs (Baicker, Cutler & Song, 2010). However, these programmes can also be wasteful and inefficient. For example, participation levels in existing wellness programmes are below 50 percent in the US (Horwitz et al., 2013). The fact that most participating employees are already healthy (Horwitz et al., 2013) suggests a widespread inefficiency as the employees who are most likely to benefit and who are the target for the programmes, are often not even the ones most actively participating.

Cost-benefit analysis of wellness programmes might therefore be overly positive because healthy participants are likely to yield positive returns - a low reliance on medical services; sustained and heightened productivity; enhanced commitment; and reduced absenteeism. A very recent study has shown that much research on wellness programme effectiveness use controlled trials which are prone to selection bias and can yield an incomplete picture of reality (Carroll, 2018). These have reflected positively on wellness programmes. However, a study using randomized control samples has shown otherwise, as it is more reflective of the actual population (often more diverse than the controlled sample) (Carroll, 2018).

Considering the purported “business case” for wellness programmes, employers are surprisingly disinterested in what influences employee uptake and involvement in such programmes (Berry, Mirabito and Baun, 2011). It is important to understand who is involved with programmes, that they attract the right people, otherwise they end up funding people who stay fit anyway. Recognising the factors that could influence participation and involvement is thus key in effectively incorporating a beneficial wellness programme into an organisation.

Incentives can be a factor influencing participation levels, particularly who participates. They need to be targeted to match the needs of the employee population. For instance, an incentive that pays employees to exercise at the gym, will “merely subsidise ongoing behaviour for gym exercisers, who will continue at the gym regardless of payments” (Horwitz et al., 2013, p. 472). If done in this way, wellness programmes can fail to attract those who can really benefit from involvement, the less physically healthy employees. The nature of the current wellness programme structure and the nature of the services it typically provides with a focus on physical, fitness-oriented programmes obviously appeals more to those capable of participating – fit and healthy employees.

Employee perceptions of wellness programmes differ depending on the health, payment, or job-satisfaction levels of employees (Kossek, Ozeki, & Wasson, 2001). For example, healthy employees were more likely to perceive wellness programmes positively because the services provided served their interests. Further, this group of employees were more likely to perceive the incentive schemes for encouraging participation in wellness programmes as fair (Kossek et al., 2001). Secchi, Bui and Gamroth (2015) complement this study by arguing that employees with poor health may alternatively perceive wellness programmes as unfair. Employees who see a programme as fair are probably more likely to participate in it (Secchi et al., 2015).

It may be worthwhile to consider new, more inclusive approaches to wellness in the workplace that extend beyond a typical wellness programme model. Dickson-Swift et al. (2014) found that employees generally value mental and emotional health promotion more than physical health promotion. Support for and care of psychosocial needs is a significant factor in ensuring their overall wellbeing, and perhaps even a gateway to engaging with physical wellbeing (Dickson-Swift et al., 2014). Some large New Zealand companies like The Warehouse Group acknowledge this and view wellness as resulting from healthy functioning, both emotionally and mentally, rather than just physical fitness. The Mental Health Foundation’s Five Ways to Wellbeing provides a good guide for employers. A move away from a focus on physical services and considering more inclusive services (such as those geared toward mental and emotional health as well) that can build into everyday workplace behaviours, might be effective in achieving buy-in from a more diverse group of employees.

It should also be acknowledged that physical exercise and other similar services cannot cure all cases of unhealthiness (Dickson-Swift et al., 2014). What happens when the workplace itself is unhealthy? It is important for employers to understand underlying systemic issues that contribute to unhealthiness (both physical and psychological) by looking at the work environment and nature of the work itself, as potential causes. Bad work environments, often characterised by destructive leadership, negative interpersonal relationships, or even poorly designed office layouts, are unhealthy because the stressors they impose on employees fuel harmful habits and behaviours, such as excessive alcohol consumption, overwork, dependence on medications and drugs, and overeating. Wellness programmes that shift this health burden to workers themselves, can distract employers from their responsibility to ensure a decent work environment (with minimized health risks) as

primary. The association often made between wellness programmes and decent employers (Baicker, et al., 2010) leaves organisations little incentive to work seriously at addressing poor conditions and environments at work and such situations can continue and exacerbate over time.

Not all wellness programmes are destined for failure, but there are clear risks involved in ensuring their effectiveness. Employers need to consider the diverse needs of their employee population and the range of factors influencing employee uptake. They also need to have clear and objective ways of measuring both the nature of participation and outcomes. It is also important to recognise the role of fairness, behaviour, attitudes, and discrimination in both creating and exacerbating the divide between the unhealthy and healthy in terms of what they are gaining from these programmes. Of course, wellness programmes can be used positively, despite the lack of research indicating so, and therefore it is important to present and dissect some of the issues around such programmes. It is then up to employers to decide how to respond.

References:

- Baicker, K., Cutler, D., & Song, Z. (2010). Workplace wellness programs can generate savings. *Health Affairs*, 29(2), 304-311.
- Berry, L. L., Mirabito, A. M., & Baun, W. B. (2011). What's the hard return on employee wellness programmes?. *Harvard Business Review*, 89(3), 20-21.
- Carroll, A. 2018. *Workplace wellness programs don't work well. Why some studies show otherwise*. Retrieved from:
<https://www.nytimes.com/2018/08/06/upshot/employer-wellness-programs-randomized-trials.html>
- Dale, K., & Burrell, G. (2014). Being occupied: An embodied re-reading of organizational 'wellness'. *Organization*, 21(2), 159-177.
- Dickson-Swift, V., Fox, C., Marshall, K., Welch, N., & Willis, J. (2014). What really improves employee health and wellbeing. *International Journal of Workplace Health Management*, 7(3), 138.
- Healey, B. J., & Marchese, M. (2005). The Use of Marketing Tools to Increase Participation in Worksite Wellness Programmes. *Allied Academies International Conference. Academy of Health Care Management. Proceedings*, 2(2), 1-6.
- Horwitz, J. R., Kelly, B. D., & DiNardo, J. E. (2013). Wellness Incentives in The Workplace: Cost Savings Through Cost Shifting To Unhealthy Workers. *Health Affairs*, 32(3), 468-476.
- Joslin, B., Lowe, J. B., & Peterson, N. A. (2006). Employee characteristics and participation in a worksite wellness programme. *Health Education Journal*, 65(4), 308-319.
- Kossek, E. E., Ozeki, C., & Wasson, D. K. (2001). Wellness incentives: Lessons learned about organizational change. *HR. Human Resource Planning*, 24(4), 24-35.

- Mental Health Foundation of New Zealand. *Five Ways to Wellbeing at Work*. Retrieved from: <https://www.mentalhealth.org.nz/home/our-work/category/42/five-ways-to-wellbeing-at-work-toolkit>
- Mills, P. R., Kessler, R. C., Cooper, J., & Sullivan, S. (2007). Impact of a health promotion program on employee health risks and work productivity. *American Journal of Health Promotion, 22*(1), 45-53.
- Secchi, D., Bui, H. T. M., & Gamroth, K. (2015). Involuntary wellness programmes: the case of a large US company. *Evidence - Based HRM, 3*(1), 2.
- Sharkey, P. J & Bey, J. M. (1998). Designing an Incentive Based Health Promotion Programme. *AAOHN Journal, 46*(3), 133-144.
- Stone, K. N. (2012). Emerging Voices: Limitations & Legal Implications of employee wellness programmes. *Labor Law Journal, 63*(1), 72-76.
- Walsh, D. C., Jennings, S. E., Mangione, T., & Merrigan, D. M. (1991). Health Promotion versus Health Protection? Employees' Perceptions and Concerns. *Journal of Public Health Policy, 12*(2), 148-164.
- Zula, K. P. S., Yarrish, K. K. P. S., & Lee, S. P. (2013). An Evaluation of Workplace Wellness Programmes: A Perspective from Rural Organizations. *Journal of Applied Business Research, 29*(3), 659-668.