

Why don't people participate in worksite health promotion programmes?

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Worksite health promotion (WHP) programmes are designed to help identify and address health and lifestyle issues, and are offered by 40–75% of employers in Europe and the US. But research suggests that a high proportion (50–75%) of workers do not participate. Why do so many employees choose not to take part? Toker, Heaney and Ein-Gar investigated the reasons for nonparticipation, and have identified a variety of barriers, as published in the *European Journal of Work and Organizational Psychology*.

According to the World Health Organization, workplaces are "one of the priority settings for health promotion into the 21st century". Previous studies suggest that WHP programmes can enhance employees' health, offering significant physiological, behavioural and work-related benefits. However, the success of these programmes is limited by the high rates of nonparticipation.

Toker, Heaney and Ein-Gar survey 1,926 university employees who had been invited to take part in a two-stage WHP programme. The first stage was an online health risk assessment (HRA) questionnaire, for which participating employees received a US\$150 incentive payment. This stage had to be completed in order to move on to the second stage, a health education workshop.

The researchers focused on five employee characteristics and beliefs ("implicit barriers" to participation): age, gender, position at work, perceived personal health, and perception of organizational commitment

to employees' health. They also considered "explicit barriers", which were employees' self-reported reasons for nonparticipation (e.g. lack of time, low expectations). In addition, they tied the two types of barriers to give a better understanding of nonparticipants' decision processes.

The Conservation of Resources (COR) theory was used as a framework. COR concerns the way in which individuals try to retain and protect the things they value, such as time, energy and access to information. If such resources are threatened, individuals aim to minimize losses. In the case of a WHP programme, nonparticipation can be seen in terms of reducing the loss of resources, or as a response to low expectations of resource gain.

The study found a range of reasons for nonparticipation. Generally speaking, men, employees in lower occupational positions, and employees with impaired health tended to withdraw from both stages of the WHP programme. Nonparticipation in the first stage – the questionnaire – was more common among older employees, and employees who perceive the organization as not committed, while for the second stage – the workshop – nonparticipation was more common among younger employees and those who were not interested in making lifestyle changes.

Toker, Heaney and Ein-Gar conclude: "Our findings suggest that organizations should not only pay attention to the potential gains that WHP programmes offer but should also identify the resources that are at risk and minimize their actual and perceived potential loss."

The main practical implication is that WHP programmes should be tailored to specific employee groups. This could include tailoring communication channels to particular types of employees to ensure full awareness of the programmes. Employees' fears about confidentiality in completing the online questionnaire could be addressed by providing

reassurance on anonymity. Having a designated health educator could help in encouraging participation from those [employees](#) who need the programme most (namely those with impaired [health](#)) but who are less likely to take part.

More information: "Why won't they participate? Barriers to participation in worksite health promotion programmes," Sharon Toker, Catherine A. Heaney & Danit Ein-Gar, *European Journal of Work and Organizational Psychology*, 20th October 2014, 10.1080/1359432X.2014.968131

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