

EMPLOYEE WELLNESS PROGRAM PARTICIPATION: EXPLORING
PARTICIPATION OF REGISTERED NURSES IN
EAST TENNESSEE

by

Jacquelyn Turner

Doctoral Study Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Business Administration

Liberty University, School of Business

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Abstract

Many organizations are faced with the challenge of managing employee retention and absenteeism. While retention strategies are focal to organizational leaders across the board, the growing shortage of nurses nationwide creates a critical concern for healthcare leaders. The purpose of this qualitative case study was to delve into the existing body of research pertaining to the impact of employee wellness programs on employee retention and absenteeism and further explore the reasons why employees choose to/ not to participate in wellness programs offered by employers. The intent of this study was to add to the existing body of knowledge on employee wellness programs as well as fill the gap in current literature addressing participation among registered nurses working in East Tennessee. The key findings of the current study indicated that leadership style, the use of incentives and personal health expectations all impacted the decision to participate in employee offered wellness programs. The current study further identified the perceived lack of time as a primary barrier to participation among registered nurses. The findings supported the expected outcomes based on an extensive review of literature that transformational leadership and personal health expectations are key drivers in the decision to participate. In addition to the contribution to existing knowledge, this study offers recommendations beneficial to healthcare leaders and human resource managers seeking to reduce absenteeism and improve employee retention. Finally, this study supports the concept that participation in employee wellness programs is a strategic investment and has potential to enhance overall productivity and performance of healthcare organizations.

Keywords: Employee wellness programs, transformational leadership, nurse retention, absenteeism

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Dr. Amy Puderbaugh, Dissertation Chair

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Dr. Lynn Brown-Bulloch, Dissertation Committee Member

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Dr. Edward M. Moore, DBA Program Director

Dedication

I dedicate this dissertation to my family. They have shown great support to me over the past three years. To my husband Russ, thank you for all of the hours you gave me to work on this project, for your enduring patience and support. To my dear children and their spouses, Tabitha, Joshua and Ashley, Sarah and Joey, Caleb, Hannah and Josiah, thank you for being my cheering section. You have always been my biggest fans. To my dearest friend Anne, thank you for always being there for me. You have heard all of my frustrations and have encouraged me through every trial. I am thankful to you all for your love, support and encouragement.

Finally, I dedicate this to all registered nurses across the country. Thank you for your dedication and service. Thank you for the endless hours you have given before, but most especially throughout the COVID-19 pandemic. You are truly superheroes.

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Table of Contents

List of Figures.....	ix
Section 1: Foundation of the Study.....	1
Background of the Problem	1
Problem Statement.....	3
Purpose Statement.....	3
Nature of the Study	3
Discussion of Method	3
Discussion of Design	4
Summary of the Nature of the Study	5
Research Questions.....	6
Conceptual Framework.....	6
Transformational Leadership.....	7
Health Behavior Theories	8
Employee Retention and Absenteeism	9
Summary of the Conceptual Framework	10
Definition of Terms.....	11
Assumptions, Limitations, Delimitations	11
Assumptions.....	11
Limitations	12
Delimitations.....	12
Significance of the Study	13
Reduction of Gaps.....	13

Implications for Biblical Integration.....	13
Relationship to Field of Study	15
Summary of the Significance of the Study	15
A Review of the Professional and Academic Literature.....	16
NCDs and Productivity	19
Affordable Care Act.....	23
Types of Employee Wellness Programs	26
Biometric Screening.....	26
Lifestyle Management	27
Disease Management	29
Role of Behavior in Participation	30
Theory of Planned Behavior	30
Expectancy Theory	30
Lifestyle Determinant: Obesity.....	31
Role of Leadership in Participation	33
Transactional Leadership	34
Transformational Leadership	35
Role of Incentives in Participation.....	37
Barriers to Participation	40
Potential Areas of Impact.....	42
Absenteeism.....	42
Presenteeism	44
Employee Retention.....	46

Potential Themes and Perceptions	48
Summary of the Literature Review.....	49
Transition and Summary of Section 1	50
Section 2: The Project.....	51
Purpose Statement.....	51
Role of the Researcher	52
Participants.....	52
Research Method and Design	53
Discussion of Method	53
Discussion of Design	54
Summary of Research Method and Design	55
Population and Sampling	55
Data Collection	56
Instruments.....	56
Data Collection Techniques	57
Data Organization Techniques.....	57
Summary of Data Collection	57
Data Analysis	58
Coding Process.....	58
Summary of Data Analysis	59
Reliability and Validity.....	59
Reliability.....	59
Validity	60

Summary of Reliability and Validity	60
Transition and Summary of Section 2	61
Section 3: Application to Professional Practice and Implications for Change	62
Overview of the Study	62
Anticipated Themes/Perceptions	63
Presentation of the Findings.....	64
Transformational Leadership	65
Incentives	68
Personal Health Expectations	71
Time	74
Relationship of Themes/Patterns to Research Questions.....	75
Summary of Findings.....	79
Applications to Professional Practice	80
Recommendations for Action	84
Recommendations for Further Study	86
Reflections	87
Summary and Study Conclusions	88
References.....	90
Appendix A: Interview Guide.....	109

List of Figures

Figure 1. Relationships Between Concepts	10
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Section 1: Foundation of the Study

Managing employee retention and absenteeism is a challenge for many organizations. This issue is critical to healthcare leaders, with the outcomes impacting productivity, performance, and quality of care. Healthcare leaders are tasked with creating strategies to improve nurse retention and lower absentee rates. This research focuses on the use of employee wellness programs as a strategy to help with both retention and absenteeism. In addition to an employer offering a wellness program, participation of employees is primary to success. Therefore, this research sought to find the reasons why employees choose to or choose not to participate in employee wellness programs.

Background of the Problem

Many organizations are faced with the challenge of managing employee retention and absenteeism. While retention strategies are focal to organizational leaders across the board, the growing shortage of nurses nationwide creates a critical concern for healthcare leaders. The outcome of high turnover in nursing is far more reaching than a significant shortage of caregivers. Turnover has a significant impact on an organization's performance and profitability. Healthcare leaders are further faced with the impact that turnover and absenteeism has on quality of care and patient outcomes. The cost of turnover includes loss of productivity, costs associated with onboarding a new employee (orientation and education) and in nursing, an exceptionally high cost for temporary replacement labor (Duffield et al., 2014). It is predicted the healthcare industry will be short over 250,000 nurses by the year 2025 (Scruth et al., 2018). While this number is inclusive of all nurses, a significantly high proportion of the predicted shortage is due to turnover among bedside nurses in hospitals nationwide. Hospital nursing turnover has resulted in an average hospital cost of \$8 million per year (Duffield et al., 2014), with the predicted

turnover cost assigned to an individual nurse estimated to be between \$97,216 and \$104,440 (Rosenbaum, 2018). Beyond the financial impact that turnover has on an organization, work environment and performance is also negatively impacted (Mello, 2015).

Absenteeism also impacts organizational productivity and profitability. The relationship between chronic illness and absenteeism and its ensuing costs has drawn the attention of healthcare providers nationwide. Individuals with a chronic illness have an absentee rate that is four times higher than those without a reported chronic illness (McIntyre et al., 2017). Employers must cover the cost for work that an employee did not complete due to missing work as well as overtime costs incurred to cover the shift, or the cost of a temporary worker (Rost et al., 2014). National absenteeism costs range from \$16 to \$81 per employee, per year, for a small company, and up to \$286 per employee per year, for large employers (Asay et al., 2016).

Health care leaders are challenged with the task of identifying employee retention strategies that are most likely to improve nurse retention and reduce absenteeism. Employee wellness programs represent one tool that human resource managers and organizational leaders have utilized to improve these areas (Mitchell et al., 2016). Tsai et al. (2019) found only 58% of employees within the United States actually participated in wellness programs offered by their employers. There is a decent amount of support for the implementation of employee wellness programs as a means of improving retention, absenteeism, and overall employee wellness, however, there is a gap in research that addresses factors that motivate employees to participate. Furthermore, there is limited research specific to nurse participation in employee wellness programs.

Problem Statement

The general problem to be addressed is the lack of participation in employee wellness programs resulting in increased absenteeism and high turnover. Research by Tsai et al. (2019) showed a positive relationship between the availability of and participation in workplace wellness programs to occupation and organizational size. Hoert et al. (2018) stated there is an overall low rate of participation in employee wellness programs. According to Abdullah and Lee (2010), participation in employee wellness programs lowers perceived job-related stress and increases job satisfaction, resulting in reduced absenteeism and lower turnover. Furthermore, Mitchell et al. (2016) maintained that employers with employee wellness programs were up to 70% more likely to retain their employees. The specific problem to be addressed is the lack of participation in employee wellness programs offered by health care providers in East Tennessee, resulting in increased absenteeism and high turnover among nurses.

Purpose Statement

The purpose of this qualitative case study is to delve into the existing body of research pertaining to the impact of employee wellness programs on employee retention and absenteeism and further explore the reasons why employees choose to/ not to participate in wellness programs offered by employers. This problem is examined through a comprehensive study of participation in employee wellness programs among healthcare nurses in East Tennessee.

Nature of the Study

Discussion of Method

Qualitative research allows the researcher to delve into human experience in a personal manner, providing a deeper understanding of the elements influencing the experience (Gelling, 2015). A qualitative method was chosen for this research for the reason the researcher sought to

gain an understanding of why nurses choose/choose not to participate in employee wellness programs. Quantitative research might provide a measurement of how many nurses in a given population participate or even distributions of certain factors present within that group. However, using qualitative methods such as interviewing, the research might reveal how nurses experience health and how their experiences influence their decision to participate or not participate in a wellness program. There is existing quantitative research that shows a correlation between participation in employee wellness programs and an employee's intent to stay on the job as well as improved attendance. However, there is a gap in research exploring why those employees chose to participate and why they choose to stay. Creswell (2016) stated that qualitative research is appropriate when a research problem needs to be explored, while a quantitative method should be used when the goal of the researcher is to explain a problem. The focus of quantitative research is to systematically investigate a problem by the use of numerical data and statistics with the goal of identifying a relationship or trend (Watson, 2015). This was not the goal for this research, thus quantitative research was not an appropriate research method.

Discussion of Design

This research utilized a case study research design. Case study research centers on a phenomenon, or case, in relation to real life (Creswell & Poth, 2018). The case to be studied may exemplify an individual or a group of individuals. Case study design allows the researcher to examine multiple perspectives of a single phenomenon, often resulting in a "thick" description (Taylor & Thomas-Gregory, 2015). According to Yin (2014), case study research may include documents, interviews, and observations as sources of information. Ponelis (2015) explained that by homing in on the "how" and "why" questions, case study research provides the researcher with the opportunity to engage with the participant, resulting in a deeper, more holistic

understanding of the phenomenon. Using a case study research design was appropriate for this research as it enabled the researcher to engage with the participants and explore the stated phenomenon, in a single location, within a specified amount of time.

Phenomenological research design would also have been an appropriate design for this research; however, the researcher did not choose this design. Phenomenological research focuses on similar components among a group of participants as they share the same lived experience of phenomenon (Creswell & Poth, 2018). The main priority is to provide a picture of a phenomenon as it was experienced by the individual that lived it (Mayoh & Onwuegbuzie, 2015). This research design is characterized by its exploration of a single idea and by the use of both subjective and objective lived experiences (Creswell & Poth, 2018). Researcher utilizing this research design must be well versed in philosophical assumptions, which can be challenging to novice researchers (Bevan, 2014). While this design would be feasible for this study, it was determined that a case study would be a better fit for this research and researcher.

The use of ethnography and grounded theory was not considered for this research. Grounded theory research focuses on determining an explanation for a phenomenon and focuses on the organized, progressive steps of a process (Creswell & Poth, 2018). The process incorporates multiple stages, continuous comparisons and was not deemed practical for this research (Corbin, 2017). Ethnography is somewhat comparable to grounded theory but was also not chosen as a research design due to the need for multiple data sets that are acquired over a long period of time (Morse, 2016).

Summary of the Nature of the Study

The qualitative method was chosen for this study. The qualitative method is appropriate for research that seeks to explore human experience and provide a thicker understanding of the

individual elements that influence the given experience. Furthermore, case studies provide researchers an avenue to explore a better understanding the phenomenon that is the basis of the study. The purpose of this study is to explore factors that influence employee participation in wellness programs. Qualitative, case study research will allow the researcher to engage the participants, in a single location, within a determined amount of time.

Research Questions

This qualitative study explored the following central research questions:

RQ1. What are the key factors influencing an employer's decision to offer employee wellness programs?

RQ2. Why do nurses choose to/choose not to participate in employee wellness programs?

RQ2a. What role do personal health related expectations play in a nurse's decision to participate/ not participate in employee wellness programs?

RQ2b. In what ways do employee offered incentives influence a nurse's decision to participate/ not participate in employee wellness programs?

RQ3. What role does leadership support play in a nurse's decision to participate/not participate in employee wellness programs?

Conceptual Framework

A conceptual framework provides a basis on which existing theories and issues can be mapped to show how they interact with and relate to a given area of research (Leshem & Trafford, 2007). In this study, the researcher used a conceptual framework centered on four primary components: health behavior theory, transformational leadership theory, nurse retention, and rate of absenteeism. The main focus was on how health behavior theory and leadership theory influence one's decision to participate in employee wellness programs and in what ways

this decision impacts the employee's absentee rate and intent to stay on the job. Transformational leadership interacts well with behavioral theory in that it provides a framework that inspires and motivates individuals to change (McCaffrey & Reinoso, 2017), and often results in improved employee well-being (Kelloway & Barling, 2010). Sun and Wang (2016) showed that transformational leadership is a key component in achieving behavior modification and behavior change, resulting in an organization achieving desired performance levels. The conceptual framework for this research shows the interaction of leadership and behavior theory with an employee's decision to participate/not participate in an employee wellness program, and the resulting impact on employee retention and absenteeism.

Transformational Leadership

Bass (1995) stated that transformational leaders are able to lead followers past their self-interests toward a greater awareness of a bigger picture. Transformational leaders motivate the follower to achieve more than expected, increase awareness of critical issues and move individuals past self-interests, towards the well-being of the organization or team (Bass, 1995). These leaders improve workplace environment, quality of work life and are key to guiding employees in moving toward successful implementation of initiatives such as workplace wellness programs (Korejan & Shabazi, 2016). Organizations with successful wellness programs incorporate health and wellness as a component of the company culture (Passey et al., 2018). Managers within these systems use transformational ideals to support and encourage employees to participate in wellness supporting initiatives (Passey et al., 2018). Transformational leadership theory is a component of the framework for this research as literature supports the relationship between supportive, transformational leaders and employee wellness program success (Hoert et al., 2018).

Health Behavior Theories

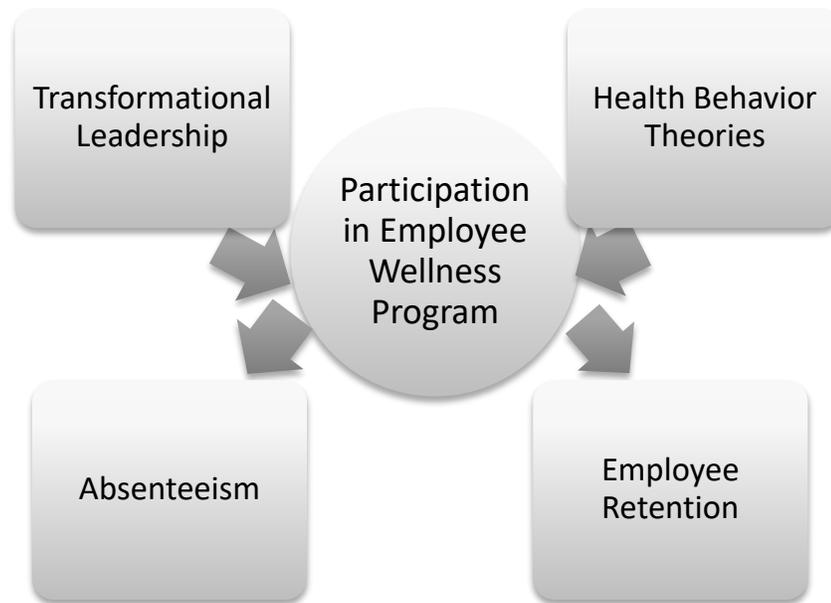
Prevention and management of chronic disease represents a critical concern for employers as well as health care providers. Chronic diseases are influenced by lifestyle choices and health behaviors (LeCheminant et al., 2017). Research shows that more than 50% of illnesses are a result of personal behaviors (Ryan, 2009). Health behavior theories such as The Theory of Planned Behavior and Expectancy Theory provide guidance in answering the challenges associated with managing chronic illness. The Theory of Planned Behavior states that an individual's intent to participate in his or her wellness is influenced by the individual's attitude toward their current and proposed future health behavior, social pressures associated with the behavior and the individual's perception as to their level of control over the potential adoption of a new behavior (Hwu & Yu, 2006). Health programs that are created with a foundational understanding of health behaviors are predicted to result in greater success and improved outcomes (Keogh et al., 2015). This is an essential factor when looking for success in employee wellness programs which are aimed and improving health behaviors. This theory relates well with expectancy theory when considering the individuals attitude or perception of future health and future health behavior.

Klusmann et al. (2016) stated that outcome expectancies are a key determinant in health behavior change. An individuals' decision and readiness to participate in a positive health behavior is directly associated with the value that individual places on the expected outcome. Outcome expectancy often presents if-then assumptions such as if I exercise regularly then this will happen. Further, Rappange et al. (2016) discussed the importance of the formation of subjective expectations. An individuals' subjective expectations concerning both their future quality of life and their life expectancy may in turn impact their current decisions regarding

health behaviors. The main concept here is if a person expects that old age will equate to a lower quality of life, regardless of their current investment in their health, that individual is less likely to participate in improving health behaviors in their current state. However, if that expectation were to change, there would be an increase likelihood the individual would participate in changing health behaviors.

Employee Retention and Absenteeism

The last two elements of the conceptual framework are employee retention and absenteeism. The goal for researching these elements was to understand to what extent participation in wellness programs had an influence in an employee's intent to stay and rate of absenteeism and examine the important role each plays in organizational productivity and outcomes. The cost of new nurse turnover in the United States has reached an estimated \$1.4 billion to \$2.9 billion annually (Shatto & Lutz, 2017). Craft et al. (2017) stated it is crucial to examine the influence absenteeism in nursing has on both patient outcomes and financial outcomes of a healthcare organization. Presenteeism was further discussed as a result of nurse exhaustion, and a factor impacting hospital productivity, and quality of care (Craft et al., 2017). Furthermore, there is research to support lower turnover and absenteeism in organizations with successful wellness programs (Mitchell et al., 2016).

Figure 1*Relationships Between Concepts**Summary of the Conceptual Framework*

The conceptual framework of this study recognized transformational leadership theory, behavior theories, employee retention, and absenteeism as components essential to understanding employee participation in workplace wellness programs. The framework supports the influence of leadership theory and behavior to participation. Further, literature supports the relationship of employee participation in wellness programs to improved retention and reduced absenteeism.

The purpose of this study was to explore the reasons why employees choose/choose not to participate in employee wellness programs and to understand what, if any, impact this decision has on employee retention and absenteeism. When examined within the framework of leadership theory and behavioral theory, participation in employee wellness programs is strongly influenced by leadership support and behavioral choices. The chosen framework enabled research to be directed by the idea that participation in employee wellness programs is a strategic investment and has potential to enhance overall productivity and performance of healthcare organizations.

Definition of Terms

Absenteeism: when an employee is not present at work (Shi et al., 2013).

Chronic disease: also referred to as non- communicable diseases, chronic illnesses are those illnesses that are consistent and require lifelong treatment (Chiaranai et al., 2018).

Examples of chronic diseases are type 2 diabetes, cardiovascular disease and some cancers.

Employee Wellness Program: programs developed by employers that promote improved health and wellness of employees. These programs are designed to encourage change in health behaviors and the adoption of a healthy lifestyle (Steck, 2018).

Presenteeism: the term used when a person is present at work, but is not productive, or their work is impaired, due to the presence of a chronic illness (Laing & Jones, 2016).

Retention: an employee's decision to remain with a company (Kashyap & Verma, 2018).

Transformational Leadership: a leadership model that utilizes relationship as a primary component and not power or control (Bass, 1995). Words used to describe transformational leaders include influential, inspiring and mentoring.

Assumptions, Limitations, Delimitations

Assumptions

Assumptions are those beliefs that are necessary for conducting research but cannot be proven (Simon & Goes, 2013). For this study, the researcher assumed that all the participants interviewed responded openly and honestly to the interview questions. The risk associated with this particular assumption would be that the answers generated could be misleading and incorrect. This risk can be mitigated by careful evaluation of responses to look for inconsistencies as well as ensuring the anonymity of all participants. The second assumption relevant to this study is that the participants each had a complete understanding of the existing

employee wellness program. The risk associated with this assumption can be mitigated by providing participants with a complete description of the existing employee wellness program.

Limitations

Limitations refer to the weaknesses of the study and are most often beyond the researcher's control (Simon & Goes, 2013). The first limitation associated with this study is in relation to the chosen research method. Replication and validation are challenges in qualitative research because the research takes place in a natural setting (Simon & Goes, 2013). This study is further limited by the researcher's choice of design. Case study design incorporates the behavior of a single person or group. Further research would be necessary to verify if the research outcomes would be generalizable across groups (Creswell & Poth, 2018). The population for this study consisted of registered nurses from a healthcare organization in East Tennessee. As a result, the results of this study may not be generalizable to registered nurses in non-rural areas, or those located in any other state. Also, the population for this study was restricted to registered nurses that worked in bedside nursing in a hospital setting, and thus any findings from this research may not be generalizable to registered nurses working in non-acute care settings.

Delimitations

Delimitations refers to the scope and boundaries of the study (Simon & Goes, 2013). The purpose of this study is to explore the reasons why registered nurses within a healthcare system in East Tennessee, choose/choose not to participate in employee wellness programs. Only registered nurses were chosen for this study. This study does not include any other group of employees within the system, clinical or non-clinical. Furthermore, only registered nurses within

a given hospital were included in this study. This study does not include registered nurses working outside of the hospital in outpatient or clinic settings.

Significance of the Study

Health behaviors are associated with many chronic diseases such as heart disease, stroke, type 2 diabetes and many forms of cancer (Vuong et al., 2015). Chronic conditions such as obesity play a contributing role in many of these same diseases. The prevalence of chronic conditions such as obesity are higher among vulnerable populations. This study is focused on a vulnerable population found in the Appalachian Highlands of East Tennessee. This study could be beneficial because it highlights wellness programs offered by health care employers in Appalachia and targets factors that would promote participation in those programs.

Reduction of Gaps

There is existing research supporting the positive relationship between employee wellness program participation and improved employee retention and reduced absenteeism. Most of the current research is also quantitative research. This qualitative study addresses both gaps in research exploring the reasons why employees choose to participate in employee wellness programs and why they consider access to these programs as a reason to stay on the job. Furthermore, current literature is broad in its scope of employees in general but is lacking in emphasis specifically on nursing. The focus of this study is specifically on nursing and may potentially improve job satisfaction of nurses in East Tennessee.

Implications for Biblical Integration

There are several ways that biblical principles are pertinent to this study. Strategies to improve employee wellness and lower nurse attrition rates can be used to propagate God's plan for his creation. An individual's entire being, spirit, mind, soul and body are connected, and

designed by God, in his image. Living purposefully for God, and walking according to his principles, will promote an environment that supports good health. “My son, be attentive to my words; incline your ear to my sayings. Let them not escape from your sight; keep them within your heart. For they are life to those who find them, and healing to all their flesh” (Psalm 4:20-22, ESV). Health and wellness are important to the Lord. “Beloved, I pray that all may go well with you and that you may be in good health, as it goes well with your soul” (3 John 1:2, ESV).

Keller and Alsdorf (2012) outlined a new compass for work that includes serving one another. The very center of Christianity is that believers in Christ should be caring and loving, one toward another. This is reflective in both caring as a nurse, and in leading in a transformational way. Fischer (2016) described the main attributes of transformational leaders as: influential, inspiring, challenging, enabling, and encouraging. Transformational leaders work towards the benefit of others, not just themselves. Leaders that seek to serve the Lord in the workplace are to walk in a similar manner. “Do nothing from rivalry or conceit, but in humility count others more significant than yourselves. Let each of you look not only to his own interest, but also to the interests of others” (Philippians 2:3-4, ESV). Christian leaders should be both encouraging and inspiring. “Therefore encourage one another and build one another up, just as you are doing” (1 Thessalonians 5:11, ESV). “And let us consider how to stir up one another to love and good works, not neglecting to meet together, as is the habit of some, but encouraging one another, and all the more as you see the Day drawing near” (Hebrews 10: 24-25, ESV).

Caring for the health of employees, specifically nurses, enables them to provide better care for their patients. Exodus 17:12 describes a weary Moses:

But Moses' hands grew weary. So, they took a stone and put it under him, and he sat on it, while Aaron and Hur held up his hands, one on one side, and the other on the other side. So his hands were steady until the going down of the sun.

“His divine power has granted to us all things that pertain to life and godliness, through the knowledge of him who called us to his own glory and excellence” (2 Peter 1:3, ESV). The ability to change behavior, and to walk alongside others to help them change behavior, has been provided through Christ. The Bible admonishes the Christian to walk in a manner that is both encouraging and challenging. “Little children, let us not love in word or talk but in deed and in truth” (1 John 3:18, ESV).

Relationship to Field of Study

High nursing turnover rates represent a significant cost to health care organizations. It is essential for health care leaders to identify retention strategies that successfully improve organizational productivity and performance. This study is significant in that it may offer valuable insight into retention strategies that include a focus on employee wellness and health. Additionally, this study is significant in that it addresses employee participation in workplace wellness programs among nurses. With a predicted shortage of nurses to top 250,000 in the next five to 10 years (Scruth et al., 2018), this study's focus on the nursing profession may contribute to both health care administration and human resource management practices.

Summary of the Significance of the Study

Health care leaders are faced with managing both an increase in health behavior related illness and a growing shortage of nurses. There is a resulting need for research that provides a deeper understanding of these problems and the factors influencing these behaviors. This study is significant in that it will contribute to the literature on employee wellness programs and

employee retention. This study is expected to provide insight into the reasons why nurses participate in wellness programs, and potential perceived barriers to participation. At the same time, there is further significance in its exploring these issues within a vulnerable population in Appalachia. There is further expectation that this study will generate potential incentives for promotion of health behavior changes including participation in employee wellness programs.

A Review of the Professional and Academic Literature

The purpose of this research was to understand the reasons why nurses in East Tennessee chose to participate in wellness programs offered by their employers and to further examine how this choice may influence employee retention and absenteeism. Due to the rising shortage of nurses nationwide, this topic is of critical importance. While there is existing literature supporting a positive relationship between participation in employee wellness programs, improved employee retention and reduced absenteeism, there are gaps in research exploring the reasons why employees choose to participate in wellness programs. More specifically, there is a void in research that describes the experiences of nurses in East Tennessee that influence their decision to either participate or not to participate in employee wellness programs

This literature review focused on employee wellness programs, perceived barriers to participation in an employee wellness program and areas potentially impacted by participation levels. This review first discusses the history of employee wellness programs and the role of chronic illness on the increased demand for health improvement strategies. Other main elements of this review include: the role of behavior on participation, the influence of leadership style, perceived barriers to participation and potential areas impacted by the decision to participate or not to participate in employee wellness programs.

History of Wellness Programs.

Literature describes a notable change in primary health interests in the United States. In earlier years, infectious diseases such as tuberculosis and pneumonia made up the majority of fatal illnesses. The leading causes of death in the United States today have shifted from infectious diseases to those that are associated with chronic illness (Vuong et al., 2015). The primary health concern in the United States is found in non-communicable diseases (NCD's) such as diabetes, cardiovascular disease, chronic obstructive pulmonary disease and cancer (Cahalin, Kaminsky, Lavie, Briggs, Myers, Forman, Patel, Pinkstqaff & Arena, 2015). Although there are occasions where chronic illness may be linked to a genetic cause, there are far more instances of chronic illnesses that are associated with health-related behaviors. Unhealthy behaviors and lifestyle choices such as smoking, use of alcohol, inactivity, and poor nutrition are risk factors that add to the burden of chronic disease and have a significant impact on the overall health of a given population (Pescud et al., 2015). Cahalin (2015) found the key to managing NCDs is to manage these risk factors associated with chronic disease.

Research by Piot et al. (2016) reports similar findings globally, stating that NCDs are not only a concern in the United States. While middle income countries made great strides in decreasing morbidity associated with infectious disease, those attributed to NCDs increased. The number of NCD related deaths is expected to rise from 30.8 million in 2015 to 41.8 million in the year 2030 (Piot et al., 2016). Research further states that NCDs are the leading cause of death worldwide (Islam et al., 2014). The transition that occurred from deaths caused by infectious disease to those associated with NCDs has been attributed to decreased physical activity, sedentary lifestyles, increased intake of processed food, and increased levels of fat and sugar in food. The World Health Organization estimates that NCDs will account for 80% of the burden of

disease globally by the year 2020. This translates to seven out of every ten deaths (Islam et al., 2014).

The WHO further identified the four most modifiable behaviors associated with NBCDs: smoking, alcohol consumption, poor diet and lack of physical activity (Islam et al., 2014). NCDs are related to health behaviors and are therefore, preventable. While chronic disease impacts an individual's personal life, it further significantly impacts employers due to the resulting effect on productivity. Americans spend an estimated 8.8 hours a day performing work related activities (Saliba & Barden, 2017). Pescud et al. (2015) stated that workplaces were the ideal setting for wellness programs, as they offered access to a large proportion of the adult population. In response to the increasing demand for a healthy workforce, employers responded with the creation of wellness programs offered in the workplace.

An early pioneer to the use of employee wellness programs was Johnson & Johnson (Saliba & Barden, 2017). Johnson & Johnson implemented the Live for Life program in the 1970s with a focus on participation (Goetzel et al., 2002). Over a 20-year period the program evolved to include services focused on employee health, health promotion, occupational medicine, disease management, and an employee assistance program (Goetzel et al., 2002). The company reported a 90% participation rate (Saliba & Barde, 2017). Reviewing the savings associated with individual outpatient stays, inpatient stays and mental health visits, Johnson & Johnson reported a yearly savings in excess of \$8 million (Goetzel et al., 2002; Saliba & Barde, 2017).

The literature also referenced PepsiCo as an organization that pioneered workplace wellness. PepsiCo offered a similar wellness program, however, the outcomes differed somewhat from those of Johnson & Johnson (Caloyeras et al., 2014). Where Johnson & Johnson's reported

success revolved around their lifestyle management program, the success in PepsiCo's employee wellness program came from disease management (Saliba & Barde, 2017). The disease management program centered on chronic illnesses such as asthma, heart disease, high blood pressure and strokes (Caloyeras et al., 2014). As a result of the success of the disease management program, although the initial costs were high, there was a significant savings in overall medical costs by the third year of the program (Caloyeras et al., 2014).

Naas (1992) researched a workplace wellness program offered by Du Pont. Du Pont's wellness program, called Health Horizons, provided health education classes, biometric screenings of blood pressure and cholesterol and cancer screenings. Health Horizons approach not only included health metrics, but lifestyle management programs tackling obesity and smoking. Naas (1992) reported that after two years, the company saw a 14% decline in absenteeism as compared to the years prior to implementing the workplace wellness program.

NCDs and Productivity

The increase in the number of individuals with at least one chronic illness and the resulting costs has caught the attention of lawmakers, healthcare leaders, insurers and employers. It is estimated that national health care expenditures related to chronic disease have risen to above 80%, reaching an estimated \$2.6 trillion in the year 2010 (Vuong et al., 2015). Vuong et al. (2015) reported that the average number of days of work missed due to chronic illness was 7.7 days per year. Cumulatively, chronic disease is attributed to nearly 3.6 billion days of work missed yearly, with an economic loss of \$127 billion (Vuong et al., 2015).

Research by Fouad et al. (2017) discussed the difference in direct and indirect costs to the employer that were associated with chronic illness. The research pointed to an existing weighted focus on the burden of direct cost of care and showed the significant impact indirect costs have

on organizational productivity. In this research, indirect costs referred to those associated with absenteeism and presenteeism. The research stated that those with chronic illness were more likely to have higher rates of absenteeism and presenteeism and were more likely to have one or more negative incidents on the job. Furthermore, the research showed that presenteeism has a significant negative impact on productivity, with a much greater increase in productivity loss while at work.

Meraya and Sambamoorthi (2016) explored the relationship of paired chronic illness on productivity. This research supported previous research as to the main presenting chronic illnesses, highlighting diabetes, arthritis and heart disease as the three associated with the highest rate of absenteeism. The direct costs of healthcare in 2012 among non-elderly persons (under the age of 654) were 239 billion. The indirect costs in this research highlighted absenteeism, with an average of 7.4 days of work missed for those persons with two to three reported chronic illnesses, and 14.5 missed days for individuals with four or more chronic illnesses. Meraya and Sambamoorthi (2016) concluded that specific combinations of chronic illness had a higher burden of disease in relation to loss of productivity. They further recommended that employee wellness programs should be designed to address these chronic illness combinations.

Song and Baicker (2019) addressed scarcity of evidence to support a return on investment for employers investing in workplace wellness programs. The research took place within a large warehouse retail company with more than 26,000 employees, across 201 different work sites nationally. The research findings showed no significant effects on health care spending, absenteeism, work performance or clinical measures of health such as diabetes and high blood pressure. However, this study did show significantly greater rates of positive self-reported

behaviors. The results of this research present a potential conundrum for employers weighing the potential actual return on investment against employee satisfaction.

Bodin (2018) discussed the employee wellness program at Women's Hospital (WH) in Baton Rouge, Louisiana. WH customized its employee wellness program to address community specific health issues. A multi-disciplinary team was chosen to spearhead the program design as well as the implementation and sustainment of the program. The wellness program targeted incentives associated with smoking cessation and weight loss/obesity. Leaders reported that their employee wellness program improved both employee recruitment and employee retention and realized 95% engagement of employees. WH further recorded a decrease of \$ 2.3 million in the program's first three years and estimate they avoided more than \$600,000 of costs yearly due to risk factor mitigation (Bodin, 2018).

There are several metrics used when evaluating healthcare cost savings associated with employee wellness programs. Direct costs are the actual dollars spent on the healthcare of an individual. Indirect costs refer to costs associated with presenteeism, absenteeism, loss of productivity and disability. Return on investment is used to measure monies gained or lost in relation to those invested. Astrella (2017) conducted a review of literature that focused specifically on financial outcomes of employee wellness programs. This study showed that comprehensive programs had the highest return on investment. These were programs that included both disease management and lifestyle management. Programs that focused on disease management alone showed a lower cost associated with reduced rate of hospital admissions, but no impact on absenteeism. Those programs studies that solely addressed lifestyle management had the opposite findings, showing a reduction in absenteeism but no significant impact on hospital admission rates. However, comprehensive programs that included both disease

management and lifestyle management showed a reduction in hospital admissions by 66% per individual and an annual savings of \$1,920 per participant. The comprehensive program showed a positive ROI of \$1.46 for every dollar invested.

A study by Rucker (2017) sought to identify strategies used by small to mid-size business for effective workplace wellness programs. This study incorporated the concept of value on investment (VOI) to compliment ROI. VOI includes consideration of intangible outcomes from a program, such as retention, job satisfaction and engagement. The purpose of this study was to identify commonalities among small to mid-size businesses with existing workplace wellness programs that were both effective and viable. The results of this study showed five primary concepts:

1. Innovation. The ability to be innovative was a common factor among all programs studied. This concept includes the use of nontraditional approaches such as providing infused water bottles to promote drinking more water. Successful programs were uniquely designed for the employee population within each company and were constantly changing as the needs of the population changed.
2. Company Culture. Company culture was a key factor to program success. They study showed that the program should be both employee influenced and employee generated. Leadership in these companies took a supportive role, providing autonomy to the employees.
3. Employee-centric. An employee-centric program is one that utilizes a holistic approach to wellness and founded on the employee's well-being. These programs are tailored to the specific needs of the individual and with the cost being carried by the employer.

4. Environment. Companies that were shown to have healthy work environments included non-work areas that could be used for improving well-being. This would include space for exercise, meditation and yoga. Providing healthy options for employees, from food to bicycles for transportation, all work to create a healthy environment.
5. Altruism. The study identified several themes that easily fall under the component of altruism. Servant leadership was a cornerstone to program success. Programs that measure success through feedback from participants and had budgets that were based on participant recommendations and needs and not on outcomes were more successful.

Affordable Care Act

Much of the literature reviewed referenced the passing of the Patient Protection and Affordable Care Act as a catalyst to the growth of workplace wellness programs. The Affordable Care Act (ACA) has played a significant role in highlighting issues related to workplace wellness (Larkin et al., 2016). Reforms included in the ACA focused on achieving the Centers for Medicare and Medicaid Services (CMS) Triple Aim goals (Vu et al., 2016). Pursuit of improving patient quality of care, population health, and reduced health care costs, has led to a rise in hospital/insurance company partnerships and a focus on implementing employee wellness programs (Vu et al., 2016). One major reform included in the ACA is the employer mandate. This requires businesses with more than fifty full time employees to provide health insurance to at least 95% of their employees (Roberts & Fowler, 2017). Due to the cost of health insurance per employee, it is to the benefit of the employer to have an interest in employee wellness. According to Roberts and Fowler (2017), the most common means of addressing the health of employees is through employee wellness programs. The ACA instituted incentives as a means of wellness promotion in the workplace. Danagouliau (2017) described a wellness program as a set

of screening tools, interventions and discounts that are available either as stand-alone or included in a health insurance plan. Health risk assessment questionnaires are the most commonly used screening tools, while disease management and counseling are offered as health interventions (Danagoulian, 2017).

The ACA allows for employee wellness programs to be participatory or health contingent (Roberts & Fowler, 2017). Roberts and Fowler (2017) discussed the individual elements contained in the ACA, with a focus on the potential hindrance to success due to social determinants that may be present. Their central premise is that while the ACA provides incentives for employee wellness programs, it is based on the concept that health related decisions are in the control of the individual, and therefore is a barrier to those individuals whose ability to make sound health behavior decisions is heavily impacted by social determinants, such as socioeconomic status.

Pomeranz (2015) agreed the most common type of wellness programs in the United States are participatory programs. These programs are based on employee participation in a health risk assessment. This assessment includes biometric data such as a person's weight and blood pressure, as well as a health-risk questionnaire that targets information concerning the participant's health behaviors such as use of tobacco, or level of physical activity. The ACA restricts incentives associated with participatory programs to participation in the screening, and not tied to results. Pomeranz (2015) found that there are areas of conflict between the protection of participants provided by the ACA, and those offered by the Americans with Disabilities Act (ADA) of 1990.

Health contingent wellness programs are designed around the participant completing a specific activity or achieving a specified goal. A walking program is an example of a health

contingent wellness program. The incentive is tied to the successful completion of the program, or when a specified goal is reached, such as a reduction in BMI or weight loss. As a means to prevent discrimination, there are outlined criteria that a health contingent program must meet:

1. Employees must be allowed to re-certify for the incentive at least once a year.
2. The employer may not offer an amount to exceed thirty percent of the insurance premium cost as an incentive. This amount increases to fifty percent for programs designed for smoking cessation.
3. Health promotion and disease management must be attainable under the proposed program.
4. The full incentive amount must be available to all participants.
5. There must be a full disclosure of the terms of the wellness program including instruction on how to obtain a waiver to not participate (Pomeranz, 2015).

The ACA has laid the groundwork for addressing employee health. The ACA requires that an employee wellness program promote health of prevent disease. The provisions included in the legislation has encouraged employers to seek a program that best fits their organizational culture, while focusing on the overall health and wellness of their employees (Vu et al., 2016).

In spite of provisions to prevent discrimination, there remains some concern over potential cost shifting associated with workplace wellness program implementation. Jones et al. (2019) focused on the types of employees that are most likely to participate in workplace wellness programs. Unhealthy employees would gain the most benefit from participation, but the authors suggest they compose the group of employees least likely to participate. Jones et al. (2019) created and implemented the Illinois Workplace Wellness Study. This was a randomized control study at the University of Illinois at Urbana-Champaign. The study showed those

employees that chose to participate, entered the program with lower medical spending and higher income than those that chose not to participate. The research supported the concern that those who need the intervention the most are more likely to not participate. This research also raised the concern of distributed consequences of employee wellness programs. Non- participants are more likely to fall in the lower income bracket of income earners, high rate of unhealthy behaviors and increased medical spending. The incentives tied to participation would then go to those with existing positive health behavior and higher income, and then potentially shift the cost to those that earn less and need the intervention the most.

Types of Employee Wellness Programs

A review of the literature identified three main types of wellness programs offered by employees. These are screenings, lifestyle management and disease management. Organizations may utilize one of these methods, a combination, or possibly all of them. The reviewed literature showed organizational success with different program types. As stated earlier, Pepsi Co's wellness program focused on disease management and saw positive results over a longer period of time. Whereas, Du Pont's wellness program incorporated all three program types.

Biometric Screening. One popular type of wellness program offered by employers is the use of biometric screening. Biometric screenings use the measurement of physical characteristics that can be used to assess an employee's health over a period of time (Gershman, 2018). Common elements of biometric screenings are blood pressure, body mass index (BMI), blood glucose levels and cholesterol levels. Biometric screenings are used to obtain information concerning health risks. Gershman (2018) stated that employers using screenings as part of their workplace wellness program must be careful to ensure privacy and confidentiality.

Heltemes et al. (2019) researched the relationship between incentive and participation in biometric screenings. This study highlighted the importance of timing and monetary value. The research showed that employers that offered a higher value incentive with a more immediate response had higher participation rates. The study further showed that employees that faced paying a penalty for non-participation were more likely to participate than those who received a premium discount.

Research by Sherman and Addy (2018) also centered on organizations that utilize biometric screenings and health risk assessments. They reported that 50% of employers with more than 200 full time employees, and 65% of employers in larger organizations of more than 5000 employees, offered health risk assessments and biometric screening. The study had similar results as Heltemes et al. (2019) in that it showed a positive relationship between the incentive offered by the employer, and employee participation. However, this research went further in outlining an association between the wage-earning status of the employee and participation in biometric screenings. Sherman and Addy (2018) found that low wage earners displayed the lowest level of participation in biometric screening. These results are concerning due to the fact that this population group have a higher incidence of lifestyle risk and greater prevalence of chronic disease (Sherman & Addy, 2018).

Lifestyle Management. It is estimated that 82% of health care costs associated with attributed chronic illness (Vuong et al., 2015), finding effective ways to manage health behaviors is essential. Lifestyle management is designed to help individuals change health risk behaviors as a means of improving overall health and minimizing chronic illness. Common lifestyle management programs target smoking cessation, diabetes management and obesity. Mulligan (2010) researched lifestyle management in relation to the behavior risk of smoking. Money spent

due to smoking related disease has played a significant role in the increased cost of employer sponsored health and life benefits. This research focused on smoking cessation. Mulligan (2010) explained that tobacco use is the most preventable cause of chronic disease and morbidity in the United States. This study outlined keys to successful smoking cessation lifestyle management programs:

1. The program should be implemented slowly and in stages.
2. There needs to be visible participation of senior management in the program.
3. The organization should offer a variety of programs- not a one-size-fits-all approach.
4. This planning of this lifestyle management program should include employees from across the organization for best results.
5. The organizations needs to offer an accompanying stress management program.
6. There should be appropriate rewards and recognition for participants in the program (Mulligan, 2010).

A fundamental aspect of diabetes care is lifestyle management (Powers et al., 2017). This includes diabetes self-management education (DSME), nutrition counseling and psychosocial care. DSME helps guide an individual with diabetes through behavior management decisions. Research by Powers et al. (2017) stated the goal of DSME was to help the individual with diabetes to make more informed decisions about their care, to be a participant in their own care, change and improve self-care behaviors and to improve health related outcomes through health behavior support. This study concluded that lifestyle management for diabetes showed an increase in self-reported monitoring of blood sugar levels, increased frequency of blood glucose monitoring and improved dietary habits.

Disease Management. Disease management represents a critical component of employee wellness programs. As the prevalence of chronic disease continues to rise, so does the impact of non-adherence to management of disease (Hamine et al., 2015). Hamine et al. (2015) found that adherence to disease management is a crucial component to improving health outcomes and achieving cost effective healthcare. This study focused on the role of mobile technology in aiding in chronic disease management. The study concluded that mobile technology has significant potential to improve the health outcomes of individuals with chronic disease, if individuals are encouraged to adhere to using the technology.

Ho (2017) supported the use of mobile technology for disease management. Stating that up to half of all premature deaths nationally can be attributed to factors that are preventable, this study showed participation in wellness programs can positively impact adherence to disease management. One way that employers incorporate mobile technology into their wellness programs is through programs that offer wearable devices such as fitness trackers, free of charge, to their employees. Ho (2017) found that adding incentives along with the wearable device, resulted in the highest level of participation.

The literature reviewed further showed that wearable technology was effective in managing chronic disease such as COPD (Orme et al., 2016), heart disease, diabetes and cancer (Phillips et al., 2018). Data from wearables aid in both monitoring and promoting behavior change and maintenance related to physical activity. Scheid and West (2019) discussed the dose-response relationship between participation in physical activity and improved cardio respiratory, musculoskeletal and mental health. Physical activity is further associated with lowered incidence of chronic disease such as diabetes, colon cancer, breast cancer and osteoporosis (Scheid & West, 2019). Lack of physical activity is a primary risk factor for type 2 diabetes (Office of

Disease Prevention and Health Promotion, 2016). Wearable devices promote increased activity and changing sedentary behaviors associated with inactivity. Strategies that utilize mobile health devices as a tool for behavior change associated with physical activity levels have proven to be successful in disease management (Phillips et al., 2018).

Role of Behavior in Participation

Theory of Planned Behavior. Icek Ajzen's theory of planned behavior is often used in the area of health and wellness. The theory of planned behavior stemmed from the theory of reasoned action as a means to address the variables unable to be individually controlled (Ajzen, 2012). Ajzen's theory of planned behavior is based on normative belief (subjective norm) and control belief (perceived behavior control). A normative belief refers to an individual's perception of what others expect them to do, while a subjective norm includes how the individual perceives social pressure associated with the behavior (Ajzen, 2012). A control belief refers to an individual's perception of accessibility to opportunities and resources needed to achieve a certain behavior. Perceived behavioral control is the subject's perception as to the level of difficulty associated with achieving a specific behavior (Ajzen, 2012). This theory differs from the theory of reasoned action in its inclusion of one's attitudes towards behavior. Ajzen (2012) explained that an individual's attitude toward a specified behavior, such as wellness-related activities, influences the individual's likelihood of participating or not participating in the wellness related behavior.

Expectancy Theory. A review of the literature shows more than 50% of illness in the United States is a result of personal behaviors (Ryan, 2009). Studies further suggest that a core set of behaviors exist that are common across chronic illness management. Individual with chronic illness must adopt healthy behaviors to manage chronic disease. In other words,

successful management of chronic illness requires behavior change. Rappange et al. (2016) discussed the role of expectations on behavior change. An individual's subjective expectations concerning both their future quality of life and their life expectancy may in turn impact their current decisions regarding health behaviors (Rappange et al., 2016). The main concept here is if a person expects that old age will equate to a lower quality of life, regardless of their current investment in their health, that individual is less likely to participate in improving health behaviors in their current state. However, if that expectation were to change, there would be an increase in the likelihood the individual would participate in changing health behaviors. Klusmann et al. (2016) further supports this theory by stating an individual's decision to participate in improved health behaviors is directly associated with that individual's perception as to the value of the expected outcome.

Lifestyle Determinant: Obesity

Obesity represents a major health problem in the United States (Kudel et al., 2018; Upadhyaya et al., 2010). More than two-thirds of American adults are considered overweight or obese (Ogden et al., 2014). Obesity is linked to many chronic illnesses including type 2 diabetes, cancer, heart disease, high blood pressure, stroke, and mental health conditions (Upadhyaya et al., 2019). Kudel et al. (2018) attributed obesity as the primary contributor to costs associated with work absenteeism and presenteeism. Upadhyaya et al. (2019) stated the costs associated with obesity exceeds \$190 billion per year in the United States. Obesity rates are higher among vulnerable populations such as those found in rural communities (Abshire et al., 2018). There is a wide range of support outlining the correlation of education, health behaviors, obesity and physical activity to health outcomes (Chatterjee et al., 2017; Ley et al., 2016). Engaging employees in workplace wellness programs not only results in obesity reduction/prevention, but

also might reduce out of pocket health care costs and improve work productivity (Lankford et al., 2013).

Workplace environments represent a strong influence on employee obesity and incidence of diabetes (Strickland et al., 2015). Furthermore obesity rates have been found to be higher among working class and low wage earner. A study by Strickland et al. (2015) examined determinants of obesity within the workplace in relation to employee participation in workplace wellness programs. This study offered support to the idea that the workplace environment itself represents a barrier to positive health behavior adoption. The research further showed a need for workplace wellness program design that targets activities that would better inform and improve participation among working class and low-income earners.

Murakami and Livingstone (2015) referred to a study from Yale University citing the national loss in productivity as a result of obesity related absenteeism exceeds \$8.6 billion per year. The author also pointed out that there are many benefits that occur downstream, for both the individual and the organization, when an employer helps with weight management. There is emphasis on the importance of centering on overall health and well-being of the employee, so as to steer away from any stigma associated with obesity. The author listed several components of workplace wellness programs that have proven effective in weight management. These include:

1. Financial incentives such as funds deposited into the individual's health savings account for reaching a designated BMI range, or a 5% loss in weight. This was in addition to the lower rate for insurance premiums.
2. Individual programming that targets areas such as goal setting, weight loss and management, healthy eating and activity tracking.
3. Education on the importance of managing stress and improving sleeping habits.

4. Inclusion of obesity treatment support (Murakami & Livingstone, 2015).

Role of Leadership in Participation

The reviewed literature showed significant support for the role of organizational leaders in health promotion and participation in employee wellness programs. Organizational leaders represent the organizations culture, including the degree of focus on wellness (Hoert et al., 2018). Hoert et al. (2018) studied the role of leadership support in wellness program participation, health behaviors and job stress. This research utilized the Leading by Example instrument to measure organizational leadership support for wellness promotion. The research showed that employee perception of leader support impacted the employee's health behavior and decision to participate wellness activities.

There are different levels of leaders present within an organization. Leaders influence employee behavior by allocating resources for wellness activities and by establishing a workplace culture of wellness. Passey et al. (2018) studied the influence of leaders at different levels on employee health promotion. This study showed that many leaders in middle management lacked adequate knowledge of wellness program policies. There was also a perceived lack of understanding of an expectation that they were to be outwardly supportive of health promotion within their organization. Hammerback et al. (2018) stated that leaders at the executive level were more aware of the perceived importance of health promotion within the organization.

A study by Wieneke et al. (2019) addressed the question of how can leaders be instrumental in workplace health promotion. This study took place in a healthcare setting and addressed the role of supervisor. The participants in the study identified barriers to engaging direct reports in health promotion: burnout factor associated with a health care setting, workload,

leadership, time, and lack of control at work (Wieneke et al., 2019). The study included creating a well-being team that tackled four main areas: awareness and education, leadership competencies, skill building, and leadership support. The participants in this study reported that while they wanted their direct reports to participate, they felt ill equipped and lacked the motivation to pursue engaging them. The results showed that mid-level, or low-level leaders, such as supervisors, need education on engagement strategies as well as increased support from executive leadership for their personal health behaviors, to then coach those under them.

Transactional Leadership. Transactional leadership is oftentimes referred to as traditional leadership (Prasad & Junni, 2016). Historically, transactional leadership was viewed as the most effective approach to leadership, and one that resulted in the most consistent and successful outcomes. Centered on the extrinsic needs of the follower, transactional leadership is a managerial approach and outlines set responsibilities and clear expectations. Rewards are given when the follower meets or exceeds goals, and likewise, the follower is corrected when they fail to meet expected outcomes. In traditional leadership a very distinct relationship is present between task and reward (Vito et al., 2014). There are three aspects to transactional leadership: contingency reward, active management by exception and passive management by exception (Bass, 1990; Vito et al., 2014). Contingent reward represents the transaction between leader and follower. This is shown through reciprocal exchanges such as work for pay and work for time off (Vito et al., 2014). Contingent reward may also be exhibited by giving positive feedback in exchange for performance (Hussain et al., 2016). Nicholson (2017) added that transactional leaders are tasked with identifying the expectations and requirements of the followers, and then to utilize appropriate rewards as means of reaching the desired goals.

Active management by exception is characterized by the extent of the leader's observation of the follower's behaviors and actions. This observation is aimed at monitoring behavior as a means of preventing the follower from deviating away from the set objective (Prasad & Junni, 2016). This is a very micromanaging approach to leadership as the leader is involved in every activity of the follower (Hussain et al., 2016). Passive management by exception is a purely reactive behavior used by some leaders. This measure is considered to be a very laissez faire approach and is used by leaders that are accustomed to responding only when presented with a problem (Vito et al, 2014).

Transformational Leadership. Burns (1978) defined transformational leadership as a collaborative endeavor where leaders and team members work together to impact their organizations goals. Transformational leadership is based on team work and targets the intrinsic needs of the individual; their beliefs and values (Applebaum et al., 2017). Employees view transformational leaders as role models (Birasnav et al., 2015). Transformational leaders inspire their team members to be their best, resulting in positive outcomes for the organization (Prasad & Junni, 2016), and often motivate their followers to exceed targeted goals (Mason et al., 2014). Literature reviewed showed transformational leaders positively impacted employee wellbeing, performance and overall organizational commitment (Mason et al., 2014), increased job satisfaction (Olcer, 2015), and played a significant role in an organizations ability to recruit and retain employees (Rose & Raja, 2016; Yahya & Tan, 2015).

Transformational leadership is represented by four primary dimensions: idealized influence, inspirational motivation, individualized consideration and intellectual stimulation (Prasad & Junni, 2016). Idealized influence refers to the leaders' place as role model. These leaders are able to change the behavior of followers by leading by example. Leaders with

idealized influence are representative of a significant level of trust attributed to the leader by the follower. These leaders are charismatic and behave in a manner consistent with the vision and values of the organization (Bogler et al., 2013).

Inspirational motivation demonstrates the leader's effectiveness in sharing and inspiring team members towards the organizations mission, vision and values. These leaders raise the bar when it comes to expectations, and inspire followers to achieve more than expected (Bass, 1990). Inspirational leaders energize team members and encourage followers to embrace personal vision while achieving organizational goals (Gilbert et al., 2016). Furthermore, leaders in this category often encourage followers to work more efficiently and effectively, while making work more meaningful (Gilbert et al., 2016; Prasad & Junni, 2016).

Intellectual stimulation represents the extent that the follower is challenged in innovation and creativity (Prasad & Junni, 2016). These leaders cultivate "out of the box" thinking, and encourage followers to problem solve both analytically and creatively (Mokhber et al., 2015). The goal of this leader is to identify the strengths of each follower, and create a work environment that promotes free exchange of creative thought and ideas (Bass, 1995; Hussain et al., 2016, Prasad & Junni, 2016).

Individual consideration represents the personal relationship between the leader and follower. This relationship is fluid and can move between teacher, mentor, and coach. Every team member is treated as an individual, each with unique gifts and strengths as well as needs (Prasad & Junni, 2016). The personal growth of each individual team member is of utmost importance (Gilbert et al., 2016) These leaders invest time in listening to the follower and supporting personal development and individual growth while moving toward organizational goals (Pongpearchan, 2016).

Role of Incentives in Participation

Organizations can utilize incentives as a means of encouraging participation in employee wellness programs. Incentives can be based on participation, outcomes based, or a combination of the two. The PPACA encourages employers to provide employee wellness programs and allows for a discount of up to 30% off health care coverage costs for employees that chose to participate in employee wellness programs and those that meet specified health benchmarks (Fronstin & Roebuck, 2015).

Mauser (2018) stated it is essential to keep the employee engaged in the program. He further described wellness program participation as similar to a new year's resolution, and that organizations must have successful incentives in place to keep employees engaged. Mauser (2018) further emphasized the importance of delivering rewards for the desired behavior quickly.

The effectiveness of financial rewards was supported by Fronstin and Roebuck (2015). This study highlighted the effect of financial based incentives for the promotion of employee participation in workplace wellness programs. Fronstin and Roebuck (2015) further studied the impact of participation on overall healthcare utilization and spending. This study showed participation in wellness activities was 55% higher when financial incentives were applied. This statistic reflected mostly an increase in those participating in biometric screenings. This study further showed an increase in health care utilization. The researchers linked this increase to the results of biometric screenings and a resulting increase in treatment for high cholesterol and high blood pressure.

Geisel (2014) discussed an employee wellness program in Palm Beach County, Florida. This program offered discounts on monthly health premium rates based on points associated with participation in certain health promotion activities: biometric screening, health risk assessment

and yearly wellness physical. This particular program resulted in an increase of over 50% of employees receiving annual physicals. Employees with diabetes showed the most significant changes associated with participation in the employee wellness program. There was not only a significant decrease in hospital admissions among those with diabetes, but also a 39% decrease in healthcare spending.

A common theme throughout this review of literature was that low participation rates keep employee wellness programs from achieving their full potential. Huang et al. (2016) discussed how employers look to incentives to promote participation, and how the configuration of the wellness program contributes to participation rates. This particular study showed incentives tied to comprehensive wellness programs resulted in the highest levels of participation. Comprehensive programs include a variety of components such as health risk assessment, biometric screening, lifestyle management and disease management. The other significant finding in this study related to participation, is that employers that offered incentives tied to preventative based programs had great success (Huang et al., 2016).

Batorsky et al. (2016) studied the association between the characteristics of employers to the type of incentives tied to the employee wellness programs they offered. This study further explored the relationship between the types of incentives employers chose and the rate of participation among employees. Sixty eight percent of employers in this research utilized financial incentives of greater than \$100 per year, with 14% of these instituting penalties along with the incentive. This study showed a correlation between geographic region and an employer's integration of employee wellness programs within their company and suggests that the difference in regional health care costs could be a factor.

Mattke et al. (2015) analyzed incentive use by employers and employee participation rates in employee wellness programs. This study showed that among employers that offered employee wellness programs, only 20% to 40% of eligible employees participate. Participation rates varied according to incentives and penalties implemented by the employer. Employers who chose not to offer any incentives had participation rates of 20%. Those that used rewards had a 40% participation rate. The rate greatly increased to 73% for employers who used both rewards and penalties for associated with participation. This study further showed that employees also considered the design of the wellness program and accessibility in their decision to participate or not participate in the program.

A study by Szrek et al. (2019) centered on the impact of communication on employee wellness program participation. This study was conducted in a large manufacturing company that had multiple locations. There were 654 employees that chose to participate in this study by agreeing to receive text messages and emails concerning employee wellness program activities such as health risk assessment completion. The participants provided feedback supporting the messaging services and acknowledging they were provided with information that was relevant to them. Furthermore, participants reported improved perceived communication with organizational leaders. The results of this study showed the use of messaging services, alongside monetary incentives, increased both participation in employee wellness programs and adherence to positive health behaviors (Szrek et al., 2019).

Barleen et al. (2017) compared the effects of outcome-based incentives with participation-based incentives. While the latter is based solely on an individual's participation in an employee wellness program, outcome-based incentives are tied to achieving set health metrics such as a specified BMI range, improved blood pressure or improved HDL levels. The study

showed that participation rates did not change based on baseline metrics and outcome-based incentives. The researchers discussed that while the outcome-based design provided clear, defined targets to be met, that participants may or may not agree with the chosen targets or may not view them as relevant to their job. The study did support the use of electronic messaging as having a positive association with participation.

Barriers to Participation

The reviewed literature identified participation as an essential element to the success of workplace wellness programs. This establishes a need for identification of both perceived barriers that would keep one from participating, and motivational factors that successfully encourage participation.

A study by Person et al. (2010) researched barriers that prevented participation in an employee wellness program offered at a South Carolina university. Participants in this study were offered ten educational sessions that targeted health promotion and support. Overall participation in these health session was below 50%. The top three barriers reported for not participating were a lack of adequate incentive, lack of time, and inconvenient location.

Paguntalon and Gregoski (2016) researched barriers to participation among a targeted population of high risk sedentary workers. This study sought to identify perceived barriers and motivators for participation in the offered employee wellness program. The study showed physical pain associated with chronic illness, lack of motivation, and lack of time were predominant barriers to participation. This research further showed participants reported the desire to improve their health due to poor family health history and perceived health benefits were the two top motivators for participation.

Another study in the reviewed literature focused on factors that would facilitate or impede participation among workers in a manufacturing setting (Rongen et al., 2014). The results showed high participation among employees who perceived that their participation was important to their supervisor. Barriers identified in this study were an employee's perceived good health, lack of social support, and lack of a work climate that promoted health.

Seward et al. (2019) studied employee wellness program participation among workers in a Boston medical center. This study identified poor marketing, lack of time, inflexible work schedule, perception that existing programs targeted day shift workers, and a need for change in physical space (availability of showers so one can exercise during a break) as barriers to participation.

The literature reviewed also discussed the aging workforce, and how this particular employee group has differing barriers. Pitt-Catsoupes et al. (2015) discussed workplace wellness programs as they relate to aging workers. Building on the trend of increased length of years in the workplace, the authors argued that an employer can utilize employee wellness programs to both further engage the aging employee in wellness promotion and to improve the health and work sustainability of the older workforce. Pitt-Catsoupes et al. (2015) discussed the opposing mindsets toward an older workforce. While some employers are hesitant to grow an aging workforce due to higher compensation rates and the potential for higher health care costs, others view older workers as an untapped source of experience and knowledge.

Barriers to participation in workplace wellness programs are similar for older employees as those previously discussed. Additional barriers include disability and impaired health, fear of injury, location convenience and the perception that gyms are designed and primarily used by much younger people (Pitt-Catsoupes et al., 2015). A suggested potential incentive to boost

participation among older employees is to partner with existing community programs that already have successful participation among seniors in the community.

Potential Areas of Impact

Absenteeism. Absenteeism is the term used in reference to when an employee is not at work (Shi et al., 2013). Absentee rates are four times higher among those with chronic illness than those with no reported chronic condition (McIntyre et al., 2017). Employers incur costs as a result of employee absenteeism. These costs include those associated with work not completed, lower productivity, overtime costs as a result of covering the missed shift, and for extended absences, potentially the cost of a temporary worker (Rost et al., 2014). Absenteeism also impacts the employee. The loss of income from missing work may cause stress, exacerbating existing illness, further impacting worker productivity, and increasing depression, irritability and fatigue (Torre, 2017).

A review of the literature showed a relationship between levels of physical activity and absenteeism (Abdullah & Lee, 2012; Asay et al., 2016; Losina et al., 2017). Losina et al. (2017) studied the relationship between physical activity levels and an employee's level of absenteeism. They found that increased levels of physical activity led to lower absentee rates in the workplace. Physical activity levels for this study were centered on the CDC guideline of a minimum of 150 min/week. This study showed participants that met the 150 min/week guideline, missed one-third less hours of work compared to those who reported 0-74 min/week of physical activity. The results of this study showed a clear incentive for employers to offer workplace wellness programs as a means of increasing the level of physical activity among their employees.

Asay et al. (2016) discussed the substantial costs associated with absenteeism. These costs include lower productivity for the employer as well as reduced wages for the employee.

The focus of this study included health behaviors (e.g., obesity, physical inactivity, smoking) and chronic illness (e.g., diabetes and high blood pressure), their resulting impact on absenteeism, and the associated costs to the employer. This study showed estimated annual costs to an employer of at least 1000 employees to range from \$17,000 per year for an employee with diabetes, to \$285,000 per year for physical inactivity. The researchers found strong evidence supporting the association between health behavior, chronic illness and rate of absenteeism, and concluded that workplace wellness programs have potential to reduce these costs of the employer and help to create a healthy workforce.

Abdullah and Lee (2012) stated that employee wellness programs are a win-win between employee and employer. The reduction in health care costs, disability, workers' compensation and absenteeism is a win for the employer. Employees benefit from participating by learning how to lead a lifestyle that is more active and healthier. Abdullah and Lee (2012) further explained that employers must go further than just offering wellness programs; employees must participate in these programs for the benefits to be realized.

One study provided a comparison between health behaviors of employees against those in the general population. Yun et al. (2016) based their study on the significance of the amount of time the average person spends in the workplace, combined with the overall influence the workplace has on an individual's level of stress, mental health, and health related behaviors. The authors utilized the definition of health that is provided by the World Health Organization which is that health is not singularly represented by the absence of disease or infirmity, but is in fact the compilation of physical, social and mental health (Yun et al., 2016). This particular research focused on physical, mental, social and spiritual health and the subsequent impact on

absenteeism. The research found that employers who included all four areas into a multidimensional wellness program were more likely to see a higher return on their investment.

Rabarison et al. (2017) studied absentee related costs associated with participation in workplace wellness programs. This particular study took place within a mid-size billing company. The employer in this study established a wellness program that focused on biometric screenings as well as a much improved, health focused environment. The study specifically measured costs associated with absenteeism of participants over a two-year period. The results showed a savings of \$8,362 for the 121 participants. This savings was representative of direct costs of paid sick days for each participant and did not include indirect costs associated with health care utilization or productivity.

Presenteeism. Presenteeism is when an employee is physically present at work, but their work performance is inhibited due to illness. Costs associated with presenteeism include a reduction or work output, increase in work related errors, and reduced quality of work (Brown et al., 2011). The costs associated with presenteeism are greater than those of absenteeism (Ammendolia et al., 2016). Ammendolia et al. (2016) defined presenteeism as the loss of work productivity among employees who are present at the workplace due to a health-related problem. The costs associated with presenteeism exceed \$180 billion per year in the United States.

Cancelliere et al. (2011) stated that workplace health promotion is a strategy often used by employers to enhance on-the-job productivity. Cancelliere et al. (2011) researched literature to determine if workplace wellness programs helped improve presenteeism rates. This study showed the importance of wellness program content. The researchers concluded that the main issue was not determining if workplace wellness programs were helpful in reducing presenteeism, but rather, how to design/redesign wellness programs to address individual needs

of participants. It was further stated that workplace wellness programs should be designed to include a focus on psychosocial factors as well as physical factors. Brown et al. (2011) showed similar results. This study examined the association of physical activity and presenteeism. The researchers found a more direct link between physical activity and improved psychosocial health. While there was not a clear line to be drawn from increased physical activity to presenteeism, the indirect association was made between physical activity improving psychosocial health, and improved psychosocial health improving presenteeism.

Ammendolia et al. (2016) stated that the costs associated with presenteeism are far greater than those associated with absenteeism. This study was designed to help create effective workplace wellness programs, yet provides a solid foundation concerning the breadth of presenteeism as well as identifying primary determinants. The authors discussed the critical role of workplace culture and environment and identified the importance of organizational leaders making employee mental and physical health or equal importance as company profits. This research showed the keys to promoting participation in workplace wellness programs include leadership support, biometric screening and supportive workplace environment. The determinants of presenteeism that were identified were obesity, poor diet, lack of physical activity and lack of health behavior support from organizational leaders and co-workers.

Chen et al. (2015) discussed the economic burden of absenteeism and presenteeism to employers. This particular study took place across Washington State agencies and included responses from 4703 employees. The study addressed general health characteristics, health behaviors, perceived workplace support, personal distress and demographic characteristics. The most significant result was found in the relationship of perceived support and general outcomes. The study showed that increased perceived workplace support for positive health behaviors and

activities was associated with lower presenteeism in the workplace and in turn, improved workplace productivity.

Hendriksen et al. (2016) studied employee wellness program impact on both performance and employee vitality. The primary measures used were work performance, presenteeism, employee vitality and absenteeism due to sickness. These measures were assessed program effectiveness on outcomes such as self-management, self-rated vitality, health behavior attitudes, work life balance and a number of lifestyle and cardiovascular risk factors. This study showed a significant effect of the employee wellness program on long term employee vitality, absenteeism related to sickness and long-term self-management of health behavior. There was no significant effect on presenteeism.

As well as measuring the impact of an employee wellness program on performance and vitality, this study further addressed the impact of leader support on employee wellness program success. Management support and effective communication are both factors recognized by the World Economic Forum as critical to employee wellness program success. The study showed no relationship between supervisor support or organizational support and employee work performance and vitality. However, the results did show a relationship between leadership style and absenteeism, supporting the idea that perceived organizational support promotes a workplace environment where employees are more likely to come to work.

Employee Retention. Research by Mitchell et al. (2016) examined if the implementation of employee wellness programs was associated with employee retention. The existing research supports the supposition that higher job satisfaction is associated with lower turnover rates. In other words, organizations with cultures that included health promotion reported higher levels of job satisfaction and overall employee well-being. Mitchell et al. (2016) added to this by showing

that organizations with work environments that promote employee engagement in their own physical, mental and social health have higher levels of employee retention.

Banker (2018) stated the latest competitive advantage to retaining employees is developing a culture of care. Research supports that employees are more likely to engage and form attachment to an organization where there is a perception of support and care. Banker (2012) further explained that well planned employee wellness programs can show the employee they are supported and their well-being is important to their employer. This results in an organization retaining top employees long term.

According to the Arthur J. Gallagher Survey (2017), wellness programs work well as employee retention tools. Surveying 4,226 organizations, this survey found that employee wellness programs are effective in organizations keeping their top talent. Forty-three percent (43%) of employers reported employee wellness programs were a way to improve organizational culture and 37% reported an improvement in employee job satisfaction.

Belton (2018) discussed the problem of nursing turnover in the United States and not only its impact on patient outcomes, but also on the nurse that remain on the job. Nurse retention itself is costly for an organization. In addition, high turnover and vacancy rates create an increased workload for others, stressful working conditions and may lead to compassion fatigue. Belton (2018) further discussed the importance of promoting the emotional health of the employee alongside employee physical wellbeing. This study identifies mindfulness-based interventions as a potential means of preventing stress and burnout among employees. Aetna is one organization that has implemented mindfulness-based interventions along with their employee wellness program. The company reports participation of over 10,000 employees, a 28% reduction in self-reported stress levels as well as significant improvements in pain

management and sleep quality. The study further showed a savings of \$3,000 per employee, annually, and reported overall reduced levels of stress and burnout among nurse. With the potential positive impact on overall nurse well-being, there are clear benefits of involving interventions that target the emotional well-being of the employee when designing employee wellness programs.

Potential Themes and Perceptions

There were several themes that emerged from a review of the existing academic literature. First, the relationship between unhealthy behaviors and chronic disease is significant. With more than half of the adult population in the United States reporting at least a single chronic illness, it is increasingly essential that methods of improving health related behaviors and health outcomes be established. The impact of health related behaviors is not limited to the individual but expands to impact the organization itself. Employers are challenged with working an unhealthy workforce, increasing the rate of absenteeism and prevalence of presenteeism. This leads to another theme found in the literature. The reviewed literature supported the positive relationship between improved health behaviors and lower absenteeism and presenteeism.

Next, the literature identified employee wellness programs as a means of improving health behaviors in adults. The ACA has acted as a catalyst to health promotion in the workplace. The employer mandate requires employers to increase health insurance coverage for employees, motivating employers to act on improving overall health behavior among employees.

The impact of employee wellness programs on overall organizational productivity was unclear. The literature showed some support for positive ROI associated with investing in an employee wellness program. However, there appeared to be more support for attributing positive

outcomes when ROI was complimented by VOI, incorporating the non-tangible put comes such as retention and employee engagement.

The literature further identified the role of leadership as an important theme in the success of employee wellness programs. Transformational leaders lead by example, exhibit coaching behaviors and tend to walk alongside followers as they guide them. Overall, transformational leaders are essential to creating a culture of health within the organization. This provides both social and leader support for individuals seeking health behavior change.

Finally, the review of literature identified existing incentives and barriers that may impact participation in employee wellness programs. There was good support for the success of comprehensive programs that utilized incentives along with penalties. Barriers identified included lack of time, lack of leadership support and inflexible schedules as common barriers. There was not any literature addressing barriers or incentives specific to bedside nurses.

Summary of the Literature Review

High nurse turnover rates represent a significant problem for health care organizations. Healthcare leaders are challenged with navigating a climate with an increase in health behavior related illness and a fast growing shortage of nurses. A review of the literature provided a foundation of health behaviors associated with chronic illness, an explanation of how leadership and culture can shape health behaviors within an organization, and the overall impact these have on participation in wellness activities. The existing literature supported a positive relationship between participation in employee wellness programs, improved employee retention and reduced absenteeism. However, there were clear gaps in existing literature exploring the reasons why employees choose to participate in wellness programs. Furthermore, there was also a gap in literature addressing this problem specific to occupation. More specifically, the review of

literature showed a void in research that describes the experiences of nurses that influence their decision to either participate or not to participate in employee wellness programs

Transition and Summary of Section 1

In this section, the researcher provided the problem to be addressed, the background of the problem and the purpose of the study. The theory of planned behavior and the theory of behavior health change provided a framework for the study. The researcher described the ways this problem relates to business and included a biblical integration within the significance of the study. The researcher further conducted a review of the literature related to chronic illness, health behaviors, leadership styles, employee wellness programs and employee retention strategies. The review of literature supported future research into this studies research problem.

Section 2 will provide a thorough description of the project. The purpose statement will be restated along with a description of the role of the researcher and discussion of study participants. In addition, the researcher will discuss research method, research design and techniques for data collection and analysis. Section 2 will conclude with a discussion on reliability and validity.

Section 2: The Project

Health care leaders are challenged with the task of identifying strategies to promote retention and reduce absenteeism and presenteeism. A review of the literature showed a decent amount of support for the use of employee wellness programs as an avenue of improving retention and reducing absenteeism. However, employee participation remains a problem. Employers utilize incentives, impose penalties, and some choose both, as a means to improve participation rates. This research will identify strategies that specifically target the promotion of participation among nurses in East Tennessee.

This qualitative case study will address the problem of lack of participation in employee wellness programs offered by employers. The study will seek to understand the reasons why nurses choose to/ or chose not to participate in wellness programs. This study will further identify barriers to participation among bedside nurses. This study will utilize open-ended personal interviews with employees within a healthcare system in East Tennessee. This section will also provide information on the items necessary to conduct this research project. The completed study may act as a guide for healthcare leaders to understand both incentives and barriers applicable to bedside nurse participation in employee wellness programs. Items in the section include purpose statement, role of the researcher, participants, research method and design, population sampling, data collection, data analysis technique, and reliability and validity.

Purpose Statement

The purpose of this qualitative case study is to delve into the existing body of research pertaining to the impact of employee wellness programs on employee retention and absenteeism, and further explore the reasons why employees choose to/ not to participate in wellness programs

offered by employers. This problem is examined through a comprehensive study of participation in employee wellness programs among healthcare nurses in East Tennessee.

Role of the Researcher

Qualitative research allows the researcher to explore a research problem (Gelling, 2015). The role of a qualitative researcher is to act as the instrument for data collection, through the use of personal interviews and/ or observation (Creswell, 2016). The qualitative researcher plays a marked role in data collection and relies on personal experience in interpreting collected data. The researcher in this study conducted face to face interviews and virtual interviews, utilizing in-depth, open ended interview questions. The researcher was the sole instrument used in collecting data for this research. Potential participants for this research were contacted by the researcher. Once the participants were determined, the researcher scheduled interview times for each participant. The researcher ensured all participants in the research were aware of the nature of the study and understood that there was no compensation of benefit to the participant (Creswell, 2016). Each interview was audio recorded, and transcribed word for word. The researcher coded the data for more accurate analysis.

Participants

This qualitative case study includes interviews with acute care nurses within a local health care organization. A working relationship with the potential participants already exists as the researcher is employed within the same health care system. Working with two pre-determined nurse managers, the researcher constructed a small list of potential participants. The researcher emailed an invite to potential participants describing the research and requirements for participation. This email also included questions regarding employment status and length of employment. The researcher chose 15-20 participants from the respondents. The researcher

narrowed the list to only registered nurses who are full-time benefited employees as these are the ones eligible for employee wellness benefits. The researcher then chose an even balance of new hire registered nurses and experienced nurses. This purposive sample added value and credibility to the study (O'Reilly & Parker, 2013). Once the researcher determined a participant list, each participant was contacted, and an interview time and place was determined. Due to restrictions pertaining to COVID-19, most interviews were virtual. Each interview was private, recorded, transcribed and coded. Participants names were excluded to ensure anonymity and maintain confidentiality. The participants in this study were given a consent form to sign. This consent acknowledged that the participant understands the research and is willingly and voluntarily, participating in the study.

Research Method and Design

The research method chosen for this study was the qualitative method, as it utilized collecting information that was subjective in nature, through interviewing participants. This research study explored the reasons why employees choose to participate in employee wellness programs and gain a deeper understanding of the perceived barriers to participation. Further, the use of a qualitative method facilitated the researcher's desire to gain an understanding of why nurses choose/choose not to participate in employee wellness programs.

Discussion of Method

Qualitative research allows the researcher to delve into human experience in a personal manner, providing a deeper understanding of the elements influencing the experiences (Gelling, 2015). Qualitative research provides insight into participant's behavior through exploring participant experiences (Yin, 2014). Information in qualitative research is gathered through observation, interviews and conversation, in the natural environment of the participants.

Interviews for this research will take place at the health care facility preferred by the participant. The use of qualitative research enabled the researcher to dig deeper into the given research topic.

Quantitative research evaluates a given phenomenon as a science (Stake, 2010). The focus of quantitative research is to systematically investigate a problem by the use of numerical data and statistics with the goal of identifying a relationship or trends. For example, quantitative research might provide a measurement of how many nurses in a given population participate in wellness programs, or even a distribution of certain factors present within that group. However, using qualitative methods, such as interviewing with open ended questions, the research might reveal how nurses experience health and how their experiences influence their decision to participate or not to participate in a wellness program. Creswell (2016) stated that qualitative research is appropriate when a research problem needs to be explored, while quantitative methods should be used when the goal of the research is to explain a problem.

Discussion of Design

This research used a case study research design. Case study research centers on a phenomenon, or real-life case over time (Creswell & Poth, 2018). The case to be studied may exemplify an individual or a group of individuals. Case study design allows the researcher to examine multiple perspectives of a single phenomenon, often resulting in a “thick” description (Taylor & Thomas-Gregory, 2015). According to Yin (2014), case study research may include documents, interviews, and observations as sources of information. Ponelis (2015) explained that by homing in on the “how” and “why” questions, case study research provides the researcher with the opportunity to engage with the participant, resulting in a deeper, more holistic understanding of the phenomenon.

Case study research design allows the researcher to limit the number of people or events studied, thus facilitating a deeper look into the research problem and experiences of participants (Taylor & Thomas-Gregory, 2015). Using a case study research design was appropriate for this study as it will enabled the researcher to engage with the participants and explore the stated phenomenon, in a single location, within a specified amount of time.

Summary of Research Method and Design

This study utilized the qualitative research method and a single case study design. The qualitative method was chosen because it provided a thicker understanding of the research problem. Case study research enabled the researcher to engage and explore the phenomenon in a subjective manner. The use of qualitative, single case study research provided the researcher the tools necessary to fully explore the research questions for this study.

Population and Sampling

The participants of this study were registered nurses that work in an acute care setting within a health care organization in East Tennessee. The researcher chose the purposeful sampling method for enlisting participants in this study. Purposeful sampling is the primary method of sampling used by qualitative researchers (Creswell & Poth, 2018). Purposive sampling provides researchers a means of identifying and selecting cases relevant to the target phenomenon in their qualitative study (Palinkas et al., 2015). Guetterman (2015) stated that purposeful sampling focuses on the use of a few participants rather than a larger group. This allows for the sample to meet very specific criteria (Terrell, 2016). Furthermore, the use of purposive sampling can strengthen the research credibility and provide the researcher with a means of obtaining quick and accurate gathering of data (Palinkas et al., 2015).

The population sample size is influenced by the chosen research design, the complexity of the research phenomenon as well as the resources being used (Creswell & Poth, 2018). The sample size in qualitative research should be large enough to reinforce the objective of the study through collecting extensive information and data saturation (Terrell, 2015). Population size varies based on the research design chosen for the qualitative study. While research that utilizes four to five case studies provides the researcher with the ability to identify themes present in the research, case study research may be limited to one case (Creswell & Poth, 2018; Terrell, 2015).

For this study, the researcher selected a population sample of 15 to 20 participants. The researcher first narrowed the list to only registered nurses who were full-time benefited employees as these were the ones eligible for employee wellness benefits. The researcher then chose an even balance of new hire registered nurses and experienced nurses. This purposive sample added value and credibility to the study (O'Reilly & Parker, 2013).

Data Collection

This section of the study will describe the process used by the researcher to collect data. The collection of data for this study was obtained through interviews to be conducted by the researcher. The participants were full time, acute care nurses within a health care organization in East Tennessee. The researcher met individually or virtually with each participant to conduct the interviews.

Instruments

The primary instrument in a qualitative study is the researcher. Case study data collection may rely on multiple procedures such as: documents, existing records, participant observation, direct observation and interviews (Creswell & Poth, 2018). This study focused primarily on open ended interview questions created by the researcher. Creswell and Poth (2018) further discussed

the relationship that is established during the interview process and through observing the participants. This relationship establishes a foundation for a perceived safe space for the participant to share openly lived experiences associated with the phenomenon being studied. The researcher developed an interview guide as an instrument for data collection via face to face or virtual interviews. The interviews consisted of open-ended questions that allowed each participant time to elaborate on each answer.

Data Collection Techniques

This study utilized one on one interviews. The interview questions were open ended and provided the participant with the opportunity to share lived experience as it applied to the phenomenon being studied. Each interview took place in a private location within the hospital where the participant works, or in a private location virtually. The interviews were audio recorded and transcribed and coded. Confidentiality was maintained by assigning each participant a number.

Data Organization Techniques

The data obtained from the interviews was transcribed and stored on the researcher's computer. Once the researcher transcribed the interviews, the data were coded using NVivo software. The researcher also included any personal notes or observations made during the interview in the coding process (Creswell & Poth, 2018). All programs on the computer used for this study were password protected. There is a backup copy of the data files stored on a separate computer.

Summary of Data Collection

This section described the process used to collect and organize data for the study. The researcher collected data from 15-20 acute care, registered nurses working at Johnson City

Medical Center. The researcher used an interview guide containing nine primary questions and five sub questions as the data collection instrument. The data were audio recorded. The researcher organized the collected data using the NVivo program.

Data Analysis

The data from this study was collected through interviews that were stored on audio files. The researcher began analysis of the data by transcribing each interview into written text files. Once the interviews were transcribed, each participant was given a written copy of their interview transcript for review. The use of member checking provides the participant an avenue to comment on and approve the researcher's data and interpretation (Iavari, 2018). Yin (2017) suggested that qualitative case study data should be categorized by themes and organized around the studies established research questions.

Coding Process

The second step of data analysis in this study was the coding process. Identifying themes is key to data analysis in case study, qualitative research (Creswell & Poth, 2018). Once identified, the researcher can organize themes in a manner that supports answering their research questions. NVivo software allows researchers to analyze the data collected from open ended interview responses (Feng & Behar-Horenstein, 2019). The use of coding software also helps to reduce bias in the study (Feng & Behar-Horenstein, 2019).

In the coding process used by this researcher, the transcripts were broken down into categories, words and phrases, and then entered into NVivo software program. The researcher used the tools to organize, code and categorize the data. The researcher categorized the data from the transcripts based on key word, sentences and paragraphs. These key ideas from the interview transcripts were then clustered into thematic groups where the researcher could clearly identify

the core themes of the research. Triangulation is a term used to describe the use of corroborating evidence in establishing core themes in a study (Creswell & Poth, 2018). Using multiple sources of data, a researcher may use corroborating evidence to support themes and to provide credibility to their study (Carter et al., 2014). The researcher looked for common themes from the review of literature and the interview transcripts and applied them to the research questions.

Summary of Data Analysis

This section discussed the analysis of data collected for the study. The data to be analyzed were collected from 15-20 participants. Interviews were transcribed, and the researcher utilized member checking for accuracy. Once the transcriptions were approved by the participants, the researcher coded the data to identify themes. The researcher then triangulated data to establish common themes from the review of literature and the interview transcripts and applied them to the research questions.

Reliability and Validity

Reliability and validity are two key measures used in both quantitative and qualitative research evaluate credibility and quality of the research study. Noble and Smith (2015) discussed reliability and validity as it applies to qualitative research. While these terms are more easily assigned to quantitative research, their frameworks are slightly varied to better adapt to qualitative research methods, measuring rigor based on truth, consistency and applicability (Noble & Smith, 2015).

Reliability

Reliability pertains to the consistency and trustworthiness of the methods used by the researcher (Noble & Smith, 2018). Ultimately the research study should be repeatable by another researcher, independent from the study. Reliability refers to the consistency evident thought the

repeatability of a given study (Yin, 2018). For this study, the researcher sought to maintain reliability through consistency in the collection of data. Each step involved in the collection and analysis of data were clearly outlined. The researcher utilized an interview guide to ensure that consistency was maintained through the interview process.

Validity

Validity refers to the truth value found in the study (Noble & Smith, 2015). Validity is established when the researcher accurately conveys the truth value and clarifies research bias to ensure that the study is a clear representation of the participant perspective (Creswell & Poth, 2018). Creswell and Poth (2018) described corroborating evidence through triangulation of multiple sources as an effective strategy for validation in qualitative research. For this study, the researcher triangulated data collected from semi structured interview questions to gain a deeper understanding of the research problem in conjunction with themes provided from an extensive review of literature. The researcher further provided a copy of the transcribed interview for member checking as an additional strategy for validation of the study.

Summary of Reliability and Validity

This section discussed the key measures of reliability and validity in qualitative research. Reliability pertains to the level of consistency in the study. The researcher provided a detail of data collection methods to ensure repeatability and consistency in the research. Validity ensures the researcher's conclusions are an accurate reflection of the participant responses and not a personal interpretation. For this study, the researcher utilized triangulation of data and member checking to show validity in the research.

Transition and Summary of Section 2

Section 2 provided a thorough description of the project. The purpose statement was restated along with a description of the role of the researcher and discussion of study participants. In addition, section two discussed the research method, research design and techniques for data collection and analysis. Section 2 concluded with a discussion on reliability and validity. Section 3 will provide an overview of the study, a presentation and summary of the findings and discuss the application of the research to professional practice. Section 3 will conclude with applicable recommendations for further study.

Section 3: Application to Professional Practice and Implications for Change

This section is the culmination of this qualitative case study. The purpose of this study was to explore the reasons why nurses in East Tennessee choose to/ not to participate in employee offered wellness programs. This section begins with an overview of the study followed by a detailed presentation of the findings. Section 3 continues with the application for professional practice, highlighting the study results application to general business practice and nursing practice as well as the biblical implications. Finally, Section 3 outlines researcher recommendations, personal reflections and a summation of the overall study.

Overview of the Study

This qualitative research case study investigated the reasons why nurses choose to/not to participate in employee wellness programs. Furthermore, the intention of the researcher was to add to the existing body of literature pertaining to employee wellness program participation. This study addressed the influence of participation in wellness programs on frontline registered nurses as it relates to personal health behaviors, absenteeism, and retention. The data collection began with interviewing 15 registered nurses utilizing the interview guide found in Appendix A. The researcher used open ended interview questions that allowed the participants the ability to elaborate on their answers. Eight of the nurses interviewed had more than five years of experience working in nursing. The remaining seven RNs were considered to be new graduate nurses with less than one year of experience. This study was guided by the following research questions:

RQ1. What are the key factors influencing an employer's decision to offer employee wellness programs?

RQ2. Why do nurses choose to/choose not to participate in employee wellness programs?

RQ2a. What role do personal health related expectations play in a nurse's decision to participate/ not participate in employee wellness programs?

RQ2b. In what ways do employee offered incentives influence a nurse's decision to participate/ not participate in employee wellness programs?

RQ3. What role does leadership support play in a nurse's decision to participate/not participate in employee wellness programs?

The results of the study identified several themes in relation to a nurse's decision to participate or not participate in wellness programs offered by their employer. The themes were as follows:

1. Transformational leadership plays a key role in a nurse's decision to participate in employee offered wellness programs.
2. Employee offered incentives are effective in encouraging participation in employee wellness programs.
3. Personal health behavior expectations impact employee participation in wellness behaviors.
4. Lack of time is a significant barrier to a nurse's choice to not participate in employee offered wellness programs.

This section of the study will provide an intensive discussion of each of these themes as well as answer the research questions posed in section one of the study.

Anticipated Themes/Perceptions

The review of professional literature clearly identified leadership style as having a significant impact on employee participation in wellness programs. I anticipated this to carry over in the responses from nurse participants in the interview process. Two nurse managers were

included in the list of participants to help clarify this theme within this study. I expected there to be more of a conflict with nurse managers taking on such a personal coaching role with direct report employees. The study supported the literature in the significance of coaching to health behavior change. The interview responses showed that coaching behavior among leaders works from the top down, with executive leaders coaching mid-level managers equipping them to better coach their front line nurses.

Presentation of the Findings

The presentation of findings for this qualitative case study is comprised of an analysis and interpretation of data obtained through one on one interviews that were pertinent to an extensive review of current literature and the stated research questions. This study consists of interviews of 15 participants utilizing the interview guide found in Appendix A. All participants were registered nurses. Eight participants had more than five years of experience working in nursing. Two of the eight were nurse managers. The remaining seven RNs were considered to be new graduate nurses with less than one year of experience.

The data collected from the interview process were applied to specific categories and assigned codes. This provided validity and reliability of the data within the study. The researcher used the NVivo coding software. The use of this program provided a visual demonstration of the data obtained from the coded interviews. The program further developed a diagram which allowed the researcher to identify coding relationships and thematic categories found from a triangulation of data obtained from both the interview process as well as the review of literature.

Four themes emerged from the interview process. The four themes identified and supported by the research questions and framework of this study include:

1. Transformational leadership plays a key role in a nurse's decision to participate in employee offered wellness programs.
2. Employee offered incentives are effective in encouraging participation in employee wellness programs.
3. Personal health behavior expectations impact employee participation in wellness behaviors.
4. Lack of time is a significant barrier to a nurse's choice to not participate in employee offered wellness programs.

Data saturation was reached within 12 interviews. After 12 interviews, the data yielded results were consistent with the previous interviews. Information was triangulated through the use of existing literature, data gathered through interviews and personal observations and notes taken during the interview process.

Transformational Leadership

One of the first themes that emerged from the interview process was that transformational leadership plays a key role in nurse participation in employee wellness programs. This theme supported the literature review in identifying supportive leadership and workplace culture as playing a significant role in employee participation (Mason et al., 2014). Transformational leaders are role models for their employees (Birasnav et al., 2015) and inspire their team members to be their best, resulting in positive outcomes for the organization (Prasad & Junni, 2016). These leaders motivate their followers to exceed targeted goals. These characteristics found in transformational leaders help motivate others to participate in employee wellness programs. Nurses that participated in this study agreed with the existing thoughts found in literature. Nurse Participant 2 described their participation in this way:

I was never really motivated to participate in any exercise program at work until I came to work on this unit. My manager is such a team person and really had a way of making it fun. He would come in the break room and rally us all to do some quick movement during our break. He made sure there were always baggies with healthy snacks and water bottles to keep us away from the vending machines. It was great. He would put out a challenge and then give it his all to win.

When I asked Participant 2 if they felt pushed to participate, they answered, “not at all! My manager made it fun. We all really wanted to join in.”

Nurse Participant 6 agreed by stating the following:

I work for the greatest nurse manager. I work night shift and it would be easy to not participate in the fun challenges of day shift, but my manager was determined that we all feel a part of each challenge. He would come on the floor in the middle of the night to check in on us and encourage us. It was a bit annoying because, you know, we were really tired and it might be 2 a.m. But here came my manager, like he was some superhero of fitness, dancing down the hall and getting us all involved. It was irritating and fun at the same time, but we always knew that he really cared about us. That we weren't just staff on the schedule.

Each participant was asked specifically if they felt leadership support on the executive level or manager level were more effective. Overwhelmingly, the response showed that manager support had a bigger impact. Nurse Participant 3 described their perception of leadership support by saying while she heard about challenges and participation from executives, she really never saw them in person and that it was very distant to her. When describing her manager, she said “she was always there to encourage any of us that were really trying. You know, I always knew

that I was important to her, you know, my health and all of me.” Nurse Participant 9 responded in a similar way. He mentioned he was aware of the emphasis on health promotion from executives because of social media.

I saw it a lot on Facebook. They always had stuff on there about these executives running a certain distance, or how far they biked for a challenge. But that didn’t really have anything to do with me. I was like, that’s cool. Never once did I think, wow, maybe I’ll go run five miles or that I was even welcome to join the challenge.

Nurse Participant 5 was a nurse manager. The perspective was somewhat different as they were more responsible for casting the vision of health promotion. This participant voiced that they felt a lot of support from the executive team at the health care organization saying, “our leaders are determined to make healthy lifestyle changes for themselves and to coach us to do the same.” I asked this manager if they felt ill equipped to be a health coach to their team and he responded:

At first, yeah. I mean, I felt like a hypocrite because I obviously needed to lose weight and was known for my consumption of Mountain Dew. But really, my leaders were so enthusiastic that it was catching. We had leadership meetings and they came out all Richard Simmons like. It was hilarious. But they really explained to us the importance of educating our team members on what they were doing, and encouraged us to just do it, you know, lead by example and all of that. They made a competition between us managers to see who could get the most team members to participate, so that did it for me. Not that I am competitive or anything.

The theme of the role of transformational leadership on nurse participation addresses the focus of research question three by discussing the role of leadership support on participation in

offered employee wellness programs and sustaining participation among nurses. The theme was consistent with the literature review showing significant support for the role of organizational leaders in health promotion and participation in employee wellness programs. In addition, this theme supported the role of leadership theory and nurse participation in employee wellness programs, which represented one component of the conceptual framework for this study.

Transformational leaders are able to lead followers past their self-interests toward a greater awareness of a bigger picture (Bass, 1995). Transformational leaders lead by example and coach followers to keep moving forward, creating a culture of health within their unit of influence. This theme further supported the literature in its description of the role of the supervisor in workplace health promotion. The literature showed often times leaders in mid-level management felt ill equipped to coach their direct reports in health promotion and that it was vital for executive leaders to first cast the vision to them and to ensure they had the appropriate tools to educate and coach their team members in the programs offered (Passey et al., 2018).

Incentives

Incentives offered for varying levels of participation also evolved as a theme in the interviews. Organizations can utilize incentives as a means of encouraging participation in employee wellness programs. Incentives can be based on participation, outcomes based, or a combination of the two. There were two clear groups of incentives that were discussed by participants: the incentive tied to biometric screening and smoking cessation and incentives for team participation. The Affordable Care Act encourages employers to provide employee wellness programs and allows for a discount of up to 30% off health care coverage costs for employees that chose to participate in employee wellness programs and those that meet specified health benchmarks (Fronstin & Roebuck, 2015). This healthcare organization offered a

significant discount in the cost of health insurance for team members that participated in the biometric screening and those that were declared smokers who participated in a smoking cessation program. All participants in this study participated in the biometric screening.

Nurse Participant 1 said it was not a reflection of any real health decisions for her or her husband, but simply a matter of money. She went on to say:

It was simply an issue of money. They made the screenings super easy, set them up at each hospital so we only had to go to the lobby. It was a little harder for my husband but he just came before work. We filled out a questionnaire, they took blood, weight and blood pressure, and we were like gosh, for that 20 minutes out of our schedule it saved us around \$600 a month on insurance premiums. So it was not a question of doing it or not doing it.

This was the response across the board of those that participated in the screenings. Nurse Participant 9 said:

I did the math and it came out to about \$20 a minute for the time that it took each year to go through the screening versus the increased cost in insurance premiums. You have to be stupid not to do it.

Nurse Participant 2 responded she had five children that were on the insurance plan, so the savings was even greater:

I know everyone talks about how much they save, but really, if you are on the family plan you are saving even more. I mean, both me and my husband have to do the screening, but oh my God, this is healthcare in East Tennessee, they don't pay us enough to not take part. And I will say it is better than it used to be. I remember when we had to all show

proof of a yearly physical as well. That was a bit harder to fit in the schedule, but still so worth the savings.

The healthcare organization also provided lower rates for those participating in a smoking cessation program, however, none of this studies participants were smokers.

Participants also referred to incentives that were related to participating as part of their unit team for meeting challenges. These were not incentives that were provided by the organization itself, but instead, were offered by managers competing to win unit competitions. Nurse Participant 11 talked a lot about this aspect of participating in employee offered wellness programs.

I have always worked out and focused on my health. Well, it's just something that has always been important to me. But something I do alone. I go to the gym and I focus on my workout. I give it my all. I have never been into any of these fancy programs or classes. All I need is a set of weights and my air buds. But this has been different, and fun. For me it's not so much about the wellness part as much as being part of a team with my peers. And I feel like I help them, encourage the ones that have not ever cared about their health. And at the end of the day, or challenge, if we win then my manager, he takes us all out for bowling, or VR or something fun.

The sense of team and the incentive of achieving something together was discussed by six of the 15 participants in this study. Nurse Participant 4 was a nurse manager and talked about her staff member's participation:

Let me tell you about one challenge. One year my staff was talking about their cholesterol levels. We had just been sent the results of our biometric screenings, and we had a lot of high cholesterol. And those that weren't high, had low levels of actual good

cholesterol. So we decided that we would make that the focus of a challenge for our unit. We made a list of meals and foods that helped build good cholesterol and put them in a hat, well a different one for each meal. We would draw out a week at a time and that determined our course for the week. We also did some basic stress reducing exercises during breaks. It was just a lot of fun. At the end of the challenge my team's metrics had all improved, every last one of them! We celebrated big.

The theme of the role of incentives on nurse participation in employee wellness programs addresses the focus of research question two by discussing the ways in which employee offered incentives influence a nurse's decision to participate/not participate in employee offered wellness programs. The theme was consistent with the literature review showing that attaching financial rewards/penalties for completing biometric screenings each year proved to be an effective means of engaging employees (Fronstin & Roebuck, 2015). The literature further showed that organizations that offered comprehensive wellness programs had the highest rate of participation (Huang et al., 2016). Comprehensive programs include multiple components such as biometric screenings, lifestyle management, and disease management. In addition, this theme supported the role of the theory of planned behavior as it relates to nurse participation in employee wellness programs which represented one component of the conceptual framework for this study. The theory of planned behavior states that an individual's intent to take an active role in their health is strongly influenced by culture and social pressure. This was reflected in the positive influence of being part of a team in achieving health related behavior change.

Personal Health Expectations

The final theme that presented itself among those interviewed that chose to participate in employee wellness programs was their own view of their personal health and health related

behaviors. Unhealthy behaviors and lifestyle choices such as smoking, use of alcohol, inactivity, and poor nutrition are risk factors that add to the burden of chronic disease and have a significant impact on the overall health of a given population (Pescud et al., 2015).

The interview process revealed that those that participated in wellness beyond the biometric screening did so either to try and correct a health problem such as high blood pressure, or as a means of prevention. Participant 11 discussed the relationship between his job and health. He talked a lot about the large number of patients he has that are in the hospital due to chronic illness associated with health-related behaviors. He said:

Wow. Like there are so many sick people, you know, that are sick because they are obese, they smoke, some are diabetic. But like all preventable. I know a lot of nurses that deal with the same stuff, and I am not judging. But for me, you know, I think do I want this to be me in ten years or twenty years. And the answer is a big no way. This job is what got me so obsessed with exercise and watching my diet. And my wife too. She is a nurse as well. We are both pretty much health nuts because we don't want to be that patient.

When asked what wellness programs he chose to participate in he said as many as he could. He went on to explain the healthcare organization offered discounted gym memberships, exercise classes and sponsored runs around the tri-cities. He and his wife participate in all of them.

Nurse Participant 12 echoed the thoughts of Nurse Participant 11. When asked why they participated in the employee wellness programs offered their response was:

Because I see every day, every stinkin' day, what happens when you don't take care of your health. This area is real bad too. A lot of obesity, a lot of inactivity, a whole lot of

diabetes. Which of course is related to the others. But yeah, when you treat these people every single day, you kind of set your mind to not wanting to be them in the future. I am still young and have a whole life to either screw it up or take care of it, my body and my health. I want to be around for my wife and my kid.

Nurse Participant 4 approached also referenced chronic illness prevention as a reason for taking advantage of the employee gym discount. She discussed her family health history and how important it was to her, to break the cycle of heart disease and high blood pressure. She stated that heart disease was prominent on both maternal and paternal sides of her family tree. “I want it to end here, with me. That’s it. I will Zumba til the cows come home.” Correcting existing medical conditions was also a motivator for nurses participating in employee offered wellness programs. Participant 6 discussed their struggle with weight and high blood pressure. “Working night shift is the worst. I have gained 23 pounds since I went from days to nights” she said. Participant 6 went on to say she has taken advantage of classes on weight loss and high blood pressure management and that they have been beneficial. She added: “I really want to go to the gym, it’s just so hard for me to manage that with working night shift.”

The theme of the role personal health behaviors on nurse participation in employee wellness programs addresses the focus of research question two by discussing the ways in which personal health expectations influence a nurse’s decision to participate/not participate in employee offered wellness programs. In addition, this theme supported the role of expectancy theory as it relates to nurse participation in employee wellness programs which represented one component of the conceptual framework for this study.

Time

The reasons given for not participating were all related to lack of time. In some cases, the response was simply that the participant nurse did not have time in their schedule to add an exercise program or to attend a disease management seminar. Others referenced their schedule flexibility and how difficult it was to find work-life balance when working twelve hours shifts, several days a week. Nurse Participant 7 described it this way:

I think it's really funny that they are all like, you should do this or that. I know I am overweight, and I know that exercise and diet would go a long way to correct that. But it's like they have a brain block where they don't realize that they are requiring mandatory overtime, or that I worked 72 hours last week. When exactly was I supposed to go to the gym, or get out and exercise?

Nurse Participant 8 agreed saying she found it difficult to find time to help her kids with their homework or attend soccer games. She said between working 12-hour shifts and trying to stay somewhat present in her children's lives, she just could not find the time to participate. She stated:

I would love to have time for group exercise. I used to go to classes several times a week at the gym. I haven't been a nurse long, and it kind of surprises me that I have less time now than I did when I was in school. But you know, there just are not enough nurses these days, and it seems like I am always at work. Either scheduled or filling in for someone who didn't show. I am new and all, and I cave easier when they call and beg me. But my family hates it. I hate it.

Nurse Participant 7 also attributed poor eating choices to their work schedule and lack of time.

You know, working night shift is just hard. And the crazy ratios that we have makes it difficult to sit down and eat a really health meal. There just isn't time for that. And the cafeteria is partially open, but not good food. There are some premade salads but everything else is off the grill. Like burgers and fries. By the time I get my kids sorted out, I am running out the door for work. I really don't have time to meal plan. We order out almost every night. It just saves time to have pizza in the break room. Now that is healthy.

The data obtained from the interviews was supported by reviewed literature. Nurse Participant 14 referenced regularly rushing through meals because there were so many call lights to answer. "I never sit down and eat a meal while I am at work. We are too short staffed. No aides on the floor. I take a bite and then answer a call light. Who can eat healthy like that?"

Seward et al. (2019) studied employee wellness program participation among workers in a Boston medical center. This study supports the interview data by identifying lack of time, inflexible work schedule, and perception that existing programs targeted day shift workers as barriers to participation. The theme of the role personal health behaviors on nurse participation in employee wellness programs addresses the focus of research question two by discussing the ways in which time management influences a nurse's decision to participate/not participate in employee offered wellness programs. This particular theme reached saturation much earlier than those associated with participation. Saturation was reached at eight interviews, with everyone making reference to time being a barrier.

Relationship of Themes/Patterns to Research Questions

RQ1. What are the key factors influencing an employer's decision to offer employee wellness programs? A review of the literature showed that employee wellness programs

represent one avenue that human resource managers and organizational leaders can utilize to improve absenteeism and retention (Mitchell et al., 2016). Employers incur costs as a result of employee absenteeism. These costs include those associated with work not completed, lower productivity, overtime costs as a result of covering the missed shift, and for extended absences, potentially the cost of a temporary worker (Rost et al., 2014). Losina et al. (2017) studied the relationship between physical activity levels and an employee's level of absenteeism. They found that increased levels of physical activity led to lower absentee rates in the workplace. Furthermore, research by Mitchell et al. (2016) examined the implementation of employee wellness programs and its influence on employee retention. The existing research supports the supposition that higher job satisfaction is associated with lower turnover rates. In other words, organizations with cultures that included health promotion reported higher levels of job satisfaction and overall employee well-being. Mitchell et al. (2016) added to this by showing that organizations with work environments that promote employee engagement in their own physical, mental, and social health have higher levels of employee retention.

RQ2. Why do nurses choose to/choose not to participate in employee wellness programs?

Several themes emerged from this study that apply to this research question. The savings on health insurance premium costs for participating in biometric screening was unanimously successful in engaging participation among the participants. All 15 nurses interviewed for this study participated in the screenings and stated the reduced cost of health care benefits was the incentive for them to engage. Other themes from this study that apply to this research question were the importance of personal health behaviors for preventative reasons, changing health behaviors to effect change on a current health concern such as high blood pressure or obesity, and to participate in a manager led team events.

RQ2a. What role do personal health related expectations play in a nurse's decision to participate/ not participate in employee wellness programs? Rappange et al. (2016) discussed the role of expectations on behavior change. An individuals' subjective expectations concerning both their future quality of life and their life expectancy may in turn impact their current decisions regarding health behaviors. The interviews supported the importance of health-related expectations to a nurse's decision to participate in employee wellness programs. Klusmann et al. (2016) stated that expectant outcomes play a vital role in health behavior change. An individuals' decision and readiness to participate in a positive health behavior is directly associated with the value that individual places on the expected outcome. Nurses interviewed referred to caring for so many patients whose sickness was both preventable and directly related to health behaviors as incentive to participate. One nurse said when you treat patients with preventable, chronic illness on a daily basis, you determine you want your future to be different than theirs. This research question was further supported by the expectation that by changing one's health related behaviors, one could change the outcome of an existing chronic illness. Hamine et al. (2015) found adherence to disease management is a crucial component to improving health outcomes. Several nurses interviewed discussed their personal health battles with obesity, high blood pressure, and diabetes. They agreed seeing the poor outcomes for so many patients that were sick with the same illness years down the road impacted their decision to engage in the wellness programs offered by their employer.

RQ2b. In what ways do employee offered incentives influence a nurse's decision to participate/not participate in employee wellness programs? Organizations can utilize incentives as a means of encouraging participation in employee wellness programs. Incentives can be based on participation, outcomes based, or a combination of the two. Fronstin and Roebuck (2015)

highlighted the effect of financial based incentives for the promotion of employee participation in workplace wellness programs. Furthermore, this study showed the impact of participation on overall healthcare utilization and spending and concluded that participation in wellness activities was 55% higher when financial incentives were applied. This statistic reflected mostly an increase in those participating in biometric screenings. The interview data supported the literature in answering this research question. All fifteen nurse participants in this study participated in the biometric screenings because of the financial incentive tied to participation. For half of the study participants, this was the only aspect of the employee wellness program that they participated in. Batorsky et al. (2016) studied the association between the characteristics of employers to the type of incentives tied to the employee wellness programs they offered. This study further explored the relationship between the types of incentives employers chose and the rate of participation among employees. The interviews showed that nurse managers that offered reward for participating in group activities associated with the employee wellness program had higher participation rates than those that did not.

RQ3. What role does leadership support play in a nurse's decision to participate/not participate in employee wellness programs? The reviewed literature showed significant support for the role of organizational leaders in health promotion and participation in employee wellness programs. The data obtained from the interview process of this study supported the literature in assigning great value to the impact of transformational leadership on participation among registered nurses within this organization. Organizational leaders represent the organizations culture, including the degree of focus on wellness (Hoert et al., 2018). This theme further supported the literature review in identifying supportive leadership and workplace culture as playing a significant role in employee participation (Mason et al., 2014).

Summary of Findings

The analysis of the data obtained through the interview process established themes that were consistent with existing professional and scholarly literature.

1. Transformational leadership plays a key role in a nurse's decision to participate in employee offered wellness programs.
2. Employee offered incentives are effective in encouraging participation in employee wellness programs.
3. Personal health behavior expectations impact employee participation in wellness behaviors.
4. Lack of time is a significant barrier to a nurse's choice to not participate in employee offered wellness programs.

While these themes support the reviewed literature, it is important to note that this study represented themes that were singular to nursing practice. The impact of leadership behavior on employee participation remained the same across occupations, representing a key factor in both the literature and the data obtained from the interviews. The same was true with the theme on the importance of employee offered incentives. However, the themes related to personal health behaviors and time management, while expected, looked different when assigned to the occupation of registered nurse. Many participants in this study referenced the impact of seeing firsthand, on a daily basis, the outcomes associated with not participating in health promotion and behavior. This offers the employee a somewhat unique perspective and can directly influence the impact of expectancy theory on their health behavior decisions. Rappange et al. (2016) stated an individual's subjective expectations concerning both their future quality of life and their life expectancy may in turn impact their current decisions regarding health behaviors.

When an individual is faced with seeing poor health outcomes on a daily basis, it reflects their current health behavior decisions.

The theme of time acting as a barrier also revealed some challenges that were more specific to a health care setting. While anyone can attribute lack of health promoting behaviors to a lack of time, nurses are challenged with navigating shiftwork and shortage of staff. The nurses interviewed all worked 12-hour shifts which they referenced as making it more difficult to manage and find time to participate in outside health activities. Participants identified the lack of staff as creating mandatory overtime and more hours worked per week. Furthermore, lack of adequate staff increased nurse patient ratios creating a perception among interviewed nurses that they had to rush through meals and just eat on the go.

Applications to Professional Practice

This qualitative case study focused on the reasons nurses choose to or choose not to participate in employee wellness programs. This section provides a look into how participation in employee wellness programs is applicable to professional practice. This study focuses specifically on registered nurses in East Tennessee. The prevalence of chronic conditions such as obesity and diabetes are much higher among vulnerable populations such as that found in the Appalachian Highlands of East Tennessee (Abdullah & Lee, 2012; Rabarison et al., 2017; Ruan, 2009). The absentee rate is four times higher for employees with at least one diagnosed chronic illness (McIntyre et al., 2017). Employee wellness programs have proven to be effective in managing, and even correcting, chronic disease. Some participants in this study attributed correcting a chronic illness as a motivating factor in participating in the employee offered wellness program. One participant discussed the how perceived help with managing her diabetes was very meaningful to her. She talked in detail about how her manager's involvement helped

her to “stay the course” in pursuing health behavior change. Six of the participants that were utilizing employee offered tools for disease management stated they had a perceived decrease in absenteeism since participating.

While current literature supports the relationship between participation in wellness programs and employee retention and reduced absenteeism, it is not inclusive of the reasons why employees participate (LeCheminant et al., 2017; McIntyre et al., 2017). Identifying reasons for participating and potential barriers allows business leaders to create a system to improve retention and reduce absenteeism. Furthermore, literature discusses employee wellness programs across a myriad of occupations, but not specific to nursing. The data obtained from this research provides both details on participation individual to nursing as well as specific reasons nurses choose to or choose not to participate in employee offered wellness programs.

This specific research relates to the researcher’s field of study which is Doctor of Business Administration in Healthcare Management. This research study results are applicable in human resources and leadership within a healthcare setting. The research results provided factors that influence participation in employee wellness programs among nurses. Healthcare leaders can utilize these findings in developing wellness programs which may lead to increased retention and reduced absenteeism among nurses. The findings of this research identified leadership as a critical factor in nurse participation. The study showed that nurses that had strong support for health behavior change from their managers and coworkers had a greater depth of participation and sustained change in health-related behaviors. Nurse managers can benefit from a deeper understanding of their influence on behavior change to those that work for them as well as how to use that influence for positive change. Healthcare leaders can implement training for their nurse managers to provide them with coaching skills. Participant 5 was a nurse manager that

mentioned the importance of feeling equipped to coach health behavior change. They stated: “As a manager, I am, you know, used to managing things related to nursing practice, nothing that is as personal to my team member as their weight, or diet choices.” Nursing professionals are well informed of the health-related outcomes associated with disease management, however, may lack the skills needed to come alongside someone and walk them through behavior change. One of the primary dimensions of the transformational leadership style is inspirational motivation (Prasad & Junni, 2016). Inspirational motivation demonstrates a leader’s ability to impart and inspire their team members towards the mission, vision and values of an organization. By providing leadership training to nurse managers and teaching effective coaching skills, an organization can better impart the health behavior vision for the organization as well as share in the benefits of a healthier workforce. The existing research showed that oftentimes mid-level managers felt ill equipped to effectively train their direct reports (Passey et al., 2018). The two nurse managers that participated in this study agreed that it could be very intimidating to lead health behavior initiatives. However, both nurse managers stated that they felt like the executive leadership within their organization had worked to cast the vision for a healthy workforce through both example and training. Nurse managers that felt equipped and supported from their leaders were more confident in coaching their staff nurses in participating.

This study further identified lack of time as a significant barrier to participation. Identifying the challenge that shift work represents to the registered nurse participating in employee offered wellness programs has implications for general business as well as healthcare specific employment (Seward et al., 2019). Human resource leaders, in any industry, can use this as a basis for creating wellness programs that are best suited for employees that work 12-hour shifts.

This study also has strong implications for businesses with a biblical framework. First and foremost, the Bible teaches that health is important to the Lord. “Beloved, I pray that all may go well with you and that you may be in good health, as it goes well with your soul” (3 John 1:2, ESV). Strategies to improve employee wellness and lower nurse attrition rates can be used to propagate God’s plan for his creation. An individual’s entire being, spirit, mind, soul and body are connected, and designed by God, in his image. Living purposefully for God, and walking according to his principles, will promote an environment that supports good health.

My son, be attentive to my words; incline your ear to my sayings. Let them not escape from your sight; keep them within your heart. For they are life to those who find them, and healing to all their flesh. (Psalm 4:20-22, ESV)

Keller and Alsdorf (2012) outlined a new compass for work that includes serving one another. The very center of Christianity is that believers in Christ should be caring and loving, one toward another. This study showed the significant role of transformational leadership to wellness program participation. Transformational leaders are described as influential, inspiring, challenging, enabling, and encouraging (Fischer, 2016). Transformational leaders work towards the benefit of others, not just themselves. The characteristics of a transformational leader are the same as those outlined in the Bible as a servant leader. “Do nothing from rivalry or conceit, but in humility count others more significant than yourselves. Let each of you look not only to his own interest, but also to the interests of others” (Philippians 2:3-4, ESV). Christian leaders should be both encouraging and inspiring. “Therefore encourage one another and build one another up, just as you are doing” (1 Thessalonians 5:11, ESV). “And let us consider how to stir up one another to love and good works, not neglecting to meet together, as is the habit of some, but encouraging one another, and all the more as you see the Day drawing near” (Hebrews 10:

24-25, ESV). The believer is admonished to walk alongside others to help them change behavior, has been provided through Christ. The Bible challenges the Christian to walk in a manner that is both encouraging and challenging. “Little children, let us not love in word or talk but indeed and in truth” (1 John 3:18, ESV).

Recommendations for Action

The purpose of this study was to explore the reasons why nurses choose to / not to participate in employee wellness programs. The results of the study showed that leadership theory played a significant role in a nurse’s decision regarding participation in employee wellness programs, more specifically, that transformational leaders were more likely to influence sustained health behavior change among nurses. The interviews in this study showed that while front line nurses were aware of executive leadership emphasis on health promotion, they often did not feel these initiatives were for them. However, the nurses interviewed did feel challenged and a part of a team when coached by their nurse manager. Healthcare leaders can use these findings to further develop training for nurse managers. Leaders should create training that is focused on the importance of coaching and coaching skills. Birasnav et al. (2015) identified transformational leaders as role models. Furthermore, organizations with leaders that are effective in coaching have been shown to have reduced absenteeism and improved retention (Rose & Raja, 2016). Nurse manager’s interact with core staff on a regular basis. Focused training on coaching skills and educating nurse managers on how to better cast the vision of the healthcare organization may improve overall job satisfaction leading to reduced turnover. Furthermore, sustained health behavior change and disease management among core nurses will reduce absenteeism and presenteeism in the workplace.

This study also identified employee offered incentives as a factor influencing participation. All of the participants in this study participated in the biometric screenings, citing the reduction in healthcare insurance costs as the motivating factor. However, for many participants this was the extent of their involvement in the wellness program. Healthcare leaders should focus on incentives to encourage participation in health activities that will encourage behavior change. This could include unit challenges for steps per day, group exercise or attending educational programs for disease management.

This study further singled out lack of time and long shifts as the main barrier to participation. Executive leadership can help overcome this barrier by developing programs that target all shifts. This may be a challenge for leaders, but it is essential those nurses that work night shift have the same opportunities for engaging in health promotion as those that workday shift. This may require having nursing leaders assigned to working adjusted hours to incorporate time to coach their night shift staff. An additional recommendation would be to provide a space for workers to shower during their shift. This would provide a way for the worker to get out and walk or exercise during their break without having to worry about sweating. This would also allow them to get in exercise during their shift and not have to fit in a workout following a 12-hour shift. A final recommendation on this theme would be to develop and implement creative education on time management specifically for nurses. Finding a work/life balance among nurses is a challenge due to the required long hours, mandatory overtime and the physical and emotional components of the job. Time management training should be specific to the needs of a front-line nurse and should be readily available for both day shift and night shift workers.

The results of this study should be initially disseminated through a formal report with video presentation to human resource and healthcare leaders outlining the purpose and results of

the study. To reach potential participants this study can be further disseminated by utilizing email and social media presenting success stories and lessons learned along the way.

Recommendations for Further Study

There are several recommendations for further study on the topic of participation in employee wellness programs. First, this study was limited to registered nurses in East Tennessee. One recommendation for further study would be to examine nurse participation in other areas of the United States, such as rural areas outside of the southeast, as well as participation among nurses in urban areas. If other areas were studied, we could answer questions such as: Do nurses in vulnerable populations participate for different reasons? Are the barriers the same? How do nurses in urban hospitals experience health and wellness differently? It is possible that participation in urban areas would be different due to the logistics of location and potentially easier access. Also, this study was specific to the role of nursing in a hospital setting. Further research investigating participation among nurses in a non-hospital setting is recommended. Do nurses in non-hospital setting report the same barriers? Many nurses outside of the hospital do not work 12-hour shifts. Is time still a barrier? Finally, this study showed lack of time, in part due to working 12-hour shifts, as a significant barrier to participation in employee wellness programs. Further studies could examine participation among employees in other roles within a hospital setting that work similar 12-hour shifts. Do other employees work the same shift experience the same barriers as nurses? Finally, a comparison could be made between reasons for participation and barriers to participation of nurses to shift workers in various other professions.

Reflections

This researcher cannot reflect on the study process without discussing the impact of the COVID-19 pandemic. All aspects of this study involved healthcare workers. The participants were essential workers and the researcher non-essential. The pandemic presented the researcher with obstacles for interviewing. These were created by increased scheduling of work hours for nurses, the closure of the hospital to any non-essential personnel, and the eventual furlough of the researcher. These obstacles added significantly to the amount of time needed to complete interviews to the saturation point. The interviews were scheduled virtually in place of in person. The change in interview format presented small complications along the interview process related to technological issues and scheduling.

There was a preconceived thought that visible efforts made by executive leadership had a significant impact on a nurse's participation in the employee wellness program. This belief came from personal experience and the researcher's position in a corporate office within the organization. The researcher was very familiar with the social media campaigns and aggressive marketing of employee wellness initiatives. However, this belief was changed during the interview process. It was clear the marketing methods of corporate leaders were seen and visible to nurses, but they did not have the impact of motivating behavior change. Nurses interviewed clearly attributed their participation to the coaching and encouragement of mid-level nurse managers.

There have been several opportunities in this research to include Biblical principles and their impact on business practice, specifically those related to leadership and motivation. In reflection, the researcher was most impacted by looking closer at Biblical leadership principles and the clear instruction as to the expected example a Christian is to live. Leaders at all levels

have an impact on those that are under them. This impact can be positive or negative. Christian leaders are exhorted to consider those that work for them before themselves. “You shall not oppress a hired worker who is poor and needy, whether he is one of your brothers or one of the sojourners who are in your land within your towns” (Deuteronomy 24:14, ESV). “Do nothing from rivalry or conceit, but in humility count others more significant than yourselves. Let each of you look not only to his own interest, but also to the interests of others” (Philippians 2:3-4, ESV). In placing the needs of others before themselves, leaders can create an environment that improves employee satisfaction and, in turn, reduces absenteeism and turnover.

Summary and Study Conclusions

The general problem addressed in this study was the lack of participation in employee wellness programs among nurses resulting in increased absenteeism and high turnover (Hoert et al., 2018). The purpose of this qualitative case study was to add to the existing body of literature concerning employee wellness program participation and to explore the reasons why nurses choose to/not to participate in employee wellness programs. The study included interviews with 15 registered nurses who were employed by the same hospital in East Tennessee. Interview responses were entered into the NVivo program and coded to identify themes in the research. The themes identified in the interview process supported the research questions posed in Section 1. These themes identified transformational leadership, personal health expectations and incentives as having the greatest influence on participation among those nurses interviewed. The study also identified lack of time and schedule as a barrier to participation.

Based on the findings of this study and the identified themes, several recommendations were made. These recommendations include focused training for nurse manager on the importance of coaching and coaching skills, added incentives for participation in employee

wellness initiatives related to behavior change or disease management, designating showers and locker rooms that would enable nurses to walk or exercise during their scheduled breaks and targeted efforts to include the needs of night shift workers. The study results and the recommendations for action add to the existing body of knowledge concerning employee wellness program participation. Existing literature supports the positive relationship between employee wellness program participation and improved employee retention and reduced absenteeism (Abdullah & Lee, 2010; Mitchell et al., 2016; Tsai et al., 2019). Most of the current literature is also based on quantitative research. This study bridges the gap in literature by identifying the reasons why employees choose to/ not to participate in employee wellness programs. Finally, current research addresses participation among employees in general. This study provides insight into participation specific to registered nurses in East Tennessee. Identifying factors that motivate nurses to participate as well as the barriers that prevent nurses from participating allows leaders to create solutions and make needed changes to existing employee wellness programs. Participation in employee wellness programs reduces job-related stress while increasing job satisfaction (Abdullah & Lee, 2010). Healthcare leaders and managers who develop and sustain strategies to engage nurses in participation in employee wellness programs can reduce absenteeism, improve employee retention and overall job satisfaction, while creating a healthier workforce.

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Appendix A: Interview Guide

These following interview questions will be asked in a conversational tone. They are designed in an order that will help the researcher to gain a deeper understanding of how acute care nurses experience wellness and how these experiences impact their decisions to participate/not to participate in employee wellness programs.

Open Interview Questions

1. What are your personal behaviors associated with wellness?
2. Describe what you perceive your future health to look like.
3. How much does your view of personal wellness impact your decision to participate/ not participate in the employee wellness program?
4. Describe your perception of leadership support of the offered employee wellness program. Is there support on the manager level?
5. How important is leadership support in your sustained participation?
6. Describe the employee wellness program offered by your employer.
7. Why did you choose to participate in the employee wellness program offered at your workplace?
 - a. What has been your experience participating in the employee wellness program?
 - b. What role do incentives play in your decision to participate? What incentives motivate you?
 - c. In your opinion, how much of an influence does your participation impact your perceived rate of absenteeism? Intent to stay?
8. Why did you choose not to participate in the employee wellness program offered at your workplace?

- a. From your perspective, what changes could be made to the existing program that would change your decision?
 - b. In your opinion, how much of an influence does your decision not to participate impact your perceived rate of absenteeism?
9. Do you have any suggestions for changes to the existing employee wellness program?