Applications of a Needs-Based Model of Healthy Workplaces to Field Settings: The Role of the Built Environment

Isabelle J. C. Thibau, MPH
Carolyn Winslow, PhD
Cristina G. Banks, PhD

Interdisciplinary Center for Healthy Workplaces
University of California, Berkeley
Presentation Overview

- Wellness program study findings
- Link between built environment and need satisfaction
- Examples from focus groups
- Strategies for overcoming barriers related to the built environment
The Problem

- Wellness programs as an “accessory”
- Low adoption rates among small organizations
- Participation rates low across organizations of all sizes:
  - Small organizations: >50%
  - Medium organizations: 21-40%
  - Large organizations: 41-50%

Source: 2017 Transamerica Center for Health Studies, Employer and Consumer Surveys
Study Objectives

Identify facilitators and barriers to implementation of and participation in wellness programs in small and medium organizations.

In doing so, understand how wellness can also be achieved through strategic engagement of the **physical environment**.
Focus Group Study

- 29 primarily small and medium organizations representing multiple industries in geographical locations
- 1 to 3 focus groups in each organization
- 2 to 8 participants in each focus group (N = 205)
  - Leadership/Managers (Non-HR): 91
  - HR: 34
  - Employees: 80

- Topics
  - Wellness programs implemented
  - Facilitators
  - Barriers
Findings

Wellness Programs offered in medium organizations \((N = 19)\)

\((N=11)\) Healthy food/drink offerings in-house (cafeteria, vending, free)
\((N=11)\) Social engagement (social clubs, interest groups, sports teams)
\((N=10)\) Health advice from a qualified vendor for promoting healthy behavior
\((N=10)\) Links to related employee services for support with personal issues (referral to employee assistance programs--EAP)

\((N=9)\) Ergonomic furniture/equipment
\((N=8)\) Health education by providing information promoting health in general
\((N=8)\) Mindfulness, meditation, yoga, relaxation training
\((N=8)\) Fitness gym facilities or outdoors exercise areas
\((N=5)\) Clinical screenings and biometric assessments (HRA)
\((N=4)\) Targeted behavior change programs for high risk employees
\((N=4)\) Subsidized gym memberships
\((N=3)\) Individual mental or physical health tracking through a wearable device or online program
Findings

Wellness Programs offered in small organizations ($N = 8$)

(N=6) Social engagement (social clubs, interest groups, sports teams)
(N=5) Ergonomic furniture/equipment
(N=2) Health advice from a qualified vendor for promoting healthy behavior
(N=2) Healthy food/drink offerings in-house (cafeteria, vending, free)
(N=2) Subsidized gym memberships
(N=1) Health education by providing information promoting health in general
(N=1) Individual mental or physical health tracking through a wearable device or online program
(N=1) Clinical screenings and biometric assessments (HRA)
(N=1) Mindfulness, meditation, yoga, relaxation training
(N=1) Links to related employee services for support with personal issues (referral to employee assistance programs--EAP)
(N=1) Fitness gym facilities or outdoors exercise areas
(N=0) Targeted behavior change programs for high risk employees
Findings

**Facilitators** to Wellness Program Success

- Wellness initiatives align with organizational constraints
- **Convenience**
  - Reasonable work hours
  - Leadership understands the link between health and work outcomes
- Leadership understands employee needs and preferences
- Leadership support
- Culture of health at work
- Wellness Program appeals to personal preferences
- **Built environment designed for health and wellness**
- Acknowledging low-cost options
- Strong communication system
Findings

Barriers to Wellness Program Success

- Inconvenience
- Nature of Work
- Lack of clarity regarding the link between wellness programs and business outcomes
- Concerns about funding
- Leadership issues: attitudes towards wellness
- Lack of experience with wellness
- Perceived lack of need
- Perceptions of wellness program “failure”
- Confusion about insurance
- Lack of clear ownership
- Lack of active and consistent leadership support
- Lack of culture of health
- Low morale
- Lack of financial resources
- Long work hours
- Employees occupy multiple roles
- Failure to take full advantage of insurance
- Bureaucratic and logistical issues
- Organization not self-insured
- Poor communication
- Concerns about liability
The Built Environment

All of the physical parts of where we work, including:

- Individual workspaces
- Building design
- Break facilities
- Kitchen/eating facilities
- Recreational areas (inside and outside)
- Transportation supports
Needs-Based Theories

- **Self-Determination Theory** (Deci & Ryan, 2000; Vanden Broeck, Ferris, Chang & Rosen, 2016)
- **Positive Psychology** (Fredrickson, 2001; Turner, Barling & Zacharatos, 2002)
- **Job Characteristics** (Hackman & Oldham, 1980; Greguras & Diefendorff, 2009)
- **Psychological Capital** (Avey, Luthans, Smith & Palmer, 2010)
- **Psychological Safety** (Griffin & Neal, 2000)
- **Fairness** (Siegrist, 1996; Gillet, Colombat, Michinov, Pronost & Foquereau, 2013)
- **Meaning** (Arnold, Turner, Barling, Kelloway & McKee, 2007)
Basic Needs - HealthyWorkplaces Model

- Personal Growth
- Physical WB/Vitality
- Safety
- Belonging/Social Connection
- Positive Emotions
- Competence/Mastery
- Autonomy
- Engaged/Accomplishment
- Meaning/Purpose
- Safety
Drivers of Need Satisfaction

● Privacy
● Flexibility
● Predictability
● Equity
● Comfort
● Connection
● Security
Privacy

Meaning/Purpose

Engaged/Accomplishment

Positive Emotions

Autonomy

Competence/Mastery

Engaged/Accomplishment

Belonging/Social Connection

Safety

Personal Growth

Physical WB/Vitality

Privacy
Flexibility

- Meaning/Purpose
- Positive Emotions
- Safety
- Belonging/Social Connection
- Personal Growth
- Autonomy
- Competence/Mastery
- Engaged/Accomplishment

Physical WB/Vitality

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Predictability

- Meaning/Purpose
- Engaged/Accomplishment
- Positive Emotions
- Autonomy
- Personal Growth
- Competence/Mastery
- Safety
- Belonging/Social Connection
- Physical WB/Vitality

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Equity

Meaning/Purpose

Positive Emotions

Engaged/Accomplishment

Autonomy

Competence/Mastery

Belonging/Social Connection

Safety

Personal Growth

Physical WB/Vitality

Equity
Comfort

Meaning/Purpose

Engaged/Accomplishment

Positive Emotions

Autonomy

Competence/Mastery

Engaged/Accomplishment

Belonging/Social Connection

Safety

Personal Growth

Physical WB/Vitality
Connection

- Personal Growth
- Physical WB/Vitality
- Safety
- Positive Emotions
- Belonging/Social Connection
- Competence/Mastery
- Autonomy
- Engaged/Accomplishment
- Meaning/Purpose
Organization 09

Facilitators
● Activities/support available to students and community also available to staff (+equity & +flexibility)
  ○ On-site childcare
  ○ Weekly on-site health screenings
  ○ Student fitness classes (managers permitting)

Barriers
● Limited number of toilets for teachers (-comfort, -predictability)
Facilitators

- “Meetings in Motion” room (+predictability & +flexibility)
- Lactation room (+security & +comfort & +privacy)
- Ergonomics equipment (+comfort)

Barriers

- Kitchen - provides unhealthy snacks (-comfort)
- Multiple company sites (-predictability & -connection)
- Unreliable public transportation (-predictability & -comfort)
Organization 21

Facilitators
● Outdoor physical activity areas (+predictability)
● Kitchen with healthy snacks (+security & +predictability)
● On-site fitness room (+flexibility)
● Nap area (+comfort)
● On-site classes for meditation/yoga (+connection)
● Lactation room (+security & +comfort & +privacy)
● Ergonomics equipment (+comfort)

Barriers
● None!
Organization 22

Facilitators
- Daily lunch delivery (field workers) (\textbf{+security} & \textbf{+predictability})
- Kitchen (office workers) (\textbf{+predictability})
- Outdoor physical activity areas (\textbf{+predictability})

Barriers
- No showers in the office building (\textbf{-security} & \textbf{-comfort})
Conclusions

- Psychosocial factors and policies strongly represented in barriers
- Strategies for overcoming barriers include changes to “hardware” AND “software”
- These strategies do not always require elaborate budgets or resources

The built environment has the potential to positively impact employee health and well-being and should be cultivated as part of a holistic wellness strategy in organizations of all sizes.
Thank You

www.healthyworkplaces.berkeley.edu

ijcthibau@berkeley.edu

c.winslow@berkeley.edu
Appendix
Definition of “Wellness Program”

Transamerica Center for Health Studies (sponsor)

Harris Poll 2017 Definition:

1. Health education by providing information promoting health in general (pamphlets, informational meetings, online tips and messages)
2. Health advice from a qualified vendor (coach, health professional) for promoting healthy behavior (sleep, physical activity, nutrition, stress management)
3. Individual mental or physical health tracking through a wearable device or online program (Fitbit, Jawbone, MoodKit)
4. Targeted behavior change programs for high risk employees (smoking cessation, weight/disease/alcohol management, medication compliance)
5. Healthy food/drink offerings in-house (cafeteria, vending, free)
6. Clinical screenings and biometric assessments (HRA)
7. Social engagement (social clubs, interest groups, sports teams)
8. Mindfulness, meditation, yoga, relaxation training
9. Links to related employee services for support with personal issues (referral to employee assistance programs--EAP)
10. Ergonomic furniture/equipment
11. Subsidized gym memberships
12. Fitness gym facilities or outdoors exercise areas
The Healthy Workplaces Model

- Organizational Context
  - Organizational Support
    - Individual Behavior Change
      - Physical & Psychological States

- Prevention
- Mitigation
- Promotion

Healthier Employees

Improved Personal and Organizational Outcomes

Organizational and Societal Sustainability