

COMMUNICATION TO CULTIVATE A CULTURE OF HEALTH: LESSONS FROM
5-STAR ACHIEVEWELL ORGANIZATIONS

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DEDICATION

This dissertation is dedicated to the many loved ones who have made it possible for me to pursue my passions. Firstly, I dedicate this work to my husband, Kyle, who has provided endless support throughout this journey and our daughter, Macy, who brings joy to all that I do. This dissertation is also dedicated to my parents who taught me how to make my own luck and then always encouraged me to do so.

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Creating a culture of health within an organization offers benefits such as reducing costs and supporting employees in becoming and staying healthy. A variety of health and wellness programs within an organization are important for establishing a culture of health. These programs are supported communicatively to encourage employee participation and healthful behavior changes. Recognized for their success in creating a culture of health, a group of organizations, distinguished as 5-Star AchieveWELL organizations, offer an opportunity to identify messaging strategies effective at promoting health and wellness within the workplace and therefore, creating a culture of health. The goals of this study included learning successful organization's communication strategies utilized to create a culture of health, understanding how new employees are socialized into this culture, identifying how employees may resist the culture, and exploring how resistance is addressed. Based on in-depth interviews with 19 5-Star AchieveWELL organizational representatives and grounded theory analysis of collected data, evident themes related to the goals of this study were identified. Key communication strategies to support a culture of health include using multiple communication channels, demonstrating leadership support, and being willing to adapt and change over time. New employees are socialized into the culture of health during the recruitment process as well as new employee orientation. Resistance to health and wellness occurs in the form of non-participation and employee push-back, with this resistance often being met with compassion. These results offer practical implications for organizations desiring to create

a culture of health as well as theoretical implications for scholars studying organizational socialization.

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LIST OF ABBREVIATIONS

CDC: Centers for Disease Control and Prevention

CEO: Chief Executive Office

GT: Grounded Theory

HERO: Health Enhancement Research Organization

HRA: Health Risk Assessment

OCC: Organizational Communication Culture

OCP: Organizational Culture Profile

WCI: Wellness Council of Indiana

Chapter 1: Introduction

Health insurance coverage for more than 50% of the U.S. population is employer-based (Berchick et al., 2018). As a result, employers fund a large percentage of the nation's \$3.8 trillion annual health care expenditure (Centers for Disease Control and Prevention [CDC], 2021a). On average, health care spending is higher for individuals with more chronic conditions. Buttorff et al. (2017) reported the average private insurance (such as employer-based) annual health care expenditure for an individual without chronic conditions is \$1,533. This amount increases to \$18,351 for an individual with five or more chronic conditions.

The cost of chronic disease includes both direct health care expenses and indirect costs. For example, heart disease, the number one killer of Americans, costs the health care system \$214 billion per year and causes \$138 billion in lost work productivity (CDC, 2021a). High-cost chronic diseases like heart disease are largely preventable and are associated with multiple risk factors, such as smoking, lack of physical activity, and excessive alcohol use (CDC, 2021b). Reducing risk factors to prevent chronic disease can reduce health care costs as well as increase quality of life.

Worksites play an important role with regards to health, not only because they fund a significant amount of health care costs, but also because employees spend a significant amount of time at work. On average, those who are employed in the U.S. spend 8.11 hours per day working (Department of Labor, 2020). For an individual with a standard 5-day work week, this equates to more than 2,000 hours of work per year. The workplace then provides a stable sub-population with the potential to be influenced, offering the opportunity for public health action. Within organizations, communication

channels are generally established, and a large number of people can be continually reached over an extended period of time. Furthermore, organizations have a vested interest in the health of employees because they are footing much of the bill for health care costs and may suffer from decreased employee productivity resulting from poor health. Additionally, organizations should prioritize health as, outside of being cost effective, good health can also increase the likelihood of living a fulfilled life. Therefore, organizations offer the opportunity to foster a culture of health, defined as a culture that intentionally encourages health (Health Enhancement Research Organization [HERO], 2016), to benefit both members and the organization.

It is important to note that “culture of health,” “culture of wellness,” and “culture of well-being” are often used interchangeably to describe a culture designed to promote health. For the proposed study, culture of health will be used. This is consistent with the term used by HERO, a national organization dedicated to advancing employee health promotion (HERO, 2016).

Organizations and Health

Though promoting health within organizations has been shown to be cost effective, this can look different based on the organization. According to the CDC (2016), worksite health promotion programs can include a wide variety of resources, including health education, physical activity resources, nutritious food offerings, preventive screenings, tobacco-free policies, and stress-reduction activities. Goetzel and Ozminkowski (2008) define worksite health promotion as “employer initiatives directed at improving the health and well-being of workers and, in some cases, their dependents” (p. 304). This can include programs aiming to prevent disease or to stop or slow

progression of disease, such as heart disease, cancer, obesity, respiratory disease, and mental illness.

Workplace health promotion can include primary, secondary, and tertiary prevention. Primary prevention involves maintaining one's health and taking steps to avoid the onset of disease. Examples of primary prevention include healthy eating, exercise, stress management, vaccinations, and seat belt use. Secondary prevention targets individuals at a high risk of disease. For example, secondary prevention may include resources to manage high blood pressure or to quit smoking. Tertiary prevention aims to manage and slow the progression of disease in those with existing conditions. This may include management of heart disease, depression, or asthma (Goetzel & Ozminkowski, 2008; Kisling & Das, 2020). Though many individuals within the workforce are generally healthy, they often have one or more health risk factors. For example, 3 out of 4 adults do not meet recommended physical activity guidelines and more than 9 out of 10 adults do not eat enough vegetables and fruit (CDC, 2020). Furthermore, 6 out of 10 adults have at least one chronic condition (CDC, 2021b). Therefore, primary, secondary, and tertiary prevention are important components of organizational health promotion efforts.

With a wide spectrum of health promotion opportunities within organizations, little consistency exists in how worksite health is approached. A review of 27 studies exploring ongoing health promotion and disease management programs concluded that wide variation exists in design, implementation, and evaluation of these programs (Pelletier, 2011). Examples of variation include program length, incentives, health topics, and technology. This is consistent with findings that worksite health promotion programs

vary greatly in intensity, duration, and comprehensiveness (Heaney & Goetzel, 1997). Organizational health initiatives can effectively improve clinical outcomes (Goetzel & Ozminkowski, 2008) and reduce health care costs (Aldana, 2001); however, the various approaches make it difficult to identify the best approach.

Most programs provide health education, and many offer opportunities to acquire and practice new health behavior skills. Some programs involve changes to the work environment as well as health-promoting organizational policies. Overall, a key component of a successful program includes personalized risk reduction initiatives for employees classified as high risk, within a broader, comprehensive approach that also supports employees not classified as high risk (Goetzel et al., 2007). The variation in worksite health promotion initiatives suggests that creating and maintaining a culture of health within an organization may involve multiple approaches that consider the uniqueness of the organization.

Though a variety of worksite health promotion programs have been shown to enhance health and assist with managing health care costs, to be effective, high employee participation is critical. Overall though, many organizations struggle to engage the majority of their population; researchers report that participation in nearly all types of worksite wellness programs is less than 25% (Linnan et al., 2019). Generally, Health Risk Assessment (HRA) and biometric screening participation is higher, while participation in other health programming, such as educational sessions or fitness classes, is lower. The most frequently cited barriers include insufficient incentives, time limitations, inconvenient locations, lack of interest, personal health beliefs, and inadequate marketing and communication (Person et al., 2010). Employee participation

in health initiatives is vital to foster a culture of health and realize cost savings; therefore, it is crucial to address factors that might decrease participation.

Although all barriers are important, communication is the focus of this project. Regarding worksite health promotion programs, Goetzel and Ozminkowski (2008) stated, “a very important challenge is widespread dissemination of information” (p. 303). Communication is essential to create a culture of health; if employees do not know about available resources or potential benefits, they cannot, or will not, participate. A study including 36 large employers explored communication fostering participation in health promotion programs, which is crucial to create a culture of health, (Seaverson et al., 2009). Researchers examined frequency, modality, level of specialization, and overall quality of health messages. It was concluded that strong communication, leading to significantly higher participation, included deliberate, comprehensive, and integrated communication plans as well as multiple messages disseminated via several channels.

Seaverson et al. (2009) also reported that tailored messages appropriate for the target population are beneficial. For example, if an individual has high blood pressure, communication regarding dietary changes to improve blood pressure are more influential than general healthy eating education. Kreuter and Strecher (1996) reported similar results after comparing tailored and generic HRA feedback. Individuals receiving tailored feedback were 18% more likely to change a risk factor, compared to those receiving generic feedback. Communication, especially when relevant to the individual and population, is an important tool organizations can utilize to increase participation in health initiatives and to foster a culture of health.

Costs of Unhealthy Organizations

Organizations successful at creating a culture of health have the potential to reduce costs for both individuals and the organization. A variety of wellness programs often support a culture of health. A review of worksite wellness programs reported that employers can realize a \$3.50-\$1.00 savings-to-cost ratio by investing in wellness initiatives (Aldana, 2001). To improve the health of employees and realize these potential savings, large, self-insured organizations are deploying comprehensive health promotion and disease management programs. According to a 2019 survey, nearly half of worksites in the United States offer some type of health promotion program, with larger employers, those with at least 500 employees, being most likely to have a program (Linnan et al., 2019). By offering health-related programs, these organizations may avoid costs associated with poor health. Implementing initiatives to promote a culture of health may result in significant savings for organizations through the reduction of both direct and indirect costs.

Direct Costs

Though organizations cite multiple reasons for striving to create a culture of health, rising medical costs are typically the strongest motivator. In the United States, more than half of the population has employer provided health insurance, leading employers to fund a significant amount of health care costs (Berchick et al., 2018). Modifiable health risks account for a considerable amount of health care costs. Goetzel et al. (1998) investigated a wide range of modifiable risk factors, including obesity, high cholesterol, excessive alcohol use, depression, high blood pressure, unhealthy eating, sedentary lifestyle, tobacco use, blood glucose, and high stress, and their effect on health

care costs. These modifiable health risk factors and health care expenditures had a strong association. Individuals with more risk factors had significantly more expenses, and modifiable risk factors directly accounted for approximately 25% of total health care expenses. Furthermore, those with a total of seven modifiable risk factors had health care costs 228% higher than those with no risk factors (Goetzel et al., 1998).

Aldana (2001) explored if individuals and populations with more health risks have poorer financial outcomes than those with less health risks and if health promotion programs are associated with improved financial outcomes. More than 70 studies were reviewed, and results indicated that multiple health risk factors, such as excessive body weight and stress, are associated with higher health care costs. This is consistent with Goetzel et al.'s (1998) findings that individuals with more risk factors have higher medical costs than those with less or no risk factors. One important health risk factor, tobacco use, is strongly associated with an increase in health care costs, much of which employers finance. After reviewing multiple studies investigating the financial impact of smoking, Max (2001) estimated that 12-14% of annual health care costs are smoking-related.

Consistent with the discussed research, the CDC (2020) cites multiple organizational benefits related to worksite health promotion, including reduced health care costs. Initiatives that can improve the health of employees (and their families), contributing to a culture of health, can be an important financial strategy for organizations.

Indirect Costs

Initiatives contributing to a culture of health can not only reduce direct health care costs but also result in savings related to productivity (Gubler et al., 2017), employee morale (CDC, 2020), and performance (Witters & Agrawal, 2015). A healthy employee is less likely to miss work, increasing productivity and reducing the likelihood of another employee having to pick up extra work. An organization offering health promotion programs and creating a culture of health sends the message to employees that they work for an employer who cares, potentially improving employee morale. Though these indirect costs can be difficult to measure, they may be more significant to the success of the organization than direct medical costs (Sherman, 2002).

Chronic health conditions contribute to absenteeism and reduced productivity (Jinnett et al., 2017). This is consistent with research indicating that multiple health risk factors are associated with illness-related absenteeism, among other issues (Aldana, 2001). Also, within organizations, health promotion programs are associated with not only reduced health care costs but also reduced absenteeism. It's important to note that, based on the reviewed studies, it is not certain that health promotion programs directly reduce risk factors, leading to decreased health-related costs and absenteeism. For example, a health promotion program may lead to increased job satisfaction, thus reducing absenteeism.

Baker et al. (2018) reports that smoking, an important health risk factor, is associated with indirect costs related to lost productivity. For example, lost productivity may result from taking more frequent breaks throughout the workday. One specific smoking-related organizational strategy is a campus-wide no-smoking policy (Goetzel &

Ozminkowski, 2008). An organizational culture of health supporting individuals in reducing or quitting smoking, as well as limiting the potential for second-hand smoke exposure, can potentially lead to substantial cost savings for organizations.

The CDC (2020) reports a number of benefits of worksite health promotion outside of reduced health care costs including reduced absenteeism, enhanced productivity and employee morale, and improvements in recruitment. Though many of these benefits are not directly related to cost savings, they do have the potential to have a financial impact. Worksite health promotion programs and a culture of health also offers benefits for individual employees, such as improved health and quality of life. This may reduce an individual's out-of-pocket health care costs, suggesting that worksite health promotion programs can also affect employee finances.

Goetzel and Ozminkowski (2008) identified seven practices related to the success of worksite health promotion programs, as they relate to worker health and productivity. These include integrating programs into the organization's central operations, addressing factors that impact health and productivity, targeting multiple health issues, tailoring programs to the target population, participating at high rates, evaluating outcomes, and communicating outcomes to stakeholders. These practices go beyond singular or short-term programs, contributing to an overarching culture of health. This is consistent with Heaney and Goetzel's (1997) findings that short-term health-awareness programs targeting the entire population offer limited opportunity to achieve desired results. Likewise, Goetzel and Ozminkowski (2008) concluded that organizations with an embedded culture of health (rather than stand-alone programs) are more likely to be successful in reducing health risk factors and health care costs. This demonstrates the

importance of viewing organizational health holistically, rather than focusing on single programs.

Purpose of Study

As discussed, organizations foot the bill for a significant amount of health care costs, many of these directly related to modifiable health risk factors. Furthermore, organizations risk indirect costs associated with poor health. Fostering a culture of health may reduce direct health care costs as well as indirect costs. This is an important area of research as it affects organizational health, productivity, and costs as well as employee health and quality of life.

Several organizations have proved successful at cultivating a culture of health and the Wellness Council of Indiana (WCI) has evaluated and validated this. This WCI evaluation and validation process determines that these organizations have demonstrated at least 5 years of continuous health promotion programming as well as senior leader support and a business strategy related to health and wellness (Wellness Council of Indiana, 2020). Organizations meeting these criteria have earned the recognition termed 5-Star AchieveWELL. The purpose of this study was in-depth exploration of these organization's communication strategies. Results from this study contribute to existing knowledge regarding how organizations build a culture of health. Previous research has focused largely on single health and wellness programs or topics within the workplace. For example, programs have included educational classes (Person et al., 2010), physical-activity initiatives (Gu et al., 2020), the role of managers in employee wellness programs (Passey et al., 2018), and tobacco cessation (Terry et al., 2011). This study will go beyond exploring the creation and dissemination of short-term health promotion

programs and investigate how these programs contribute to an overarching culture of health, offering a holistic perspective. Furthermore, this study investigated how employees are socialized into the health-focused culture as well as how these organizations address any resistance to the culture.

Chapter 2: Literature Review

Benefits exist for organizations fostering a culture of health (Goetzel & Ozminkowski, 2008). Furthermore, individuals stand to benefit from a culture of health (Knilans, 2008). This culture of health is one component of a broad culture found within an organization. For an organization's culture to be maintained, the organization and employees must support it. To encourage employee buy-in of the culture, socialization of both newcomers and existing members is necessary. The fact that this socialization occurs, suggests that organizations have the power to shape the culture. However, some individuals may express resistance to the culture.

To guide the proposed study regarding communication to create a culture of health, it is important to understand organizational culture, socialization, and power and resistance as well as how these may relate to a culture of health. Therefore, the existing literature surrounding these topics is explored in the following sections.

Organizational Culture

Creating a culture of health within an organization can be a vital step in encouraging health and well-being. A culture of health is part of a broader organizational culture. Regardless of whether it is health promoting, every organization has a culture. A culture offers interesting insight into the values of an organization and can guide everyday functions. As Pacanowsky and O'Donnell-Trujillo (1983) stated, "culture is not something an organization has; a culture is something an organization is" (p. 146).

The concept of organizational culture can be viewed as a communication-based approach for understanding organizational life (Pacanowsky & O'Donnell-Trujillo,

1982). Geertz (1973) offers a metaphor of culture that has been referenced in the field of organizational studies. He states:

Man is an animal suspended in the webs of significance he himself has spun. I take culture to be those webs, and the analysis of it to be therefore not an experimental science in search of law, but an interpretive one in search of meaning. (p. 5)

The cultural web that Geertz refers to serves multiple functions. Firstly, this web is created by individuals who participate in forming the culture, which is often achieved communicatively. Secondly, this culture affects individuals by shaping their perceptions of the world around them. In the same sense that a spider creates, yet is limited by, its web, individuals both create and are limited by their communicated culture.

Shaping a Culture

Multiple components that may be mundane to those within an organization come together to shape a culture. Trice and Beyer (1984) offer two basic components of culture: “substance, or the networks of meanings contained in its ideologies, norms, and values; and its forms, or the practices whereby these meanings are expressed, affirmed, and communicated to members” (p. 654). Substance and form of culture are often elusive and not explicitly stated, and insight into culture requires examining patterns and collective behaviors. Furthermore, organizational culture provides a context in which members exist. This includes relevant constructs (such as objects, individuals, and processes), facts explaining how the organization operates, standard practices, developed protocols, a shared vocabulary, metaphors, stories, and rites and rituals to orient members. Similarly, Geertz (1973) states that culture exists in shared conversations, objects, rituals, and rites that people engage in, and Trice and Beyer (1984) assert that, within an organization, rituals and ceremonials create a shared social reality, or culture.

Exploring everyday actions that shape a culture offers insight into what an organization is all about.

The existence of objects, rituals, and other features is in opposition to the notion that culture exists in people's heads (Geertz, 1973). These components of organizational culture can create an overall view of an organization, resulting in a picture of what happens within an organization. Culture not only shapes the organization, it is also significant in that it allows members to create a professional identity (Trice & Beyer, 1984).

Geertz (1973) asserts that the "web," known as culture, is dynamic. It is not stable and doesn't exist over time, but rather exists in the moment. Due to this dynamic nature of culture, analysis is interpretive. Identifying cultural components at one point in time disregards that culture is a process and does not have a static existence. Culture is created, maintained, and transformed. Pacanowsky and O'Donnell-Trujillo (1983) offer five performances to support understanding how cultures are shaped: ritual, passion, sociality, politics, and enculturation. Rituals guide the way things are done within an organization. There are social (communal and often informal actions), task (specific routines of a job), personal (an individual's way of doing things), and organizational (traditions practiced at an organization) rituals that existing members continuously teach new members. Passions allow members within an organization to elevate ordinary work experiences using stories, vocabulary, and metaphors. Sociality involves codes of behavior and etiquette. Examples of sociality may include a flight attendant being friendly to passengers, gossiping around the water cooler, or having difficult conversations behind closed doors. Showing personal strength and allies demonstrate

politics within an organization. Finally, enculturation is the mastery of knowledge and skills necessary to be a member of the organization. These performances are created and change over time, shaping organizational culture. Communication facilitates and is vital for these performances. For example, passions can be articulated through storytelling to glorify organizational experiences. Sociality may involve small talk, joking, or gossiping, depending on the organization. These performances are communicated, often discretely, to members of an organization, shaping the organization's culture.

Organizations lend themselves to the creation of cultures, where there is a shared structure of norms, beliefs, and values guiding member behavior. Bantz (1993) argues that culture within an organization is not independent from its members; instead, interactions between members shape the organization and its culture. Bantz (1993) utilizes communication within an organization to understand culture, using a methodology he terms organizational communication culture (OCC). The components of OCC include gathering messages; analyzing vocabulary, themes, architecture, temporality, and symbolic forms in the messages; inferring patterns of expectations and organizational meanings; and weaving these patterns into a representation of organizational communication culture. As is apparent in the web Geertz described (1973), these components are dynamic. Collectively they create a fluid, yet identifiable, culture.

Because a culture is dynamic, it can regularly change; this can be both intentional and unintentional. Ethnographic research at a manufacturing company explored the effect of an intentional culture change program (Barker et al., 1993). A self-directed team approach replaced a traditional management hierarchy to empower employees and

promote innovation and productivity. This initiative led to culture changes related to communication and control, though this was not a linear or simple process. Instead, this case study demonstrates that culture change is complex and especially difficult in an existing organization with a prevailing culture; however, overarching changes in how work is done may be essential to culture change. Though culture is dynamic and always changing (Geertz, 1973), it is not certain that it will change in a way that is optimal for the organization and its employees.

Subcultures and Countercultures

Though the overarching organizational culture often generates the most interest, subcultures also exist, which can offer additional insight into the dominant culture. Adkins and Caldwell (2004) reported that, within the studied organization, subgroup values closely reflect organizational values. These subcultures may be groups that work together or groups that form organically. A subculture offers a more immediate circle of employees that can form close relationships or interact often, possibly allowing them to be more influential than the broader culture.

Subcultures do not always reflect organizational values, as countercultures, or those that conflict with the dominant culture, also exist. An example of a counterculture is the instance of a high-ranking executive at General Motors who did not adhere to organizational culture norms related to dress, hiring practices, authority, and rituals (Martin & Siehl, 1983). This executive ridiculed the dominant culture and led in a manner that countered the existing cultural norms. As a result, this executive's division developed a culture differing from the dominant culture, with some cultural elements leading to changes throughout the organization. This case demonstrates that

countercultures cannot only exist within an organization but can potentially affect the dominant culture. It also supports the argument that culture is not static but rather complex and dynamic (Geertz, 1973; Pacanowsky & O'Donnell-Trujillo, 1983).

Culture and Value Alignment

The existence of organizational culture leads to the question of its importance. Comparing culture “fit” to employee satisfaction is one way this has been explored. The Organizational Culture Profile (OCP) is a tool used to measure the importance of multiple values within an organization and can help assess how an individual’s values align with organizational values. Adkins and Caldwell (2004) employed the OCP and found that individuals whose values are more consistent with organizational values are more satisfied at work, suggesting that organizational culture influences employee satisfaction.

This correlation between culture and employee satisfaction is consistent with other research exploring the congruence between values of employers and employees. For example, Vandenberghe (1999) employed the OCP to assess culture at multiple health care organizations. Nurses new to the organization were surveyed to determine value preferences. Results indicated that when the values of the nurses matched the values of the organization, there were higher rates of retention within the first year. Furthermore, absence of person-culture fit increased the likelihood of turnover. As Adkins and Caldwell (2004) reported, person-culture fit may be an important indicator of job satisfaction. Although offering interesting insight into employee fulfillment, this research does not explore whether organizations hire individuals who will “fit” within the culture, or the culture in which an individual works shapes them, offering an opportunity

for future research. However, it can be discerned that an individual who values health may be more satisfied at an organization with a culture of health than at an organization that is not supportive of health.

Culture of Health

HERO, an organization dedicated to workplace health and well-being, defines a culture of health as “one intentionally designed with elements that support health and well-being” (HERO, 2016, p. 4). Furthermore, a culture of health promotes employee health, the health of the local community, consumer health, and environmental health (Kyle et al., 2019). Although these are all important aspects of health, the primary focus of this discussion is creating a culture of health that supports employee health, therefore affecting the health of the organization.

Benefits of a Culture of Health

Creating an organizational culture that promotes health is a key strategy to improve the health of individuals, leading to a healthier, more productive workforce, lower health care costs (Knilians, 2008), and improved employee effectiveness (Lin & Lin, 2014). Poor health among employees (and their families) can lead to increased rates of absenteeism, reduced productivity and effectiveness, and increased organizational costs (Aldana, 2001). Employees with high levels of health are better equipped to be effective and committed, while producing higher quality goods and services (Goetzel & Ozminkowski, 2008). For example, a healthy employee is more likely to be patient with a customer, resulting in better customer service, compared to an employee who does not feel well. Furthermore, individuals leading unhealthy lifestyles are at an increased risk of

acute and chronic disease; this is significant as employers sponsoring health plans for their employees pay for a large percentage of illness-related costs (Aldana, 2001).

Additionally, Hoebbel et al. (2012) reported that the existence of health-promoting worksite resources increases the perception of a culture of health among employees. Interestingly, of the features studied, employee benefits packages were the only health-promoting feature not associated with perception of a healthy culture, which may be an assumed part of employment, rather than something that promotes a healthful culture (Hoebbel et al., 2012). These results suggest that by offering health-related resources and building a health-centered environment, employers can create the perception of a culture of health. Given that organizational culture promoting health can improve the health of individuals (Knilans, 2008), the benefits include not only creating the perception of health but also improving employee health.

Building a Culture of Health

An organization with a culture of health may offer healthy eating resources, opportunities to engage in physical activity, tobacco cessation tools and smoke-free policies, behavior change programs, and health-related educational sessions (Flynn et al., 2018). Though these can be offered as singular programs, creating a culture of health requires that programs be strategically implemented as building blocks creating an overarching culture. Knilans (2008) offers three basic steps for creating a culture of health, the first being to determine the employee profile to understand the needs and interests of the population. A population with a high percentage of tobacco users would likely benefit from programs supporting tobacco cessation, for example. Secondly, organizations should create an educational program that involves educating management

about the importance of a healthy workforce as well as teaching employees about healthful behaviors and specific health actions. The final step is providing incentives to encourage participation. If the intent is to encourage physical activity, offering an onsite fitness center and a prize for all employees that utilize it regularly may be appropriate. These three steps provide an overarching framework for organizations striving to create a culture of health. Additional research offers guidance regarding more specific initiatives that could be woven into this framework.

HERO (2016) developed a comprehensive list of the elements important for creating a culture of health; a total of 24 elements were identified. Examples of elements include shared values, executive leadership, organizational leadership, communication, metrics and measurement, policies and procedures, supportive built environment, organizational resource allocation and commitment, and employee involvement and empowerment. This extensive and diverse list of elements demonstrates that creating a culture of health requires an all-encompassing approach across the organization, rather than a singular program or disconnected initiatives.

Flynn et al. (2018) explored the use of these HERO culture of health elements within the workplace as well as the association between the elements and a culture of health. The most frequently reported elements included training and learning, policies and procedures (e.g., smoke-free campus), communication, employee involvement, and built environment (e.g., healthy options in vending machines). Health initiatives most frequently revolved around encouraging physical activity and healthy eating, creating safe workstations, and discouraging tobacco use. Organizational members who may not be directly involved with health and wellness often manage common health elements,

highlighting the importance of collaboration and partnership. Flynn et al. (2018) concluded that, overall, the presence of healthy elements within an organization is associated with enhanced employee health and safety, which is important for creating a culture of health.

Flynn et al.'s study (2018) provides evidence that a culture of health is more than a single program or initiative; it involves multiple components intentionally coming together. Lin and Lin (2014) reported that organizations with a strong culture of health prioritize planning, implementation, and evaluation of health promotion programs, and healthful employee behaviors, on an individual level, can promote a culture of health. Furthermore, in a survey of more than 1,000 organizations, Kyle et al. (2019) found that organizations taking action to create a culture of health frequently mention health and well-being in the mission statement, have a strategic culture of health plan in place, and/or perceive a positive return on culture of health investments. Consistent with the HERO (2016) culture of health elements, Lin and Lin (2014) reported that a culture of health is just one component that is linked to multiple factors that affect culture and are impacted by culture.

This is consistent with research exploring best practices related to establishing an organizational culture of health (Kent et al., 2016). Key elements of a culture of health include leadership commitment, social and physical environmental support, and employee involvement. For example, a culture of health would include a combination of management encouraging healthful behaviors, resources supporting healthy choices, and management soliciting feedback from employees. To create a culture of health, these crucial elements cannot exist alone; instead, they are tightly woven together as a holistic

strategy. A culture of health not only involves isolated programs but rather consists of an overarching value of health and well-being that permeates throughout the organization (Knilans, 2008).

Kyle et al. (2019) conducted a national survey assessing organizational engagement in culture of health actions. A total of 28 actions were explored and, though multiple organizations reported partaking in activities to promote a culture of health, on average, organizations employed only 38% of actions, suggesting opportunity for growth. Overall, the researchers reported a high amount of variability in culture of health actions with some taking many steps to promote a culture of health and others partaking in just a few steps. Though building blocks to create a culture of health have been identified and organizations actively pursue a culture of health, there is opportunity for advancement and expansion to improve the health of individuals and the organization, which ultimately can lead to a healthier society.

Culture of Health and Communication

One important component of supporting a culture of health is strategic messaging. Communication is critical for increasing participation, and high participation is essential for successful worksite health programs (Goetzel et al., 2007). Effective health messaging has multiple aims, such as educating, motivating, marketing, and building employee trust (Kent et al., 2016). Furthermore, communication materials are ideally targeted and tailored to the specific population and disseminated via multiple channels. This can include newsletters, social media, organizational meetings, and other internal communication channels.

Strategic communication can significantly affect employee participation, with effective communication plans significantly reducing the amount of financial incentives that must be provided to achieve high participation. Taitel et al. (2008) reported that when communication levels are high and there is organizational commitment, an incentive value of \$40 led to a participation level of 50%; this is significantly less than that \$120 incentive required to reach 50% participation with low communication and organizational commitment (Taitel et al., 2008). High communication levels were defined as having 10 or more program advertisements throughout the campaign and using multiple channels such as postcards, emails, posters, and announcements at meetings.

Communication can support a culture of health in multiple ways, such as encouraging members to utilize resources (e.g., an on-site clinic) and adopting specific healthful behaviors (e.g., healthy eating). It is important to determine which communication strategies organizations successfully integrate into their practices to foster a culture of health. Thus, the following research question was posed:

RQ1: What communication strategies do organizations utilize to create a culture of health?

Socialization

A culture of health affects and is affected by those who are members of the organization. For a culture of health to be effective, employees must buy in to the notion that both individual health and the health of the organization are important. This can lead to continually participating in the health-promoting actions the organization encourages. To encourage culture of health buy-in, organizational members need to be socialized to participate in health activities and adopt desired healthful behaviors.

Socialization involves an organization teaching newcomers “the norms and values of organizational culture that guide behavior and enhance the newcomer’s performance” (Anakew & Greenhaus, 1999, p. 316). As Ashforth and Saks (1996) stated, “socialization facilitates the adjustment of newcomers to organizations” (p. 149). Socialization practices are associated with higher job satisfaction, commitment, and tenure intention (Louis et al., 1983). Furthermore, socialization leads to newcomer adjustment, including role clarity, job mastery, and social integration (Ashforth & Saks, 1996).

Organizational socialization content has been grouped into four categories: task, group, organizational, and personal. Task-related socialization involves learning the task of the job and having the ability to perform the job. Group refers to learning how things are done within one’s work group, understanding the group customs and values, and being able to get along with others. Organizational socialization involves learning the norms and values of the organization’s culture. On the personal level, socialization entails learning about one’s self and, as a newcomer, understanding how one will function within the organization (Anakew & Greenhaus, 1999). Regarding a culture of health, socialization largely occurs on the organizational level as newcomers learn health-related norms and values. Groups can also play a role in creating (or failing to create) a culture of health as organizations are often made up of many smaller work groups that interact regularly. Personal socialization is also relevant as an individual decides how to interact with the culture of health.

Organizational Assimilation

The stages of socialization that occur at organizations have been outlined in a model termed organizational assimilation (Jablin, 2001). This dynamic process socializes

both new and existing members of an organization and involves four phases: anticipatory socialization, organizational encounter, metamorphosis, and exit.

In the anticipatory phase, newcomers shape their expectations of the organization based on gathered information from sources such as friends, media, or job postings. Organizational encounter involves an employee entering the organization and tactics such as observing and asking questions assimilating them to norms and values. During this phase, the employee also tailors the position based on personal interests and expectations. Metamorphosis eventually occurs, in which the employee adjusts expectations, develops their own role, and resolves organizational conflicts. The final phase, exit, is when the employee leaves the organization (Mumby & Kuhn, 2019).

Socialization into a culture of health might occur during multiple organizational assimilation phases. In the anticipatory phase, a newcomer may learn about an organization's health initiatives and culture through individuals the organization currently employs, previous encounters with the organization, or even the media. A newcomer may even be interested in joining an organization due to expectations surrounding a culture of health. During the organizational encounter phase, a newcomer may learn about the culture of health during formal orientation or new employee communication materials as well as via informal conversations and experiences. For example, a fellow employee may encourage a newcomer to attend a lunch-time fitness class, or a newcomer may notice that catered lunches offer healthful options. During the metamorphosis phase, an individual may adjust their outlook regarding a culture of health. For example, someone skeptical about belonging to an organization promoting health may come to appreciate the support in managing one's health. Furthermore, metamorphosis may involve

determining how one fits into a culture of health. For example, an individual may become a “wellness champion” who encourages others to take steps to improve their health.

Organizational assimilation provides a theoretical framework that can support understanding of newcomer socialization into a culture of health.

The organizational assimilation model also outlines how newcomers seek information during the socialization process. Newcomer information seeking is dependent upon multiple factors, which Miller and Jablin (1991) discussed. One factor affecting information-seeking behavior is uncertainty about the organization. Newcomers experience uncertainty surrounding a variety of topics, such as norms, their fit within the culture, and accepted behaviors. High levels of uncertainty might increase information seeking to reduce or manage that uncertainty. Social cost is another factor that influences information seeking. If newcomers feel there are high social costs associated with seeking information, they may be less likely to do so, or pursue information in a more discreet manner. A third factor affecting information seeking is information sources, such as management, supervisors, and coworkers. Newcomers may choose different sources for various types of information and use diverse strategies based on the source. For example, a newcomer may avoid seeking task information from a supervisor if they fear appearing incompetent. Another factor related to information seeking is information content, as the topic of interest plays a role in how information is sought and obtained. Finally, individual differences and contextual factors can lead to differences in information-seeking behaviors. For example, a high level of self-esteem is associated with greater information seeking. These information-seeking factors can guide exploration of how newcomers seek information regarding a culture of health.

Theory of Organizational Socialization

The socialization process not only involves individual actions but also organizational strategies. The theory of organizational socialization presented by Van Maanen and Schein (1979) offers a continuum including six tactics organizations use to promote socialization. Ashforth and Saks (1996) found that these tactics, along with an individualized approach, were positively associated with job satisfaction, commitment to the organization, and organizational identification. The first tactic is collective socialization, referring to newcomers having several experiences as a group; this could include orientation and training. The second, formal socialization, involves segregating newcomers from other members for a period of time. Within an organization, newcomers may be required to be identified as such so others know to offer additional support. Sequential, another tactic, refers to the strategy of having a fixed sequence of steps for all newcomers. Within a culture of health, newcomers may first be asked to have a wellness physical and then be referred to enroll in an online wellness portal. The tactic fixed socialization includes a specific socialization timetable. A serial process comprises an existing member socializing a newcomer (Van Maanen & Schein, 1979). This tactic can be especially impactful as colleagues have been identified as the most helpful resource for newcomers (Louis et al., 1983). The final tactic, investiture, affirms personal characteristics of the newcomer. The model asserts that the collective use of these tactics leads to effective socialization of a newcomer into the organization (Van Maanen and Schein, 1979).

Ashforth and Saks (1996) explored the effects of the six tactics of organizational socialization. Results indicated that the use of socialization tactics positively correlated

with performance on the job. The tactics were negatively related to role ambiguity, conflict, stress, intention to quit, and role innovation. This study supports the intentional use of tactics to encourage socialization. Furthermore, the theory of organizational socialization may offer insight into how newcomers are socialized into a culture of health.

Socialization and Communication

For newcomers, communication with others in the organization plays an important role in the socialization process. Anakew and Greenhaus (1999) found that having experienced colleagues is the most significant indicator of successful socialization. Employees with support from experienced colleagues experience higher levels of task mastery and role clarity, function better as a part of their group, and have increased levels of knowledge and acceptance of the organizational culture, suggesting there may be benefits to connecting new employees to seasoned employees to facilitate socialization. Similarly, coworker support is associated with perceived career success for shy individuals, a group that typically has lower levels of career success (Taormina, 2019). Louis et al. (1983) also found that peers, supervisors, and senior coworkers are the most helpful resources for new employees. Regular interaction with peers was found to be especially important.

Informal, face-to-face encounters among coworkers have been explored by asking newcomers about memorable messages. Barge and Schlueter (2004) surveyed organizational newcomers regarding advice or organizational insight received from coworkers and found that these messages emphasized fitting into the organizational culture while also constructing an individual-organizational relationship. These specific

messages offer an example of how coworkers socialize newcomers. If these memorable messages encourage healthful behaviors, they may reinforce an organization's culture of health. For example, in a labor-intensive job, a coworker may instruct a newcomer to stay physically fit to avoid injury, which may encourage the newcomer to prioritize physical health.

The connection between socialization and newcomer communication behaviors has also been explored. Ashforth and Saks (1996) reported that socialization leads to employee voice behavior, defined as employee willingness to speak up about an issue or to make improvements. Socialization processes seem to encourage voice behavior by increasing employee confidence and making it a norm. This is consistent with Taormina's (2019) findings that socialization can promote career success among shy employees. The effect that socialization can have on communication skills offers the opportunity to positively change behaviors.

Additionally, newcomer social media use offers interesting insight into the socialization process. In-depth interviews with organizational newcomers explored social media use in the early days of employment (Lee et al., 2019). Many participants connected with others in the organization on social media and this connection helped them to learn about their organization's culture. Observation of coworker's social media content assists newcomers with becoming familiar with norms and culture. Also, some organizations have company-sponsored social media pages, a resource that newcomers may leverage to learn about the culture. While newcomers search social media to manage the uncertainty, they also limit access to their personal social media to avoid revealing personal information within the early stages of employment. This demonstrates an

interesting dynamic, as newcomers take advantage of social media to learn about coworkers, the organization, and the culture, they simultaneously limit what the organization and coworkers can learn about themselves. In the current environment of widespread social media use, this offers a unique strategy for socialization of newcomers.

Socialization and Health

As previously discussed, socialization scholarship largely focuses on job satisfaction and other job-specific components. Limited research has explored the relationship between socialization and health. One such study (Burke et al., 2017) involved exploration of the association between health-related communication, socialization, and health behaviors. Results indicated that social influence and social support within the organization positively affect health behaviors. Increased organizational socialization was also associated with healthful behaviors. Farrell and Geist-Martin (2005) reported that the effect of organizations on social health is significant, and frequent formal and informal conversations between colleagues is associated with a healthy social environment. Though a variety of programs may be available to promote health, daily communication with others shapes health more than any wellness program or health facility. Health and well-being initiatives facilitating opportunities for coworkers to connect may influence health. Offering frequent opportunities for this connection is potentially a strategy to support a culture of health.

Socialization research on non-health-related topics has demonstrated that socialization can predict citizenship behaviors (Slaughter & Zickar, 2006). This may have implications for health-related socialization within organizations. Organizational citizenship is going above and beyond one's role and involves additional, non-mandatory

actions done at work that benefit the organization (Lambert, 2000). It has been proposed that health behaviors are a form of organizational citizenship (Burke et al., 2017). Podsakoff et al. (2000) present three specific citizenship behaviors: organizational compliance (i.e., what a good employee should do), individual initiatives, and self-development. Looking at organizational compliance through a health lens, in an organization promoting health and wellness, a “good citizen” should partake in healthful behaviors. Farrell and Geist-Martin (2005) emphasize the importance of a defined and communicated organizational health and wellness vision to support alignment across the organization. A stated wellness vision may encourage organizational compliance.

The second citizenship behavior, individual initiatives, involves going beyond one’s minimal requirements and doing things that are not included in a role description. Because health behaviors are largely voluntary, engaging in employee health and wellness programs can be considered an individual initiative, and therefore a citizenship behavior. Individuals demonstrate the third citizenship behavior, self-development, by expanding personal knowledge, skills, and abilities (Podsakoff et al., 2000). Organizational health and wellness offerings, such as attending a talk about healthy eating, participating in a fitness class, or starting a tobacco cessation program, can be viewed as self-development. Because socialization encourages citizenship behavior, it may lead to healthful behaviors within an organization that has a culture of health.

Socialization teaches newcomers about the organizational culture as well as how to function and fit within an organization (Anakew & Greenhaus, 1999). This can contribute to job performance, job satisfaction, mastering a new role, taking initiative, and job commitment (Ashforth & Saks, 1996; Liu et al., 2017; Louis et al., 1983). Peers

significantly affect socialization through observation, communication, and even social media (Anakew & Greenhaus, 1999; Barge & Schlueter, 2004; Lee et al., 2019). Within organizations, coworkers are substantial sources of socialization, and familiarity with coworkers increases likelihood of influence (Anakew & Greenhaus, 1999; Barge & Schlueter, 2004). Peers not only have job-related influences, but they also have the potential to affect health (Burke et al., 2017). As individuals become more socialized within an organization and demonstrate citizenship behaviors (Podsakoff et al., 2000), there may be an increased likelihood of participation in organization-sponsored activities. Therefore, socialized employees within an organization with a culture of health may be more likely to engage in healthful activities. Furthermore, there may be a reciprocal effect as employees exert social influence, potentially supporting a culture of health. To better understand this phenomenon, the following research question was posed:

RQ2: How are employees socialized by organizations to create a culture of health?

Power and Resistance

When a newcomer joins an organization, a level of power is surrendered. As a member of the organization, the newcomer is working towards the goal of the organization in exchange for a paycheck or other incentive. The organization creates and guides the culture that its members are continuously exposed to. Organizations with a culture of health socialize newcomers into this culture, assuming the organization has the power to make the concept of “wellness at work” effective. As organizations exert this power, resistance to power is likely to occur.

Power within organizations has shifted over time from traditional, utilitarian control to an approach termed “normative control” (Kunda, 1995). This is “the attempt to elicit and direct the required efforts of members by controlling the underlying experiences, thoughts, and feelings that guide their actions” (p. 356). Rather than members of an organization acting a certain way out of force, a strong identification with the organization as well as personal satisfaction guide actions. In this way, organizational norms, or culture, lead to individual behaviors; actions are driven by underlying organizational customs rather than managerial force (Kunda, 1995). Through the lens of normative control, by creating a culture of health, an organization exerts power over individuals, guiding them to practice healthful behaviors. These behaviors are not explicitly mandated but rather a normality throughout the organization.

Barker (1993) conducted ethnographic research in an organization exerting power via “concertive control.” Similar to normative control, this involves organizational members enforcing normative rules, instead of a traditional bureaucratic system. Rather than power lying within a hierarchical structure, self-managing teams guide actions. Should an individuals’ actions not be in-line with what is expected, the team holds them accountable rather than a manager. Barker (1993) asserts that this control strategy can be more powerful than the traditional bureaucratic model, even though team members have limited awareness of how the system controls their actions. This is consistent with Casey’s (1999) research at a technology company with a flat organizational structure and “team-family culture.” Within this environment, those who do not act in accordance with organizational norms and values can be subject to both formal and informal discipline. An example of formal discipline is being ousted from the team. Informal discipline is

often hidden into everyday practices and may include having to admit failure in front of one's team.

Engineering many aspects of the environment allows organizations to use power to create a culture. This enforces organizational beliefs and values, which members internalize. Employees identify with their organization and connect to the overall philosophy. However, some employees resist the environment, even while continuing to practice organizational rituals, as it can be difficult to remain a member of an organization when not partaking in rituals. Resistance is practiced in a variety of ways. For example, people use skepticism, humor, cynicism, alternative interpretation, and irony to resist (Fleming & Spicer, 2003). Though an individual may disidentify with an organization's culture, the action of continuing to play their role validates the organization's power. Creating and maintaining a culture does not require "buy-in" from all organizational members, and continued compliance alongside both buy-in and resistance confirms organizational power (Fleming & Spicer, 2003).

Leadership can exert power to create a desired culture; however, when a culture is forced, it may be met with resistance. In recent years, organizations have blurred the line between work and non-work activities. Employees are encouraged, sometimes strongly, to bring their whole self to work, and some organizations have made considerable efforts to incorporate fun into the workplace (Fleming, 2005). The intent of this approach includes outcomes such as increasing employee happiness, boosting creativity, and retaining talent. Generally, employees express positive feelings regarding this workplace style. However, not all employees embrace such a culture, and some resist it. For example, a case study at a call center aiming to create a fun culture demonstrated that

some employees perceived the environment as condescending and inauthentic (Fleming, 2005). This led individuals to resist partaking in the fun culture and having negative feelings towards their employer. This is consistent with Fleming and Spicer's (2003) previous work asserting that resistance may be displayed as negative attitudes, shirking duties, or not contributing to the team.

Mumby et al. (2017) offer four resistant practices found within organizations. These involve varying degrees of individual and collective behavior and range from hidden to public. The first is individual infrapolitics, involving individual actions that are hidden and ambiguous. For example, as Fleming and Spicer (2003) discussed, employees may not identify with the organization via actions such as skepticism or cynicism. Within a culture of health, an employee may be suspicious of employer intentions surrounding a health screening so they might choose not to participate. Collective infrapolitics involves communal actions that are discrete and anonymous; employees resist together, but not in a way that is made public. This collective approach allows for resistance within a supportive, yet hidden, environment. For example, a group of employees may have a private group text message centered around mocking organizational practices. Another approach, insubordination, is public action taken on an individual level; for example, an employee directly expresses resistance to a supervisor. Insubordination can be high risk, especially when it challenges the status quo. The final practice, insurrection, is both collective and public. In this case, a group is working together and makes resistance visible to others. This form of resistance can be both formal and informal. These four resistance practices can work independently or jointly within an organization. Also, resistance can begin as one practice and transition to another (Mumby et al., 2017).

Resistance is often viewed as an act that opposes power, but it is not always this simplistic. Wilhoit and Kisselburgh (2019) conducted in-depth interviews with individuals who regularly bike to work, inquiring why they choose to do so. Though biking to work resists dominant social and organizational practices (i.e., driving or taking public transportation to work), results indicated that this resistance is not intentional. Not one participant in this study cited challenging power or defying norms as a motivator. Reasons for biking to work revolved around practicality, economics, health, and the environment. Not only was biking not found to be an intentional form of resistance, those biking to work did not seem to consciously consider that their action demonstrates resistance to the norm. Though this concept may not apply in all contexts, it demonstrates that resistance is not always intentional or known. When considering resistance to a culture of health within an organization, it is possible that an individual may choose to partake in unhealthful activities, or not partake in healthful activities, due to motivators outside of challenging power.

Power, Resistance, and Health

When joining an organization, one subscribes to the corporate culture (Fleming & Spicer, 2003). This culture may be (or strive to be) a culture of health. In this case, power may be demonstrated in the form of incentives such as prizes, money, or other forms of rewards given to those who participate in wellness programs or other activities designed to foster a culture of health. As another example of power, organizations may include health components in performance reviews to encourage a culture of health; for example, a supervisor may be evaluated on their team's adherence to safety protocols. Finally, power may be exerted indirectly, in the form of peer pressure or an underlying

expectation that employees participate. Strategies such as these, used to encourage members to adopt organizational culture norms and values, can sometimes be met with resistance.

As a result of employees refusing to meet employer wellness program requirements, employees forfeit, on average, hundreds of dollars each year (Lewis, 2017). Approximately half of employers with 200 or more employees request that employees complete an annual biometric screening and/or health risk assessment (Lewis, 2017). Though this cannot be mandated, these activities often have a significant incentive attached. Though offering an incentive can be viewed as a nicety, it also can be regarded as a way that employers exert power, making it difficult for employees not to participate. However, as the significant money left on the table demonstrates, employees do not always participate, possibly as a sign of resistance.

Barker et al. (1993) and Casey's (1999) research surrounding team-based power can also be viewed from the perspective of a culture of health. In an organization with a flat structure, subtle influences from team members may lead individuals to adopt health-related behaviors. For example, an individual who does not participate in a company-sponsored step challenge may be excluded from conversation among participants. Additionally, an employee regularly taking smoke breaks may feel that they are letting down the "team." The informal discipline that comes along with not adhering to a norm could potentially act as a motivator.

As organizations exert power to support a culture of health, employees can resist the culture (Fleming, 2005; Kunda, 1995). As Fleming and Spicer (2003) discussed, this can take many forms; examples may include participating in a health-related program to

earn a reward while maintaining unhealthy behaviors, teasing peers who do participate in such programs, or simply refusing to partake. As Wilhoit and Kisselburgh (2019) demonstrated, this resistance may not always be intentional. However, it is clear that as organizations exert power, resistance follows (Mumby et al., 2017). This likely holds true for organizations creating or maintaining a culture of health, so it is important to understand whether organizations perceive employee resistance to this culture. From the organizational viewpoint, an individual not partaking in activities supporting a culture of health may appear to be resistant; however, it is possible that this is not resistance and is instead the result of other factors, such as lack of awareness. Regardless of employees' intent, the perception of such behavior likely influences responses. Therefore, the following research question was posed:

RQ3: In what ways do employers perceive employees as resisting a culture of health?

After determining how employees might resist a culture of health, there is opportunity to understand organizational response to this resistance. De Souza Neto et al. (2018) explored response to employee resistance to electronic surveillance in the workplace and found that there are three categories of responses to employee resistance. The first response to resistance is trying to persuade the employee away from resistance, the second is not taking any action, and the third is making a change to the surveillance system. Should these responses translate to a culture of health, an organization may take steps to persuade an employee not to resist the culture, ignore the resistance, or change the organizational culture of health approach. Along with understanding if employees

resist a culture of health, how this resistance is addressed was explored. This was guided by the following research question:

RQ4: How do organizations address employee resistance to a culture of health?

Chapter 3: Methods

The proposed study utilized qualitative methods, facilitating in-depth understanding of communication strategies used by organizations recognized for cultivating a culture of health. A qualitative approach meets the aims of this study because it facilitates understanding of participant views and experiences. This is important as participants have experience with and knowledge of communication supporting their organization's culture of health. Furthermore, qualitative methods provided detailed perspectives and allowed for participants' voices to be heard.

Grounded Theory

I employed grounded theory (GT) methodology for thematic analysis. GT is based on symbolic interactionism (Goulding, 2009). It is utilized to identify a psychosocial process and how it relates to a social context. This is done through simultaneous systematic collection and analysis of data. The data on the topic of interest is gathered from a group of individuals familiar with the phenomenon of interest. It is then analyzed to identify emerging themes. Concepts that emerge from the data offer insight into the phenomena of interest (Goulding, 2009). This project aimed to recognize themes related to communication to create a culture of health; GT offers a methodology to support thematic analysis. Though GT guided this project, I did not intend to develop a theory, but instead, identify communicative concepts fostering a culture of health. As Timonen et al. (2018) discussed, the core principles of GT can be utilized with or without creating a theory. Specifically, "significant process toward constructing categories, and spelling out links between them, with the view to achieving conceptual clarity, is a sufficient outcome for a GT study" (Timonen et al, 2018, p. 4).

Barney Glaser and Anselm Strauss, the founders of GT (1967), examined the experience of terminally ill patients with differing knowledge of their health status. This study focused on how patients dealt with the knowledge that they were dying as well as how health care staff caring for these patients reacted. Glaser and Strauss questioned the appropriateness of employing a traditional scientific method for this study and instead developed a constant comparative method leading to the creation of GT. This constant comparative strategy, grounded in the data, differed from the traditional method of experimentation. It challenged the belief that qualitative data lacked rigor (Goulding, 2009; Tie et al., 2019). GT provides a methodology to guide qualitative data analysis and the development of themes grounded in the data.

GT involves on-going comparative analysis, as the researcher moves in and out of data collection and analysis (Charmaz, 2014). It is not a linear process but instead comprises iterative and comparative actions. Though GT is not linear, there is an overarching framework, starting with purposive sampling. Following identification of participants, the next step is collecting data, which is often done via surveys, interviews, or focus groups but may also include the review of documents, videos, and other artifacts (Charmaz, 2014). This study involved data collection primarily via interviews.

GT represents both a methodology and a product resulting from inquiry. Since its creation, it has evolved, incorporating other perspectives, and leading to the development of multiple methodological genres: traditional, evolved, and constructivist. Traditional, or classic, GT accounts for a behavioral pattern both relevant and problematic for those involved. It aims to generate a conceptual theory (Ralph et al., 2015). Evolved GT is based upon what people believe is true and addresses subjective meanings of the area of

inquiry (Tie et al., 2019). Constructivist GT is based on how individuals construct meaning related to the target topic. This genre assumes that the researcher is always involved in constructing the research process and results (Charmaz, 2014). These three GT genres have commonalities, but the approach utilized with each, such as coding, analysis, and theory development, does differ. This project employed constructivist GT as I actively constructed the research process and the results (Tie et al., 2019).

Sample

I asked all organizations (a total of 30) designated as 5-Star AchieveWELL and currently active with the WCI to participate in this study. AchieveWELL is “Indiana’s wellness assessment, evaluation, and recognition program” (Wellness Council of Indiana, 2020). The WCI created and manages this program. Any for-profit or not-for-profit business with 5 or more employees in the state of Indiana is eligible to participate in AchieveWELL.

AchieveWELL involves an assessment and evaluation, with multiple levels of recognition. The first level, 3-Star, is awarded to organizations that have laid a workplace wellness foundation, meaning that wellness initiatives are in place or there are plans to implement wellness programs. The second-level recognition is 4-Star, which is defined as organizations that have wellness initiatives in place supporting workplace health policies and environmental well-being. A 5-Star AchieveWELL recognition signifies that the company has invested at least 5 years in promoting wellness to their associates and has “cultivated a culture of wellness throughout the organization” (Wellness Council of Indiana, 2020). This study included only 5-Star organizations, given that this study

focused on not simply health and wellness programs within organizations, but rather creating a culture of health.

All 5-Star AchieveWELL organizations have demonstrated a holistic approach to creating a culture of health. The comprehensive requirements involved with becoming a 5-Star AchieveWELL organization confirms this. Requirements include:

- 5 years of continuous health and wellness program activity
- Written narrative highlighting evolution of wellness initiative
- Demonstrated proof of community involvement beyond financial support
- Demonstrated movement from extrinsic motivation-based programming to intrinsic motivation-based business alignment and results initiatives
- Proof that wellness is part of the company culture
- Evidence of senior leader involvement, beyond just financial support

This study did not intend to evaluate these organizations as they have been evaluated and recognized during the 5-Star AchieveWELL process; therefore, these organizations have already demonstrated that they have a culture of health. Rather, the study intended to explore these organization's communication strategies utilized to create and support a culture of health. This sampling approach engaged a group of organizations with mature and effective health promotion programs and a proven culture of health, making it an appropriate sample for meeting the aims of this study. Consistent with GT, this approach employed purposive sampling, which involves selecting participants and/or data sources that will answer the proposed research question(s). In the case of this study, including 5-Star AchieveWELL organizations is purposive in that these organizations

have been recognized for their culture of health, making them ideal for studying how a culture of health is supported communicatively.

After receiving institutional review board approval, the WCI conducted initial outreach via email to all 5-Star AchieveWELL organization contacts to inform them about the study and encourage participation (sample email found in Appendix A). The contact at each organization who completed the AchieveWELL application, or the individual listed as the current contact, was the organizational representative for this study. Initial contact by WCI facilitated a connection between the organizations and myself and offered these individuals the opportunity to express their willingness to participate. When individuals responded that they would like to participate or learn more, I followed up with a recruitment email including additional information about the study, a link to sign up for an interview time, and the study information sheet. A sample of this email can be found in Appendix B, and the study information sheet can be found in Appendix C. The representative participating in the study was familiar with the organization's health promotion programs and communication strategies. Participation in this study was voluntary.

A total of 19 5-Star AchieveWELL organizations participated in this study. Of the 11 organizations that did not participate, four declined, five did not respond, and two did not have current contact information available. The participating organizations had diverse work classifications. The most prevalent classifications were healthcare (n = 5), manufacturing (n = 4), and insurance and benefits (n = 4). Given that 5-Star AchieveWELL is a recognition program for companies located in Indiana, all organizations have at least one office in Indiana. Most organizations are based in the

central Indiana region, with seven in the Indianapolis area and six outside the city, but still in central Indiana. Organizations ranged from 55 to 37,000 employees with most organizations having more than 1,000 employees. Wellness program duration varied from 4 years to 24 years. An overview of the demographics of participating organizations can be found in Table 1.

Table 1

5-Star AchieveWELL Organization Overview

	Frequency	%
Response		
Participated	19	63.3
Declined	4	13.3
No response	5	16.7
No contact information available	2	6.7
Region		
Northern Indiana	4	21.0
Central Indiana (Indianapolis)	7	36.8
Central Indiana (non-Indianapolis)	6	31.6
Southern Indiana	2	10.5
Work classification		
Construction	1	5.3
Finance	2	10.5
Healthcare	5	26.3
Higher Education	2	10.5
Insurance & Benefits	4	21.0
Manufacturing	4	21.0
Transportation	1	5.3
Employer size		
Small (74 or fewer employees)	2	10.5
Medium (75-249 employees)	3	15.8
Large (250-999 employees)	4	21
Major (1,000 or more employees)	10	52.6
Wellness Program Duration		
4 – 9 years*	5	26.3
10 – 14 years	8	42.1
15 – 19 years	1	5.6
20 + years	5	26.3

Note. The 5-Star AchieveWELL recognition requires 5 years of continuous program activity. However, one organization reported a wellness program duration of 4 years. This organization has had a program for at least 8 years, though, during this time, stopped many offerings. The organization has now had continuous programming for 4 years.

This sample was largely representative of the 30 organizations designated as 5-Star AchieveWELL, though demographics of the 11 organizations that did not participate differed slightly from the participating organizations. Non-participating organizations were all outside of Indianapolis area and more likely to be in northern or southern Indiana. There was much overlap in work classifications between the participating and non-participating organization; however, technology and family services were included in the non-participating group though not the participating group. Regarding employer size, participating organizations were more likely to be major and non-participating organizations were more likely to be classified as large.

Data Collection

Interviews were the primary source of information for this study. To support this, each participant also completed a questionnaire. This questionnaire collected information related to organizational characteristics as well as health communication topics and channels. A sample of the questionnaire can be found in Appendix D. Responses from this questionnaire provided company characteristics and health communication trends and offered an overview of specific health messaging practices. Qualitative data collected during the interviews provided in-depth exploration of health communication strategies to foster a culture of health.

I developed the questionnaire and interview guide after a thorough review of the literature. Specifically, to explore the topic of socialization, I asked questions related to concepts from organizational assimilation and the theory of organizational socialization. For example, the anticipatory stage of organizational assimilation occurs before a member joins an organization, so I asked participants if and how the culture of health is

communicated to potential employees and if it is woven into recruitment strategies. Also, I asked participants to share health and wellness communication that is incorporated into new employee orientation, a theory of organizational socialization tactic. To ensure that appropriate questions were asked, these frameworks informed this study. Furthermore, these frameworks helped to make sense of the data surrounding socialization into an organization with a culture of health.

Interviews were semi-structured and recorded and took place via video conference. Participants were familiar with health promotion initiatives and communication within their company. As these responsibilities may fall under a different role and title at each organization, it's important to recognize that each participant did not have the same title. Examples of participant titles include Well-being Manager, Benefits and Wellness Specialist, Senior Director of Benefits, and Wellness Director. Though this is an organizational-level analysis, conducting interviews with these individuals is appropriate because they are the most familiar with the organization's health promotion strategy and initiatives. This individual is involved in oversight and/or implementation and offers a managerial perspective of organizational health and wellness.

As the primary researcher, I conducted all interviews. I utilized an interview guide with open-ended questions, though specific questions asked varied based on individual experiences, company initiatives, and communication strategies. A sample interview guide can be found in Appendix E.

Interviews were expected to last no more than 60 minutes. This is based on Hermanowicz's (2002) estimate that a list of 20-30 questions requires a 60- to 90-minute interview. The interview guide used for this study included 15 questions. Interview

duration ranged from 36 minutes to 66 minutes ($M = 48$ minutes). All interviews were digitally recorded and transcribed. The data, including interviews and completed questionnaires, were saved electronically as password-protected documents to ensure security. During analysis of collected data, I employed theoretical sampling to support initial concepts that emerged, per GT methodology (Charmaz, 2014). Theoretical sampling involved conducting interviews and collecting data, analyzing this data, and then conducting additional interviews. Theoretical sampling also included following up with organizational representatives, based on developing themes. This process continued until saturation occurred. I knew saturation had occurred when new data did not offer new theoretical insights (Charmaz, 2014). Though saturation occurred before I had interviewed all participants, I continued to conduct interviews with those who expressed willingness to participate to ensure that these individuals' voices were heard.

Data Analysis

I reviewed responses to the questionnaire (see Appendix D) alongside data collected from each interview and analyzed the questionnaires to provide an overview of the sample population. I used responses to questions two, three, and four to identify groups reflecting the sample. For example, one group included the number of organizations that identified as having a specific classification (e.g., manufacturing, healthcare, transportation). An overview of the sample population can be found in Table 1 (see page 45). I took a similar approach for total number of employees and years that the organization has had a wellness program. I calculated percentages for responses to questions five to nine. For example, one calculation is the percentage of participating organizations offering specific health and wellness programs. These percentages are

presented in Table 2, offering an overview of the strategies that participating organizations apply.

Table 2

Health and Wellness Programs

Program	Frequency	%
Chronic disease management	17	94.4
Educational sessions	18	100
Financial health	18	100
Health fairs	9	50
Health Risk Assessment	15	83.3
Health screenings	16	88.9
Healthy eating	18	100
Mental health	18	100
On-site clinic	9	50
Physical activity	18	100
Spiritual health resources	7	38.9
Weight management	16	88.9
Wellness challenges	18	100
Other(s)	2	11.1

Note. Answers received in response to questionnaire item: Select all programs offered by your organization. Responses were received from 18 of the 19 participating AchieveWELL organizations.

I thoroughly examined the data from each interview using GT methods to facilitate exploration of in-depth data surrounding health messaging within organizations. I coded, compared, and categorized data relevant to the specific topics of interest. The coding process allowed for identifying emerging themes related to health communication. I analyzed data to address the aims of the study, including communication to support a culture of health, socialization, and power and resistance. I completed analysis consistent with the constructivist GT stages Charmaz (2014) outlined to create a storyline addressing the aims of the study.

Constructivist GT includes initial coding, focused coding, and then theoretical coding. Analysis began with initial coding, including examination of short segments of data. This involved line-by-line coding, which entails assessing each line of data and

defining it (Charmaz, 2014). During this process, I labeled each line to reflect meaning and highlighted data relevant to the study aims. I extracted and coded data related to how organizations communicate about health promotion programs and encourage health behavior change. I completed the coding process for the full transcript from each interview. During this process, I developed a codebook, including an inventory of codes with their descriptions as well as examples.

An independent researcher who works in academia and has knowledge related to a culture of health verified initial coding. I trained this individual in GT coding and provided her with my codebook. The independent researcher coded one transcript and then I compared her codes to my codes. I calculated percent agreement to determine the percentage agreement between my coding and the independent researcher's coding. Percent agreement was less than 80% so we discussed discrepancies to determine how to rectify any problems. The wording of one code was altered based on our conversation so that we both agreed with all codes. The independent researcher coded a second transcript, and I again calculated percent agreement. Percent agreement was 94.7%; because this was greater than 80%, the independent researcher continued coding 10% of the data. After the remaining data was coded, I calculated interrater reliability using Scott's pi, accounting for chance agreement when two researchers are coding the data (Allen, 2017). Scott's pi was 0.937. I deemed this acceptable as a Scott's pi of 0.80 or higher indicates a high level of agreement (Lombard et al., 2002).

Next, I completed focused coding to identify the most frequently occurring codes and those most relevant to the study aims. I compared these recurrent codes to identify similarities and differences and then I sorted the codes into categories to identify

emerging concepts. I completed this step initially and identified potential categories as well as examples and then presented this to the independent researcher for discussion. Together, we identified specific examples from the text to support each emerging category (Charmaz, 2014).

I then conducted theoretical coding to relate codes to each other and identify properties in each category. I created a table representing the most frequently occurring codes and organized the codes into categories related to the research questions. This guided the creation of themes demonstrating how these organizations approach health communication. (Charmaz, 2014). For each theme, the table included a description and examples. I presented and discussed the table and emerging themes with the independent researcher, and we were in agreement that it adequately represented the data. Appendix F lists the final themes identified related to each research question, including descriptions and exemplar quotes.

Throughout the coding process, I used memo-writing, another key element of the GT framework. Memos are informal notes the researcher takes throughout the data collection and analysis process (Charmaz, 2014). This allowed for documenting ideas and thought processes, providing a detailed record of my research method.

Consistent with the dynamic GT process, this study involved theoretical sampling, including on-going data collection and analysis as well as follow-up discussions, to seek additional data supporting initial concepts that emerged (Ralph et al., 2015). Constant comparative analysis guided the collection of new data throughout the coding process (Goulding, 2009). I identified differences and consistencies to refine concepts. As categories emerged and themes developed, I obtained data to saturate emerging

categories or address specific questions. I did this by further reviewing existing data, conducting interviews with additional organizations, or having follow-up conversations with participants that had already completed interviews (Charmaz, 2014). Following saturation and final analysis, I answered the research questions using the developed themes. During this data analysis process, I used components of OCC to further support the understanding of organizational culture of health. Through analysis of the gathered interview responses, I inferred patterns of expectations and organizational meanings and weaved these patterns into a representation of organizational communication to support a culture of health (Bantz, 1993).

To ensure rigor during the GT process, I employed procedures established in the literature on qualitative methods. This includes reflexivity, which involved continually being aware of personal interpretations and verifying these interpretations in the data. Rather than avoiding these interpretations, constructivist GT emphasizes an awareness of expertise, knowledge, and skills (Charmaz, 2014). I practiced reflexivity by memoing and discussing results with the independent coder throughout the coding process. Depth of description, or seeking out rich data, is another important GT component utilized. To achieve this, I asked follow-up questions during participant interviews. Finally, searching for alternative interpretations of the data is important to ensuring rigor (Goulding, 2009). I did this by involving an independent researcher who participated in the initial, focused, and theoretical coding process. These procedures ensured that the project outcome is rigorous and supported by the data.

Chapter 4: Results

The driving force for 5-Star AchieveWELL organizations to create and maintain a culture of health varied by organization. However, key drivers included caring for employees and managing healthcare costs. As Jessica,¹ who works at an insurance company that has offered health and wellness for more than 10 years, shared, “Our people are our biggest asset, and we want to keep them happy and healthy. They’re not a number, they are human beings, and we treat them like human beings.” This perspective is shared by many 5-Star AchieveWELL organizations. Besides caring for employees as humans, it is also not surprising that organizations are seeking to manage healthcare costs, given that more than 50% of health insurance coverage for the U.S. population is covered by employers (Berchick et al. 2018). As Dean, who works for a manufacturing company that has offered health and wellness for 20 years, shared, “We drilled really deep into, you know, what’s causing medical costs increases, and then we said, ‘What can we do about this?’ And so that’s how we came to wellness.”

5-Star AchieveWELL organizations have a wide variety of offerings to foster a culture of health. This is consistent with findings that worksite health promotion programs vary greatly in design, implementation, and evaluation (Pelletier, 2011) as well as intensity, duration, and comprehensiveness (Heaney & Goetzel, 1997). The specific programs offered by 5-Star AchieveWELL organizations are listed in Table 2 (see page 49). The most frequently cited programs include educational sessions, financial health, healthy eating, mental health, physical activity, and wellness challenges. All participants that completed the questionnaire indicated that their organization offers these programs.

5-Star AchieveWELL organizations considered a variety of offerings as falling under the umbrella of wellness. Many non-traditional health and wellness activities were discussed during interviews. Examples include volunteer time off, green initiatives (e.g., recycling programs), childcare reimbursement, continuing education, caregiver support, flexible PTO, and diversity and inclusion. Also, two participants listed programs under “other” when completing the questionnaire, such as lactation services, tuition reimbursement, and music and arts programs. Furthermore, some health and wellness initiatives may have aspects that are considered unhealthy. For example, one company sent care packages to employee’s homes that included gummy bears and another hosted regular happy hours. Sugary treats and alcohol consumption may not promote health, though some organizations have determined that treats may have a place in sending the message that they care about employees and happy hours are helpful for creating an opportunity for social interactions, which may benefit their social and mental health. Overall, the general objective of 5-Star AchieveWELL organizations is consistent with HERO’s definition of a culture of health: a culture that intentionally encourages health (HERO, 2016).

Regardless of the motivation behind creating a culture of health and specific programs offered, all 5-Star AchieveWELL organizations have intentionally worked to create a workplace supporting health and wellness, offering an opportunity to identify best practices. Creating a culture of health is a goal of participating organizations and communication is important to shaping this culture, socializing new employees into the culture, and addressing resistance from employees.

Communication Strategies

Participants reported employing multiple communicative strategies to foster a culture of health. The aim of these strategies is to promote engagement in health and wellness programs and to encourage healthful behaviors. The most frequently reported strategies discussed by 5-Star AchieveWELL organizations included using multiple communication channels, demonstrating leadership support, implementing policies, surveying employees and incorporating feedback, leveraging partnerships, creating a health-promoting built environment, and being willing to change and adapt. These tactics offer insight into the first research question, which asked, “What communication strategies do organizations utilize to create a culture of health?”

Use of Multiple Communication Channels

The specific communication strategies utilized by 5-Star AchieveWELL organizations are outlined in Table 3. Strategies to communicate are as diverse as the organizations and most organizations reported using as many communication modes as possible. As Katie, who works at a construction company that has offered health and wellness for 15 years, reported:

So we try to hit as many ways as we can when we're communicating things. . . . We also cover a lot of wellness in our newsletters. We have a mass texting system that we use. We do a wellness Wednesday during challenges or during other big things. I send lots of flyers and things of that nature to our supervisors pretty much weekly and then, when our director of workforce development . . . sends out the schedule she has a little component of here's what's happening in wellness. Okay, we work really hard to get it from all different directions, we kind of over-communicate.

Table 3

Communication Channels

Communication channel	Frequency	%
Announcements at meetings	16	88.9
Electronic displays	17	94.4
Email	18	100
Intranet	16	88.9
Newsletters	14	77.7
Mailers to home	11	61.1
Newsletter	13	72.2
Printed fliers or posters	12	66.7
Social media	13	72.2
Text message	6	33.3
Other(s)	0	0

Note. Responses received in response to questionnaire item: Select all communication channels your organization uses to share information about a health promotion programs or policies. Responses were received from 18 of the 19 participating AchieveWELL organizations.

Amy, who works for a power company that has offered health and wellness for 11 years, reported a similar communication approach when she said, “We really try to get that [health and wellness information] out, every way that we have communication channels.” Tonya, who works at a financial company that has had a health and wellness program for 8 years, shared that she aims to over-communicate: “We can never over-communicate. If somebody tells me don’t tell me that again, I’ve done my job.”

The most frequently utilized communication channel is email; 100% of organizations reported sharing health and wellness information via email. Lucy, who works for a healthcare organization that began offering health and wellness programs more than 10 years ago, shared that her organization started utilizing email for health and wellness messaging this year, and it has been a useful tool. She stated, “The emails that we’ve started to send this year really have kind of made an impact of getting people aware of what’s going on with wellness, what they can do, who they can reach out to.”

Though all organizations reported using email, the effectiveness of emails depends on the

population. Haley, who works for an insurance company that began offering health and wellness programs more than 20 years ago, leverages email heavily due to the nature of the work at her organization. She said, “Our core communications come through email. Like most organizations, we rely on those electronic means of communication and everybody in our company sits behind a computer, so we do have pretty easy electronic access to all of our employees.”

Questionnaire responses indicated that electronic displays, announcements at meetings, and company intranet are also frequently utilized. Health and wellness messages and announcements are shared with supervisors, wellness team members, or ambassadors who are then responsible for relaying these messages at meetings. Of the communication channels listed in the questionnaire, the least frequently utilized is text messaging, with 6 (33.3%) organizations reporting use of this channel. However, other participants discussed that text messaging is a communication tool that is being considered.

An intranet, or internal social media tool, is popular for sharing health and wellness information. To promote walking groups, for example, Susan, who works at a healthcare organization that has had wellness programs for 12 years, shared that she takes photos of employees walking and posts those images to encourage other employees. Also, a manufacturing organization has an internal Facebook page where wellness topics are frequently posted. Though not all employees use this platform, this is viewed as an important communication channel to reach both employees and their spouses.

Unique communication strategies discussed during interviews included desk drops, which involves leaving a flyer or other item on each employee’s desk,

announcements on an overhead speaker, and flyers in bathroom stalls. A financial company caught the attention of employees and promoted sleep health by leaving a sleep mask on employee's desks. Helen, who works for a manufacturing company that has had a health and wellness program for 10 years, reported being creative to reach employees: "Like the toilet talks, I know that it's silly, but you've got a captive audience for a couple minutes."

Additionally, 5-Star AchieveWELL organizations not only utilize multiple communication channels, but they also share messages multiple times. This ensures that more employees receive the message and are more likely to be exposed at a time when it may be most relevant. As Jared, who works at a healthcare organization that has had a health and wellness program for 7 years, explains:

You're going to keep doing that a couple times a year. Keep reminding people because when they're ready, they may not be ready, the first time on day one . . . day 180, you know, they still may not be ready, but day 360 maybe they are. And then we gave them that reminder like hey don't forget to do personal training for free.

Participants shared in the questionnaire how often health communication materials are distributed. Frequency ranged from daily to quarterly, with the most frequent response being weekly (77.8%). Table 4 indicates participant responses regarding communication frequency. Overall, participants expressed that their health and wellness communication strategy included frequent and continuous messaging using all available channels.

Table 4

Communication Frequency

Communication Frequency	Frequency	%
Daily	1	5.6
Weekly	14	77.8
Monthly	2	11.1
Quarterly	1	5.6
Yearly	0	0

Note. Responses received in response to questionnaire item: How often does your organization distribute communication materials (flyer, email, postcard, etc.) promoting a health program or policy? Responses were received from 18 of the 19 participating AchieveWELL organizations.

Though a variety of communication strategies are utilized, 5-Star AchieveWELL organizations have a high appreciation for the effectiveness of face-to-face communication. This involves participants of this study talking to other employees about health and wellness, as they are often leading health and wellness initiatives at their organization. As Jessica shared “Word of mouth. If people are in my office, you know, I’m usually talking about it.” Similarly, Cassie, who works at an organization that has offered health and wellness programs for 4 years, reported that she “would just go out there, you know, and just start basically pounding the pavement with the message and why we were doing what we were doing.” Amy had a similar message: “You got to put the work in just human work. You gotta walk around you’ve got to talk to people, you gotta, you gotta collaborate, you gotta, you gotta be there.”

In addition to this, other members of the health and wellness team and volunteers such as wellness champions are important. For example, Amber, who works for a transportation company that has offered health and wellness for 5 years, shared that wellness committee members are going out and having face-to-face conversations with employees. She said that they are the ones, “encouraging them to either get on the wellness platform or take advantage of the yoga on Mondays.” Information is shared with

individuals throughout the organization with the expectation that they will use it to encourage coworkers to participate in health and wellness initiatives. Kristin, who works at a financial company that's had a health and wellness program for more than 10 years, shared:

We have monthly meetings where we really dive into specific topics. We look at the data, we break it out by their specific organizations so that then they can really be the feet on the street and taking that back to their teams and sharing that within their own town halls, team meetings, or just in conversation.

While one individual may be able to communicate throughout a small company, large organizations find it especially important to have a network of individuals that can spread the word about health and wellness, which is why these wellness champions are so important. Taylor, who works for a large healthcare organization that has offered health and wellness for 20 years, finds this especially crucial, as these individuals "can be that voice and boots on the ground for you."

Furthermore, Dean discussed the importance of face-to-face communication specifically with on-site clinic staff and human resources team members as well as conversations at groups meetings. At the manufacturing organization where he works, engagement is largely driven by what he calls "old fashioned physical relationships." One way these relationships are encouraged is by having all employees meet with the on-site healthcare provider twice throughout the year to discuss their health. Interactions with on-site healthcare providers are facilitated at another organization by having the provider "hang-out" in the employee breakroom during lunch to educate employees about available resources and answer questions. Though a variety of communication channels are used by organizations, 5-Star AchieveWELL organizations prioritize face-to-face

conversations. As Jared shared “As much as we’re in a digital world, I still think there’s a little bit of an aspect that we, you know, we want someone to talk to, someone that we know.” This is true of other organizations who also highlighted the value of face-to-face communication.

Demonstrating Leadership Support

5-Star AchieveWELL organizations cited leadership displaying their support as crucial to creating a culture of health. This support includes participating in health and wellness programs, allowing employees the time to participate in activities, and encouraging participation. Furthermore, leadership is leveraged strategically by 5-Star AchieveWELL organizations to communicate to employees about health and wellness.

A key way leaders express support is by participating in health and wellness programs. For example, Susan shared that there are dedicated days and times each week when staff is encouraged to take a walking break and the “chief medical officer and chief nursing officer all will participate on different days and then encourage staff to join.” The executives at this organization also exercise together on a weekly basis. Similarly, Tonya reported that the company’s Chief Executive Officer (CEO) actively participates in health challenges. She said, “She is one of the first people [to ask], ‘How do I sign up?’ What do I do?’ She’s very active in that, and she’s a pretty good trash talker herself.”

Similarly, Haley reported that the CEO at her organization is:

Usually one of the first two or three to signs up. We see the same thing with kind of the step below him. We’ve got vice presidents that run each of our departments and they also fully participate so it’s not just lip service; it’s action.

Furthermore, the CEO of another 5-Star AchieveWELL organization leads a company running group, and an executive of a hospital system leads a bike-to-work event annually.

Participation by leadership also includes being involved in health and wellness program development. For some organizations, a leader was the primary driver to initiate health and wellness. As an example, Renee, who works at a university that has had a health and wellness program for 10 years, shared that the wellness program at her organization was initiated by a previous company president because “she just felt it was necessary to bring that culture to [the university] and so we’ve been fortunate enough to keep that.”

Helen told a similar story,

This came straight from the top. This is our former president who’s now our CEO. He really got into it and wanted to make sure that everybody had access to the resources they needed to be healthy and so he started it. So, I mean, we’ve had executive buy-in from day one.

Additionally, Taylor stated that their well-being steering committee includes executive leadership. Amber discussed strong leadership involvement in planning too. She reported:

Our executive team is very much about pushing, you know, the next level of wellness and what can we do better, how can we strategize for the upcoming years. We have a two-year strategic plan and so our initiatives are constantly thought about and taken to that executive level ahead of time before we even start to execute anything.

Leadership also directly communicates to others in the organization about health and wellness. Amy reported that top and middle management are familiar with health and wellness initiatives and discuss these with employees regularly. More specifically, Jessica shared how leadership promotes wellness initiatives.

The CEO has no problem shooting out a video and supporting whatever it is that we do. So if it’s a corporate challenge and say we’re struggling getting people to sign up, he has no problem getting on a video going hey corporate challenge we really need volunteers, we’re short on blah blah blah.

Leadership at a financial company was involved in the creation of educational materials for employees, creating a video series around the topic of mental health, with the goal of encouraging employees to achieve better work-life balance. A manufacturing company took a unique approach to encourage employees to have colon cancer screenings by having managers wear poop-emoji hats at the department meetings where this topic was discussed. Another 5-Star AchieveWELL organization, a financial company, reported supplying leadership with information about health and wellness so the leader can discuss it at town hall meetings. Similarly, other organizations share information at manager meetings and then ask the managers to share the information at employee meetings. 5-Star AchieveWELL organizations strategically share information at the top level with the expectation that it will trickle down through leadership to employees.

Participants expressed that leadership support of health and wellness is due to wanting employees to be healthy as well as an understanding that healthy employees can help to control healthcare costs. Interviewees were asked if there was a time when leadership support was a barrier to creating a culture of health. 5-Star AchieveWELL organizations largely reported that leadership only improved the culture of health, though some companies do struggle with middle management prioritizing health and wellness. This seems to be related to middle managers being focused on day-to-day tasks such as managing schedules, meeting quotas, and problem solving. These competing priorities can make it challenging to find time to encourage employees to engage in health and wellness activities. However, overall leadership is supportive of the culture of health and

is a key component in communicating health and wellness within 5-Star AchieveWELL organizations.

Implementing Policies

To support a culture of health and wellness, many 5-Star AchieveWELL organizations have specific policies in place as a component of their health and wellness strategy. This is directly connected to leadership support, as policies are generally enacted, and often enforced, by leadership. Specific health and wellness policies reported by 5-Star AchieveWELL organizations are listed in Table 5. Some of the most common policies are tobacco-related (e.g., smoke-free environments), food-related (e.g., healthy options in vending machines and during catered events), and fitness-related (e.g., gym membership reimbursement or allowing exercise during the workday) policies. Two organizations listed additional policies under “other,” such as well-being paid time off, free unlimited mental health care, and jeans days all the time.

Table 5

Policies

<u>Policy</u>	<u>Frequency</u>	<u>%</u>
Additional sick days to encourage employees to stay home when ill	6	33.3
Extended parental leave	8	44.4
Flexible work schedules	13	72.2
Fragrance-free environment	4	22.2
Green workplace policies	5	27.8
Healthy catering policies	5	27.8
Limited work hours to support work-life balance	6	33.3
Pet insurance	7	38.9
Reimbursement for gym membership	11	61.1
Safety violation policies	12	66.7
Smoke-free campus	13	72.2
Other(s)	2	11.1

Note. Responses received in response to questionnaire item: Select all policies that are in place at your organization. Responses were received from 18 of the 19 participating AchieveWELL organizations.

In addition to common policies, 5-Star AchieveWELL organizations also have intentional policies related to organizational characteristics. For example, Helen, who works at a manufacturing company, reports that there are regular stretch breaks incorporated into the day to prevent injuries related to the repetitive nature of many jobs. Two organizations working with multiple vendors put in place policies to reduce the amount of unhealthy food gifted from vendors. Jessica shared:

Maybe five years ago we put out a letter, a notification, to our vendor partners because they were bringing in, you know, cake, it seemed like every day. It was getting there was usually a cake on every aisle or something. It was so crazy. And so we decided, okay, timeout. We removed it.

Jared expressed the importance of policies to create a culture of health:

We really want to have this culture of wellness and a culture that really cares for our employees. We need to, we need to show that, you know. We need to have a policy in-place. You can't just say like over here we're doing this and it's not written anywhere.

However, many 5-Star AchieveWELL organizations reported that policies are not an important part of their strategy, but rather health and wellness is just part of who they are as an organization.

When asked about organizational health and wellness policies, Rose, who works at a benefits advisory company that has offered health and wellness for 24 years, stated:

It is a part of, it's just who we are as a company. There isn't like a formal policy about things, like we serve only healthy food, or you know things like that. It's just more of who we are.

When discussing healthy food options at meetings, Sarah, who works for a benefits company that began offering health and wellness program 9 years ago, told a similar story, reporting that having a healthy option is "just what we do." Katie discussed that healthy food options are a common practice. Regarding policies, she said:

It's kind of a general understanding that when we're providing lunch there will be a healthy option. It's a general understanding that we want people using standing desks and things like that. I wouldn't say there's any requirements necessarily but, again, it's so ingrained in who we are that is just kind of, these are some of the general understandings.

In certain cases, over time, some policies have become company norms for 5-Star AchieveWELL organizations. For example, a manufacturing company previously had a policy requiring employees to complete an annual physical at the onsite clinic. However, this eventually became a norm within the organization. Physicals are no longer required, but rather something that everyone does annually because it is the norm. Overall, 5-Star AchieveWELL organizations do have policies surrounding health and wellness. However, these are not foundational to creating a culture of health. Instead, because of the culture, health-promoting resources and actions have often come to be expected.

It is important to note that, though many 5-Star AchieveWELL organizations have policies in place, they are not immune to enforcement-related struggles. As Sarah shared, "it's a hard one to monitor, you know, at a certain point and it's like nobody wants to be the pizza police." Policies and informal organizational norms may send a message regarding what the organization is trying to achieve, though what occurs is sometimes inconsistent with policies. For example, at one particular manufacturing company, a policy stating that the cafeteria will always have a healthy option fizzled out over time, and a participant at another company reported that even though employees are given paid time off to volunteer, much of these hours go un-used. Overall, policies are just one available tool, though not a magic wand, used by 5-Star AchieveWELL organizations to create a culture of health.

Surveying Employees and Incorporating Feedback

Other strategies utilized by 5-Star AchieveWELL organizations are surveying employees and incorporating employee feedback into health and wellness programming. This communicates that the organization is interested in employee opinions and ideas and provides guidance on how to meet employee health and wellness needs. Nearly all 5-Star AchieveWELL organizations discussed collecting health and wellness program-related feedback from employees. Online surveys are a popular means of collecting this feedback. Some deploy a dedicated health and wellness survey, others send out an over-arching employee benefit-related survey, and some incorporate health and wellness questions into a broad, company-wide survey.

Taylor works for a health care organization and has been involved with several health and wellness surveys. She is looking forward to obtaining information from a recent survey related to manager support. She said, “So that survey went out just about a week ago and we’re excited to glean kind of some information about, you know, well-being scores, and then how do people perceive manager support of their well-being.” Amber reported gathering information via survey related to employee successes resulting from the health and wellness offerings. This feedback has been helpful in determining the value of programs. Additionally, some organizations utilize sophisticated surveying tools that allow for branching logic. For example, an individual indicates if they participated in the company health and wellness program, and their answer triggers the next question. This type of survey can be valuable in collecting data that is most relevant to the employee. For example, an employee who has never participated may be asked about

barriers to participation while an employee who has participated in every program may be asked which program they found to be the most impactful.

Other methods of collecting feedback include focus groups and face-to-face discussions about health and wellness offerings. A focus group was conducted on the topic of employee benefits by a higher education organization and the topic of communication was discussed. Cassie shared that helpful information was gathered, including:

Everyone appreciates the different ways we try to communicate, because some folks they had folks at the focus groups who didn't even know we had a website for benefits. But then others who could tell you like what page, you know, the information was on because they've been to our website so much, right.

5-Star AchieveWELL organizations not only collect input from employees, but they also intentionally incorporate this feedback into program development. Often information collected from surveys is related to program offerings. Katie learned from a recent survey that employees were interested in physical health, though the organization had been focusing largely on mental health. This led to the launch of a jump-rope challenge. Susan shared that at her hospital system's lavender rooms (i.e., dedicated places employees can go to relax and de-stress) were created after a nurse brought the idea to leadership. In another example of an organization acting based on employee feedback, a hospital system discovered through surveying that many employees were upset that sugary drinks were removed from the campus. As a result, the sugary drinks were allowed back on to campus. This organization seems to take feedback from employees very seriously, going as far as allowing unhealthy beverage options to demonstrate that employees' voices are being heard.

Overall, 5-Star AchieveWELL organizations value employee input about health and wellness. Creating a culture of health not only involves communication from the organization, but rather a dialogue between the organization and employee. Input received from employees is incorporated into planning to meet their health and wellness needs. As Jared stated, “I want to hear from the employees so we can build from the ground up so they can have a voice in there to do things that appeal to them.”

Leveraging Partnerships

Though participants in this study often lead health and wellness initiatives within their 5-Star AchieveWELL organization, they are not solely responsible for the work that is done to create a culture of health. There are both internal and external partners supporting in a variety of ways. Partner relationships are an important strategy to inform and encourage others about health and wellness.

As discussed previously, leaders and other employees play an important role in communicating about health and wellness. Kristin has health champions that take it upon themselves to spread the word:

A lot of my health champions will...send out a personal message to their entire department saying, “hey this is what’s going on this week” or, “this is what you should look at for this month,” or you know, “we have low participation in this specific activity, we need to do better.” So I’m really proud of my health champions and how they kind of take that on themselves to really spread that message

Other participants also expressed the importance of wellness champions, a committee, or ambassadors to communicate to employees. As Katie shared, “I couldn’t do it without, like I said, the wellness committee.” Amber recognizes the importance of others in sharing information.

We're not all in the same facility so we need not just Amber or Carrie, to be able to reach out, we need it to be a culture. It has to be built into the employees, the leadership, the managers, like we said so that they can pass that on because we may not get a chance to.

Susan also partners with “as many people as I possibly can.” The healthcare organization that she works for has a wellness center so she often connects with these employees to utilize their ideas and their knowledge. Furthermore, working at a healthcare facility allows her to leverage others in the healthcare field, though their specific role may not be related to employee health and wellness. Additionally, Taylor shared that she works closely with her organizations internal communications team to determine the best strategies to reach all employees. Many 5-Star AchieveWELL organizations have internal communication resources that can assist in creating content and distributing messages to employees.

Although much work is done internally, external partners are also important in providing health and wellness services and resources to employees as well as communicating with employees. Financial health support is often provided by outside vendors. For example, Cassie shared that she works with a third party to provide education regarding creating a budget, saving for retirement, and paying down debt. Jessica partners with an organization that provides one-on-one financial planning. Additionally, mental health is frequently supported via vendor partners that provide services, resources, and education. Financial health and mental health vendors sometimes communicate directly with members, for example, by sending mailers directly to employee's homes.

Other external partnerships to support employee health and wellness can be short-term or informal. For example, Sarah reported that her organization is partnering with a

soccer team to encourage regular physical activity as a part of a company-wide challenge. Another organization is involved with a local half-marathon and encourages all employees to participate. An insurance and benefits company asked their coffee machine vendor for support in educating employees and encouraging healthy choices. Jessica shared:

We put in these pretty fancy coffee machines which have more than just black coffee in them, and I got a little concerned because there was cappuccinos and lattes and I'm like, "Oh, we could be going backwards here." So I asked them for nutrition information because knowledge is power, right? If you know that the first ingredients are sugar you might make a better decision and just go with an espresso or something like that.

Though health and wellness may be led by a single individual or a small group at 5-Star AchieveWELL organizations, delivering the programs and resources and spreading the word about health and wellness is not assumed solely by this individual or group. Both internal and external partners play an important role in communicating and educating about health and wellness.

Creating a Health-Promoting Built Environment

5-Star AchieveWELL organizations create and sustain a culture of health by not only offering resources, programs, and activities, but also by establishing a physical space that encourages healthy behaviors and communicates the importance of health. This strategy involves designing the built environment with intentional health and wellness considerations. Helen reports that her organization's health and wellness focus is apparent when you walk in the door. "So it is something that from when you walk in the door it's something that you're hit with and it's a continual thing. It's the culture. We try to make sure that, you know, every day." Examples of how health and wellness is

made visible include posting the company's values and wellness mission in the workplace and having a high-profile onsite clinic and team of medical professionals.

Workplace designs supporting health often focus on physical activity. For example, Sarah reported that when choosing a location for their new office, one reason her organization selected their location is that it has access to a walking path and a nearby fitness center. On-site fitness centers are common among 5-Star AchieveWELL companies. Many organizations with and without an on-site fitness center have walking paths that employees are encouraged to utilize, and employees are urged to take the stairs rather than the elevator. Some organizations also have bike racks to encourage employees to bike to work. Additionally, standing desks are provided by many 5-Star AchieveWELL organizations for some or all employees as well as resources related to ergonomics. To encourage physical activity and fun, Kristin shared that there is also an onsite basketball court and disc golf course available to employees.

Another popular strategy for creating a healthy environment is making healthy food choices available and limiting unhealthy options. Sarah shared that her office encourages healthy eating by making healthy foods available and free: "We have a community section of our fridge that is always stocked with fruits and vegetables for people to eat, hummus and pita chips, you know, that those type of things; and there's little popcorn bags." Other strategies include offering free fruit daily or occasionally, ensuring that vending machines have healthful options, hosting a farmer's market, or even growing produce on-site. Filtered water is also frequently made available throughout the workplace to encourage water consumption.

The built environment is also designed to support mental health. Many organizations encourage employees to visit outdoor areas to allow for taking a break, getting fresh air, and relaxing. Rose shared that her organization's new office space was designed to let in ample natural light to promote mental health. Some 5-Star AchieveWELL organizations have created dedicated spaces that employees can visit throughout the day for relaxation. These have been named tranquility spaces, lavender rooms, or wellness rooms and are stocked with massage chairs, health and wellness information, snacks, and comfortable seating.

Creating an environment encouraging healthful behaviors is part of 5-Star AchieveWELL organization's over-arching strategy to create a culture of health. Multiple aspects of the environment are intentional, especially related to physical activity, healthy eating, and mental health. This not only guides healthy actions but also communicates that the organization prioritizes employee health and wellness.

Willingness to Change and Adapt

Creating and nurturing a culture of health requires change and adaptability. Though these companies have received the top level of recognition from the WCI, the participants do not behave as though they have achieved the goal and can now simply maintain a status quo. Participants continue to strive for further success, adjust based on changing employee needs, and reach more employees. As Taylor shared, "I like to think that we are constantly pushing ourselves to see what's next." Jessica also discussed a desire to continue improving: "You know we're a work in progress for sure, right. And we're constantly trying to, you know, make ourselves better. Just constantly looking at our programs, you know, how can we be better."

It is typical for 5-Star AchieveWELL organizations to start down the path of health and wellness with a focus on physical health, specifically physical activity. As Haley shared, “The first year we did it really was focused just on physical health and fitness. We were tracking exercise minutes and things like that.” Messages were initially focused on improving physical health and participation in activity and nutrition-related programs. Over time, 5-Star AchieveWELL organizations began incorporating multiple components of health and appreciating a more holistic view of health and wellness.

Kristin described the progression made at her organization:

We kind of started out with the traditional chronic condition management programs through the medical plans, walking programs, you know, cooking demonstrations. . . . And so, over the course of time that I’ve been here, we really tried to transition that to a culture of well-being and really focusing on all different pillars of health, and, you know, certainly understanding that what works for some people, it doesn’t work for everyone, and trying to meet people where they are within their wellbeing journey.

Amber described a similar progression from physical health to other health topics: “It started out with a primary focus on physical wellness and then we started to offer more like mental health and wellness, and we started to, you know, kind of dive a little bit further.” A multitude of wellness-related offerings are now part of 5-Star AchieveWELL organizations’ strategy, such as financial, emotional, social, community, and sleep health.

This progression is driven by the recognition that optimal health cannot be achieved by focusing only on physical health. Tonya explained:

How can you tell them to go out and run a mile or whatever when they’re worried about their credit report, they’re going through a divorce, or they’ve got someone who’s sick? You know what I mean? And it was like there’s so much more that goes in to someone’s well-being than just physical.

5-Star AchieveWELL organizations are open to meeting the needs of employees, and this involves making changes to offerings and adapting to situations. Taylor, who works at a healthcare organization, shared that previously much of their wellness strategy revolved around weight loss and physical activity. Now there is high interest in financial wellness and volunteerism, so these are currently key offerings in the wellness program. Participants admitted that as multiple components of health are included in wellness programs, many initiatives are not “typical,” (e.g., caregiver support, “go green” initiatives, family scavenger hunt) but they are important as they meet the needs of employees and support the overall goal of caring for employees.

Adapting to meet the needs of employees has been especially important within the last year due to the COVID-19 pandemic. Though participants were not specifically asked about health and wellness strategy changes due to the pandemic, every interview involved discussion about this topic. Carrie shared that the pandemic led to a change in focus due to the change in circumstances: “When COVID hit it kind of switched and gravitated towards mental and emotional, you know, because nobody’s seeing, if you’re not seeing your coworkers, you’re cooped up inside your house.” Cassie reported that there was a shift away from their planned health and wellness offerings to a strategy that was very flexible:

With COVID, you know, we were pretty nimble. Like we would, you know, just kind of work two months ahead a little bit like here’s our next two months themes. Because we knew we may have to shift and change the theme, based on what was going on with COVID and people being remote or not being remote.

As a result of pandemic-related changes, such as working from home and social distancing, many 5-Star AchieveWELL organizations quickly transitioned to hosting

fitness classes and educational sessions online. Also, onsite health centers began offering virtual appointments. Face-to-face discussions about health and wellness and marketing became less frequent so electronic communication such as email, intranets, internal social media tools, and even recorded videos featuring leadership were more heavily leveraged to inform employees about health and wellness events. A participant who works at a manufacturing organization launched a COVID-19 hotline for employees. This demonstrates a high amount of adaptability. Though the specific priority for this participant may have changed, the overarching goal continued to be to support the health and wellness of employees.

As demonstrated by the adjustments made because of the pandemic as well as changes over-time, such as incorporating multiple components of health, 5-Star AchieveWELL organizations are willing to adapt based on current circumstances and to meet the health and wellness needs of employees. A culture of health is not stagnant and requires on-going changes. These may be gradual modifications over time, such as incorporating different components of health and wellness, or quick pivots because of an immediate need, but being open to adapting is important for maintaining a culture of health.

Socialization Strategies

To maintain a culture of health, 5-Star AchieveWELL organizations must socialize newcomers. Socialization involves teaching new employees about organizational standards that guide behaviors (Anakew & Greenhaus, 1999). In this case, the behavior is engaging in the culture of health. Participants discussed socialization strategies utilized by 5-Star AchieveWELL companies, offering insight into the second

research question about how employees are socialized by organizations to create a culture of health. Socialization involves incorporating health and wellness into new employee orientation and onboarding as well as introducing potential employees to this topic during the recruitment process.

Involvement in New Employee Orientation

Communication during new employee orientation is the primary strategy utilized by 5-Star AchieveWELL companies to socialize new employees into the culture of health. When asked if information about health and wellness is provided during new employee orientation, 100% of participants responded “yes.” It is typical for there to be dedicated time in new employee orientation to discuss health and wellness. Many study participants take part in this, often giving an overview of programs, resources, and the organization’s overall approach to health and wellness.

Once again, face-to-face communication is important when introducing new employees to health and wellness. Haley reported meeting with every new employee individually:

I sit down with every new employee, regardless of what department they’re in . . . and walk them through the [Program Name] so they have a full introduction. It’s not just in a stack of papers that says, “well here’s your benefits.”

While smaller organizations may have someone meet one-on-one with new employees, larger organizations discuss health and wellness in a group setting. This involves an individual speaking to the group or, occasionally, a pre-recorded video. 5-Star AchieveWELL organizations make it a priority to expose new employees to health and wellness and make a point to cover this topic in every orientation. Katie shared some of the topics discussed during orientation:

When they get hired on with us, I'm one of the first people that they get to meet during orientation and I just kind of explain . . . things like our EAP and our telemedicine that they have immediate access to, but I also tell them about our health coaching and our challenges.

At one healthcare organization, the CEO discusses health and wellness with new employees. As Susan shared, “[Our CEO] talks openly about it. He makes everybody get up and get active during this hour and a half presentation.” Overall, participants expressed that they feel “lucky” to have health and wellness included in orientation as other departments within the organization are not given this same opportunity, demonstrating the priority that 5-Star AchieveWELL organizations places on health and wellness.

Though communicating with new employees from the start is important, 5-Star AchieveWELL organizations also recognize that intentional follow-up with new employees is valuable. Therefore, socialization extends beyond new employee orientation. Susan made clear that health and wellness is communicated frequently to new employees during their first few months: “It gets presented like in your face the entire 90 days of your orientation.” A large healthcare organization follows up with new employees by sending emails and postcards regarding health and wellness offerings. Additionally, at another healthcare organization, existing employees are expected to follow-up with new employees. Joel, who works for a healthcare organization that began to offer health and wellness programs more than 20 years ago, explained that:

We have culture champions embedded in our units so if you're a new employee your culture champion that's in your unit is going to be also reinforcing what you learned in orientation, encouraging you to check your email for notifications about programs and [Program Name] points, things like that.

Finally, many 5-Star AchieveWELL organizations allow employees to engage in health and wellness initiatives from day one. This socializes employees by offering health and wellness resources from the start and gets them used to participating. Jessica expressed that this is important to get employees involved from the start: “We go over all of our wellness initiatives, you know, and programs kind of start getting them engaged from day one.” Similarly, Jessica shared that “from day one, they have access to our well-being portal so they can go in and start looking at that information, earning incentives, connecting with our vendors.” For 5-Star AchieveWELL organizations, no time is wasted in engaging new employees.

Introduction during Recruitment

Even before an individual is a new employee, 5-Star Achieve WELL organizations begin the health and wellness socialization process. This topic is discussed with new employees to introduce the culture of health to potential employees. Helen shared how extensively health and wellness is shared during the recruitment process:

It’s in all of our job descriptions, in anything about the role itself. It’s on our Facebook page, we have all of that in there, and that’s all part of the recruitment process. That “hey we’ve got the clinic . . . safety is our number one priority and that’s one of our core values.” So, because of that, we try to put that everywhere. If you’re applying for a job here you’re going to see that in there. Multiple times actually.

Similarly, Amber also reports using a variety of communication channels to share health and wellness information during recruitment. Specifically, the message to potential employees is:

This is the culture you would be joining, you know. This is who we are. So yeah, we share that paperwork, we have links to our benefits page that we have, so that’s another way that they can just click, it’s a click away, and you have everything right in front of you.

Furthermore, many organizations specifically advertise to potential employees that they have the 5-Star AchieveWELL designation to demonstrate the company's commitment to employee health and wellness. Exposing the culture of health to individuals before they join the organization allows individuals to understand norms before their first day and begins the socialization process.

5-Star AchieveWELL organizations communicate health and wellness during recruitment to not only socialize employees but also to attract individuals that value their health as well as appeal to talented employees. Attracting employees who value health and wellness has the potential to further develop the culture of health. Sarah shared how conversations about health are woven into the recruitment process:

Starting with recruiting saying, "hey we want people who are engaged and care about their health because we want to model that for others and model for our clients." So we engage from recruitment. We ask, you know, "How do you relieve stress? What do you do for, you know, staying healthy?" And just really trying to understand them as a whole person.

Additionally, many participants reported that potential hires, especially those who are younger in age, expect their employer to offer health and wellness resources and benefits. This demonstrates the importance of having a health and wellness strategy and conveying it during the recruitment process. Communicating about the culture of health and robust wellness offerings is a strategy used by 5-Star AchieveWELL companies to entice talented employees to join their organization.

Interview responses surrounding socialization strategies focused primarily on introducing new and potential employees to the existing culture of health. However, it is equally important that current employees continue to buy in to and participate in organizational health and wellness programs. Employees are socialized on an ongoing

basis with the support of previously discussed strategies, such as health and wellness messaging through a variety of communication channels, leadership demonstrating their support, and a built environment promoting health and wellness. To create and maintain a culture of health, 5-Star AchieveWELL organizations begin the socialization process early and continue it throughout an individual's employment.

Resistance

Even with the socialization efforts of organizations, some employees may resist a culture of health. Though 5-Star AchieveWELL organizations have had much success in health and wellness, they are not impervious to employee resistance. Participants offered insight into the third research question: In what ways do employers perceive employees as resisting a culture of health?

Types of Resistance

When asked about employee resistance to health and wellness, many participants expressed that they do not have resistance or resistance is not the word they would use to describe what was occurring. Participants sometimes referred to these behaviors as apprehension and pettiness, but nearly all participants offered examples of employee actions that can be perceived as resistance. Recurrent types of resistance include non-participation and employee push-back directed towards wellness program.

The most frequently discussed topic when 5-Star AchieveWELL organizations were asked about resistance was non-participation, as 100% participation in health and wellness programs is a rarity. As Susan shared, "some people, you know, just flat aren't going to get involved." Similarly, Jessica shared that "whatever the reason, you're always going to have, you know, a group of people that [don't participate]. I can't think of a time

at least where I've had 100% participation in anything." Non-participation can often be a passive form of opposition. However, there are times when employees actively take steps to avoid participating. Taylor has experience with employees being upset when asked to participate in health and wellness programs:

When I first started it [health and wellness] was highly resisted. It was resisted by the marketing team, it was resisted by just about everybody. . . . I was one of the coaches making those cold calls saying, "hi I'm following up on your HRA [health risk assessment]" and we'd get people slamming the phone down.

Some participants have experienced other active forms of resistance as employees push-back on health and wellness offerings. Helen was involved with removing the Mt. Dew from the onsite cafeteria in an effort to reduce the intake of sugary drinks. There were complaints about this from multiple employees and she shared, "We had one guy, I mean, he brought his own [Mt. Dew]." Additionally, Sarah shared a specific example of a time when employees "made fun of" a challenge that involved tracking sleep.

Interestingly, such comments do not always correlate with participation. As Laura shared:

When we first put in our walking offices, I had a manager say these are the stupidest things I've ever seen but if you want to do them, I guess that's fine. And then a year later he's walking on it.

This example demonstrates the complexity of resistance, as an employee may express resistance but then later begin participating. Overall, 5-Star AchieveWELL organizations report that resistance tends to occur when a program is first launched, rather than with initiatives that have been in place for an extended period of time.

Finally, the perceived reasoning behind resistance that was mentioned most frequently was privacy concerns. Some 5-Star AchieveWELL organizations have had

employees express that they are concerned about their employer knowing personal health information. For example, Jessica shared:

I think you're always going to have some resistors, you know, somebody that says we don't want the company to know, you know, my health and where they think that I'm, you know, we might know their health information.

Privacy concerns have also been raised by spouses that have been asked to participate in health and wellness programs. This is a unique group as they are not employed as a member of the organization but may be offered the same benefits because they are on the employee's health plan. A manufacturing company experienced a specific instance of spousal privacy concerns that eventually led to a positive outcome for the individual. As Dean shared:

We required spouses to have a physical in order to meet your wellness obligation, and so there was great wailing and gnashing of teeth when this occurred, and my spouse was one of them. "I do not want to go to the doctor. I don't want anybody knowing my weight at your work." A lot of howling and lots of protests. And that very first year, one of our young engineers, his wife went to the physical and they found a lump and it was quickly and easily dealt with. It was just the most minor of issues. And her statement to her husband and his statement, to me, was, "it would have been 10 years before I went to the doctor. I would never have found that."

Though resistance occurs at 5-Star AchieveWELL organizations, it is generally not viewed as a significant barrier to creating a culture of health.

Addressing Resistance

As discussed, resistance to the culture of health and related programs occurs in a variety of ways at 5-Star AchieveWELL organizations. Participants shared how this resistance is addressed, offering insight into the final research question: How do organizations address employee resistance to a culture of health?

The primary strategy used by participants to address resistance is meeting individuals where they are and establishing a good relationship with employees. Though participation and health behavior change may be primary goals at 5-Star AchieveWELL organizations, forcing employees to participate and take action is not the norm. Many participants expressed that there is an openness that allows employees to engage at the level most appropriate based on current circumstances and interest. Furthermore, when an employee expresses resistance, it is communicated that the employer cares about the health of the employee and their family. As Susan shared, the message to employees is “This isn’t big brother watching you; this is your employer caring about your health.”

While participants hope that all employees engage in health and wellness, this is not mandated, but rather a choice. Haley reported, “We figure it’s a choice and we’re not going to push, we’re going to make it available. But it’s not a requirement.” In some ways, resistance is not addressed but rather accepted. If a resistant employee is willing to participate in a small aspect of health and wellness or at a limited level, this is considered a win.

Though resistance occurs, 5-Star AchieveWELL organizations largely reported making progress in reducing resistance. Taylor, who reported having employees hang up the phone on her in the past, discussed that sharing testimonials has helped her team establish employee trust and counter resistance:

We’ve worked really hard to establish trust, engage people, show them that this makes a difference. It’s not just a hoop to jump through. We highlight testimonials and even with photos and names and we’ve done videos with people who share their story, so I think we’ve really come a long way in earning people’s trust.

Additionally, Amber reported that a specific department has historically been resistant to health and wellness, but recently a member of the department joined the wellness committee. By engaging resistant members, at whatever level they are interested in engaging, there can be a snowball effect. Employees who were previously resistant can be advocates for health and wellness once they are engaged.

Some 5-Star AchieveWELL organizations utilize financial strategies to address resistance. Though most organizations tie incentives into their health and wellness programs, some specifically discussed incentives as a strategy to address resistance. For example, Dean regularly communicates to employees about the impact that health and wellness has on insurance premiums and explains why those who do not participate pay more for insurance. The intent is to entice non-participants to engage so they can enjoy a lower insurance premium. Additionally, Sarah reported encouraging participation by having flying piggybanks in the background of a video on the topics of health and wellness programs. This video highlighted the amount of money left on the table by employees who did not participate.

Finally, 5-Star AchieveWELL organizations address resistance by persevering and continuing with health and wellness programs. A resistant employee may be provided with resources and information about how to participate should they choose to do so in the future. Overall, participants did not express that resistance leads to a change in the over-arching health and wellness strategy and goal of encouraging and supporting health among employees and their families.

Chapter 5: Discussion

Findings from this study contribute to existing research related to culture of health communication strategies, socialization, and resistance. Based on these results, practical implications are presented for 5-Star AchieveWELL organizations to consider to further develop their culture of health, and, for those aspiring to become recognized as such, to implement to create a culture of health. Additionally, theoretical implications from this study, particularly related to socialization, are discussed. Finally, as with all research, strengths and limitations exist, which are presented along with several opportunities for future research.

Communication Strategies

Goetzel et al. (2007) reported that communication is critical for increasing participation, leading to effective health and wellness programs. Likewise, 5-Star AchieveWELL organizations recognize that communication is vital to employee participation and overall health and wellness success. This participation in various health and wellness initiatives is key to creating a culture of health within an organization. Therefore, effective messaging is a priority. Consistent with findings by Seaverson et al. (2009), communication is integrated (e.g., health and wellness discussed at department meetings), comprehensive (e.g., covering a wide variety of topics), and includes several channels to reach employees (e.g., emails, newsletters, electronic displays). All available channels are leveraged extensively, to the degree that some 5-Star AchieveWELL organizations report “over-communicating.” Though over-communication was referenced, being mindful of the risk of overwhelming employees with information is important.

This study provides specific communication channels that are utilized most frequently (see Table 3 on page 56) and highlights the importance of leveraging multiple communication channels on an on-going basis. Furthermore, this study indicates that weekly health and wellness communication may be the most appropriate frequency of communication to support a culture of health. These results extend previous research by offering specific communication channels and frequency to support a culture of health.

Though all available communication channels are important, face-to-face communication is the most preferred as it produces buy-in and engagement. This is consistent with research indicating that peer-to-peer communication, as opposed to messages from the organization shared with all employees, is favored to inform employees and motivate individuals to engage (Kent et al., 2016). Kent et al. (2016) discussed peer-to-peer communication as being in-person or via other communication channels (e.g., email), though this study specifically identified in-person messages as being important. Overall, messages are best received when coming directly from a colleague as opposed to being faceless.

This study extends upon previous research by offering depth regarding who is having these face-to-face conversations (e.g., leaders of health and wellness programs, wellness champions, clinic staff members) and topics discussed in these conversations (e.g., describing enrollment procedures, encouraging challenge participation, discussing health risks). It is important to note that, given restrictions related to the COVID-19 pandemic, all organizations report that face-to-face communication has been limited for more than a year. Though it is recognized that this communication strategy is optimal and the goal is to continue this as able, should face-to-face communication continue to be

limited, there are various other options available to inform employees about health and wellness (e.g., newsletters, electronic displays).

Leadership commitment has been identified as a key factor in establishing a culture of health (Kent et al., 2016). Likewise, leadership support is one of the important elements HERO identifies as important for creating a culture of health (HERO, 2016). This study further reinforces the importance of leadership backing and contributes to existing research by offering specific examples of how leadership supports health and wellness. Examples include being active participants in health and wellness programs, assisting in program development, and sending direct messages to employees about health and wellness. In regards to direct messages to employees, this study offers insightful instances of how leaders at 5-Star AchieveWELL organizations communicate to support health and wellness. Examples of leadership communication include collegial trash-talking during a wellness competition, talking about health and wellness while leading physical activity during new employee orientation, and wearing silly hats at employee meetings when discussing colon cancer screenings.

Recently, researchers conducted a systematic review and critique of the literature related to an organizational concept termed healthy leadership (Rudolph et al., 2020). Though the researchers identify this as a developing idea, in general, healthy leadership involves attitudes, values, and behaviors related to health and wellness that positively impact the health and wellness of employees. This study involving 5-Star AchieveWELL organizations supports the importance of healthy leadership to create a culture of health. Leaders' attitudes toward health and wellness are highly supportive, often due to a desire to have a healthy and productive workforce and reduced medical costs. Many leaders

value health, demonstrated by their personal pursuits to be healthy. Behaviors, such as participating in health and wellness activities or talking about programs during meetings, is perhaps the most important component of healthy leadership, with numerous participants discussing the benefits of leaders “walking the talk.” This study extends previous research on the topic of healthy leadership, affirming a leader’s role in creating a culture of health.

Health and wellness-related policies are an important element to create a culture of health (Flynn et al., 2018; HERO, 2016). This research supports the use of policies to encourage healthful behaviors with some 5-Star AchieveWELL organizations adopting policies surrounding topics such as tobacco use and healthy eating. However, not all organizations have policies, and some intentionally avoid policies to encourage employee choice. Rather, healthful actions seem to be the result of a force similar to normative control (i.e., guiding actions through underlying norms) (Kunda, 1995). Many 5-Star AchieveWELL organizations have expected norms, often developed over time, for example, always offering a healthy choice at catered lunches. A culture of health that is normalized rather than guided by policy contradicts the notion that policies are important to encourage healthful behaviors within organizations. However, given that this study included organizations with an established culture of health, these results may be specific to this sample. Organizations just beginning a culture of health journey may find policies to be necessary and appropriate.

Knilans (2008) indicated that surveying employees regarding health and wellness is a step to creating a culture of health. This involves determining the employee profile to understand needs and interests of the population. Similarly, results of this study indicate

that 5-Star AchieveWELL organizations prioritize understanding the needs of employees. This is most frequently achieved through online surveys, though focus groups and feedback received directly from individuals are also utilized. Though the importance of getting input from employees has been established (Knilans, 2008), results of this study extend this research by suggesting that incorporating employee feedback into health and wellness offerings is critical. 5-Star AchieveWELL organizations aim for two-way communication, with the organization pushing messages out to employees and then also being open to receiving feedback and input from employees. Responses are then considered and often acted upon, so employees know that their voices are heard.

The CDC (2016) reported that worksite health promotion includes a wide variety of programs, such as health education, physical activity resources, nutritious food offerings, preventive screenings, tobacco-free policies, and stress-reduction activities. Likewise, Goetzel and Ozminkowski (2008) recommend that organizations view health holistically, rather than offering singular programs, to create a culture of health. Thus, consistent with previous research, 5-Star AchieveWELL organizations offer a wide variety of health and wellness programs, focusing on multiple topics (see Table 2 on page 49 for an assortment of program offerings reported by 5-Star AchieveWELL organizations).

Also, this study demonstrates that 5-Star AchieveWELL companies develop wellness offerings over time, incorporating health topics based on current employee needs and providing holistic support. Rather than offering programs related to all components of health, organizations adapt and adjust based on the current environment and employee needs. Health and wellness offerings are regularly added, adjusted, or

removed. For example, virtual communication and programs as well as mental health offerings were expanded because of the COVID-19 pandemic. This study offers unique insight regarding how organizations adapt to a global health crisis, such as a pandemic.

Furthermore, specific components of health are not included in a health and wellness strategy for the sake of having variety but rather as a strategic approach to meeting employee needs. Though Kyle et al. (2019) found that organizations partake in a low percentage of culture of health actions, it is important to recognize that organizations may not need to take all actions to meet the health and wellness needs of employees. Additionally, to meet the needs of employees, organizations do not shy away from offering programs and resources regarding non-traditional health and wellness topics (e.g., caregiver support, “go green” initiatives, family scavenger hunt). This supports the notion that organizational health must be viewed holistically (Goetzel & Ozminkowski, 2008), though does not align with definitions of worksite health promotion that include only traditional offerings (CDC, 2016). In this way, this study expands upon previous research by offering examples of new or unique offerings supporting a culture of health.

Previous research has indicated that targeted health communication that is tailored for the audience can be more impactful than generic messages (Kreuter & Strecher, 1996; Seaverson et al., 2009). This approach has been suggested since health care spending is, on average, higher for individuals with more chronic conditions (Buttorff et al, 2017). An example of targeted communication may include sending information regarding a diabetes program to those with a diabetes diagnosis. However, most 5-Star AchieveWELL organizations report avoiding targeted communications. Reasonings include the desire to allow all employees to take advantage of all programs and to avoid

the risk of employees feeling as though they are being targeted. The absence of this strategy is important, as it may not be necessary or appropriate to create a culture of health within an organization, even if it has been suggested as an effective communication strategy.

Socialization Strategies

Research has indicated that socializing new employees can positively affect health behaviors (Burke et al, 2017). Additionally, socialization helps new employees learn and adopt cultural norms and values (Anakew & Greenhaus, 1999). This study further supports the importance of socializing new employees into the culture of health; this is a priority at 5-Star AchieveWELL organizations. This is demonstrated by the specific strategies in place to facilitate socialization. Strategies include exposing new employees to health and wellness offerings from day one and continuing to communicate in the initial weeks and months of employment. New employees have numerous things to learn when joining an organization, such as responsibilities and tasks as well as technology systems and, of course, names and faces. Discussing health and wellness alongside other important new employee topics sends a message that this is a top priority within the organization. Furthermore, results of this study highlight that wellness champions within the organization can offer continuing support, reinforcing health and wellness messages shared during orientation. Educating new employees about the organization's commitment to health and wellness is an on-going process, not a singular handout or presentation.

Furthermore, many organizations begin communicating about health and wellness during the recruitment process. Discussing this topic during recruitment allows new

employees to start their first day with an expectation that the culture is one that values health and may be prepared to learn about available health and wellness offerings. Additionally, 5-Star AchieveWELL organizations recognize that discussing the culture of health with potential employees offers other benefits to the organization. This includes attracting talents and employees that value health. In a competitive job market, an individual may select an employer that offers resources supportive of personal health goals, rather than an employer lacking these benefits. Should an individual valuing health join an organization, they may have a positive influence on others' health, contributing to the organization's overall culture of health.

This study demonstrates that at 5-Star AchieveWELL organizations socialization surrounding health and wellness is comprehensive and an on-going process. Results further support research demonstrating the importance of organizational socialization for both the employee and the employer (Burke et al., 2017). Social influence and social support benefit the employee because they are associated with healthful behaviors. The benefit for the employer is a healthier workforce. This socialization starts at recruitment, is a high priority during new employee orientation, and continues through various communication channels and health and wellness programs offered to existing employees.

Resistance

Though 5-Star AchieveWELL organizations have been recognized for their success in creating a culture of health, consistent with previous research (Linnan et al., 2019), they do not experience 100% participation in health and wellness programs. This suggests that resistance to health and wellness is present within these organizations.

Research by Wilhoit and Kisselburgh (2019) indicated that resistance is not always intentional or known. Non-participation in health and wellness programs, as found in this study, may be an example of this type of resistance as it is possible that individuals are not aware of available programs, or they are not actively avoiding participation. Should this be the case, it may be a reason why many study participants expressed that they do not experience employee resistance. However, the non-participation and employee push-back discussed by these same participants can be perceived as resistance even if they are not labeling it as such. Furthermore, other specific examples of resistance were discussed during the interviews, such as an employee bringing in Mt. Dew after it was removed from the cafeteria. Given that study participants do not always view acts of resistance as such, resistance may be an accepted element of worksite health and wellness for 5-Star AchieveWELL organizations.

Given that study participants offer a managerial perspective, it was outside of the scope of this study to determine why employees resist health and wellness programs. However, participants speculated that resistance was due to a variety of reasons, the most frequently cited being privacy concerns. An example of a privacy concern is an employee thinking that their coworker will find out their personal health information. This supports findings from a recent study indicating that, among employees choosing not to participate in health and wellness, privacy concerns are the top reason for non-participation (Perrault et al., 2020). Previous research has cited numerous barriers to participation (e.g., lack of interest, time limitations, insufficient incentives) (Person et al., 2010), so the reasoning behind resistance is likely complex.

Though employers may not always recognize employee actions as resistance, they do report that steps are taken to increase participation and address employee push-back. De Souza Neto et al. (2018) shared three responses to employee resistance to an electronic surveillance system: trying to persuade a resistant employee, not taking any action, and making a change to the system. These responses were related to a workplace electronic surveillance system, but 5-Star AchieveWELL organizations demonstrate consistent responses as well. Offering financial incentives can be viewed as a persuasion strategy. Though participants did not specifically state that they did not take any actions as a response to resistance, all participants did report continuing to offer health and wellness programs, therefore not acting as a result of resistance. The third response, making a change, can be considered a strategy to increase participation, as changes often involve new or different offerings to meet the needs of employees. New offerings may attract new participants; for example, an employee that is not interested in physical activity initiatives may have a high interest in stress management resources.

To address resistance, the most frequently cited strategy involves caring for employees by meeting them where they are and establishing a good relationship. These actions are consistent with the definition of compassion (Miller, 2007). Showing compassion towards resistant employees may be specific to health and wellness due to the nature of this topic as an individual's health and wellness can be deeply sensitive and personal, and participation is optional, even if strongly encouraged. Previous research has explored resistance related to job requirements (De Souza Neto et al., 2018). This research is unique in that the exploration of resistance is related to programs sponsored by the employer, though not required. Though a culture of health may be driven by the

employer and programs are occurring within the workplace, addressing resistance seems to involve a more compassionate approach than what might be taken to address employee resistance related to job responsibilities. Recently, researchers exploring employee resistance to wellness programs recommended communicating with employees about privacy concerns, perceptions of health, and time and effort needed to participate to encourage participation (Perrault et al., 2020). The goal of this approach is to persuade employees to participate, which is not consistent with the more compassionate strategies used by 5-Star AchieveWELL organizations, such as meeting employees where they're at and establishing a good relationship.

Practical Implications

This study, alongside the consideration of other research in this field, offers practical implications for organizations striving to create or maintain a culture of health. A culture of health is based on the specific and current health and wellness needs of the population, typically offering a wide variety of programs and resources. Many organizational initiatives can be considered health and wellness, which may be a strategy for deep integration that creates a culture of health. Although most offerings encourage employees to maintain or improve their health, at times it may be appropriate for a health and wellness program to provide offerings with components considered unhealthy (e.g., hosting happy hours, offering unhealthy foods).

Communication is critical to a culture of health, and this must be appreciated by those managing health and wellness programs. To inform employees about available programs and resources and encourage healthful behaviors, messages to employees should be sent via all available channels. The specific channels may vary based on the

organization and population, but sending all health and wellness information via one channel will likely be insufficient. The most frequently utilized channels can be found in Table 3 (see page 56), but some organizations may benefit from creative communication options, such as signs in bathroom stalls or individual notes left on employees' desks. Additionally, it is appropriate to share the same communication multiple times to not only reach all employees but also to increase the likelihood of reaching individuals at a time when the message will be impactful. Though some 5-Star AchieveWELL organizations report "over-communicating," this strategy should be approached with caution to prevent overloading employees with information. An intentional and coordinated effort to communication is preferred.

Though the various communication channels are important, face-to-face communication is often the most effective. This type of communication can come from individuals tasked with managing health and wellness, employees who are part of a wellness committee, leaders within the organization, external partners or vendors, or employees participating in health and wellness initiatives. Face-to-face communication offers a human touch that cannot be achieved by emails, posters, newsletters, or even videos. Some forms of face-to-face communication can be planned and formalized, such as a representative in each department talking to new employees about health and wellness each week or a vendor talking to employees in the breakroom about a specific resource. However, most face-to-face communication is not planned. Offering health and wellness experiences that employees want to talk about may encourage employees to have these conversations, thus motivating others to participate. This is consistent with research indicating that word of mouth, specifically from peers and leaders that

employees know personally, can be an effective communication channel (Kent et al., 2016). These informal interactions are also a cost-effective way of spreading the word. Though face-to-face interaction has been limited for more than a year due to the COVID-19 pandemic, participants still discussed the importance of it and the desire for there to be more opportunity for this in the future.

Communication by leadership is also vital in creating a culture of health, though specific strategies for doing this seem to be of less importance. Some leaders may enjoy talking about a health topic at a company meeting while wearing a funny hat whereas others may communicate their support by leading a weekly walking group. A leader that is competitive may show their support by challenging employees during a wellness challenge. The right way for a leader to communicate their support of health and wellness is to regularly share the message in a way that is authentic.

A variety of policies can support a culture of health, though, as seen in Table 4 (see page 59), all organizations may not need all policies. The implementation of policies to create a culture of health should be based on the organization and population as well as where an organization is in their health and wellness journey. An organization that is new to health and wellness may benefit from the implementation of policies to guide norms and behaviors. However, over time, policies may not be necessary within a culture of health as behaviors become expected. A good indication that a culture of health exists is when offering healthful options during a catered lunch is “just something we do” as opposed to a written policy. Overall, though policies can support a culture of health, they are not the foundation for that culture.

Another opportunity to create a culture of health is ensuring that the built environment is one that supports health and wellness. As with policies, all organizations likely do not need all components of a health-promoting built environment (e.g., onsite gym, free fruit, relaxation room), but rather those that will be most useful for, and valued by, their population.

Health and wellness messaging cannot be a one-way street, but rather a dialogue between the organization and employee. Research has demonstrated that opportunities for employee participation in decision making, as opposed to a strictly top-down approach, improves engagement and outcomes in workplace health promotion initiatives (Punnett, 2013). Creating a culture of health involves regularly seeking employee feedback via surveys or other means. Additionally, received input must be strategically incorporated into health and wellness programs. A culture of health is one that meets employees' needs, which is difficult without receiving regular input from employees.

To best meet employee health and wellness needs, it is important for organizations to be willing to change and adapt. Once an organization has been recognized as having a culture of health, the work is not finished. A culture of health is a long-term commitment. Table 2 (see page 49) demonstrates that a wide variety of programs may be offered to meet employee needs. However, organizations initiating health and wellness do not need to begin with a wide variety of options, but rather evolve and add new programs over time, which creates an over-arching culture of health. An organization starting out in health and wellness can begin with a program that has high employee interest (often physical activity) and then, based on employee feedback, continue to add new resources and opportunities. Furthermore, health and wellness

should be viewed holistically, offering resources that will support employee health and not be limited to traditional health topics. If there is a need within an organization, health and wellness may be a place for that need to be met.

The conversation with new employees regarding health and wellness should begin not on their first day, but during the recruitment process. This can involve including health and wellness information in recruitment materials and discussing the topic during the interview process. Health and wellness should be included in orientation, led by an individual highly familiar with available resources and programs. Ideally, new employees can begin participating on their first day and then continue to receive support in the coming months to encourage engagement. Though the specific approach taken by each organization will vary, overall, socializing new employees into a culture of health requires a high touch approach (e.g., one-on-one follow-up with new employees, regularly sharing health and wellness information with new employees).

Organizations with a long-standing culture of health and those new to health and wellness will both likely experience some form of resistance, with the most common form being non-participation. Though there are several ways to address this, organizations should consider approaching resistance with compassion. This can involve meeting individuals where they are, expressing that they care, and establishing good relationships and trust. This approach reflects the personal and sensitive nature of the topic of health. Additionally, continuing to offer health and wellness programs and resources in the face of resistance can ensure that individuals can choose to engage at the time most appropriate for their personal situation.

Theoretical Implications

Results from this study have multiple theoretical implications, specifically related to socialization. The theory of organizational socialization and organizational assimilation help make sense of the socialization strategies used by 5-Star AchieveWELL organizations.

Theory of Organizational Socialization

The theory of organizational socialization (Van Maanen & Schein, 1979) has typically been utilized to guide and explore general organizational socialization and how this influences job performance. However, this theory is also relevant to the more specific topic of organizational health and wellness. Five of the six tactics of the theory of organizational socialization (i.e., collective socialization, sequential, fixed socialization, serial process, and investiture) are used by 5-Star AchieveWELL organizations to socialize new employees into the culture of health.

The first tactic, collective socialization, occurs during the new employee orientation process. Discussing health and wellness is a priority during orientation, though each organization approaches this differently (e.g., meeting with new hires individually, speaking to a group of new employees). Another tactic, sequential (i.e., a fixed sequence of steps for all newcomers), is demonstrated communicatively by many organizations. For example, a potential employee receives specific health and wellness information during recruitment, additional information is provided at orientation, follow-up messages are sent at regular intervals during the initial weeks, and then a representative has a discussion with the individual. The fixed socialization tactic, involving a specific socialization timetable, is often demonstrated within the first 30-90

days of an employee joining an organization. After employees receive this specific new employee information, then they receive the health and wellness information shared with all employees. Many organizations utilize the serial process tactic, which consists of being socialized by an existing member. 5-Star AchieveWELL organizations find this to be very effective, with some organizations having a dedicated individual within each department that is responsible for informing new employees about health and wellness. This is consistent with previous research finding that colleagues are the most helpful resource for new employees (Kent et al., 2016). The tactic investiture (i.e., affirming personal characteristics of the newcomer) is especially important to create a culture of health, as personal goals, interests, and health status are considered and respected. This is done by offering a diverse package of health and wellness offerings, such as mental, financial, physical, and social health.

The formal socialization tactic described in the theory, which involves segregating newcomers from other members for a period of time, is not a norm at 5-Star AchieveWELL organizations. On the contrary, new employees are often encouraged to begin engaging in health and wellness initiatives from day one with existing employees. Should a new employee desire to join a health and wellness challenge on their first day, most organizations would welcome their participation. In the case of health and wellness, avoiding segregation may support socialization into the culture of health. Overall, outside of formal socialization, the theory of organizational assimilation offers a framework for viewing the strategies used by 5-Star AchieveWELL organizations to socialize new employees into the culture of health.

Organizational Assimilation

The four phases of Jablin's model of organizational assimilation (Jablin, 2001) offer an additional lens for viewing the socialization process into a 5-Star AchieveWELL organization's culture of health. During the first phase, anticipatory socialization, potential employees learn about the health and wellness resources and programs available. This is largely communicated by recruiters and others involved in the recruitment process. As discussed previously, anticipatory socialization not only informs potential employees about the culture of health but also attracts talent and individuals that value health, making it beneficial for the employer.

The next phase, organizational encounter, is a primary way that many organizations educate and engage new employees. Specific strategies used by 5-Star AchieveWELL organizations during this phase include speaking about health and wellness during orientation, assisting new employees in enrolling in health and wellness programs, and regularly following up during their first weeks and months of employment. During this phase, new employees are also learning about the culture of health through observations. For example, some 5-Star AchieveWELL organizations stretch together before the workday and others have regular walking breaks. Observing others participating in health and wellness activities helps new employees become assimilated to norms within the organization.

The next phase, metamorphosis, occurs throughout an employee's tenure at the organization, as the employee participates, or chooses not to participate, in health and wellness activities. 5-Star AchieveWELL organizations continually socialize employees by offering a wide variety of health and wellness programs and communicating about

these offerings using various strategies and messaging channels. Metamorphosis is ongoing through one's employment; for example, in year one, an employee may not participate; in year two, they may begin attending yoga classes and using a financial wellness tool; and in year three, they may become a wellness champion. The metamorphosis phase is dynamic and on-going throughout an individual's time as a member of the organization; from the perspective of health and wellness, their experience can continually change based on interest, health, motivation, and other personal factors.

Given that some employees may be perceived as resisting the culture of health through non-participation or criticism of health and wellness, it is possible that employees receive contradictory messages during the assimilation process.

Organizational messages and policies as well as communication from leaders may encourage engagement in health and wellness. At the same time, non-participation of fellow employees can suggest that participating in health and wellness initiatives is not important. This risk of contradiction is consistent with recent organizational work-life balance research (Riforgiate & Kramer, 2021) indicating that messaging does not always align with norms. Such discrepancies within the assimilation phases demonstrate the challenges of the socialization process.

The final phase, exit, is when an individual leaves the organization and is therefore not qualified to participate in health and wellness programs. Though part of Jablin's model of organizational assimilation, this study did not focus on the exit phase as the goal was to assess socialization into an existing culture of health.

Whereas previous research has focused on topics such as work-life balance (Riforgiate & Kramer, 2021) and internships (Dailey, 2016), this study enriches and

extends organizational assimilation research by examining organizational health and wellness. Results confirm that the assimilation process into a culture of health is supported by various assimilation phases, providing a framework to help understand health and wellness socialization. For organizations, it can be helpful to view health and wellness socialization using these phases, to ensure that strategies are in place to support employees during all phases.

Overall, the theories of organizational socialization and organizational assimilation are supported by the socialization strategies used by 5-Star AchieveWELL organizations. These also offer frameworks for guiding employee socialization into a culture of health. Just as there are various job-related benefits associated with socialization practices (Ashforth & Saks, 1996; Louis et al., 1983), there are advantages related to creating and maintaining a culture of health.

Strengths and Limitations

The results of this project contribute to existing research regarding health communication within organizations to foster a culture of health. This study has several strengths, one being the selected sample. Participants in this study represent a pre-defined group of organizations that have demonstrated, through the AchieveWELL process, success in creating a culture of health. The characteristics of organizations who have earned the 5-Star AchieveWELL recognition varies. This is demonstrated in Table 1 (see page 45), which presents the varied demographic overview of participating organizations. Organizational diversity allows results to be applicable to varying types of organizations. Table 1 (see page 45) also indicates a high response rate, another strength of this study.

Of the 30 current 5-Star AchieveWELL organizations, 19 participated in this study, which is a 63.3% response rate.

Another strength is the exploration of not just how health messaging is utilized to increase participation in specific programs but also how it is applied to support a holistic approach to organizational health. This is critical as the goal of creating a culture of health goes beyond participation in singular programs. Finally, a key strength of this project is the methodology. GT has specific guidelines that were followed, including a systematic approach to data analysis that guided the development of themes related to the aims for the study. Also, rather than testing an existing hypothesis or entering the research process with assumptions, GT encourages discovery, based on the data. The GT approach allowed for deep exploration of the topic of interest: health messaging to foster a culture of health.

As in all research, this study does have limitations. One limitation is that the sample only includes organizations in the state of Indiana; therefore, the results cannot be generalized to all states or regions. Additionally, though researching 5-Star AchieveWELL companies does offer a group of companies that have demonstrated commitment to, and success in creating, a culture of health, it is possible that there are other organizations within the state that would be appropriate to include in this research but have not gone through the voluntary AchieveWELL process. This is an optional recognition program so some organizations with a culture of health are likely not included. Finally, this research investigated organizational culture of health from a managerial perspective, specifically the perspective of the individual participating in this research. Topics such as how and why an employee resists the culture of health is only

from the perception of this individual and may not represent employees' actual motivations for resisting a culture of health.

Directions for Future Research

Because only the perception of one individual from each organization (typically a wellness coordinator) was used to capture an understanding of the organization's culture of health, future research could include additional perspectives. For example, an opportunity for future research is investigating communication surrounding a culture of health from the employees' perspective.

Future research in this field can also offer further insight into communication to create a culture of health. As mentioned previously, it would be valuable to view this topic from the employees' perspective. Though participants in this study are part of the organization, they have a unique view of health and wellness as it is included in their job description. It is important to identify the communication strategies that employees find to be most effective in distributing health and wellness information. Additionally, future research could also explore potential employees' and new employees' experience with organizational health and wellness messages. The organizational assimilation model, outlining how new employees seek information during the socialization process, offers a framework for understanding new employees' experiences with learning about health and wellness within an organization. This study explored how health and wellness information is communicated from a managerial perspective. Investigating culture of health communication from the employee perspective may offer insight into factors affecting employee information-seeking behaviors. Also, the employee perspective on the

topic of resistance to a culture of health would be especially interesting, as this study can only discuss the perception of resistance and not actual resistance behaviors.

Further research could also investigate 5-Star AchieveWELL organizations quantitatively to determine which communication strategies lead to the highest participation level. This study assumes that, given their recognition, all participating organizations have an effective communication strategy. Even if all organizations are experiencing success, given the variety of approaches taken, it may be of value to determine the optimal approach. Additionally, because there are three total AchieveWELL levels (3-Star, 4-Star, and 5-Star), future research could investigate the health and wellness communication strategies utilized by each level to measure progression.

Conclusion

Health communication within workplaces is used to create a culture of health. This is important to individuals, as it affects health and quality of life by potentially reducing health risk factors and impacting medical costs. Also, it affects organizations by helping to control health care costs and increasing productivity. However, health communication is often a barrier to successfully building a culture of health (Goetzel & Ozminkowski, 2008). Participation in health and wellness programs is critical to creating a culture of health, though if employees are not aware of programs, engagement is often limited. The organizations included in this study have demonstrated a commitment to health, which is recognized by their status as 5-Star AchieveWELL organizations. This project has identified the wide variety of health and wellness offerings available at these organizations and communicative strategies utilized to create and support a culture of

health. These strategies include using multiple communication channels, demonstrating leadership support, implementing policies, surveying employees and incorporating feedback, leveraging partnerships, creating a health promoting environment, and being willing to adapt and change. Additionally, new employees are socialized into the culture of health during recruitment and orientation. Resistance, typically in the form of non-participation and employee push-back, is often met with compassion. Results from this study contribute to existing organizational health and wellness literature and offers communication guidance to organizations aiming to create a culture of health.

Note

¹ All names have been changed to protect participants' identities.

Appendices

Appendix A: Sample Kick-off Email from WCI

Subject:

5-Star AchieveWELL Research Opportunity

Email body:

Hello [Name],

I am reaching out to encourage you to participate in an exciting research opportunity exploring organizations, such as [Name of organization], that have created a culture of health. [Name of organization]'s willingness to participate in this research and share the strategies utilized to create and nourish this culture can offer valuable insight and contribute to the field of worksite health and wellness. [Name of organization] is invited to participate in this study because of your 5-Star AchieveWELL recognition.

This research is being conducted by Natalie Martin an independent researcher and Ph.D. Candidate in the Department of Communication at IUPUI. Soon you will receive an email from Natalie asking for your participation, which will include an interview and a brief questionnaire. This email will include specifics steps on how to be a part of the study.

The Wellness Council of Indiana supports this project and hopes you will join other 5-Start AchieveWELL organizations in participating.

Thank you,

Appendix B: Sample Recruitment Email

Subject:

5-Star AchieveWELL Research Opportunity

Email body:

Hello [Name],

Congratulations to you and your organization on being recognized as 5-Star AchieveWELL by the Wellness Council of Indiana! Because of this accomplishment, you are invited to participate in a study investigating organizational communication to create a culture of health.

Creating and nourishing a culture of health within organizations is the topic of my dissertation project. Through my involvement with the Wellness Council of Indiana, it has become apparent that there is much to be learned from 5-Star AchieveWELL organizations like yourself. The goal of this research project is to identify best practices used by organizations to create a culture of health. I am completing this project as an independent researcher and graduate student in the Department of Communication at IUPUI. Please consider participating so others can learn from you and your organization's experiences.

To participate in this study, you will complete 2 steps: an interview (via Zoom, lasting no more than 60 minutes) and a short questionnaire. To select a time for your interview, click the link below.

Scheduling Link

At the end of the interview, I will share with you a link to a brief questionnaire that will take less than 5 minutes to complete.

Attached to this email you will find a Study Information Sheet providing additional details about this research project. Please reach out to me at nrm1@iu.edu with any questions.

Thank you,

Natalie Martin, MS, RD

Appendix C: Study Information Sheet

IRB Study #11089

You are invited to participate in a research study of how communication within organizations is utilized to create a culture of health. We ask that you read this form and ask any questions you may have before agreeing to be in the study.

The study is being conducted by Natalie Martin, Ph.D. Candidate and Dr. Maria Brann from the Department of Communication Studies at IUPUI.

STUDY PURPOSE

The purpose of this study is to better understand how organizations communicate to employees to promote health. More specifically, we want to understand how communication is used to create a culture of health, socialize new employees, and address resistance to this culture.

PROCEDURES FOR THE STUDY:

If you agree to be in the study, you will do the following things: you will take part in an informal interview that will last up to 1 hour. During this interview you will engage with the researcher in a discussion about how your organization communicates with employees to create a culture of health. The interview will take place via video conference (Zoom) and will be recorded. After completing this interview you will complete a brief questionnaire that will take about 3 minutes to complete.

RISKS AND BENEFITS

There are no known risks associated with this study. You will be asked questions about your organization's culture of health as well as how this is created and supported through communication. You have the option to skip questions that you do not want to answer.

A possible benefit of participating in this research is contribution to the field of worksite health promotion. Your participation could also help improve communication surrounding organizational culture of health.

CONFIDENTIALITY

Efforts will be made to keep your personal information confidential. We cannot guarantee absolute confidentiality. Your identity and the identity of your organization will be held in confidence in reports in which the study may be published. Your personal information may be disclosed if required by law.

Interviews will be audio-recorded, and each interview recording will be transcribed verbatim. Potentially identifying information will be deleted. Thus, all identifying information (e.g., names, locations) will be removed from the transcripts, and names will be replaced with pseudonyms. The data will be protected by storing all audio files and transcript documents in password-protected files on the researcher's computer. Audio files will be destroyed five years after the conclusion of the project.

Organizations that may inspect and/or copy your research records for quality assurance and data analysis include groups such as the researcher and her research associates, and the Indiana University Institutional Review Board or its designees, and (as allowed by law) state or federal agencies, specifically the Office for Human Research Protections (OHRP) who may need to access your research records.

PAYMENT

You will not receive payment for taking part in this study.

CONTACTS FOR QUESTIONS OR PROBLEMS

For questions about the study, contact the researcher, Natalie Martin, at ###-###-####.

For questions about your rights as a research participant or to discuss problems, complaints or concerns about a research study, or to obtain information, or offer input, contact the IU Human Subjects Office at (317) 278-3458 or (800) 696-2949.

VOLUNTARY NATURE OF STUDY

Taking part in this study is voluntary. You may choose not to take part or may leave the study at any time. Leaving the study will not result in any penalty or loss of benefits for you or your organization. Your decision whether or not to participate in this study will not affect your current or future relations with Indiana University or IUPUI.

Appendix D: Sample Questionnaire

Your name _____ **Name of Organization** _____

1. How many total employees (full and part time) make up your organization?

2. How would you classify the type of work your organization does (manufacturing, retail, transportation, service, etc.)? _____
3. How many years has your organization had a wellness program? _____
4. Circle all policies that are in place at your organization.

Flexible work schedules	Extended parental leave
Limited work hours to support work-life balance	Healthy catering policies
Smoke-free campus membership	Reimbursement for gym membership
Additional sick days to encourage employees to stay home when ill	
Fragrance-free environment	Pet insurance
Green workplace policies	Safety violation policies
Other(s) _____	
5. Circle all health and wellness programs offered by your organization.

Health screenings	Health Risk Assessment	Healthy eating
Physical activity	Mental health	On-site clinic
Weight management health	Chronic disease management	Financial
Wellness challenges	Educational sessions	Health Fairs
Spiritual health resources		
Other(s) _____		
6. Does your organization provide information about health and wellness resources during new employee orientation?
Yes No
7. How often does your organization distribute communication materials (flyer, email, postcard, etc.) promoting a health promotion program or policy? (e.g., promoting a health fair)
Daily Weekly Monthly Quarterly Yearly
8. Circle all the communication channels that your organization uses to share information about a health promotion program or policy (e.g., promoting a health fair)

Newsletter	Printed Fliers	Printed Posters	Email
Mailers to Home	Intranet	Social Media	Text
Message			
Announcements at Meetings		Electronic Displays	Other

Appendix E: Sample Interview Guide

1. Tell me about your organization's culture, as it relates to health.
2. Tell me about how your organization supports this culture, specifically with communication.
3. Tell me about policies that are in place related to a culture of health. How are these policies developed and communication? How are they enforced?
4. Tell me about leadership involvement in supporting a culture of health. Is there a time when you found leadership support to be especially helpful? Is there a time when you found leadership unsupportive of the culture?
5. Tell me how the built environment supports a culture of health. Was the built environment created to impact health?
6. Tell me about the communication strategies utilized by your organization to encourage your employees to adopt and maintain healthy behaviors. Who spearheads these efforts?
 - a. There are a wide variety of communication methods that some companies use to reach their employees, such as mail, email, social media, text messaging, posters/flyers, etc. Tell me about the methods that you use, and which seem to work best? Why do you think that approach works best?
7. Share with me how your organization introduces new employees to company health initiatives and the company's overall approach to health and wellness. How do new employees respond to this?
8. Does your organization introduce prospective employees to company health promotion initiatives? How do prospective employees respond to this? How is health and wellness incorporated into your organization's recruitment strategy?
9. Tell me about a health promotion campaign that you feel was effective in promoting healthy behavior change among your employee population. What was the focus topic of the campaign? What communication method or methods were utilized? How do you know that it was effective?
10. Tell me about a health promotion campaign that you feel was not effective in promoting healthy behavior change among your employee population. What was the focus of the campaign? How do you know that it was ineffective?
11. Share with me what you think is the most creative strategy your organization utilizes to communicate health-related messages to employees. How did this strategy come about?
12. Have you had any experiences where it was perceived that employees resisted organizational health initiatives? If so, please share with me what this looks like.
13. How do you address perceived resistance that employees may have to organizational health initiatives? Please share with me some specific examples.
14. How has your organization's culture of health changed over time?
15. Is there anything else you would like to share with me about health and wellness at your organization?

Appendix F: Final Themes

Theme	Description	Exemplar Quotes
RQ1: What communication strategies do organizations utilize to create a culture of health?		
Using multiple communication channels	The various communication channels or media used to promote health and wellness within the organization.	We have little tents on the cafeteria tables and then we have TV monitors with PowerPoint slide shows that go through, and then we do direct mailers and we do emails and we do tweets and . . . we do messages to the phone or we do all sorts of things to try and do this [health and wellness]. (Dean)
Sharing messages multiple times	Continually distributing health and wellness messages at a regular frequency.	I think just that constant bombardment and repetition and putting it [health and wellness information] out in front of people. (Joel)
Communicating face-to-face	Communication about wellness that occurs face-to-face between employees, with the intent to promote wellness programs, healthy behaviors, or other wellness topics.	I think that communication and that face-to-face referral is still just such a great way to get people engaged. (Kristin)
Demonstrating leadership support	Leadership supporting health and wellness in a variety of ways to communicate their support and encourage employee participation.	Our CEO is very active. Anytime we have a challenge, she is one of the first people, you know, “how do I sign up?” “What do I do?” She’s very active in that and she’s a pretty good trash talker herself. (Tonya)
Implementing policies	An organization’s approach to developing and implementing policies intended to impact employee health and wellness.	Our policy states . . . literally if you smell like tobacco on the job your supervisor could ask you to go home. And so, it really gave teeth to leaders to say, “Hey, we’re really walking the talk here.” (Joel)
Surveying employees and incorporating feedback	Collecting feedback from employees about health and wellness and then intentionally incorporating this into programming and letting employees know they are heard.	We’re pretty engaged with a lot of our staff groups and so you know they’ve been helpful along the years to help us understand what people want to hear and how they want to understand. (Cassie)

Leveraging partnerships	Working with both internal and external partners to communicate about health and wellness.	If someone has an idea share it with us, you know, we will research it and if we can do it, fabulous, and if it doesn't work out, hey, we tried. (Tonya) Supervisors or managers or wellness engagement team, just other teams that can help you spread the word. (Amy) There's good utilization with the clinic. They're seeing people . . . and reinforcing the wellness message and pushing it forward. (Dean)
Creating a health-promoting built environment Willingness to change and adapt	Creating a physical space that supports the culture of health. Being open to making changes to health and wellness offerings to meet the needs of employees.	As far as the actual facility goes, let's see, we've got the wellness room with the health station, the walking path, the fitness facility, the healthy vending options. (Amber) Just constantly looking at our programs, you know, how can we be better, are we getting the full wellness picture, you know that pie that I call it. And are we getting people engaged in the programs. (Jessica)
Focusing on multiple components of health and wellness	Viewing health and wellness holistically, with offerings available related to a variety of topics such as physical, mental, financial, and social health.	In the last couple years we have really worked very hard on doing multiple dimensions of wellness . . . and we really understand the importance of intellectual wellness and social wellness and emotional wellness, financial wellness. (Katie)
Making COVID-19 related adaptations	Making changes to health and wellness offerings or culture of health as a result of the COVID-19 pandemic.	We did a huge thing which was really fun last year as we kind of went to this new work from home environment where we did testimonials around people's workstations setups and so how all that looked and felt, you know, working remote with kiddos at home, you know, some of the funny stories that people are you know engaging with. (Kristin)

RQ2: How are employees socialized by organizations to create a culture of health?

Being involved in new employee orientation	Introducing new employees to the culture of health and encouraging participation in available offerings.	I myself have like a minute presentation that I sit down with the new hires and go through, but I also spend a good amount of time with them on that onboarding process. (Amy)
Engaging employees during their early employment	Continually educating employees who have recently joined the organization and encouraging participation in health and wellness offerings.	I go out again at 30 days and I meet with our new hires and thoroughly explained our wellness program as well as go over all the other benefits with them and how it relates to our wellness program or just general conversation about what our benefit program is. (Katie)
Involvement in recruitment	Integrating health and wellness into the recruitment process to expose potential employees to the culture of health.	We do kind of advertise that we have a five star, you know, employee well-being program. And so yeah, we definitely use that as a marketing tool to our future employees. (Renee)
Attracting individuals valuing health and attracting talent	Wellness is used as a strategic and intentional tool to attract and retain talent.	As we hire younger employees, if you don't have any wellness program you're going to be in trouble. It's almost kind of an expectation. (Laura)

RQ3: In what ways do employers perceive employees as resisting a culture of health?

Non-participation in health and wellness	One type of resistance is not participating in health and wellness programs. For example, not signing up to participate or stating that they will not participate.	We have had employees that said, "You know what I'm not interested in participating." (Haley)
Employees being critical of health and wellness	Employees condemning health and wellness initiatives or making negative remarks about the program or those who participate	So we do tend to get pushback from those individuals [union employees], and those are specifically the [company] department. (Amber)
Expressing privacy concerns	Employees resisting health and wellness out of concerns for their personal privacy, such as the fear that the employer or a fellow employee will be exposed to private information about their health.	I get it, people that have big brother mentality, "oh they're watching they're going to judge me because I'm diabetic." (Susan)

RQ4: How do organizations address employee resistance to a culture of health?

Showing compassion to employees	When an individual expresses resistance, caring for the employee by meeting them where they are and establishing a good relationship rather than expecting or requiring specific behaviors or participation. Communicating that wellness resources are offered because the employer cares about the health and well-being of the employee.	Not necessarily forcing everybody to do everything but giving them the option of, “hey we’re gonna join the [local running event] run. If you and your family want to get in on it, we will pay for you.” (Helen)
Offering financial incentives to encourage participation.	Addressing resistance by offering and promoting financial incentives such as cash, health savings account contributions, discounted health insurance premiums, gift-cards, or other prizes.	We have the tobacco surcharge that has gone up this year. It’ll go up again next year. (Susan)

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Curriculum Vitae

Natalie R. Martin

EDUCATION

PhD in Health Communication	December 2021
Indiana University at Indiana University-Purdue University Indianapolis	
<i>Dissertation title: "Communication to Cultivate a Culture of Health: Lessons from 5-Star AchieveWell Organizations"</i>	
<i>Committee: Maria Brann (chair), Jennifer Bute, Elizabeth Goering, Lisa Staten</i>	
MS in Nutrition	August 2012
Texas Woman's University	
BS in Dietetics and Nutrition, Fitness & Health	May 2011
Purdue University	

PROFESSIONAL EXPERIENCE

Everside Health (previously Activate Healthcare)	2018-present
Health Promotion Manager	
Monarch Beverage	2014-2018
Dietitian & Wellness Coordinator	
Integrated Health Inc. at British Petroleum	2012-2014
Registered Dietitian	
Michael K. DeBakey V.A. Medical Center	2011-2012
Dietitian	

RESEARCH EXPERIENCE

Lab Assistant and Counselor	2010
Food & Nutrition Department, Purdue University	

CONFERENCE PRESENTATIONS

"Is a Clinic Right for My Company? Panel Discussion Exploring Clinic Options," Indiana Health & Wellness Summit. Indianapolis, IN, October 2017.

"If a Beer Company can do it – you can too," Benefits & Wellness Forum. Atlanta, GA, August 2016.

"Enhance your Voluntary Benefits Plan with Bell-Being Programs," Employer Forum on Voluntary and Ancillary Benefits. Washington, DC, April 2016.

CREDENTIALS

Exercise is Medicine Professional Credential	2016
American College of Sports Medicine	
Certificate of Training in Adults Weight Management	2015
Commission on Dietetics Registration	
Certified Corporate Wellness Specialist	2014
Corporate Health & Wellness Association	
Coordinating Workplace Wellness Certificate	2014
Wellness Council of Indiana	

Certified Exercise Physiologist	2013
American College of Sports Medicine	
Registered Dietitian Nutritionist	2012
Commission on Dietetic Registration	

SERVICE & MEMBERSHIPS

Wellness Council of Indiana Board of Advisors	2014-2019
President	
Board Member	
YMCA of Greater Indianapolis Emerging Leaders Board of Advisors	2016-2019
Board Member	
Monarch Charitable Foundation	2015-2018
VP of Communication	
Hancock Health 365	2016-2018
Healthier Choices Team Member	
National Association of Worksite Health Centers	2016-2018
Member	

PROFESSIONAL DEVELOPMENT

Annual Indiana Health & Wellness Summit	2014-2021
Lifestyle Medicine Conference	October 2018
Food & Nutrition Conference & Exposition	October 2016 & October 2017
Employer Healthcare & Benefits Congress	September 2016
Benefits & Wellness Forum	August 2016
Strive to Thrive	May 2016
Employer Forum on Voluntary & Ancillary Benefits	April 2016
American College of Sports Medicine Summit	March 2016
Indiana Health Means Business Forum	February 2016
Franklin Covey 7 Habits of Highly Effective People	December 2015
Molly Kellogg Counseling Intensive Training	July 2016
Indiana Governor's Conference for Women	October 2014
Texas Dietetic Association Food & Nutrition Conference	April 2012