Exploring Corporate Stakeholders’ Perspectives on Building Capacity for Employee Engagement in Workplace Wellness Initiatives

Abiola O Keller, PhD, MPH, PA-C1, Rebecca Berman, PhD2, Barb Scotty, MS3, and Daniel Pinto, PhD, PT4

Abstract
Engaging employees with chronic conditions as partners in designing, implementing, and evaluating workplace wellness activities is a promising approach for optimizing the impact of workplace health promotion programs. Yet, there is a need for information on how employees are engaged in this process. We conducted a process evaluation of activities of the Patient-Centered Outcomes Research for Employees (PCORE) project formed around building capacity for employee engagement in wellness initiatives. Individual interviews were conducted with the 11 project stakeholders to explore perspectives of the project’s participatory process and activities. Thematic categories emerging in the analysis were (1) Commitment and support, (2) Understanding purpose and roles, (3) Role of employees in wellness programming, and (4) Communication during meetings. This process evaluation provides insights from a model of stakeholder engagement in the corporate setting. Creating an environment that supports meaningfully engaging employees as partners in co-creating workplace wellness initiatives requires effectively addressing the unique aspects of the U.S. corporate culture such as the emphasis on productivity and the prevalent traditional top-down organizational structures.

Keywords
employee engagement, population health, workplace wellness, research capacity building

A call to action to engage U.S. adults in preventing and managing chronic illness has taken center stage in efforts to improve their health and reduce health care utilization and costs (1,2). Chronic diseases are the leading causes of disability and mortality among Americans (3) and they also account for a significant amount of the health care spending in the United States (4). Adults with chronic conditions are at increased risk for negative health outcomes (5–8) and use more health services (7). To advance chronic disease prevention strategies, experts have called for utilizing effective workplace health programs and policies (9). Despite the potential impact of workplace health promotion programs, less than half of U.S. employees have access to such programs (10). Even when workplace health promotion programs are available, employee participation is low with less than 20% of employees participating (11). Decision-making about participation in workplace health promotion programs varies by employee and workplace organization characteristics (10). Engaging employees with chronic conditions as stakeholder partners in designing, implementing, and evaluating workplace wellness initiatives may be a promising approach for optimizing the impact of workplace health promotion programs (12).

To build capacity for employee engagement within workplace health and wellness research initiatives, Patient-Centered Outcomes Research for Employees (PCORE) harnessed the institutional partnerships within the Near West Side Partners (NWSP), a community-based, nonprofit organization. NWSP was founded through the support of five anchor

1 College of Nursing, Marquette University, Milwaukee, WI, USA
2 CJE SeniorLife, Chicago, IL, USA
3 Near West Side Partners, Inc., Milwaukee, WI, USA
4 Department of Physical Therapy, College of Health Sciences, Marquette University, Milwaukee, WI, USA

Corresponding Author:
Abiola Keller, College of Nursing, Marquette University, PO Box 1881, Milwaukee, WI 53201, USA.
Email: Abiola.keller@marquette.edu

Creative Commons Non Commercial CC BY-NC: This article is distributed under the terms of the Creative Commons Attribution-NonCommercial 4.0 License (https://creativecommons.org/licenses/by-nc/4.0/) which permits non-commercial use, reproduction and distribution of the work without further permission provided the original work is attributed as specified on the SAGE and Open Access page (https://us.sagepub.com/en-us/nam/open-access-at-sage).
institutions: Advocate Aurora Health, Harley-Davidson, Marquette University, Molson Coors Beverage Company, and Potawatomi Business Development Corporation. Using a community-academic engagement approach, PCORE created an 11-member stakeholder panel comprised of employees with chronic conditions, anchor partner health and wellness representatives (herein referred to as “anchor representatives”), clinician-researchers, and PCORE leadership to explore using research findings and practical experience as means for maximizing the reach and effectiveness of workplace health and wellness initiatives. PCORE research capacity-building activities consisted of educational presentations on the research process, discussions, and case studies to apply new skills (13).

Despite a continued focus and investment in shifting from investigator-driven research to research that fully collaborates with relevant stakeholders (14), there remains a need for information on how stakeholders are engaged in real-world settings (15). The processes and activities of PCORE provide an opportunity to further our understanding of stakeholder engagement in a corporate setting. To this end, a process evaluation was conducted to examine PCORE stakeholders’ perceptions of their level of involvement by exploring their expectations of PCORE, commitment to PCORE and its activities, and perspectives on the role of employees in wellness programming. Process evaluation can play a critical role in collaborative partnerships (16) as this type of evaluation is most concerned with whether the partnership and project activities have been as intended and resulted in the expected outputs (17).

Methods

A qualitative approach was used to explore stakeholders’ perceptions of PCORE’s participatory process and activities (online Supplemental material). The evaluation was conducted after 1 year of PCORE activities. Semi-structured interviews were conducted with 11 stakeholders (3 employees with chronic conditions, 4 anchor representatives, and 4 clinician-researchers) in December 2019 and January 2020. Interviews were conducted via telephone by an external project evaluator with expertise and experience in qualitative research (RB). She attended PCORE activities but was not involved in the design or implementation of PCORE and did not participate in recruiting stakeholders to the panel. She contacted participants to schedule interviews at a time and phone number they preferred (either at work or home). During each interview, the evaluator adapted the wording of individual questions to accommodate the participant’s role on the panel (i.e., employee with chronic conditions, anchor representative, or clinician-researcher). Interviews lasted approximately 30 min. The evaluator documented interviews with detailed written notes and expanded those notes immediately after the interview. As the interview progressed, the evaluator would read the notes back to the interviewee to ensure that they accurately captured their phrasing and thoughts.

To analyze the interview notes, the evaluator independently examined the notes for patterns and key content-related categories using inductive content analysis. Inductive content analysis uses open and unstructured coding to allow for the identification of previously unidentified or unexpected thematic categories (18).

The protocol for this evaluation study was reviewed by the lead author’s institution’s Institutional Review Board and determined to be exempt as the work was consistent with evaluation and not human subject research. Each interview participant was provided information about the purpose of the interview and measures that would be taken to protect privacy (i.e., data de-identified before being shared) and given the opportunity to ask questions.

Results

Stakeholders were primarily female (80%), all had at least a bachelor’s degree, and all white. The thematic categories that emerged were (1) Commitment and support, (2) Understanding purpose and roles, (3) Role of employees in wellness programming, and (4) Communication during meetings.

Commitment and Support for PCORE

Stakeholders reported being interested in joining due to what they might personally gain from involvement, such as networking, learning from experiences of others, and sharing successes or best practices. Most stakeholders felt that their experiences and insights would be useful to PCORE. At the time of interviews (after 1 year of PCORE activities), stakeholders reported that the overall level of commitment to PCORE was strong, but commitment levels across stakeholder groups did not appear consistent. They cited evidence such as consistent attendance by a subset of members, discussions being “dynamic” or “engaged” and willingness to “share thoughts.” One stakeholder acknowledged the potential for commitment levels to grow by stating that he/she is very encouraged to see that stakeholders’ “buy-in is increasing over time.”

Stakeholders described feeling generally supported by their organizations. Employee and anchor representative stakeholders indicated that they were given the freedom to participate in PCORE activities and were not penalized for taking time away from their regular work to participate. Although some employee and anchor representative stakeholders had discussed their experiences on PCORE with supervisors, these discussions were intended to provide updates on how the stakeholder was spending their time rather than to discuss the work of PCORE. Clinician-researchers described their participation in this type of project as part of their academic or research career expectations. Clinician-researchers had talked with colleagues about the potential for ideas to emerge from PCORE, shared examples of employee concerns regarding wellness programs, or explained PCORE to others in their organization. As one clinician-researcher noted, a project
like this “gives you more ammunition” to tell others that “we can’t ignore” employee perspectives.

Understanding of PCORE’s Purpose and Participant Roles

When they first joined the panel, most stakeholders did not have clear expectations for PCORE. Several shared that they had never been part of a project like this and were unsure of what to expect. One member said they “didn’t get the research part early on” and “was thinking it was more an opportunity to share and network.” At the time of the interviews, while stakeholders felt they had a better understanding of PCORE, they remained uncertain of the project goals. Specifically, stakeholders commented that they were not yet sure “where it was going,” “what we are targeting” or what the “specific outcome” will be. One stakeholder commented, “I don’t think there is a real good connect between what we are doing and how we are getting to the goal.” Another noted that the partnership was developing but having some “growing pains” because “there is not a core common set of values, ideals, and experiences.”

Stakeholders understood that their role was sharing their experiences and perspectives with others, however, each group expressed concerns. Employee stakeholders questioned whether their contributions would be useful. Anchor representatives and clinician-researchers wondered if they were providing the contributions needed for PCORE to be successful. Clinician-researchers also shared that although their role in the panel was to allow other stakeholders to contribute their voice, they hoped to contribute expertise and knowledge to PCORE in a consulting role.

Employee and anchor representative stakeholders expected to learn about research, but some spoke about feeling intimidated when they did not understand research terminology or were not sure that researchers understood them when they contributed to the discussion. Stakeholders expressed appreciation for attempts to simplify research concepts but noted that the panel tended to be overly focused on research concepts, theories, and models without connections to “real-life examples”. One stakeholder described this by saying, “yeah, you need a basic understanding but then we are losing something” and “not getting to the heart of it,” which is “taking it out of the lab and making it real.” Additionally, while employee and anchor representative stakeholders indicated that they found learning about research interesting, they did not necessarily see its relevance for their work.

Role of Employees in Wellness Programming

All interviewees commented on the value of having employee stakeholders as part of PCORE. One stakeholder said, “sometimes we can operate in a bubble” and “getting the employee voice is always a challenge,” but “we have to be realistic about employees’ motivations, positive or negative.” Anchor representative stakeholders expressed interest in identifying effective methods for obtaining timely feedback on wellness offerings from employees at their organizations.

Stakeholders also shared how the panel discussions had broadened their understanding of the challenges and barriers to increasing employee participation in wellness programming in workplaces. A stakeholder stated that discussions had “opened my eyes to what other businesses do and what they face with their employees.” Stakeholders also viewed panel discussions as an opportunity for exploring strategies for incorporating employee feedback into decision-making. One member noted “the panel is starting to engage with what employees want” and “fostering a more broad and complete understanding of wellness.” Another described PCORE as being about “finding out what works for some people and what doesn’t” and listening “to what people want as opposed to a bunch of people in a room making policies.”

Overall, stakeholders felt that the discussions confirmed what they already knew about barriers to employee engagement in workplace wellness. But they valued hearing reasons why different types of employees might not want to participate in seemingly beneficial programs and would like to hear more from employee stakeholders. For instance, one member observed that the group has a broader understanding of the variety of reasons employees “push back” on participating in wellness programming. Stakeholders also felt the panel provided opportunities to hear about the experiences of different organizations and highlight potential barriers to employee engagement that need to be given more attention.

Communication During Stakeholder Meetings

The contributions of the employee stakeholders were important to others but as one stakeholder noted “we told employees what we wanted from them, but they are still feeling a little uncomfortable with what they are providing and whether it is actually making a difference.” Stakeholders reiterated the importance of avoiding technical language, acronyms, or theoretical language to facilitate communication among stakeholders. One person specifically observed “if you want employees’ engagement you have to speak to the employee.” They asserted that employees will not speak up if they believe that others in the room are more important than them. One person suggested that directly asking for an employee’s thoughts on a specific topic, instead of posing general questions for group discussion, could facilitate more input from employees at the table. Several stakeholders felt that employees needed more feedback on how their contributions are valued or will be used, either during or right after the meeting.
Discussion

This paper presents the findings of the process evaluation PCORE. After the first year, stakeholders reported being committed to PCORE but noted that commitment levels varied. Developing effective partnerships is an ongoing process that requires time; however, the time commitment required can be a barrier to participation in partnerships (19). In the U.S. corporate culture, productivity is an important metric (20). Given that employees’ effort is a key determinant of productivity (21), maintaining relationships with stakeholders from corporate settings may be particularly challenging if the project is not valued or supported by their organization. For PCORE, this potential conflict with productivity was greatest for the employee representatives because, unlike the anchor representatives, contributing to health and wellness initiatives was not part of their job descriptions. While stakeholders did not perceive they were being penalized for taking time away from their regular work to participate, creating an ideal environment for maintaining established relationships requires a proactive approach including regular contact with senior-level leaders within partner organizations to build awareness of project goals and accomplishments to preserve support (22) and ensuring that time stakeholders spend on project activities is deemed valuable to their organizations.

Providing stakeholders with training about the research process is a critical aspect of capacity building for research engagement and was therefore a central component of the PCORE project activities. However, this process evaluation revealed that while employee and anchor representative stakeholders found learning about research interesting, they did not see its relevance for their work. Engagement for building capacity for research must offer training that goes beyond research in the general sense. For PCORE, the training should center around how research is directly relevant to stakeholders and concrete questions designed to elicit stakeholder feedback. Research training should also address strategies for effectively communicating research-related concepts and findings with external audiences while ensuring that these approaches are grounded in best practices for communicating with managers and executives. Successful organizational communication must be timely, clear, accurate, pertinent, and credible (23). Developing and implementing activities that allow stakeholders to increase their confidence in executing the steps in the workplace communication process (24) such as identifying research ideas that need to be communicated in their organization, selecting clear and direct words and terms to convey the intended message, avoiding diluting and confusing the message by bringing other matters to the table, and eliciting feedback to ensure the message was clearly understood may be of benefit.

This process evaluation found that stakeholders understood their roles and while there was evidence of respect and value of the perspectives of others, stakeholders expressed doubts about the value of their own contribution. Employee stakeholders were uncertain about the utility of their contributions. Anchor representative stakeholders questioned if their contributions were appropriately meeting the goals of the project. This lack of confidence in the usefulness and appropriateness of stakeholders’ contributions may result from lack of clarity about PCORE’s purpose and goals. Core principles of engaging community partners include ensuring that the purpose of the partnership is clearly defined, meets the need of the participants, and there is transparency about the process (25). The study findings suggest that these core principles were not achieved in the first year of PCORE and underscore the role having a common understanding of project goals and objectives can have in stakeholders’ confidence in their roles. Additionally, providing stakeholders concrete feedback on how their contributions are valued or will be used may allow stakeholders to participate and contribute with increased confidence. An employee-driven approach to workplace wellness initiatives is dependent on employees being willing to share information about their needs and preferences. While continuing to nurture the relationships between stakeholders and acknowledging the value of all perspectives, effective stakeholder engagement requires shared leadership (i.e., distributing leadership influence among the group members) (26,27). PCORE’s focus on engaging employees with chronic conditions as partners in designing, implementing, and evaluating workplace wellness initiatives intentionally disrupts the traditional top-down management style often seen in organizational structures. In addition to a bidirectional exchange of information and resources (26), a shared leadership environment requires encouraging transparency and supporting autonomy (28). In contrast to viewing autonomy from an individual perspective, a relational autonomy approach acknowledges that individuals are socially embedded and shaped by social relationships and social determinants (29). In this relational approach, persons’ interests are developed with others, and valuing the input of others and engaging them in decision-making processes is not in conflict with being autonomous (30). Focusing on a relational autonomy approach and acknowledging the interconnectedness of stakeholders allows for an environment where the power differential present between employees and anchor representatives in a traditional top-down management setting is less of a barrier to achieving project goals.

The sharing of power between stakeholders and researchers is a pressing ethical issue in stakeholder engagement (31). The vertical hierarchy of power in the U.S. corporate culture
requires additional consideration for power sharing between stakeholders. As in the case of PCORE, where there is a need for more than one stakeholder from a corporate partner, project leaders must become familiar with the reporting structure of the organization and develop a recruitment strategy that avoids recruiting stakeholders with direct connections in that structure. Even when stakeholders are from different organizations, utilizing strategies such as not using organizational roles and titles in introductions may be beneficial. Providing stakeholders with opportunities to share their perspectives and experiences either in smaller breakout groups, peer to peer, or anonymously may be another useful strategy.

Limitations
Several potential limitations of this study should be noted. First, the qualitative interviews were not audio recorded and transcribed. While the interviewer took notes that were read back to the interviewee for accuracy, some subtleties may have been lost through this approach. Second, analyzing the data by stakeholder group resulted in very small sample sizes per group. Although this provided opportunity to explore unique experiences of the different stakeholder groups, the small sample size may have made it difficult for stakeholders to be completely transparent about their experiences. Finally, these results are qualitative and not intended to be generalized to a larger population.

Conclusion
This process evaluation provides insights from a model of stakeholder engagement in corporate settings. By developing an infrastructure for employee engagement in wellness initiatives, PCORE is well positioned to optimize the impact of workplace health promotion programs. Moreover, this work can inform practices for engaging stakeholders from corporate settings as partners in designing, implementing, and evaluating wellness initiatives that appropriately meet the health and well-being needs of employee communities.

Acknowledgments
This project was funded through a Patient-Centered Outcomes Research Institute (PCORI) Eugene Washington PCORI Engagement Award (EA #10643). The authors would like to acknowledge the members of the PCORE panel who gave so generously of their time to provide valuable input. We would like to thank Keith Stanley, Executive Director of the Near West Side Partners and Patrick Kennelly, Director of the Center for Peacemaking, Marquette University for contributions to PCORE project. We are thankful to the Steering Committee of the Near West Side Partners and the employees of the Near West Side businesses for their support and partnership. We also thank Dr. Marianne Weiss for her feedback on an earlier draft of this manuscript.

Declaration of Conflicting Interests
The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Ethical Approval
The protocol for this evaluation study was reviewed by the lead author’s institution’s IRB and determined to be consistent with evaluation and not research and therefore did not require ethical approval.

Funding
The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This work was supported by the Patient-Centered Outcomes Research Institute (grant number EA #10643).

Statement of Human and Animal Rights
This work was not conducted using animal subjects; the rights and protections of human subjects were upheld according to ethical principles.

Statement of Informed Consent
The Institutional Review Board determination of Not Research meant a consent document was not required. However, all participants verbally consented to the telephonic interview.

ORCID iD
Abiola O Keller https://orcid.org/0000-0003-2917-4410

Supplemental Material
Supplemental material for this article is available online.

References
1. Baicker K, Cutler D, Song Z. Workplace wellness programs can generate savings. Health Aff. 2010;29(2):304-11. doi: 10.1377/hlthaff.2009.0626
2. Steinbrook RMD. Health care and the American recovery and reinvestment act. N Engl J Med. 2009;360(11):1057-60. doi: 10.1056/NEJMp0900665
3. Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion. https://www.cdc.gov/chronicdisease/index.htm (accessed June 30, 2021).
4. Martin AB, Hartman M, Lassman D, Catlin A. National health care spending in 2019: steady growth for the fourth consecutive year. Health Aff. 2021;40(1):14-24. doi: 10.1377/hlthaff.2020.0202.
5. Buck HG, Dickson VV, Fida R, Riegel B, D’Agostino F, Alvaro R, et al. Predictors of hospitalization and quality of life in heart failure: a model of comorbidity, self-efficacy and self-care. Int J Nurs Stud. 2015;52(11):1714-22. doi: 10.1016/j.ijnurstu.2015.06.018 [doi].
6. Panagioti M, Stokes J, Esmail A, Coventry P, Cheraghi-Sohi S, Alam R, et al. Multimorbidity and patient safety incidents in
primary care: a systematic review and meta-analysis. PloS one. 2015;10(8):e0135947. doi: 10.1371/journal.pone.0135947 [doi].

7. Buttorff C, Ruder T, Bauman M. Multiple chronic conditions in the United States. https://www.rand.org/content/dam/rand/pubs/tools/TL200/TL221/RAND_TL221.pdf (accessed February 28, 2022).

8. Tsiminetzky M, Goldberg R, Gurwitz JH. Magnitude and impact of multimorbidity on clinical outcomes in older adults with cardiovascular disease: a literature review. Clin Geriatr Med. 2016;32(2):227-46. doi: 10.1016/j.cger.2016.01.014 [doi].

9. National Center for Chronic Disease Prevention and Health Promotion. Workplace health strategies. https://www.cdc.gov/workplacehealthpromotion/health-strategies/index.html (accessed June 30, 2021).

10. Tsai R, Alterman T, Grosch JW, Luckhaupt SE. Availability of and participation in workplace health promotion programs by sociodemographic, occupation, and work organization characteristics in US workers. Am J Health Promot. 2019;33(7):1028-38. doi: 10.1177/089011719844478.

11. Mattke S, Liu H, Caloyeras JP, Huang CY, Van Busum KR, Khodyakov D, et al. Workplace wellness programs study. https://www.rand.org/pubs/research_reports/RR254.html (accessed February 28, 2022).

12. Kent K, Goetzel RZ, Roemer EC, Prasad A, Freundlich N. Promoting healthy workplaces by building cultures of health and applying strategic communications. J Occup Environ Med. 2016;58(2):114-22. doi: 10.1097/JOM.0000000000000629.

13. PCORI. Patient centered outcomes research for employees (PCORE) of Milwaukee’s Near West Side. https://www.pcori.org/research-results/2018/patient-centered-outcomes-research-employees-pcore-milwaukee-near-west-side (accessed February 14, 2022).

14. Patient-Centered Outcomes Research Institute. Research and results. https://www.pcori.org/research-results-home (accessed August 2 2021).

15. Forsythe LP, Carman KL, Sz Idolowski V, Fayish L, Davidson L, Hickam DH. Relational autonomy: moving beyond the limits of isolated individualism. Pediatrics. 2014;133(Supplement_1):S16-23. doi: 10.1542/peds.2013-3608D.

16. Business News Daily. Shared leadership: How modern businesses run themselves. https://www.businessnewsdaily.com/135-shared-leadership-social-media-fuel-business-growth.html (accessed August 2, 2021).

17. Catriona M, Natalie S. Relational autonomy: Feminist perspectives on autonomy, agency, and the social self. New York: Oxford University Press; 2000.

19. Meza R, Drahota A, Spurgeon E. Community-academic partnership participation. Community Ment Health J. 2016;52(7):793-8. doi: 10.1007/s10597-015-9890-4.

20. U.S. Bureau of Labor Statistics. Productivity 101. https://www.bls.gov/k12/productivity-101/content/why-is-productivity-important/home.htm (accessed August 2, 2021).

21. Inc. Productivity. https://www.inc.com/encyclopedia/productivity.html (2020, accessed August 2, 2021).

22. Huang J, Lipman PD, Daniel Mullins C. Bridging the divide: building infrastructure to support community-academic partnerships and improve capacity to conduct patient-centered outcomes research. Transl Behav Med. 2017;7(4):773-82. doi: 10.1007/s13142-017-0487-z.

23. Marques J. Enhancing the quality of organizational communication: a presentation of reflection-based criteria. J Comm Manag. 2010;14(1):47-58. doi: 10.1108/13632541011017807.

24. Wrobleswki MT. 5 Steps to the communication process in the workplace. https://www.romaristoliving.com/5-steps-communication-process-workplace-16735.html (2019, accessed September 3, 2021).

25. Nielsen R. A note from the editor. Connections: The Kettering Foundation’s annual newsletter. https://www.kettering.org/wp-content/uploads/Connections_2008.pdf (accessed February 28, 2022).

26. Eder MM, Carter-Edwards L, Hurd TC, Rumala BB. N. A logic model for community engagement within the clinical and translational science awards consortium: can we measure what we model? Acad Med. 2013;88(10):1430-6. doi: 10.1097/ACM.0b013e31829b54ae.

27. Carson JB, Tesluk PE, Marrone JA. Shared leadership in teams: an investigation of antecedent conditions and performance. IEEE Eng Manag Rev. 2016;44(3):86-103. Periodical. doi: 10.1109/EMR.2016.7559064.

28. Packer K. Relational autonomy: moving beyond the limits of isolated individualism. Pediatrics. 2014;133(Supplement_1):S16-23. doi: 10.1542/peds.2013-3608D.

29. Bélisle-Pipon J-C, Rouleau G, Birko S. Early-career researchers' views on ethical dimensions of patient engagement in research. BMC Med Ethics. 2018;19(1):21. doi: 10.1186/s12910-018-0260-y.