

Factors Associated with Participation in a Corporate Wellness Program: The Case of International Hospitality Company

(Faktor-faktor yang Berkaitan dengan Penyertaan dalam Program Kesejahteraan Korporat: Kes Syarikat Perhotelan Antarabangsa)

Adel I. Al-Alawi

(College of Business Administration, University of Bahrain)

Soud M. Al Mahamid

(College of Graduate Studies, Arabian Gulf University)

Mohamed B. Baloshi

(College of Business Administration, University of Bahrain)

ABSTRACT

Corporate wellness programs (CWPs) are usually offered by employers to encourage their employees to live a healthy lifestyle by implementing significant changes in their daily routines to reduce their health costs and increase productivity. The study identifies factors associated with employees' participation in CWPs. This study used a quantitative approach by designing a questionnaire based on the relevant literature to collect data from the target respondents. The population of this study consists of 900 employees working at an international hospitality company called XYZ Company operating in Bahrain. The researchers retrieved 307 completed questionnaires out of the 900 distributed, representing a 34% response rate. The respondents represent first-line employees, supervisors, and managerial levels. About 45% of them would like to engage in physical activity, especially at the corporate fitness center, and preferred a wellness program that would allow them to get personalized exercise or diet counseling in one-to-one sessions. Furthermore, the results showed that culture was the only engagement factor associated with participation in the CWPs. Individual factors, social environment factors, physical environment factors, and organizational policy factors were not associated with participation in the CWP. Companies should use comprehensive CWPs that include physical activities, nutrition, recovery, and psychological aspects.

Keywords: Corporate wellness programs; productivity; employees' participation; engagement factors; cultural factors.

ABSTRAK

Program kesejahteraan korporat (PKK) biasanya ditawarkan oleh majikan untuk menggalakkan pekerja mereka menjalani gaya hidup sihat dengan melaksanakan perubahan ketara dalam rutin harian mereka untuk mengurangkan kos kesihatan mereka dan meningkatkan produktiviti. Kajian ini mengenal pasti faktor yang berkaitan dengan penyertaan pekerja dalam PKK. Kajian ini menggunakan pendekatan kuantitatif dengan mereka bentuk soal selidik berdasarkan literatur yang berkaitan untuk mengumpul data daripada responden sasaran. Populasi kajian ini terdiri daripada 900 pekerja yang bekerja di sebuah syarikat hospitaliti antarabangsa bernama Syarikat XYZ yang beroperasi di Bahrain. Para penyelidik mendapatkan 307 soal selidik yang lengkap daripada 900 yang diedarkan, mewakili kadar respons 34%. Responden mewakili pekerja barisan hadapan, penyelia dan peringkat pengurusan. Kira-kira 45% daripada mereka ingin melibatkan diri dalam aktiviti fizikal, terutamanya di pusat kecergasan korporat, dan memilih program kesihatan yang membolehkan mereka mendapatkan latihan peribadi atau kaunseling diet dalam sesi satu persatu. Selanjutnya, keputusan menunjukkan bahawa budaya adalah satu-satunya faktor penglibatan yang dikaitkan dengan penyertaan dalam PKK. Faktor individu, faktor persekitaran sosial, faktor persekitaran fizikal, dan faktor dasar organisasi tidak dikaitkan dengan penyertaan dalam PKK. Syarikat harus menggunakan PKK komprehensif yang merangkumi aktiviti fizikal, pemakanan, pemulihan dan aspek psikologi.

Kata kunci: Program kesejahteraan korporat; produktiviti; penyertaan pekerja; faktor penglibatan; faktor budaya.

INTRODUCTION

When employees have good health, combined with a high-quality education, the proper knowledge, skills, and positive attitudes, a company's productivity increases (Grawitch et al. 2006). With the increasing focus on employees' health issues, corporate wellness programs (CWPs) are becoming a worldwide trend (Grawitch et al.

2006). Employers usually offer CWPs to encourage their employees to live a healthy lifestyle by implementing significant changes in their daily routines (Goetzel et al. 2014) to reduce their health costs and increase productivity. They aim to raise health awareness, identify health hazards, and positively impact employees' health behavior to have a joyful work environment and beyond (Winnie 2011). Given the importance of CWPs, they

have been recently studied extensively (Batorsky 2016; Conlon 2013; Grawitch et al. 2006; Goetzel et al. 2014). The challenge is that the participation rate has been a key issue in the extant literature, where it has always been cited to be lower than expected. This is due to inappropriate incentives, poor program design, and mismatch with users' diverse needs and wants (Batorsky 2016; Conlon 2013). Not only is low participation an overarching problem, but so is adherence to wellness programs (Brenton-Peters 2015; Clubbs 2021). To overcome these challenges, companies offer different monetary and non-monetary incentives to leverage participation.

Another important issue highlighted by the literature is the comprehensiveness and effectiveness of wellness programs—whether they should cover several aspects, such as providing a safe environment, behavior change, and stress control, or should be tailored to employees' needs. Whether a wellness program is comprehensive or has limited aspects, its benefits are unlimited for employees and employers. In other words, participating in CWPs is a win-win situation. A healthier and happier employee is more productive at work than their counterparts, is rarely absent from the office, and will be more committed to doing the necessary work properly. This increases the company's productivity and profitability in the marketplace (Al-Alawi 2005; Sears Coberley, & Pope 2013). More than ever before, employees of different ages suffer from one or more chronic or non-communicable diseases (hereafter NCDs), such as coronary heart disease, type 2 diabetes, overweight, chronic disease, lung disease, back pain, and breast cancer (Takala et al. 2014). According to the World Health Organization, these diseases are expected to cost more than \$47 trillion over the next 20 years (Takala et al. 2014). Several factors cause NCDs, ranging from overconsumption and misuse of tobacco and alcohol to lack of physical activity and poor eating habits (Hayman 2016). Specifically, in developing countries, the level of NCDs is very high. Up to now, there are no accurate data about the exact number of patients with NCDs and whether citizens and residents live a healthy lifestyle. As a result, effective CWPs may help fight NCDs. However, this type of program still needs further exploration and popularization in Arab culture, dominated by tribal values and norms and Islamic religious beliefs that may influence the participation rate.

Several studies have explored various CWPs, including the adoption rate (Winnie 2011), participation rate (Maletzky 2017). Furthermore, incentives and barriers (Conlon 2013), benefits (Jones et al. 2018), physical activity (Gontarev et al. 2016). The health risk and corporate productivity (Hayman 2016), incentives to participate and motivations (Henry 2015), participation and nonparticipation (Alexy 1991; Kolacz 2015), arrived at a common conclusion that the participation rate is always below expectations (Conlon 2013; Grant 2012; Smith 2017).

However, none of the prior studies explored the CWPs in Arab culture, the hospitality sector, or developing countries. As the literature has persistently suggested that future studies should explore employees' participation in CWPs in non-Western cultures (Rono 2011), exploring this subject in the Arab and Muslim cultures is worthwhile. Therefore, this study emphasizes the significance of the wellness program in the Arab Muslim culture. In short, the current study aims to fill this void in the literature by investigating factors associated with participation in the CWPs at a large international company in the hospitality sector (hereafter, XYZ). Specifically, the current research problem is trying to tackle the low level of employees' participation in the wellness programs offered by XYZ. Thus, the research problem can be formulated in several questions, as follows:

1. What are the most important factors (individual factors, social environment factors, physical environment factors, organizational policy factors, and cultural factors) associated with employees' participation in a corporate wellness program?
2. What are the barriers that prevent employees from participating in a corporate wellness program?
3. What are the elements of the wellness program that employees prefer to use?
4. What are the incentives that encourage employees to participate in a wellness program?

LITERATURE REVIEW

Corporate health wellness programs are beneficial for employees as well as employers. Employees improve health and lifestyle quality, help manage chronic disease, and reduce health risks. Employers reduce absenteeism and presenteeism, reduce health insurance costs, attract talented individuals, and increase employees' satisfaction and productivity. Corporate health programs often come with different health components to satisfy predetermined objectives, i.e., changing lifestyles, reducing health expenses, reducing health risk factors, managing chronic diseases, helping weight loss, etc. Regardless of its purposes, a corporate health program's big challenge is its low participation rate, which is always below expectations and at a maximum of no more than half of the target population (Beck et al. 2016). The participation rate also varies from program to program and from employer to employer. Previous studies have reported different participation rates depending on whether the corporate health wellness program. This focused on managing one issue, such as diabetes or increasing physical activity, or a comprehensive one that included several components: health risk assessment, biometric screening, physical activities, wellness activities, and participation incentives (Beck et al. 2016).

A low participation rate does not reflect that employees are healthy (Brenton-Peters 2015) or a misfit between the program's components and employees' needs. Most likely, there are persistent barriers that prevent employees from active participation. Previous studies have identified different barriers that lower employees' participation. McManamy (2016) found that employees might not participate in wellness programs because they do not have enough information about the programs. Hence, or are unaware that such programs occur in the workplace, their organizational culture does not support such programs. They do not trust their managers, and they are not comfortable because they do not receive mental support. Additionally, low or no incentives offered to employees, wrong location, time, or duration of the program; topics unrelated to employees' interests; and employees' conflicted beliefs about well-being are some of the barriers that impede employees' participation in well-being programs (Person et al. 2010). Bull et al. (2003) agreed that employees' lack of interest might decrease their participation. Furthermore, Edmunds et al. (2013) added that employees who do not participate in these programs tend to have lower levels of self-efficacy, no interest in physical activities, and insufficient energy or time. Perrault et al. (2020) study emphasize why workers reject participating in a new employer-sponsored wellness program due to private affairs, time concern, and healthy and no need for the program.

Employers offer various incentive packages attached to the wellness program to overcome barriers and increase the participation rate. These packages might be financial, such as salary increases, recognition by compensation, giving employees part of the profit or stocks, and health insurance (Ballentine et al. 2003; Cole 2002, Al-Alawi et al. 2016). Furthermore, Marshall (2020) stated that adding financial resources to the current inclusive wellness program greatly influences employees' overall psychological state.

Alternatively, they can be non-financial, like recognizing employees for their participation, awarding employees, promoting employees, gifting them, etc. (Chiang & Birtch 2008; Ellis & Pennington 2004). Although previous studies have explored different elements of participation, the majority of these studies were conducted in an educational context—health programs offered by universities—which does not necessarily reflect the participation rate in other sectors, such as the hospitality sector (Dauner et al. 2019). Participation is a complex phenomenon affected by several individuals, organizational, social, cultural, and program factors. Although previous studies have identified factors associated with participation in worksite wellness programs (Beck et al. 2016; Middlestadt et al. 2011), their results were mixed and undecided. Winnie (2011) found top management support, resource availability, employee awareness of the programs, staff turnover, legal

factors, and trade unions were the key factors influencing employees' wellness program adoption.

In contrast, Conlon (2013) suggested that participation in wellness programs is a function of the individual, social environment, physical environment, organizational policy, and cultural factors. Another researcher classified influential factors of participation into individual factors and organizational factors and overlapping factors such as convenience, co-worker support, and insufficient time or busyness (Brenton-Peters 2015). Moreover, participation decision is a complex phenomenon and influenced by several individual factors. These factors are time, health level, personal motivation, age, gender, job type; organizational factors, such as peer and supervisory expectations and support and incentives; and community factors, such as social expectations and support (Linnan et al. 2001), which concurs with Conlon's observations. This indicates that there is no consensus among researchers about factors associated with participation in wellness programs. Exploration of manipulating individual and organizational factors to increase participation and commitment to such programs is still needed (Brenton-Peters 2015). The sections below detail the related literature that show how each set of factors are associated with participation in the CWPs.

INDIVIDUAL FACTORS

An employee's decision to participate in any wellness program depends on individual factors, such as age, gender, education, experience, position, and nationality. Brenton-Peters (2015) confirmed that individual factors such as gender, importance rating, stage of change, and motivations are associated with participation in a specific workplace weight loss program. Some other studies have shown that women may participate in wellness programs more than men (Beck et al. 2016; Maletzky 2017), and blue-collar workers more than white-collar workers (Brenton-Peters 2015). An employee's values and beliefs have a significant effect on their participation in wellness programs, and endorsement of wellness and the activities connected with improving performance and reducing turnover level impact the participation of employees in such programs (Ott-Holland et al. 2019). Thus, wellness programs provided by an organization to strengthen retention and developing performance, besides enhancing the well-being of employees (Chapman 2012; Olson et al. 2016), will have a high participation rate.

Employees are willing to participate in wellness programs if, in return, they will gain advancement, preventative health, learning courses and practices, and, most importantly, managers' motivation to participate in such programs (Mungania et al. 2016). In other words, promotion, health insurance, training courses, and the management team's support influence the employees' decision to participate in the organization's wellness programs. Employees' participation in wellness programs

depends on individual factors, most importantly, education level, experience, age, and job status (Baloshi 2018). Participation is often connected with employees' needs and priorities; young and fit employees may have different needs from old or middle-aged employees, who may not have time due to work priorities and family commitments. Individual experience may also play a crucial role in the participation process. To conclude, individual factors are associated with the participation rate of CWPs. Based on the above arguments, the first hypothesis can be formulated as follows:

H₁ Individual factors are associated with participation in corporate wellness programs.

SOCIAL ENVIRONMENT FACTORS

Social bioecological theory (Bronfenbrenner 2000) states that an organization's environmental factors can foster positive health behavior. The biological theory was used to understand different health issues in a work context, such as well-being behavior (Bone 2015), health risk and productivity (Hayman 2016), and engagement in health behavior (Hamm 2017). The model consists of several layers. An employee is the focal point and is affected by the surrounding social, environmental factors, such as family, community, friends, colleagues, and work. This indicates that the social environment in the workplace may have a positive or negative effect on employees' health and influence their behaviors by instilling a pattern of social norms (Tabak, Hipp, Marx, Yang, & Brownson 2016). According to Gelfand (2012), these social norms are either tight or loose. Familiar social norms refer to those social environments with strongly held norms that do not allow for deviant behaviors, and flexible social norms are weak and allow for divergent behavior (Gelfand 2012).

A social environment in the workplace full of tight or loose norms may affect employees' willingness to participate, depending on the corporate social environment itself. The social environment of a workplace has been shown to affect health-related behaviors such as obesity, according to Yun and Silk (2011). It can also affect employees' safety behaviors (Fugas, Meliá, & Silva 2011). Moss, Kincl, and O'Neill (2010) used a social cognitive theory to change employees' attitudes and behaviors through influencing "peer bonds, mutual responsibility, and shared responsibility or rewards." The former can be counted as what forms social norms in the social environment. It can be concluded that social, environmental factors are associated with the participation rate. Based on the above arguments, the second hypothesis can be formulated as follows:

H₂ Social environment factors are associated with participation in corporate wellness programs.

Physical Environment Factors An organization's physical environment can help foster positive or negative health behavior. The way an organization arranges its offices, organizes its machines, lays out its furniture, etc., may influence employees' moods, behaviors, morals, engagement, and productivity. According to Chandrasekar (2011), today, the workplace environment is full of unsafe and unhealthy issues. Poorly designed workstations, unsuitable furniture, a lack of ventilation, inappropriate lighting, excessive noise, insufficient safety measures in fire emergencies, and a lack of personal protective equipment distinguish the current work environment. These aspects of the physical environment might affect employee participation in CWPs (Chandrasekar 2011). Specifically, the physical environment is related to the wellness infrastructure that influences employees' health promotion programs. Furthermore, Person, Colby, Bulova, and Eubanks (2010) found during their research on barriers to participation in wellness programs that the physical environment (which includes the convenience of location and time constraints, not the literal physical workplace) is important when planning a wellness program. A lack of appropriate equipment, unsuitable furniture, poor lighting, poor ventilation, insufficient safety measures for using machines, inappropriate location, and a lack of parking negatively influence employees' participation in wellness programs. Leininger (2011) suggested that health promoters should try hard to increase physical environment support to achieve desired health outcomes. It can be concluded that physical environmental factors are associated with participation in CWPs. Based on the above arguments, the third hypothesis can be formulated as follows:

H₃ Physical environment factors are associated with participation in corporate wellness programs.

Organizational Policy Factors Having clear and accurate organizational policies makes employees focus more on their tasks and increases productivity. Such policies as high communications among employees create a powerful organization in which the employees are well (Al-Alawi 2005; Goetzel et al. 2014; Lincoln & Owen 2015). Furthermore, enhancing employees' well-being is easier with adaptable organizational policies (Bennett et al. 2015; Grossmeier et al. 2016; Tremblay & Thomsin 2012). The concept behind the organization's policy is to determine the rules and the best preparation activities for organizations and employees; hence, the support of all levels of management is essential to encourage workers' participation in the wellness programs offered by an organization (Passey et al. 2018, Mitchell et al. 2021).

More importantly, leadership encouragement positively influences the enrollment rate in the wellness program, whereas employees' copayments and

organization size have a negative impact (Lier et al. 2019). This indicates that organizational policies can be a facilitator or hinderer of employees' participation in CWPs. Based on the above arguments, the fourth hypothesis can be formulated as follows:

H₄ Organizational policy factors are associated with participation in corporate wellness programs.

Cultural Factors A culture is a set of rules, norms, and values that influence an individual's behaviors. An organization's culture represents written and oral norms and values that control employees' behaviors and actions. Brenton-Peters (2015) found that organizational culture is a critical organizational factor determining employees' participation in wellness programs. When wellness health promotion occupies a high priority in an organization's agenda, top management support is guaranteed, and available activities are designed to improve health, employees are more likely to participate (Kilpatrick et al. 2018). The leaders of an organization can form a healthy organizational culture by structuring effective policies to improve employees' performance to increase productivity (May et al. 2016). Stokes et al. (2006) highlighted the importance of establishing a healthy culture within an organizational work environment to raise the participation rate. As wellness programs often take time to impact employees' behaviors positively, it is necessary to sustain a culture that supports a healthy lifestyle. Burke and Richardsen (2014) have identified six pillars of CWPs' success concerning the cultural environment, outlining the qualities that create the ideal environment for participation. These six pillars include a culture that employs multilevel leadership; alignment of goals as well as both internal and external partnerships; wellness programs that themselves contain the scope,

relevance, and quality; accessibility; and lastly, a proper communication system (Burke & Richardsen 2014).

On the other hand, Maletzky (2017) reasoned that the type of wellness program is more relevant, "if the business incorporates physical and psychological wellness and health into their organizational culture, they may get more support from employees in terms of participation". Maletzky further conjectured that employees are more likely to participate in wellness programs if top management ingrains a culture that supports them. Using the ecological model to understand employees' engagement in health behavior, Hamm (2017) found that organizational health culture was a significant predictor of employee engagement in healthy behavior. Brenton-Peters (2015) also found that culture is one of the key determinants of participation in wellness programs. However, limited studies have explored the relationship between worksite culture and organizational context and employees' utilization of worksite wellness support (Tabak et al. 2016). It can be concluded that cultural factors are associated with participation in CWPs. Based on the above arguments, the fifth hypothesis can be formulated as follows:

H₅ Cultural factors are associated with participation in corporate wellness programs

RESEARCH MODEL

Based on the discussion in the above sections, FIGURE 1 depicts the research framework.

The research framework in FIGURE 1 presumed that individual factors, social environment factors, physical environment factors, organizational policy factors, and cultural factors are associated with participation in

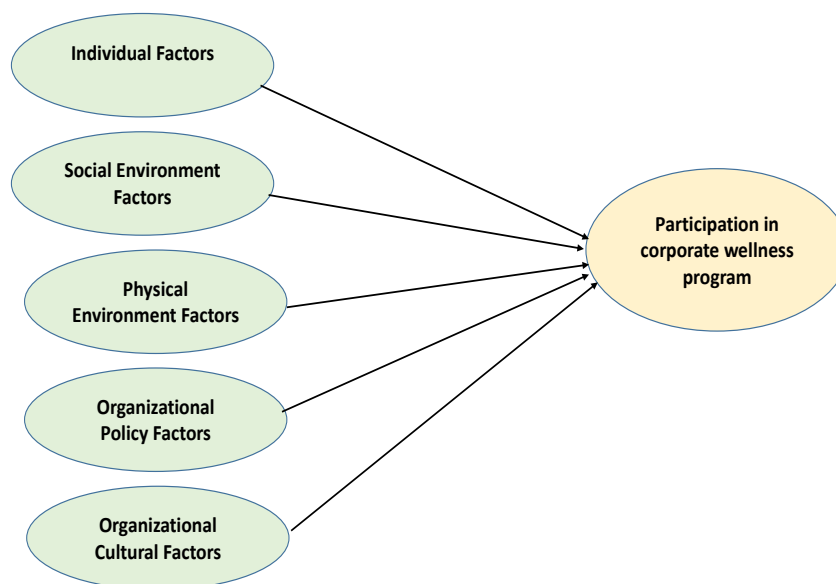


FIGURE 1. Conceptual research model

CWPs. The model is based on the developments of well-established behavior change theories (Bunton et al. 1991) and the bioecological social model (Bronfenbrenner 2000). Whereas the former focus on the psychological aspects of individuals, such as the values, beliefs, and attitudes that control human behavior, the latter accounts for the social processes and cultural context where an individual's values, beliefs, and attitudes are constructed and reproduced. The psychological perspective isolates social context and sub-cultural differences, assuming that the individual is independent of social groups and the community, representing a practical bias of that theory (Bunton et al. 1991). Gradually, literature awareness of the importance of social context and the sociological perspective has come to the surface to rectify the deficit of the psychological perspective by assuming that individual behavior is formed reciprocally through frequent interactions with social context elements such as family, friends, peers, and groups of interest. Finally, even the best wellness program will not succeed unless it considers the variations of the subcultures of the target groups. For example, a young educated male Muslim, born wealthy with a high-level position and a high-class friend group, has an entirely different culture from a young male Muslim with poor education, was born needy, and had a working-class friend group.

The bioecological social model (Bronfenbrenner 2000) corrects the deficit in both psychological and sociological perspectives. The introduction of any health promotion programs such as CWPs must consider the target audience's psychological, sociological, and cultural aspects. Thus, the current study considered individual factors, social environment factors, physical environment factors, organizational policy factors, and cultural factors associated with participation.

RESEARCH METHOD

The research aimed to identify factors associated with employees' participation in CWPs. There are three types of research approaches: quantitative, qualitative, and mixed methods (Creswell 2013). The quantitative approach is the most appropriate approach to this study for this research and compliance with a long-established phenomenon in the literature (wellness programs). The researchers tried to be objective as they could. The quantitative approach, or "deductive reasoning," is a type of valid reasoning that starts with a general statement, hypothesis, or theory and examines the possibilities to reach specific, logical conclusions by testing its applicability to a particular context. In other words, following the deductive inference approach means holding a theory and, based on it, making a prediction of its consequences—that is, predicting what the observations should be if the theory were correct. It goes from the general (in this case, the theory) to the specific (the observations). Therefore, the current study followed the deductive approach because the borders of the

phenomena under investigation are clear and determined by previous studies. A deductive approach is usually a questionnaire-based approach.

A questionnaire was developed based on the related literature to collect the relevant data. The questionnaire consists of three parts: The first part covers respondents' demographic variables (gender, age, education, experience, and position hold). The second part covers factors associated with participation in the CWPs (individual factors, social environment factors, physical factors, organizational policy factors, and organizational cultural factors). Additionally, barriers to participation, elements employees preferred to use, and incentives to encourage employees to participate. Individual factors (age, gender, education, nationality, experience, and position) were measured by six items based on Conlon (2013). Social environment factors (family, peers, instructors, and co-workers) were measured by one item with a set of options to select from based on Hayman (2016). Physical environment factors (safety, atmosphere, parks, and public transportation) were measured by one item with a set of options to select from based on Hayman (2016). Organizational policies environment includes organizational procedures, transportation procedures, health procedures, and environmental procedures are measured by one item with a set of options to select from based on Anderson and Kilduff (2009). Organizational cultural factors (rules of behaviors, traditions, language, and beliefs) were measured by one item based on Lemon et al. (2009). One item with a set of options to select based on Conlon (2013) measured barriers to participation. Elements that employees preferred to use were measured by one item with a set of options to select from adapted from Conlon (2013). Incentives for employees to participate were measured by one item with a set of options to select from adapted from Conlon (2013).

Finally, the third part covers employees' participation in the CWPs, which was measured by one item developed by the researchers that asked, "Have you participated in the CWPs in the last six months?" Two procedures were followed to ensure high content validity: First, the questionnaire items were adopted from the literature whenever possible. Second, the questionnaire was sent to seven academic experts interested in wellness programs or whose research interest covers various aspects of wellness programs to check the clarity, relatedness, and sufficiency of the items that measure each of the research constructs. The experts provided valuable feedback by suggesting rewording some questions. A new version was prepared after considering all the experts' suggestions, and the questionnaire was circulated to the target respondents. The respondents were asked to anchor their responses on a 5-point Likert scale ranging between 1 "not all likely" and 5 "very likely".

The population of this study consisted of all 900 employees working at an international hospitality company called XYZ Company operating in Bahrain.

The respondents represent first-line employees, supervisors, and managerial levels. The company offers on-site exercise classes (such as aerobics, dance, yoga, physical activity) as wellness training. In this study, homogeneously, all the employees were asked to join the program. Heterogeneously, different levels of the employees participated in the program—nevertheless, the top management given extra family packages for wellness programs in 5-star hotels. Because the population of this study was limited, a decision was made to survey the whole population. Out of 900 questionnaires distributed to the research respondents, the minimum sample size needed for this size of the population was 269 respondents according to Krejcie and Morgan (1970), 307 were returned as valid responses for further analysis, representing a 34% response rate, which is acceptable (Hair et al. 2016). Cronbach's alpha was used to establish reliability for the collected data. All the Cronbach's alpha values for all the research constructs were above the acceptable threshold (70%) (Hair et al. 2016).

DATA ANALYSIS

The data analysis provides detailed information about respondents' demographic variables and research variables' characteristics.

TABLE 1 shows the demographic variables of the research respondents. It reveals that the plurality of respondents (45 %) were aged between 31 and 44 years, 27.4% were aged between 18 and 30 years, and the smallest group was 51 years old and above, representing only 17% of total respondents. In terms of gender, the majority were males (60.3%), while the female respondents comprised 38.1%. Regarding educational level, the plurality of respondents (38.1%) held a bachelor's degree, followed by diploma holders (24.4%). The smallest percentage was the Ph.D. holders, who formed 1.6% of the total respondents.

In terms of nationality, a clear majority of respondents (55%) were Bahraini, followed by Asians (19.5%). Other Gulf Cooperation Council (GCC) nationalities came next (8.8%), and the smallest group was American

TABLE 1. Respondents' demographic variables

Demographic variables	Levels	Number	Percentage %
Age (years)	18- 30	84	27.3
	31-40	137	44.6
	41-50	69	22.4
	51 and above	17	5.5
Gender	Female	117	38.1
	Male	185	60.2
	Prefer not to say	5	1.6
Education level	High school	66	21.5
	Diploma	75	24.4
	BA (under graduation)	117	38.1
	Master(post-graduation)	44	14.3
	PhD	5	1.6
Respondents' ethnicity	Bahraini	169	55.0
	GCC	27	8.7
	Asian	60	19.5
	African	12	3.9
	American	7	2.2
	European	24	7.8
Years of experience in XYZ corporation	0 - 5	102	33.2
	6 -10	108	35.1
	11-15	59	19.2
	16 and above	38	12.3
What position do you hold at XYZ corporation?	Top managerial level	27	8.7
	Managerial level	76	24.7
	Supervisory level	90	29.3
	First-line employee	109	35.5

(7%). In terms of years of experience, the plurality of respondents (35.2%) had 6–10 years of experience at the current company. Nearly one-third (33.2%) had worked fewer than five years at the current company, followed by those who had worked at the company for 11–15 years (19.2%). Finally, the lowest percentage of respondents had worked 16 years or more (12.4%). Regarding position in the company, the plurality (35.5%) of the respondents were first-line employees; supervisors

came next, comprising 29.3%, while 24.8% were in managerial-level positions, and the smallest percentage (8.8%) were in top management positions.

TABLE 2 shows the demographic statistics for the research variables. It shows that motivation was reported by the plurality of respondents (46.6%) as affecting their participation in the CWPs. The level of physical training came next, with about 27.7% of respondents, followed by gender, which comprised 14.7%. Finally, at 11.1%,

TABLE 2. Demographic statistics for research variables

Individual factors		
Which of these individual factors do you think would mostly affect your participation in the corporate wellness program?	Frequency	Percentage (%)
Gender	45	14.7
Age	34	11.0
Level of physical training	85	27.7
Motivation	143	46.6
Total	307	100
Social environment factors		
Which of these social environment factors do you think would mostly affect your participation in the corporate wellness program?	Frequency	Percentage (%)
Family	96	31.2
Peers	22	7
Instructors	98	32.2
Co-workers	91	29.6
Total	307	100
Physical environment factors		
Which of these physical environment factors do you think would mostly affect your participation in the corporate wellness program?	Frequency	Percentage (%)
Safety	34	11.1
Atmosphere	206	67.1
Parks	19	6.2
Public transport	48	15.6
Total	307	100
Organizational policies factors		
Which organizational policies factors do you think would mostly affect your participation in the corporate wellness program?	Frequency	Percentage (%)
Organizational procedures	101	32.9
Transport procedures	40	13
Health procedures	75	24.4
Environmental procedures	91	29.7
Total	307	100
Cultural factors		
Which organizational cultural factors do you think would mostly affect your participation in a corporate wellness program?	Frequency	Percentage (%)
Rules of behavior held in common by a nation, community, or other defined group of people.	94	30.6
Traditions	69	22.4
Language	37	12
Beliefs	107	35
Total	307	100

age affected employees' participation in the wellness program the least. Instructors (32.2%) were among the social environment factors that affected employees' participation in the wellness program. Next was family, which comprised 31.3%, and then co-workers, which comprised 29.6%; the least common factor was peers, with only 7.2% of respondents. In terms of the physical environment, the atmosphere (67.1%) was the most crucial factor that affected employees' participation in the wellness program, followed by public transport (15.3%), safety (11.1%), and parks (6.2%). In terms of policy factors, organizational procedures (32.9%) were the most important, followed by environmental procedures (29.6%), health procedures (24.4%), and transport procedures (13%).

Finally, in terms of cultural factors, beliefs (34.9%) was one of the most important cultural factors that affected employees' participation in the wellness program, followed by the rules of behavior held in common by a nation, a community, or other defined group of people (30.6%). Traditions and language came next with 26.9% and 10.5% of respondents, respectively.

TABLE 3 presents the perceived barriers to participation in the CWPs identified by research respondents. The most commonly reported barrier was "no time during work," with 23.7% of the total respondents, followed by "no time before or after the work" (17.6%). "No interest in the wellness program" came next (16%), and then "too tired" (10.9%). "Cultural issues" ranked fifth (9.3%), and "already involved

TABLE 3. Barriers that prevent employees from participating in the CWP

Which, if any, of the following reasons would prevent you from participating in a free work wellness program?	Frequency	Percentage %
I am fit	32	6
Too tired	55	11
No interest	81	16
No time during work	120	24
No time before or after work	89	18
Already involved in other programs	36	7
I do not want to interact with male co-workers	15	3
I do not want to interact with female co-workers	12	2
I do not want to interact with co-workers	19	4
Cultural issues	47	9

TABLE 4. Employees' preferred elements of the wellness program

If your employer offered free work wellness programs, which of the following elements if any, would you be likely to use?	Frequency	Percentage (%)
On-site exercise classes (such as aerobics, dance, yoga, physical activity).	116	23
Personalized diet or exercise counseling.	133	26
Healthy eating or healthy cooking classes.	110	22
Sports leagues (such as softball, basketball, football).	97	19
Weight-loss support group.	52	10

TABLE 5. Incentives that encourage employees to participate in the wellness program

Which, if any, of the following would make you interested in participating in a free work wellness program?	Frequency	Percentage (%)
Employer encouragement	93	16
Employer gave paid time off to go	88	15
Good physical environment	150	26
Convenient time	133	23
Convenient location	82	14
My co-workers joined in	36	06

in other programs” sixth (7.1%). The least perceived barriers were “I am fit” (6.3%), “I do not want to interact with co-workers” (3.8%), “I do not want to interact with male co-workers” (3%), and “I do not want to interact with female co-workers” (2.4%).

TABLE 4 presents the elements of the wellness program that employees preferred to use. Multiple responses were allowed for the elements of the CWPs. The plurality (26.2%) of the respondents preferred personal diet or exercise counseling, followed by an on-site exercise program (22.8%), healthy eating/cooking classes (21.7%), and sports leagues (19.1%). Finally, the least preferred element of the wellness program was the weight loss support group, with only 10.2% of the total respondents.

TABLE 5 shows the preferred incentives offered by employers to encourage employees to participate in the CWPs, where more than one response was allowed. The plurality (25.8%) of the respondents preferred a “good physical environment” that is safe and complies with high service standards. This was followed by “convenient time,” with 22.9%, and “employer encouragement” came next at 16%. “Employer gave paid time off to go” had 15.1%, and “convenient location” had equal importance with 14.1%. The least preferred incentive was “my co-workers joined in” (6.2%). The contribution of the co-workers in the program seems to encourage employees to participate in the wellness program. This is completely understood in the Middle Eastern culture, where superiors believe

TABLE 6. Chi-Square Test: Association between individual factors and participation in the CWPs

Cross tabulation							
Association between individuals' factors and participation in corporate wellness program.			Did you participate in the well-being program in the past six months?			Total	
			Yes	No	Maybe		
Which one of these individual factors, you think, would mostly affect your participation in wellness program?	Age	Number	13	18	3	34	
		%	38%	53%	9%	100%	
	Gender	Number	11	29	5	45	
		%	24%	64%	11%	100%	
	Level of physical	Number	24	57	4	85	
		%	28%	67%	5%	100%	
	Motivations	Number	59	80	4	143	
		%	41%	56%	3%	100%	
	Total	Number	107	184	16	307	
		%	35%	60%	5%	100%	
	Pearson's chi-square			X ² value	Df	P-value	
				11.289 ^a	6	0.08	

TABLE 7. Chi-Square Test: Association between social factors and participation in the CWPs

Cross tabulation							
Association between social factors and participation in corporate wellness program.			Did you participate in the well-being program in the past six months?			Total	
			Yes	No	Maybe		
Which one of these social environment factors, you think, would mostly affect your participation in wellness program?	Family	Number	35	52	9	96	
		%	37%	54%	9%	100%	
	Peers	Number	7	14	1	22	
		%	32%	64%	5%	100%	
	Instructors	Number	27	67	3	97	
		%	28%	69%	3%	100%	
	Co-workers	Number	37	51	3	91	
		%	41%	56%	3%	100%	
	Total	Number	107	184	16	307	
		%	35%	60%	5%	100%	
	Pearson's chi-square			X ² value	Df	P-value	
				11.101 ^a	8	0.196	

in power-distance and keeping themselves away from subordinates as part of their prestige.

HYPOTHESIS TESTING

Pearson's chi-square test was used to test the association between two qualitative variables to test the research hypotheses. The current research variables are nominals, which means that Chi-square is the most appropriate to test the research hypotheses.

H₁ Individual factors are associated with participation in corporate wellness programs.

TABLE 6 shows the details of the chi-square test for this hypothesis.

TABLE 6 shows a chi-square value of 11.289 and a p-value of 0.08, greater than $\alpha \leq 0.05$. Thus, we cannot reject the null hypothesis that is no statistical association between individual factors (age, gender, level of physical, and motivation) and participation in CWPs. This result is unexpected and counterproductive, as it indicates that individual factors have no association with participation in CWPs.

H₂ Social environment factors are associated with participation in corporate wellness programs.

TABLE 8. Chi-Square Test: Association between physical environmental factors and participation in the CWP

Cross-tabulation							
Association between physical environmental factors and participation in corporate wellness program.			Did you participate in the well-being program in the past six months?			Total	
			Yes	No	Maybe		
16- Which one of these physical environment factors, you think would mostly affect your participation in wellness program?	Safety	Number	13	17	4	34	
		%	38%	50%	12%	100%	
	Atmosphere	Number	72	127	7	206	
		%	35%	62%	3%	100%	
	Parks	Number	6	11	2	19	
		%	32%	58%	11%	100%	
	Public transport	Number	16	28	3	47	
		%	34%	60%	6%	100%	
	Total	Number	107	184	16	307	
		%	35%	60%	5%	100%	
	Pearson's chi-square			X ² value	Df	P-value	
				6.778 ^a	8	0.561	

TABLE 9. Chi-Square Test: Association between policy factors and participation in the CWP

Cross-tabulation							
Association between policy factors and participation in corporate wellness program.			Did you participate in well-being program in the past six months?			Total	
			Yes	No	Maybe		
17 - Which one of these policy factors, you think would mostly affect your participation in wellness program?	Organizational procedure	Number	30	67	4	101	
		%	30%	66%	4%	100%	
	Transportation procedure	Number	19	18	3	40	
		%	48%	45%	8%	100%	
	Health procedure	Number	23	48	4	75	
		%	31%	64%	5%	100%	
	Environmental procedure	Number	35	51	5	91	
		%	39%	56%	6%	100%	
	Total	Number	107	184	16	307	
		%	35%	60%	5%	100%	
	Pearson's chi-square			X ² value	Df	P-value	
				6.659 ^a	6	0.354	

TABLE 7 shows the details of the chi-square test for this hypothesis.

TABLE 7 shows a chi-square value of 11.10 and a p-value of 0.196, greater than $\alpha \leq 0.05$. Thus, we cannot reject the null hypothesis that there is no statistical association between social environment factors (family, peers, instructors, and co-workers) and participation in CWP. This result is unexpected and counterproductive, as it indicates that social environment factors have no association with participation in CWP.

H₃ Physical environment factors are associated with participation in corporate wellness programs.

TABLE 8 shows the details of the chi-square test for this hypothesis.

TABLE 8 shows a chi-square value of 6.77 and a p-value of 0.561, greater than $\alpha \leq 0.05$. Thus, we cannot reject the null hypothesis that there is no statistical association between physical environment factors (safety, atmosphere, parks, and public transport) and participation in CWP. This result is unexpected and counterproductive, as it indicates that physical environment factors have no association with participation in CWP.

H₄ Organizational policy factors are associated with participation in CWP.

TABLE 9 shows the details of the chi-square test for this hypothesis.

TABLE 9 shows a chi-square value of 6.65 and a p-value of 0.354, greater than $\alpha \leq 0.05$. Thus, we cannot reject the null hypothesis that there is no statistical association between policy factors (organizational procedure, transportation procedure, health procedure, and environment) and participation in the CWP. This result is unexpected and counterproductive, as it indicates

that policy factors have no association with participation in the CWP.

H₅ Cultural factors are associated with participation in corporate wellness programs.

TABLE 10 shows the details of the chi-square test for this hypothesis.

TABLE 10 shows a chi-square value of 26.78 and a p-value of 0.001, which is less than $\alpha \leq 0.05$. Thus, we reject the null hypothesis that there is no strong statistical association between cultural factors (rules of behavior, tradition, language, and beliefs) and participation in the CWP. This result was expected, indicating that cultural factors have a significant association with participation in the CWP.

DISCUSSION, LIMITATIONS, AND FUTURE STUDIES

This study aimed to understand what factors are associated with participation in CWP in Bahrain. The literature has frequently posited that the participation rate remains below expectations and does not reach 50% of eligible employees in its optimal situation. The results of this research revealed that among individual factors, motivation is the most important factor associated with participation in CWP. This result is expected and is in line with the results of prior studies (Ballentine et al. 2003; Baloshi, 2018; Batorsky et al. 2016) that highlighted that the success of a CWP depends on its attached incentive-based plan, including monetary or non-monetary incentives.

The results also suggest that social environment factors (instructors and family) are associated with participation in a CWP. This result conforms to the results of (Baloshi 2018; Fugas, Meliá & Silva 2011; Yun

TABLE 10. Chi-Square Test: Association between cultural factors and participation in the CWP

Cross tabulation								
Association between cultural factors and participation in corporate wellness program.			Did you participate in well-being program in the past six months?			Total		
			Yes	No	Maybe			
18 - Which one of these cultural factors, you think would mostly affect your participation in wellness program?	Beliefs	Number	28	73	6	107		
		%	26.20%	68.20%	5.60%	100%		
	Tradition	Number	16	47	4	67		
		%	24%	70%	6%	100%		
	Language	Number	12	20	4	36		
		%	33%	56%	11%	100%		
	Rules of behavior	Number	48	44	2	94		
		%	51%	47%	2%	100%		
	Total		Number	107	184	16	307	
			%	35%	60%	5%	100%	
			X ² value				Df	P-value
	Pearson's chi-square			26.785 ^a			8	.001**

& Silk 2011). They stated that the social environment, including the support of family, instructors, and peers, fosters participation in CWPs. The results also reveal that the physical environment factor of the atmosphere is associated with employees' participation in a CWP. This result suggests that the wellness program's context is significant for employees' participation (Chandrasekar, 2011; Person et al. 2010). In a way, this indicates that when the physical environment is attractive and appealing, it will encourage employees to participate in the wellness program. Five-star facilities are expected to attract more employees to participate than inadequate facilities. Conversely, possessing old and dirty sports machines conveys a clear message that is not welcoming.

Within organizational policy factors, the organizational procedure is the most important factor associated with employees' participation in a CWP. It has been suggested that before a company decides to initiate a wellness program, it should ensure that it has all the organizational procedures and leadership support to help achieve its purpose (Lier et al. 2019; Passey et al. 2018). If an organization aims to increase participation, it should have a clear plan to encourage employees to participate. Interestingly, among cultural factors, beliefs and rules of behavior play a critical role in the participation process, which is in line with the results of Baloshi (2018), Brenton-Peters (2015), Hamm (2017), Maletzky (2017), and Middlestadt et al. (2016). This suggests that pre-beliefs and attitudes about a wellness program determine its participation rate and success. How employees perceive health issues determines their intention to participate or not. Since their day of birth, every employee is controlled by different value systems, which partly emerge from family, school, community, and religion and affect how they perceive and interpret issues in the surrounding environment.

In Arab culture, religious values and tribal customs are the dominant rules of behavior that control an employee's thoughts about participating in a CWP. At the social level, women need to wear traditional dress and accompany a male family member when going outdoor. The social milieu that deemphasizes the importance of wellness programs, especially physical activities, was reported as a barrier to participating in wellness programs, especially in physical activity (AlQuaiz, & Tayel 2009; Al-Kaabi et al. 2011; Donnelly et al. 2011, Kahan 2011). Furthermore, the results show several barriers preventing employees from participating in the CWP. The most dominant barrier was no time before, during, or after work, which is in line with the results of prior studies (Conlon 2013; Edmunds et al. 2013; Maletzky 2017). This result indicates that companies should consider the most appropriate time for employees before launching a wellness program and dedicate the correct time slot during working hours. Unsurprisingly, in Arab culture, employees preferred the personalized diet or exercise counseling aspect of the wellness program to physical exercise for two reasons, many individuals

are overweight and obese, and the harsh weather in both summer and winter. Interestingly, an appealing physical environment was the most significant incentive for employees to participate in the wellness program, which concurs with the GCC culture that focuses on lavish facilities. Employees prefer monetary incentives to nonmonetary ones, but this seems to be the norm in a wealthy nation.

The researchers did their best to minimize limitations, but the research results are not free of them. First, the study is descriptive, and no analytical inference was possible because of the nature of the research measures. Future studies can mitigate this shortcoming by developing an appropriate pool of measures that facilitate hypotheses testing. Second, the study is cross-sectional and reflects the opinions of the respondents at a specific time. Therefore, future studies should be longitudinal to understand the changes in the factors associated with employees' participation and observe the consistency of factors' occurrence. Third, the study represents only one company, so by no means can we generalize the results. Future studies may look to the phenomenon at a sectoral level, such as manufacturing, banking, and hospitality, to produce generalizable results and compare CWPs. Fourth, the variations that in CWPs make it challenging to compare the results between them. Some wellness program initiatives partially cover one or two aspects, such as physical activity or nutrition. Fifth, this study limited the factors associated with CWPs to individual factors, social environment factors, physical environment factors, organization policy factors, and cultural factors. However, other factors may also play essential roles in employees' participation, such as having a program's champion and prior physical exercise experience.

MANAGERIAL IMPLICATION

The managerial implications can be derived from the foregoing discussion: any successful CWP requires employees' participation because they are the core of any business. Therefore, many of the following considerations should be given to the workforce's perceptions to improve participation rate and improve business outcomes.

1. To create and implement a positive culture towards participation in the corporate-wellness- program
2. Motivation: one of the main objectives of a corporate-wellness-program is to remove the barriers and provide internal inspiration and external incentives for such a program
3. Should hire an instructor and a coordinator
4. Company family day: having an annual family outing to improve program participation.
5. Finding an atmosphere: employers must avoid parks and the external environment due to the culture

- and very-hot weather during summer to maintain participants' rate.
6. Changes or add new policies: to implement corporate-wellness-program during working hours to spend more time with their family after working hours.
 7. Shorter workout classes: introduce short classes (30 minutes) through various times and days of the week to increase the participation rate in the corporate-wellness-program.
 8. Offering optional nutrition classes: offering classes for employees on how to shop for the right ingredients and cook with them.
 9. Customizing the corporate-wellness program: should be customized to meet the need.
 10. Customized exercise programs: The exercise program must contain both individual and group programs and should include traditional exercise with modern exercise.
 11. Stress management programs: stress reduction or stress management programs should be developed and implemented to help the workforce deal with stress and include prevention, recovery, and cognitive behavior therapy.

CONCLUSIONS

Identifying factors associated with employees' participation in wellness programs still needs further exploration, as wellness programs' elements vary from one program to another and from one company to another. An individual's direct contacts like family and peers influence their participation in a wellness program. Wellness programs have to be attached to clear and encouraging incentive-based plans. The attractiveness of the physical environment reflects high-quality wellness services, which enable employees' participation in a wellness program. Having the right organizational producers such as strategies, processes, and structures induces employees to participate in wellness programs. An employee's specific values and beliefs determine their perception of wellness program benefits and, in turn, their decision to participate or not. Unsurprisingly, in wealthy nations, nonmonetary incentives play a more significant role in employees' participation than monetary ones. The wellness program's biggest challenge is an inconvenient time before, during, or after working hours. Finally, in Arab culture, physical exercise comes second in priority after diet when health issues were mentioned.

REFERENCES

- Al-Alawi, A.I. 2005. Motivating factors on information technology employees in Bahrain hotel industry. *Information Systems* 6(2): 224-230.
- Al-Alawi, A.I., Al-Azri, A.S. & Mohammad, H.N. 2016. Investigating the factors affecting job satisfaction and turnover: Case of Sultan Qaboos University. *Journal of Human Resources Management Research* 2016: c1-15.
- Al-Kaabi, J., Al-Maskari, F., Afandi, B., Parkar, H. & Nagelkerke, N. 2009. Physical activity and reported barriers to activity among type 2 diabetic patients in the United Arab Emirates. *The Review Of Diabetic Studies: RDS* 6(4): 271.
- AlQuaiz, A.M. & Tayel, S. A. 2009. Barriers to a healthy lifestyle among patients attending primary care clinics at a university hospital in Riyadh. *Annals of Saudi Medicine* 29(1): 30.
- Alexy, B.B. 1991. Factors associated with participation or nonparticipation in a workplace wellness center. *Research in Nursing & Health* 14(1): 33-40.
- Ballentine, A., McKenzie, N., Wysocki, A. & Kepner, K. 2003. *The role of monetary and non-monetary incentives in the workplace as influenced by career stage*. EDIS document HR 016, publication of the Department of Food and Resource Economics, Florida Cooperative Extension Service, Institute of Food and Agricultural Sciences, University of Florida.
- Baloshi, M.B. 2018. Demographic factors that affect employees' participation in well-being programs in Bahrain. *International Journal of Youth Economy* 2(2): 145-164
- Batorsky, B., Taylor, E., Huang, C., Liu, H. & Mattke, S. 2016. Understanding the relationship between incentive design and participation in US workplace wellness programs. *American Journal of Health Promotion* 30(3): 198-203.
- Beck, A.J., Hirth, R.A., Jenkins, K.R., Sleeman, K.K. & Zhang, W. 2016. Factors associated with participation in a university worksite wellness program. *American Journal of Preventive Medicine* 51(1): 1-11.
- Bennett, J., Hughes, D., Hunter, J., Frey, J.J., Roman, P. & Sharar, D. 2015. Bridging public health with workplace behavioral health services: A framework for future research and a stakeholder call to action. Available at <http://www.eapassn.org/Portals/11/Docs/Newsbrief/PBRNwhitepaper.pdf>
- Brenton-Peters, J. 2015. *Wellness at work: What individual and organizational factors influence participation in and adherence to a workplace weight loss (weight watchers) program?* Master thesis of arts. Dalhousie University, Halifax, Nova Scotia.
- Bull, S.S., Gillette, C., Glasgow, R.E. & Estabrooks, P. 2003. Worksite health promotion research: To what extent can we generalize the results and what is needed to translate research to practice? *Health Education & Behavior* 30(5): 537-549.
- Bunton, R., Murphy, S. & Bennett, P. 1991. Theories of behavioural change and their use in health promotion: Some neglected areas. *Health Education Research* 6(2): 153-162.
- Burke, R.J. & Richardsen, A.M. 2014. *Corporate Wellness Programs: Linking Employee and Organizational Health*. Cheltenham, UK: Edward Elgar Publishing.
- Chandrasekar, K. 2011. Workplace environment and its impact on organisational performance in public sector organisations. *International Journal of Enterprise Computing and Business Systems* 1(1): 1-19.
- Chapman, L.S. 2012. Meta-evaluation of worksite health promotion economic return studies: 2012 update. *American Journal of Health Promotion* 26(4): TAHP-1-TAHP-12. <http://dx.doi.org/10.4278/ajhp.26.4.tahp>

- Chiang, F.F. & Birtch, T. A. 2008. Achieving task and extra-task-related behaviors: A case of gender and position differences in the perceived role of rewards in the hotel industry. *International Journal of Hospitality Management* 27(4): 491–503.
- Clubbs, B.H., Gray, N. & Madlock, P. 2021. Using the theory of planned behavior and the technology acceptance model to analyze a university employee fitness tracker program with financial incentives. *Journal of Communication in Healthcare* 14(2): 1-14.
- Cole, G.A. 2013. *Personnel and Human Resource Management*. Boston, MA: South-Western Cengage Learning.
- Conlon, A. 2013. *Health promotion in the workplace: Exploring perspectives of barriers and incentives to employee participation*. Master thesis, Minnesota State University, Mankato, Minnesota.
- Dauner, K.N., McIntosh, C.R. & Xiu, L. 2019. Determinants of workplace health program participation among non, low, and incentive-achieving participants. *Journal of Workplace Behavioral Health* 34(2): 111-128.
- Donnelly, T.T., Al Suwaidi, J., Al Bulushi, A., Al Enazi, N., Yassin, K., Rehman, A. M., ... & Idris, Z. 2011. The influence of cultural and social factors on healthy lifestyle of Arabic women. *Avicenna* 3.
- Edmunds, S., Hurst, L., & Harvey, K. 2013. Physical activity barriers in the workplace. *International Journal of Workplace Health Management* 6(3): 227–240.
- Ellis, L. & Pennington, S. 2004. Should leaders have tusks or fangs? *Management Today* 20(9): 32–33.
- Fugas, C.S., Meliá, J.L. & Silva, S.A. 2011. The “is” and the “ought”: How do perceived social norms influence safety behaviors at work? *Journal of Occupational Health Psychology* 16(1): 67.
- Grant, E.M. 2012. *A case study evaluation of two corporate employee participation wellness programs: The Cessna comprehensive wellness program compared to the Kautex non-comprehensive wellness program*. Doctoral dissertation, Lawrence Technological University.
- Gelfand, M.J. 2012. Culture’s constraints: International differences in the strength of social norms. *Current Directions in Psychological Science* 21(6): 420–424.
- Goetzel, R.Z., Henke, R.M., Tabrizi, M., Pelletier, K.R., Loeppke, R., Ballard, D.W. & Serxner, S. 2014. Do workplace health promotion (wellness) programs work? *Journal of Occupational and Environmental Medicine* 56(9): 927–934.
- Grawitch, M.J., Gottschalk, M. & Munz, D.C. 2006. The path to a healthy workplace: A critical review linking healthy workplace practices, employee well-being, and organizational improvements. *Consulting Psychology Journal: Practice and Research* 58(3): 129-147.
- Grossmeier, J., Fabius, R., Flynn, J.P., Noeldner, S.P., Fabius, D., Goetzel, R.Z. & Anderson, D.R. 2016. Linking workplace health promotion best practices and organizational financial performance: Tracking market performance of companies with highest scores on the HERO scorecard. *Journal of Occupational and Environmental Medicine* 58(1): 16–23.
- Hamm, M.D. 2017. *An examination of the potential mediating effect of employee health risk status on the relationship between organizational health culture and employee engagement*. Doctoral dissertation, Grand Canyon University.
- Hayman, S.L. 2016. *The relationship between health risk and workplace productivity in Saudi Arabia*. Doctoral dissertation, Walden University.
- Henry, M. 2015. *Factors motivating employee participation in employer-sponsored health awareness programs*. Doctoral dissertation, Walden University.
- Jones, D., Molitor, D. & Reif, J. 2018. *What do workplace wellness programs do? Evidence from the Illinois workplace wellness study* (No. w24229). Cambridge, MA: National Bureau of Economic Research.
- Kahan, D. 2011. Arab American college students’ physical activity and body composition: Reconciling middle east-west differences using the socioecological model. *Research Quarterly for Exercise and Sport* 82(1): 118-128.
- Kilpatrick, M., Blizzard, L., Sanderson, K., Teale, B., Jose, K. & Venn, A. 2018. Barriers and facilitators to participation in workplace health promotion (WHP) activities: Results from a cross-sectional survey of public-sector employees in Tasmania, Australia. *Health Promotion Journal of Australia* 28(3): 225-232.
- Kolacz, N.M. 2015. *Factors influencing employee participation and nonparticipation in a rural hospital’s employer-sponsored wellness program*. Doctoral dissertation, Walden University.
- Krejcie, R.V. & Morgan, D.W. 1970. Determining sample size for research activities. *Educational and Psychological Measurement* 30(3): 607-610.
- Leininger, L.J. 2011. *Examination of the physical and social environments and their effect on health promotion program participation, self-initiated physical activity and nutrition choices among university employees*. Doctoral dissertation, California State University, Fresno.
- Lier, L.M., Breuer, C. & Dallmeyer, S. 2019. Organizational-level determinants of participation in workplace health promotion programs: A cross-company study. *BMC Public Health* 19(1): 260–268.
- Lincoln, P. & Owen, J.W. 2015. Workplace culture that promotes health and well-being for all: An imperative for health care managers and others. *Perspectives in Public Health* 135(5): 220.
- Linnan, L.A., Sorensen, G., Colditz, G., Klar, N. & Emmons, K.M. 2001. Using theory to understand the multiple determinants of low participation in worksite health promotion programs. *Health Education & Behavior* 28(5): 591–607.
- Maletzky, M.M. 2017. *Employee participation in workplace wellness programmes in the Namibian public service: Motivational factors and barriers*. Doctoral dissertation, University of the Western Cape. Available at <http://hdl.handle.net/11394/5754>
- Marshall, C. 2020. Analysis of a comprehensive wellness program’s impact on job satisfaction in the workplace. *International Hospitality Review* 34(2): 221-241
- May, J., Moseley, K., & Terry P. 2016. Developing culture of health metrics that really matter to companies and communities final report. Available at <https://hero-health.org/wpcontent/uploads/2016/04/HERO-Final-Report>
- McManamy, S. 2016. Why people do...and don’t...participate in wellness programs. Available at <https://hbr.org/2016/10/why-people-do-and-dont-participate-in-wellness-programs>.

- Mitchell, L., Amaya, M., Battista, L., Melnyk, B., Andridge, R. & Kaye, G. 2021. Manager support for wellness champions: A case study for consideration and practice implications. *Workplace Health & Safety* 69(3): 100-108.
- Moss, H., Kincl, L. & O'Neill, C. 2010. Health promotion programs and unions. The University of Oregon and Labour Education and Research Center, 1–38. Available at https://www.researchgate.net/profile/Laurel_Kincl/publication/253191132_Health_Promotion_Programs_and_Unions/links/5740f39408ae9f741b34e4c7.pdf
- Mungania, A.K., Waiganjo, E.W. & Kihoro, J.M. 2016. Influence of wellness programs on organizational performance in the banking industry in Kenya. *International Journal of Academic Research in Business and Social Sciences* 6(7): 173–187.
- Olson, R., Thompson, S.V., Elliot, D.L., Hess, J.A., Rhoten, K.L., Parker, K.N. & Marino, M. 2016. Safety and health support for home care workers: The COMPASS randomized controlled trial. *American Journal of Public Health* 106: 1823–1832.
- Ott-Holland, C.J., Shepherd, W.J. & Ryan, A.M. 2019. Examining wellness programs over time: Predicting participation and workplace outcomes. *Journal of Occupational Health Psychology* 24(1): 163-179.
- Passey, D.G., Brown, M.C., Hammerback, K., Harris, J.R. & Hannon, P.A. 2018. Managers' support for employee wellness programs: An integrative review. *American Journal of Health Promotion* 32(8): 1789–1799.
- Perrault, E.K., Hildenbrand, G.M. & Rnoh, R.H. 2020. Employees' refusals to participate in an employer-sponsored wellness program: Barriers and benefits to engagement. *Compensation & Benefits Review* 52(1): 8-18.
- Person, A.L., Colby, S.E., Bulova, J.A. & Eubanks, J.W. 2010. Barriers to participation in a worksite wellness program. *Nutrition Research and Practice* 4(2): 149–154.
- Rono, W.C. 2011. Factors that influence adoption of employees wellness programs at the standard group limited. *Unpublished MBA Research Project, University of Nairobi*.
- Sears, L. E., Shi, Y., Coberley, C. R., & Pope, J. E. 2013. Overall well-being as a predictor of health care, productivity, and retention outcomes in a large employer. *Population Health Management* 16(6): 397–405.
- Stokes, G.C., Henley, N.S. & Herget, C. 2006. Creating a culture of wellness in workplaces. *North Carolina Medical Journal* 67(6): 445–448.
- Tabak, R.G., Hipp, J.A., Marx, C.M., Yang, L. & Brownson, R.C. 2016. Which worksite supports for healthy weight do employees use? *Environment and Behavior* 48(1): 131–149.
- Takala, J., Hämäläinen, P., Saarela, K. L., Yun, L. Y., Manickam, K., Jin, T.W., Lin, G.S. 2014. Global estimates of the burden of injury and illness at work in 2012. *Journal of Occupational and Environmental Hygiene* 11(5): 326–337.
- Tremblay, D.G. & Thomsin, L. 2012. Telework and mobile working: Analysis of its benefits and drawbacks. *International Journal of Work Innovation* 1(1): 100–113.
- Winnie, R.C. 2011. *Factors that influence adoption of employee wellness programs at the standard group limited*. Doctoral dissertation, School of Business, University of Nairobi.
- Yun, D. & Silk, K. J. 2011. Social norms, self-identity, and attention to social comparison information in the context of exercise and healthy diet behavior. *Health Communication* 26(3): 275–285.
- Adel I. Al-Alawi (corresponding author)
Department of Management & Marketing
College of Business Administration
University of Bahrain, BAHRAIN.
E-Mail: adel.alalawi@gmail.com
- Soud M. Al Mahamid
Department of Innovation & Technology Management
College of Graduate Studies
Arabian Gulf University, BAHRAIN.
E-Mail: soudmm@agu.edu.bh
- Mohamed B. Baloshi
Department Management & Marketing
College of Business Administration
University of Bahrain, BAHRAIN.
E-Mail: bakhsh1314@hotmail.com