

Health promotion in the workplace: employers and employee's perspectives

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DEDICATION

I would like to dedicate this thesis to my parents for their continued support, guidance and life-long learning. They have instilled drive, ambition and conscientiousness that will stay with me for life, and most of all provided mentoring and wisdom that goes beyond any education platform.

ABSTRACT

Background: With Obesity rates hitting epidemic proportions, healthcare costs are increasingly becoming a drain on society and the impact is telling on the global economy. There is no quick solution to addressing the obesity issue, however targeting certain cohorts, via campaigns and initiatives, such as the working population, are deemed worthwhile. This dissertation examines the issue of health promotion as a public health concern and a workplace concern. Using qualitative method of research via focus groups, views and opinions of employers and employees working in companies in Ireland, are gathered on health promotion specifically relating to workplace wellbeing initiatives. Motivating employees to make a lifestyle changes and methods of promoting workplace health initiatives are also explored. In particular, on whether there is merit in using social media to promote workplace wellbeing initiatives during, and beyond the confines of, the working day.

Methods: Four focus groups with 3 – 7 people in each were formed, two using employer’s perspectives, and two using employees perspectives (21 individuals in total). The semi-structured discussion sessions educed participants’ views on workplace health promotion. Transcripts were taken verbatim, using a combination of transcribe notes and audio recordings. These were then analysed manually using an inductive thematic analysis procedure as outlined by Braun and Clarke (2006).

Results: Findings for this qualitative research show that stress is the number one factor affecting workplaces and their employees. This is predominantly caused by the aftermath of the 2008 economic downturn, and the resultant in financial pressures for individuals and subsequently workplaces. Many employers have embarked on engagement strategies to alleviate stress through health promotion.

Conclusions:

Stress is the number one concern for employees and workplaces, and directly linked to the economic downturn and financial pressures. Employee engagement strategies to alleviate stress

are employed to alleviate stress with positive feedback. Sourcing health information via the internet search engine Google the first point for a number of people. Web-based strategies integrated with supports may prove be an innovative approach to addressing public and workplace health campaigns in the future.

Keywords: Obesity, chronic disease, health promotion, workplace wellbeing, stress, activity, qualitative research..

DECLARATION

I, Adrienne McDonnell, declare that the information and material submitted for award of Master's Degree in Marketing, from the National College of Ireland, has been composed by myself. I declare that all verbatim extracts contained in the thesis have been distinguished by quotation marks and the sources of information specifically acknowledged. My thesis will be included in electronic format in the College Institutional Repository TRAP (thesis reports and projects).

I declare that the following material contained in the thesis formed part of a submission for the award of Master's Degree in Marketing, from the National College of Ireland.



Adrienne McDonnell

Date: 9th September 2013

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BACKGROUND

1.1 Global Health issues

Non-communicable diseases (NCD's) are responsible for 63% of world deaths, and have a significantly negative impact on human health, as well as economic growth and development (World Economic Forum 2013). Socio economic structures are bearing the brunt of the huge drain of NCD's (World Health Organisation (WHO) 2005, Bloom, Cafiero, Jané-Llopis, Abrahams-Gessel, Bloom, Fathima, Feigl, Gaziano, Mowafi, Pandya, Prettner, Rosenberg, Seligman, Stein & Weinstein 2011). Balanda, Barron, & Fahy (2010), mention the Organisation for Economic Co-operation and Development (OECD)'s estimated figure of 3% of total healthcare expenditure, being directed to disease prevention and management programmes, aimed at people in the high risk category. Balanda et al (2010) recognise that, "*more focus on prevention is clearly needed*". The Global status report on NCD's states that a large percentage of these diseases can be prevented by reducing four main behavioural risk factors: - tobacco usage; physical inactivity; harmful usage of alcohol and an unhealthy diet.

It is widely recognised that investment in workplace wellness programmes by way of various interventions, can influence behaviours of a significant percentage of the population (World Economic Forum 2013). The WHO (2010) references strong evidence of worksite programmes aimed at physical wellbeing and nutrition, however it also identifies a gap in research in terms of cost-effectiveness of such interventions. Return on Investment (ROI) metrics have been proven by employers who conducted a review of worksite health promotion initiatives across a number of jurisdictions. This was evidenced by Humana – an American firm, who implemented nutrition and exercise programmes, leading to a reduction of cost to employee healthcare. This significant finding was an important benefit to the employer, given the healthcare system in the United States requires the employer to pay much of the direct costs (World Economic Forum 2007).

1.2 Obesity is a growing concern world-wide

Obesity is not only deemed a national health issue, but a global one. A staggering 2.8 million people die yearly due to overweight and obesity-related illnesses (WHO 2010). In 2008, over 1.4 billion adults aged 20 and over, worldwide were overweight – equating to 35% of adults in this age bracket, and 11% were obese (WHO, 2013). Overweight and Obesity are defined as ‘*abnormal or excessive fat accumulation that impairs health*’ (WHO 2013). Over consumption of calories and/or insufficient physical exercise, have been identified as key contributors for the majority of overweight or obese individuals (U.S. Department of Health and Human Services 2001). However, there are many other influencing factors, such as hereditary tendencies, behavioural factors, ageing and pregnancy (Martinez 2000).

Overweight and obesity in adults, is measured by Body Mass Index (BMI), which is ‘*a person’s weight in kilograms divided by the square of his height in meters (kg/m²)*’ (WHO 2013). The BMI is considered to provide the most valuable population-level calculation of overweight and obesity for both female and male adults of all ages (WHO 2013). The category classifications for Underweight, Normal, Overweight and Obese, can be viewed in Appendix 1.

It is recognised that diet and physical activity have a strong bearing on energy balance equation, i.e. energy in, and energy out. It is also documented that food intake and exercise output is highly adjustable (European Food Information Council 2004).

1.3 Obesity issue in Ireland

The statistics on obesity in Ireland indicate that levels are increasing to a degree that is warranted as major concern from a public health perspective. Since 1990 Irish obesity levels in 18 – 64 year olds have increased from 8% to 26% in males and from 13% to 21% in females. The National Adult Nutrition Survey highlights alarming figures for population Ireland, in terms of overweight and obese, which sees the greatest rise in obesity figures in the male demographic 51 – 64 years (IUNA, 2011). Most recent figures indicate that 61% of Irish adults are overweight or obese, and most alarming of all, is that 25% of three year olds are also overweight or obese (Healthy Ireland, 2013).

While obesity rates between Irish men and women are relatively the same, men are inclined to be more overweight than women. Obesity is more prevalent in those over 35 years, those with lower levels of education and in lower socio-economic groups (Oireachtas Library & Research Service 2011).

1.4 Causes of obesity

Obesity is a multifactorial issue, and culpability cannot be assigned to one specific causes (Foresight 2007). Moodie, Stuckler, Monteiro, Sheron, Neil, Thamarangsi, Lincoln & Casswell (2013) argue that “transnational organisations are major drivers of global epidemics of NCD’s, declaring the food and drink industry is akin to the tobacco industry, and suggest both use similar strategies to undermine public health policies and programmes. This article accuses transnational food and beverage corporations of biasing research findings, in some cases articles sponsored exclusively by the food and drinks industry having between four and eight times more likely favourable outcomes to the sponsored source (Lesser, Ebbeling, Gozner, Wypij, Ludwig (2007). Furthermore, Moodie et al. (2013) attributes blame to the food and drink industry for using three types of tactics to recruit customers as young as possible. These tactics include; bias research findings (Philip Moris, 1999); strategies that promote early health intervention plans; and the co-authorship of government policies on alcohol control in some African countries by SAB Miller (Bakke & Endal 2010). According to Moodie et al. (2013) a considerable amount of lobbying is conducted by food and drink companies, to oppose regulations, thought to be a prevalent tactic by

industry. Of course to ensure a balanced debate, one must realise that industry has also taken measures to voluntarily self-regulate, move towards public private partnerships and multi-stakeholder initiatives, along with various efforts in product reformulation (Moodie et al. 2013).

Food and Drink Industry Ireland (FDII) have clearly stated on their website that they are “*fully committed to playing its role in helping tackle the obesity and other relevant public health issues*”. FDII (2013) have identified several voluntary measures taken by their industry members to demonstrate their commitment to health promotion, in particular on the obesity issue. These measures include the following: -

- Participation in the NTFO between 2003 and 2004;
- Establishment of the Nutrition and Health Foundation in 2005;
- Dynamic partnering with the Food Safety Authority of Ireland (FSAI) since 2003 in their Salt and Health initiative;
- Directed efforts to reduce nutrients in food products considered to be of significant concern, such as salt, fat, trans fat, saturated fat, and sugar, etc.;
- New product development to increase ‘better for you’ offerings to consumers;
- Provision of improved nutrition labelling information to consumers through Guideline Daily Amounts;
- Promotion of physical exercise via targeted sponsorships.

FDII (2013) have published the agri-food industry’s policy priorities for 2013, requesting the government to avoid discriminatory taxes, on the basis that they view the taxes as “*regressive and are an ineffective approach to tackling complex diet and lifestyle-related problems*”. In this document, FDII call on Government to take a practical approach to nutrition labelling, as well as “*support by Government for industry efforts reformulation, consumer awareness, research on physical activity and workplace wellbeing programmes*”.

1.5 On a policy level, what is being done to address the obesity issue in Ireland?

In 2005, a key policy document was published by the National Taskforce on Obesity (NTFO). At that time, the report made 93 recommendations for the prevention and treatment of obesity. In

2009, this report was reviewed, unveiling the fact that a number of the recommendations made in the report had yet to be implemented. This led to the establishment of a Special Action Group on Obesity (SAGO) in 2011, by the current Irish Government. The SAGO is a core group within the Department of Health and Children, and the Health Service Executive (HSE), who work on a case-by-case basis with other Government Departments and bodies. A number of priorities have been set out by the group, including the introduction of a tax of sugary drinks and improving food labelling (Oireachtas Library & Research Service 2011). In 2005, the same year that the key policy document by the NTFO was published, the Nutrition and Health Foundation (NHF) was formed (Houses of the Oireachtas, 2012).

2. INTRODUCTION

The overall objective of this dissertation is to explore workplace health promotion, acknowledging the broader issue of health and its impacts. The workplace presents a key opportunity to focus health promotion and its merits. The dissertation commences with an overview of the Nutrition and Health Foundation (NHF) and its role in workplace health promotion. It then moves to the literature review, which examines theories of behaviour that guide health promotion. Supporting arguments for workplace health promotion are presented, which give rise to wider discussion on the impacts of the ill health. It provides discourse to the many studies referred to in the literature, which validate the impetus for workplace health promotion, while recognising barriers for employers to implement such initiatives.

The workplace presents a platform for behavioural change (World Economic Forum 2007) Therefore the motivational aspects to achieve behavioural change are discussed. The latter part of the literature review explores web strategies in health promotion, the internet in a broader context and finally the use of social media channels in health promotion. The Irish obesity rates are at an all-time high. Behavioural change studies validate the significance of social connections to support behaviour change (Luke & Harris 2007). Also, statistics show that people are using the internet more and more. This presents opportunity to convey health promotion messages to the working population and general public.

This literature review gives rise to the research questions. The questions aim to gather views and opinions from an employer's and employee's perspectives, on health promotion, as a public health and workplace concern. Ways and means to achieve behavioural change, through workplace health promotion are also explored.

The use of social media is fast -becoming a strong mechanism for health communicator's to use. The social media is largely an under-researched area (McGloin, per comms 2013). However, it is recognised that there is considerable interest in using social media as a communications tool for public health, however it is very much in its embryonic stage (Schein et al. 2010).

The NHF will be used as a platform to further explore these research questions derived from the literature review, and its Workplace Wellbeing Campaign participating organisations will partake in the study.

Using qualitative method of research via focus groups, views and opinions of employers and employees working in companies in Ireland, are gathered on health promotion specifically relating to workplace wellbeing initiatives.

2.1 The Nutrition and Health Foundation (NHF)

The NHF is an innovative multi-stakeholder approach to addressing the health challenges of the Irish nation, by bringing together industry, government, scientists, health professionals and other relevant stakeholders and providing consumers with evidence-based information on nutrition and physical activity, to enable them to make informed lifestyle choices, (NHF 2013). It must be noted, whilst the NHF is multi-stakeholder in its approach, it is solely funded by some members of the food industry and resides within the Irish Business and Employers' Confederation (IBEC)'s, food division; Food and Drink Industry Ireland (FDII), (IBEC, 2013). The sum of €2 million has been invested by some food and beverage companies in the foundation's activities – aimed at providing consumers with evidence-based information on physical activity and nutrition (Houses of the Oireachtas, 2012). One of the NHF's main objectives is to promote health and wellbeing to the working population via their Workplace Wellbeing Campaign (WWC), through the promotion of nutrition and physical activity messaging.

According to the (WHO/WEF2008) '*Workplace Health Promotion (WHP) Programmes targeting physical inactivity and unhealthy dietary habits are effective in improving health-related outcomes such as obesity, diabetes, and cardiovascular disease risk factors*'.

The provides a NHF WWC is a free Workplace Wellbeing initiative for companies and provides evidenced based information for companies to provide to their employees

The NHF in conjunction with IBEC conducted a survey of its member's workplace health promotion initiatives (see Appendix 2). The NHF have already in place, a Scientific Advisory

Committee (SAC), which acts as a conduit for reviewing and examining research conducted by the NHF or on behalf of the NHF as evidence-based support for key issues relating to a healthy lifestyle so that consumers can make informed decisions. This survey was devised by the NHF SAC and questions developed based on copious research conducted by experts in the areas of research on nutrition and physical activity interventions to create behaviour change (Cullen, per comms 2013).

The main purpose of the NHF/IBEC survey was to gain an appreciation for companies' activities in the area of workplace wellbeing by ascertaining the number of companies using the NHF's current Workplace Wellbeing Campaign, and establish if it could be further promoted to other organisations within the IBEC membership. IBEC is the largest representative business body in Ireland with membership up on 7000 employers (IBEC, 2012). The questionnaire also sought to gather information on workplace health initiatives currently in place by the organisations. The survey was issued to over 3000 of IBEC's senior Human Resources contacts. The survey was completed by 366 respondents, representing a figure of just over 93,500 employees.

Results of the IBEC/NHF survey found that 79% stating, companies would be willing or would consider participating in the NHF's Workplace Wellbeing Campaign and 58% of respondents said their organisation would also be willing to participate in a Pilot Workplace Health Promotion Study. The survey found that 174 (45%) of respondents had a workplace health programme initiative. A breakdown of the companies with health programmes in place, showed that 59% had an internally designed and implemented programme; 35% used the Irish Heart Foundation's Happy Heart at Work programme; 11.5% used the NHF Workplace Wellbeing Campaign; 7% used the Global Corporate Challenge; 5% used Workplace Health Partnership; and 3% used the Department of Health's Healthy Bodies – Healthy Work initiative; and finally 0.6% used Healthforce Ltd.

The survey identified that 55% (212) companies did not participate in a workplace health promotion initiatives, citing the following reasons for non-participation: -

- 33% (69 companies) said they were never asked to provide it;

- 26% (56 companies) – perceived that it was too expensive and time consuming;
- 9% (20) companies – expressed scepticism in regard to company’s motives in implementing health promotion initiatives.

The reasons also cited by companies for not implementing workplace health promotion initiatives in the survey included: - *“as a new business it is something to look into in the future”*; *“as a small company with limited resources it does not rank as a current problem”*; and *“never considered it”*.

This representative sample of organisations provides sufficient evidence to confirm that companies do have an appetite for providing workplace wellbeing initiatives to their employees. Also, while some may not initially have identified the health promotion initiatives as a priority from a business perspective, they were open to providing initiatives.

The survey provides useful data, and insight into the number of companies implementing workplace wellbeing campaigns, the reasons for doing so and the various initiatives being implemented. The survey is however limited in that, it does not provide any information or insight from the employees perspective. Furthermore, the survey does not examine motivational aspects of behavioural change or the methods of communicating the health promotion information and potential promotional tools used to achieve this.

This report seeks to examine the phenomena of health promotion as a public health and workplace health concern, and furthermore takes into consideration motivational aspects of behavioural change and promotional approaches utilised to achieve this.

3. LITERATURE REVIEW

3.1 Introduction

This literature review commences with a short overview of the pioneering theoretical constructs that frame many health promotion endeavours. It then presents the arguments for workplace health promotion, recognising the broader issue of health and its impacts. It provides discourse to the many studies referred to in the literature, which validate the impetus for workplace health promotion, while recognising obstacles for employers to implement such initiatives. The US Taskforce on Community Preventative programmes (2009) recommends using “*workplace health programmes that target nutrition or physical activity or both to improve the weight status of employees*”. The literature review examines health promotion strategy and motivational factors that persuade individual employees to participate in health promotion initiatives. The latter part of the literature review explores web strategies in health promotion, the internet in a broader context and finally the use of social media channels in health promotion.

3.2 Theories that underpin Health Promotion

A number of theoretical frameworks have been applied to direct workplace intervention design and evaluation. These theories lay the foundation for many conceptual models which may be used to promote healthy eating or physical activity (Quintiliani, Poulsen & Sorensen 2010). It has been recognised that there are many theories used in health-related behaviour research (Fishbein Yzer 2003). Indeed, Sharma (2007) postulates that behaviour based theory should be the fundamental basis to all health promotion interventions.

This prompts an exploration of behaviour-based theories that form the foundations for many health-related promotional efforts. Kotler & Lee (2008) profess the guiding theories for behavioural change to be, Stages of Change Model; Social Norms theory; The Health Belief Model; The Theory of Reasoned Action / Theory of Planned Behaviour; Social Cognitive Theory; and the Exchange Theory.

A synopsis of these guiding theories helps provide a brief insight into their linkage with the human psyche, and how a ‘one size fits all’ approach may or may not work. The justification for this statement is perhaps best summed up by Bandura (1998)’s description of human functioning, which ironically draws many parallels with the obesity issue. As with Vandebroek, Goossen & Clemens (2007) depiction of the thematic clusters of obesity that show the complexity of the issue, Bandura (1998) describes human functioning as “*too multifaceted and multi-determined to be shrunk to a few discrete categories*”.

It is important to acquire an appreciation of the theoretical construct that underpins many behaviour-change campaigns, in the context of health promotion. The basic principles of these guiding theories can be explained as follows: Bandura (1998), describes the ‘Stages of Change theory’ – this exemplifies when people assume new behaviour formations, moving into a series of different phases, namely pre-contemplation, contemplation, action and then finally maintaining. Secondly, the ‘Social Norms theory’ – this theory is centred on the principle that people’s behaviour derives from their perception of what is ‘normal’ versus what is ‘typical’ (Kotler & Lee 2008). Thirdly, the ‘health belief model’ suggests that in order for an individual to make steps to rectify their unhealthy state, they must firstly realise their propensity to be at risk of a serious illness, such as cardiovascular disease, and secondly realise that the benefits of reversing it, far exceed the consequences of doing nothing (Rosenstock 1974, Janz, & Becker 1984, Lefebvre 2000, Glanz, Rimmer, & Viswanath 2008, Kotler & Lee, 2008). Fourthly, the ‘theory of reasoned-action’ or ‘theory of planned behaviour’, avows that the individual’s intention to change, and the vigour with which they want to change (Fishbein & Azen 1975, Ajzen & Fishbein 1980,) is the most significant forecaster of behaviour change (Lee & Kotler 2008). This is established by an individual’s outlook, perceived benefits and social norms (Lefebvre 2000, Lee & Kotler 2008, Glanz et al, 2008). Fifth, the Social Cognitive theory is where the individual conducts a mental cost-benefit analysis, and ascertains if perceived benefits of adopting behaviour outweigh the costs and belief in their ability to carry out the behaviour (Lee & Kotler 2008). Finally, the exchange theory states that in order for an exchange to occur, the recipients must see that the merits are equivalent or better than the perceived costs (Lee & Kotler 2008).

While a number of these theories have been applied to various health related behavioural initiatives, Fishbein & Yzer (2003) suggest that only a small number of factors need to be taken into account, in predicting and rationalising behaviour, which are the previously mentioned Health Belief Model (Rosenstock, 1974, Janz & Becker 1984), the Social Cognitive Theory (Bandura, 1977, 1986, 1997), and the Theory of Reason Action (Fishbein & Ajzen, 1975, Ajzen & Fishbein, 1980).

Many of these theories are used in downstream application of social marketing to influence individual's behaviour change (Lee & Kotler, 2008). Philip Kotler is credited with creating the term 'social marketing' (Kotler & Lee 2008) Health marketing is the aspect of social marketing that aims to employ particular plans and guidelines so that, a behavioural change has a positive outcome on an individual's health (Pralea 2011).

Kotler & Zaltman (1971) are identified by Gordon (2011), as having the most frequently quoted definition of social marketing, which is "*the design, implementation, and control of programmes calculated to influence the acceptability of social ideas and involving considerations of product planning, pricing, communication, distribution, and marketing research*".

There are a number of guiding theories which are used in social marketing campaigns, to change behaviours. These can be applied to affect health positively, (e.g. Obesity, tobacco consumption, etc.) or preventing injuries, (e.g. water safety, seat belt use, etc.) or Protecting the environment (e.g. air quality, water conservation), and contributing to the community (e.g. voting, volunteer work) (Kotler & Lee 2008).

3.3 Impetus for Workplace Health Promotion for Employers

3.1 Introduction

In this section, motivations for employers to conduct workplace health promotion are examined, with particular reference to engagement programmes. Absenteeism relating to and causes of absence from the workplace are examined. A study by La Montagne, Louie, Keegal, Ostry&

Shaw (2005), identifies stress as preventable but considers it a major public health problem. Stress is also mentioned and staff engagement programmes to address such issues discussed. Barriers to implementing workplace health campaigns are also deliberated.

Absenteeism

According to the World Health Organisation (WHO), “*The concept of the health promoting workplace (HPW) is becoming increasingly relevant as more private and public organisations recognize that future success in a globalizing marketplace can only be achieved with a healthy, qualified and motivated workforce*” (WHO, 2013). In Ireland, findings of a 2011 report by IBEC, 'Employee Absenteeism - A Guide to Managing Absence', found that a total of 11 million days are lost to absence every year, costing business €1.5 billion or €818 per employee. Pro-active measures by employers such as holding return to work interviews and putting in place employee health and well-being supports can help reduce absence (IBEC, 2011). A fundamental reason for much workplace health promotion is to reduce absenteeism levels in workplaces (Conrad, 1988, Whitelaw, Baxendale, Bryce, MacHardy, Young & Whitney, 2001, Vogt, 2010).

Stress

La Montagne, Louie, Keegal, Ostry & Shaw (2005), identified occupational related stress as preventable, but increasingly prevalent and a major public health problem. La Montagne et al, (2005) delineates stress with ‘*a combination of high job demands and low controls*’, lead to both physical and mental health issues, which in turn impact on the work situation. An array of interrelated medical conditions appear to have an affinity with stress, such as cardiovascular disease, and depression – particularly in women (La Montagne et al, 2005).

In 2002, the Canadian Labour and Business Centre reviewed twelve case studies on innovative workplace health initiatives. A number of findings were made: -

- Workplace health is worthwhile both from an individual employee’s health perspective and an employer’s financial performance perspective.
- A supportive culture, large and small organisations can nurture workplace wellbeing initiatives.

- Workplace wellbeing must be embedded in the organisation and be strategically-led in a structured way, rather than a ‘nice thing to do’.
- Buy-in is needed from employees and a co-creation approach is valuable in design, conduct, monitoring and impact of programmes.
- Impact takes time to be seen and record, and measurement is difficult.

All feedback from the 12 case studies pointed strongly toward Workplace Health Promotion as the ‘right thing to do’, however quantifying results in relation to other workplace performance measurements proved difficult. The researcher concluded that if the company felt results warranted continuing their workplace wellbeing initiatives, this was evidence enough (Canadian Labour & Business Centre 2002). Similarly, the European Network for Workplace Health Promotion (ENWHP) recognised that evaluating Workplace Health Promotion is very difficult, despite the fact that different methods exist (ENWHP 2004).

Further literature supports some of the aforementioned findings by the Canadian Labour and Business Centre, in terms of employers seeing the intrinsic value of implementing a workplace health initiative, but also identifying concerns from a company point of view. This subsequent reading, points towards a number of barriers to implementing an effective a successful Workplace Health Programme, such as: -

- Low employee participation levels (Hooper& Bull 2009; Ackland, Braham, Bussau, Smith, Grove, & Dawson 2005).
- Insurance risks and concern regarding possible workers compensation (Hooper& Bull, 2009).
- Economic pressures, budgetary constraints, costs associated with running a programme; and the perception that major financial outlay is involved in implementing much of the initiatives surrounding health promotion (Ackland, et al. 2005, Hooper& Bull 2009 Karadzinska-Bislimovska et al 2009, Pinder, Gilbert, Rhodes, Brown & Bates, 2011).
- Other priorities for the business (Ackland, et al. 2005).
- Difficulties with measuring impact of the programme (Ackland, et al. 2005).

- Lack of time and resources or too time-consuming (Ackland, et al. 2005, Fine, Ward, Burr, Tudor-Smith, & Kingdon, 2004).
- Size of workplace (Ackland, et al. 2005).
- Lack of trust between employers and employees (Ackland, et al. 2005).
- Employer does not see the benefits or see that the responsibility lies with them (Fine, et al. 2004).

Typically, measurement of workplace health promotion has proven difficult (Canadian Labour & Business Centre 2002, ENWHP 2004, Ackland, et al. 2005). However, Griffiths, Maggs & George (2007) refer to the *vielife / IHPM Health and Performance Research Study* – the first of its type, which identifies a clear link between health and productivity in the workplace. Findings prove that health promotion programmes within the workplace setting can improve individual health, increase performance and improve quality of life by 8.5% (*The vielife/IHPM Health and Performance Research Study 2005*).

Overall the literature indicates that much work has been done in various countries in the area of workplace wellbeing programmes. Hooper & Bull (2009) have asserted that results from private and public sector audits suggest the need for further work to be carried out to educate, raise awareness and to make the case of the potential benefits and value of workplace health promotion amongst employers.

3.3.3 Health promotion strategies to drive motivational behaviour change

Introduction

This section looks at mechanisms to best promote and drive a workplace wellbeing campaign towards greater engagement amongst the working population. Web-based strategies and methods of communicating and driving health promotion are also examined. Social media is explored as a new way to communicate health promotion.

The European Agency for Safety and Health at Work (2012) quotes two authors (Wilhide & Hayes 2008, Goetzl, Guindon, Turshen & Oziminkowski 2008) as proclaiming communication to be crucial factor in engaging employees in workplace wellbeing programmes. The types of particular marketing materials mentioned for this kind of programme include: - posters, bulletin messaging, newsletters articles and reminders in pay cheques (Lovato and Green 1990).

According to Klaus Schwab, Founder and Executive Chairman World Economic Forum, “*Over 50% of the working population spend the majority of their time at work, so the workplace provides a unique opportunity to raise awareness, as well as guide and incentivize individuals to develop healthier behaviours*” (WEF 2007). The population of Ireland is 4,588,252 and the working population is 1.821 million (CSO 2011). While, early health intervention initiatives aimed at children and families are said to be key to tackling health problems (Department of Health 2013). Targeting adults in the workplace has also been proven to have a “*multiplier effect, as employees integrate health and wellbeing into their families and communities*” (WEF 2007). The labour market represents a significant amount of people who are in a position to take responsibility for themselves, but also some who are responsible for educating their children and families.

Much of the literature supports the need for employers to support and promote wellbeing initiatives via the workplace. “*The workplace can be used to drive the important changes in behaviour that are required, bringing benefits to the employer, employee and community*” (WEF 2007). Innovation and technological advances have driven society to be less active, with the workplace setting moving further and further away from manual tasks. Therefore, roles have become more sedentary in nature, thus impacting on health and productivity, and ultimately signaling the requirement for physical activity promotion through the workplace (Pronk & Kottke 2009, Sallis and Glanz 2009). Pronk & Kottke (2009), recognize that employers are regarded as a ‘*powerful stakeholders group with the ability to leverage their influence on health policy initiatives to create supportive environments both inside workplaces as well as in the broader community*’. Small supportive measures by employers can make a difference and lead to promoting behavioural change, such as workplace policies. WHO (2007) cited the workplace as

an ideal setting to promote physical activity to adults - suggesting a number of policies to counteract obesity, including fiscal measures such as tax incentives for employers to prompt employees to become more physically active.

The use of social media is fast -becoming a strong mechanism for health communicator's to use. It is recognised that there is considerable interest in using social media as a communications tool for public health, however it is very much in its embryonic stage (Schein, Wilson, & Keelan, 2010)

The Global Wellness Survey (2010) was conducted, and findings revealed that employers use various channels to promote wellness to their staff; however the web seems to have surpassed print materials (by 2%) as the most widely used channel at 72%. The report states that, *'social media and mobile technology, while rapidly growing and receiving a lot of media attention, are currently used by less than 11 percent of employers'*.

Donovan (2011) maintained that, *'A well-planned social marketing campaign stimulates people's motivations to respond, removes barriers to responding, provides them with the opportunity to respond, and, where relevant, the skills and means to respond'*. The use of campaigns can be extremely powerful, albeit to attribute behavioural change as a result to any one campaign may be difficult, as consumers are constantly exposed to subliminal messaging.

3.3.3 Web-based health promotion strategies

The World Wide Web (WWW) offers the opportunity to create awareness of a brand, product or service, well beyond that which can be achieved by traditional media (Belch & Belch, 2012). In a questionnaire survey of 2289 Dutch workers who took part in a worksite health risk assessment (HRA) programme, more than half reported to have initiated health-behaviour change within four weeks of receiving feedback. The HRA involved a web-based questionnaire, biometric measurements – including blood pressure, waist circumference, cholesterol testing, etc. All samples and tests were sent for laboratory evaluation and tailored recommendations with a web-based health action plan provided to each individual with a traffic-light system, indicating their

‘at risk’ profile category, i.e. green = normal; orange = moderately increased risk; and red: seriously increased risk). Interestingly, Colkesen, Niessen, Peek, Vosbergen, Kraaijenhagen, van Kalken, Tijssen, & Peters (2011) found “*self-reported initiation of health-behaviour change was frequent in those with high Cardiovascular Disease risk and with high BMI levels*”. This particular study, concluded that a web-based HRA, with feedback appears to motivate employees that voluntarily participate– in particular those with the most need for behaviour change. It also highlighted the possible value the web-based HR with tailored feedback, could bring to a workplace health promotion programme (Colkesen, et al. 2011).

Ireland’s population is 4,588,252 persons (CSO, 2011). In 2011, there were 3,042,600 internet users in Ireland (New Media Trend Watch, 2012). Despite an economic downturn Irish people are spending more time online than ever before. In a late 2010 study Comscore were reporting that Irish people were spending just over 18 hours a month online, less than two years later it was shown to have increased by 10% to over 20 hours.

A recent ComReg report suggests Irish users spend 10 hours 7 minutes online each week (ComReg Quarterly Report). However Comscore reports this figure as 20.1 hours per month, with users visiting 1,966 pages on average (Comscore 2010).

E-health strategies are becoming an integral part of health education and behaviour strategies. Internet and technology-based applications, can support many of these strategies however, use of new technologies should be based on theories of health behaviour and be measured (Ahern, Phalen, Le, & Goldman, 2007). If not, there is a risk of becoming technology-focused instead of results-focused (Glanz et al. 2008)

3.3.4 Social Networking

Social networking initially started off as a means to stay in touch with friends and family and shares videos on line, and has now emerged as a phenomenal marketing tool for business. The American author Stuart Brand, advocating social media’s use and advising to move with the

times, said, “*Once a new technology rolls over you, if you are not part of the steamroller, you’re part of the road*” (Stuart Brand 1987).

Recent figures reveal that 77% of Irish adults are on-line for personal use, (New Media Trend Watch 2012). Social networking growth has levelled off in Ireland, and the figures above show small percentage growth since November 2011. In another survey of 1,000 social network users for Nokia DMA’s: 77% stated Facebook was their preferred social network; 7% stated Twitter; 72% of respondents update their profile from home; 17% on the move (mobile) 11% update from work; 59% of people use Social Media to keep in touch with friends and family; and 35% of people access social media mostly on their Smartphone.

On conducting an environmental scan of social media in Ontario Public Health Practice, the use of social media for public health messaging was cited as ‘*surpassing geographical and demographic boundaries*’, Newbold & Campos (2011). The use of social media was referenced as having the ability to; expand the reach of the target messages; allow for tailored messages that can be personalized; and leading to invaluable two-way participatory communication between target audiences. This then enables health consumers to share health information and knowledge amongst a wider audience (Newbold & Campos 2011). However, Schein et al (2010) in a separate Canadian research study, acknowledges the scarcity of peer-reviewed literature relating to studies testing the efficacy of social media interventions for sought-after results. This study entailed the review of 39 articles, which all showed a consistent observation, of plenty of informal health conversations relating to public health concerns, as well as controlled health-related happenings on the most popular social media sites, including Twitter, Facebook and YouTube. Schein et al (2010) do cite their concern around the use of social media and variability of the quality of the health information available to users of these particular social media platforms. The above-mentioned ‘two-way participatory communication between target audiences’ (Newbold & Campos 2011), may perhaps lead to miscommunication of health messages and overall confusion or counter public health recommendations (Newbold & Campos 2011). There is some evidence that social media strategies can have a positive influence on the

reach of public health messages by effectively increasing public awareness, increasing skills and knowledge, and changing behavior (Schein, Wilson, & Keelan 2010)

3.3.5 Social Media Channels in Health Promotion

Hensel & Dies(2010) stated that “*Twitter has become known for its ability to break news before the news even reaches traditional media outlets*”. The number of people in Ireland with Twitter accounts increased from 7% in early 2011, to 11% currently in 2012, equating to 180,000 Irish users (Ipsos MRBI, 2011).

Recent figures demonstrate that LinkedIn a professional network has gained 8% market penetration of Irish adults, living it an Irish audience of 281,000 (Ipsos MRBI 2011).

Chappuis et al (2011) declared that, *Social networks, particularly Facebook, are emerging as the dominant communications channels. For people aged 34 and under, they already are the preferred channel (by minutes of use per day), displacing email, texting, and phone calls.*

Notably, 2.06 m people in Ireland have a Facebook account and recent figures reported in Ireland, have shown that 25 34 year olds are the largest Facebook user group (Facebook 2012).

Facebook, similar to LinkedIn has many functional offerings in terms of running a campaign, e.g. one can run a series of adverts that are all topic-related, so for social media you might have five or six ads under the campaign name, but there might be slight variations of each ad. Adverts can be manipulated in such a way that the most popular can be established simply by monitoring the statistics and click through rates, and spend, etc. Daily advert rates and performance measurement can be evaluated. Targeting of different segments can also be carried out, i.e. if an advertiser wishes to target to a specific demographic. Lastly, there is an option to pay per click or pay for impressions (every time the advert makes an appearance on someone’s profile). This allows the user to evaluate the option that performs best, therefore costing out the performance of the advertisement for a testing period and then deciding, (LinkedIn, and Facebook 2012). Social media is on the rise, and 70% of Irish marketers have a business Facebook presence(Marketing Institute of Ireland & Amas 2012).

Conversely, with YouTube now the 2nd largest search engine in the world (Socialnomics 2011). In January 2012, YouTube reported that 2.4 million unique visits in Ireland, who on average spent 20 minutes each on the site (Double click Ad Planner 2012). Unique visitors to YouTube hit 2.4million in Ireland in January 2012 (Double click 2012)

It is interesting to note the shift towards mobile devices and their usages in home, for instance 97% of homes in Ireland possess a mobile phone; 77% a fixed line; 67% Pay TV; 25% free to air TV; 80% laptops; 53% pc's; 20% dongles; 11% tablets; 6% eReaders; and 35% Games Consoles (ComReg 2012). According to (Behaviour & Attitudes for Return2Sender 2011) there were at least three-quarters of a million smartphone owners in Ireland, a growing trend and one which presents a huge opportunity in terms of social media users accessing their accounts via their mobile phone. The 741,000 smart ownership in Ireland, has a gender division swayed strongly by males, who make up 62%, with females making up 38%. Smartphone ownership is on the increase and with over 65% of our target market in possession of these devices, i.e. 25 – 54 year olds (Behaviour & Attitudes for Return2Sender 2011), it is clear that this is an obvious route to market. Research conducted by (RedC 2011) showed that smartphone ownership in Ireland was at 49% of the population in 2011.

3.3.6 Conclusion

Arising from the Literature Review, it appears health promotion is a worthy topic of research, despite the fact that the measurement and impact of workplace health promotion can be difficult to quantify (Canadian Labour & Business Centre 2002, ENWHP 2004, Ackland et al 2005). Therefore it was decided upon to examine perspectives from employers and employees on the phenomena of health promotion as public health and workplace health concern, taking into consideration the ultimate goal of behavioural change and approaches and channels to realise this. Schein, Wilson, & (Keelan 2010) suggest that “*it is highly likely that health-focused social media communications information-exchange could have a significant impact on behaviour relevant to public health, but as yet we have no proof*”.

Research Objective

There is extensive literature on health promotion across a number of jurisdictions, however limited in the Irish context – particularly in terms of perspectives from employers and employees. Much of the literature recognises the need for employers to support and promote wellbeing initiatives via the workplace (Pronk & Kottke 2009, Sallis and Glanz 2009) and extend the benefits beyond the confines of the workplace (WEF 2007). This view is compounded, at a strategic level, in terms of the overall health agenda and broader thinking on public health concerns and policies and at a firm level (WHO 2007, Pronk & Kottke 2009), with specific reference to the obesity issue (WHO 2007).

To this end, the over-arching research objective of this study is:

- To gather views and opinions from an employer's and employee's perspective, on health promotion, as a public health and workplace concern.

A sub-objective has also been formed, which is:

- To gain a greater understanding of motivational aspects of behavioural change, including ways and means to realise this goal.

In order to produce a health promotion campaign to address the hypothesis, i.e. the obesity issue, a greater understanding of the target market, which is the working population, must be understood. A synthesis of the literature underpins the rationale for the established research aims and objectives, and the IBEC (2013) survey further qualifies a need for an in-depth understanding from the target audience on health promotion from a public health and workplace concern.

A number of research questions have also been framed resulting from the literature review, namely: -

- gather insights from an employer's and an employee's perspective on Health promotion in the workplace;
- Examine views on available sources of health information;

- Understand the best methods of motivating and engaging employees in workplace wellbeing initiatives;
- Gather views on methods in which workplace health wellbeing can be promoted;
- Ascertain if there is value in building awareness beyond the confines of the workplace setting.

The literature review endorses the importance of communication in rolling out a health promotion campaign (Wilhide & Hayes 2008, Goetzel, Guindon, Turshen & Oziminkowski 2008). Key to this piece, is drawing out the best methods to deploy health promotion strategy, which gives rise to staff engagement. While much of the literature substantiates the research aims and objectives, the Global Wellness Survey (2010) findings identify a gap to be addressed, in that, employers use various channels to promote wellness to their staff; however the web seems to have surpassed print materials (by 2%) as the most widely used channel at 72%. The report states that, *‘social media and mobile technology, while rapidly growing and receiving a lot of media attention, are currently used by less than 11 percent of employers’*.

4. METHODOLOGY

4.1 Introduction to Research Methodology

In this section, the selected research methodology for the study is featured. The research philosophy underpinning the research is discussed, along with the research design, sampling selection, data collection and analysis, and to conclude the results are deliberated. Ethical considerations for the research are also outlined. It is intended that the chosen methodology for this research study will allow for a more in-depth and informed examination on health promotion in the workplace, recognising the broader issue of health and its impacts. Therefore, generating rich data and useful insights from both the employers and employees perspectives to enable greater engagement through more appropriately directed initiatives.

4.2 Research Philosophy

The chosen research philosophy has significant implications; namely understanding the current situation and key intent of the investigative study to be undertaken (Johnson & Clark, 2006). It is important to be cognisant of the possible research philosophy adopted, as this will contain vital suppositions on how the researcher views the world (Saunders, Lewis, & Thornhill, 2009). The positivism research philosophy is used in this study, and is described by Saunders, et al. (2009) as the ‘*epistemological position that advocates working with an observable social reality*’. The use of a weighting system to delineate priorities for companies in rolling out wellbeing campaigns lends itself to providing both observation and measurement combined. Denscombe (2010) really shows the “*observation and measurement – which are deemed properties of objects as crucial to the way we find out social reality*”. Positivism is based around the use of scientific methods to attain knowledge Denscombe (2010).

Saunders et al. (2009) advocate the importance of the phenomena that is being observed will result in credible statistics, and the IBEC survey provides credible statistics. However, it is only by targeting the cohort represented in the IBEC survey, and harnessing the opportunity to delve deeper into the psyche of the employers and employees who consume the NHF WWC services, that this health promotion offering can be improved. Indeed, Suter (2012) is quoted in a recent

journal article by Spence, Livingstone, Hollywood, Gibney, O'Brien, Pourshahidi & Dean (2013) as saying, *'To understand a complex phenomenon, you must consider the multiple "realities" experienced by the participants themselves—the "insider" perspectives'*. The phenomena that is the complex obesity issue, and the world-wide health promotional efforts to address it, considers many realities. These realities can only be drawn from the health practitioners themselves in terms of gaining greater appreciation of the issues faced in developing, and implementing initiatives to positively influence health behaviours. As positivism, *"fits in neatly with a realist ontology, in which social reality is regarded as something which exists 'out there' with properties that lend themselves to being objectively measured"*, the realism research philosophy will also be used as a method in this study, which again underpins the NHF's mission statement which is *"to communicate evidence based information on nutrition, health and physical activity to encourage an improved and healthier society in Ireland"*. The very nature of all research conducted by the NHF is to ensure it is grounded in scientific theory. (Saunders, et al 2009) explains that realism *'relates to scientific enquiry and assumes a scientific approach to the development of knowledge'*. Consequently, an objective view point both from an employers and employees perspective, will be taken as a measure of approaches to use and what is an advisable route to the target market, (in this case the working population) for the NHF's Workplace Wellbeing Campaign.

4.3 Methodology:

The research method chosen for this study is qualitative research, using focus groups. The earlier mentioned suggestion by Suter (2012) of gaining insights on phenomena by *"insider perspective"* underpins the valuable interactive approach of a focus group, to this study. As the workplace wellbeing campaign is aimed at motivating people to make a behavioural change to their lifestyle, and the quantification of the merits of a workplace health promotion are less tangible, it is important to use qualitative research methods. This approach is deemed suitable, given that opinions are being sought on aspects of motivational change and behavioural habits, therefore, an interpretive approach will be taken (Saunders, et al, 2009). Intent: Conduct focus groups ensuring saturation point is achieved, i.e. no new information in being heard.

The focus group study was carried out over a period of 3 days. Four focus groups with 3 – 7 people in each were formed, two using employers perspectives, and two using employees perspectives (21 individuals in total). The semi-structured discussion sessions elicited participants views on personal, environmental and social factors on workplace health promotion. Each focus group session was conducted in a round table format over a period of 60 – 90 minutes. Transcripts were taken verbatim, using a combination of transcriber notes and audio recordings.

The following structure applied: -

Participants were recruited via convenience sampling from IBEC members organisations. Four focus group sessions were conducted and comprised of two distinct groups of individuals. The first and second focus group sessions comprised of implementers' of workplace wellbeing campaign; namely the following functions within an organisation; the Human Resources function and Occupational Health functions. This cohort was examined from a company perspective. The third and fourth focus groups, comprised of recipients of workplace health promotion initiatives, i.e. individual employees from various functions within organisations. While focus groups, are often used as a method to source data on group behaviour, in this particular instance, the focus group setting is merely an ancillary method to interpret the findings from the literature review (Bloor, Frankland, Thomas, and Robson, 2002). Bloor et al (2002) advise careful consideration when selecting composition of focus groups – in particular, in terms of heterogeneity of the group. To this end, advice was sought via IBEC's Head of Research, (Anderson, per comms 2013), who advised grouping of job titles as a better approach, than company size, as the composition would lend itself to a more diverse group with different perspectives.

4.4 Research Design

The study used an interpretive design using focus groups. This design adopted a semi-structured format, in that pre-determined questions were asked to examine employers and employees perspectives on health promotion in the workplace. The primary objective was not to elicit answers from the group, rather to stimulate discussion so that through further analysis the key themes emerge reflecting the views and opinions of the group (Bloor, et al. 2002).

In January 2013, IBEC issued a survey to member organisations. This survey was designed based on a review of literature on workplace health promotion, and the government's indication. The purpose of the survey was to identify the types of health promotion initiatives (if any) IBEC member organisations implement, as well as gauging levels of involvement/engagement in the NHF WWC. Over 3,000 senior HR contacts within IBEC membership were issued with the survey questionnaire. 366 responses were received, from organisations - amounting to 93,500 employees (see appendix 2). This survey, along with the literature review forms the basis for the design structure of the qualitative research strategy, i.e. focus groups. These focus groups will lead to deductive research information.

The research design required careful recording of transcripts, in order to ensure analysis and interpretation of the focus group data. A scientific approach was be guided by the initial focus group setting. Hammersley and Atkinson (1995) maintain that transcripts often take at least five times the recorded time. Bloor et al. (2002) concur, but multiply it further, taking into consideration numbers involved. The researcher accedes with Bloor et al. (2002)'s estimation, which states that one hour of taped focus group may take up to eight hours to transcribe, and can lead to 100 pages of text. In fact, the transcription process was extremely time consuming, resulting in a word count of 32,000 words, taking roughly 50 hours to transcribe in total.

Keywords will be used in the analysis and measurement of the transcripts.

Sharma (2007) advocates the use of behavioural theories in helping to understand the components that work and don't work, in relation to health promotion campaigns. This substantiates the move towards a qualitative study in advance of the NHF wider campaign, to ensure from the survey information, that an in-depth knowledge and understanding of the target audience is achieved. This could only be done by gathering a sample of the target audience to explore in greater details their needs and wants. According to Stewart, Sharmdasani and Rook (2007), '*the most common purpose of a focus group interview is to provide an in-depth exploration of a topic about which little is known*'. This further statement substantiates the reason for choosing the research design as well as correlating with absence of sufficient research in the literature in particular on the use of social media in promoting workplace wellbeing.

4.5 Sampling and Recruitment Procedures and Methods of information gathering

A convenience sample of 21 individuals from the IBEC and NHF's Workplace Wellbeing Campaign companies across a range of business sectors, participated in four co-ordinated focus groups (each consisting of 3 - 7 individuals). These individuals were selected primarily to provide different perspectives; on the basis of their role functionality within their organisations. Whilst convenience sampling was applied, a concerted effort was made to recruit individuals from a blend of companies, both private and public sector organisations, as well a large and small, in order to have a broad representation of organisations.

Individuals were selected for participation from the NHF WWC database – all individuals had previously consented to receiving information on workplace wellbeing and expressed an interest in partaking in focus group research on the topic of Workplace Wellbeing as part of the overall IBEC workplace health promotion survey (IBEC, 2013). Each individual who was selected was contacted by email and followed up directly by phone call by the researcher.

As this study is focused on the workplace as the medium to disseminate information, the demographic targeted is the working population, i.e. 18 – 64 year olds. This target age bracket correlates with the findings from the National Adult Nutrition Survey, which shows 24% of the 18 – 64 year olds in Ireland are obese and 37% are overweight (IUNA, 2011).

4.6 Focus Group Format

In principle, all focus group discussions took the same format, with some slight amendments as the researcher progressed through the sessions, to facilitate the flow. These modifications will be discussed in greater detail anon. The participants were seated in a round-table discussion format. The moderator sat in the centre of the group to facilitate the discussion.

The moderator/researcher welcomed the participants and thanked them for taking the time to partake in the focus group research study, explaining the main purpose of the study is to gather views from employers and employees on health and wellbeing as a public health and a workplace concern. All groups were informed that the session would be used to extract qualitative information to support the IBEC/NHF survey which they participated in January 2013. The

moderator advised the group that the purpose of the initial IBEC/NHF survey was to ascertain levels of engagement by employers with workplace health promotion and to see if further engagement could be achieved. The qualitative research study via focus groups is an exercise to delve deeper into how this engagement can be achieved and the best methods of communication to do this.

The individual participants were requested to take the time to read through the information sheet and consent form (see appendix 3), which outlined the research objectives of the study and explained reasons why the participants were selected as participants in the research study.

As a way of contextualising the background to the study, the moderator used three aides, to assist the group grasp the enormity of the issue of the obesity epidemic. Stewart, Sharmdasani and Rook (2007), refer to focus group interviewing styles differing, in relation to the use of discussion aids, with some purely asking questions, and others facilitating and enriching discussion by demonstrations or presentations. In this instance, the moderator used a power point presentation which provided a chart displaying a representation of the Causes of 87% of deaths in Ireland, namely attributed to non-communicable diseases (WHO 2011) (see appendix 4) It was explained to the group that non-communicable diseases are those that basically are non-contagious, such as cancer, cardiovascular disease, and respiratory diseases - essentially that are either self-caused or genetically acquired.

The moderator also used a full generic map of the thematic clusters showing the various contributing factors that result in obesity. The representative chart, was used to provide the group with a broad understanding of the complexity of the obesity problem (see appendix 5), and depicts the multi-faceted nature of the problem. It was outlined that there are many contributory factors that lead to obesity, i.e. environmental issues, infrastructure, socio-economic factors, lifestyles, behaviours, inactivity, food and drink consumption, technology advances, etc.

To put the discussion into context, stimulate conversation, and focus the discussion onto the concept of health promotion around obesity, a third aid was used. This aid was in the form of a short YouTube clip of the *Safefood* 'Stop the Spread Campaign' (YouTube, 2012). The

advertisement shows a number of people going about their daily lives, eating, drinking, meeting friends, having dinner in front of the TV as a family, etc. The advert shows people who are not visibly obese, however camera focuses in on the individual characters waist lines. It explains that in order to determine if you are overweight, all you have to do is measure around your waistline. The dialogue is as follows: -

“We are in the grip of an epidemic. Most of us have it and are passing it onto others – giving them a high risk of heart disease, diabetes and cancer. It is overweight and it’s spreading. To see if its spread to you, measure around your middle and it’s bigger than 32 inches for women or 37 inches for men, it probably has. Stop the Spread at Safefood.eu. Safefood – be safe, be healthy, be well”.

The moderator reminded the group of the recent IBEC/NHF survey which was conducted in January 2013, which a number of companies in the room had contributed. It was further explained that the IBEC/NHF survey was administered to gauge the current levels of engagement with the campaign and then see if workplace wellbeing can be promoted further within the membership and in a more meaningful manner. The intention was to first start off with the quantitative information and then qualitative information through the focus groups.

The moderator explained that the group would start off by doing a note card exercise. According to (Bloor, et al. 2002) ‘Focusing exercises’ are a commonly used exercise tool in focus groups. This method was employed by the researcher in the form of a ranking exercise. The group were provided with cards, with reasons that companies implement workplace health promotion. Each individual was requested to rank the cards in order of importance, to see why their companies have been doing workplace wellbeing, showing where their priorities lie or main reasons for doing workplace health promotion? This researcher employed the card exercise, as used in a similar study referred to by Bloor et al. (2002), which was led by Lane, Kahveci and Sampson, of multicultural shipping crews who had two distinct differences. In this particular study the ranking exercise showed deep differences but also important similarities in the tacit understanding of African and British crew members. Given the two distinct groups being used in this particular

research, i.e. Employers and employees, the researcher felt that the ranking exercise would be a useful approach.

The ranking exercise was also useful in terms of combining the feedback from the literature review and the findings from the IBEC/NHF survey. The phrases on the cards were taken directly from findings in the literature review, namely ten different reasons why companies implement workplace health programmes. The following phrases were pre-written on the cards for convenience: - Team building, staff engagement, reduces stress, reduce absenteeism; improve productivity, improves company's financial performance; Corporate Social Responsibility; Reduces EAP Usage; Strategically-led; and Improves Health Screening Results. Each participant had a set of cards, for the ranking exercise. A blank set of cards with markers were left on the table in front of the participants. The moderator invited members of the focus group to write on the blank cards, any additional comments deemed relevant for the prioritization exercise. According to Cameron & Princes (2009) 'visual techniques can be a useful tool in your tool bag, particularly for the diagnostic stage of the project'. Later in the analysis stage, it is demonstrated how useful these particular tools were, in terms of providing a mechanism to turn qualitative information into data.

7.7 Focus Groups

The focus group sessions were conducted over the course of 3 days (23rd – 25th July 2013). Focus groups 1 and 2 comprised employers (HR Managers, and one Occupational Health Nurse); and focus groups 3 and 5 comprised employees from across a range of functions. While very effort was made to attract a spectrum of job functions responsible for the implementation of workplace health promotion initiatives, however all bar one, participants in the first two focus groups were from the HR function. The exception, an Occupational Health Nurse, participated in focus group 1 and provided a different perspective entirely to the rest of the group. The individual worked predominantly with males and a lower socio-economic group. This input provided a stronger knowledge from a physiological perspective around the broader health issues of the nation, which the HR Professional were not necessarily aware of or grasped. Again, in focus group 2, two individuals attended from the same company, and unfortunately at one point during the ranking exercise, one of these individuals was missed. This was only highlighted to the moderator after

the session, however it was noted that both individuals had consulted with each other with their ranking of the cards, therefore a consensus was formed.

Secondly, in focus group 1, two individuals attended from the same company. This brought the numbers beyond the maximum six recommended, and (McCabe, per comms2013) cautioned that moving beyond this number can lead to pairing off or grouping within the main group. Clearly there is a debate around the size of focus groups, with Bloor et al. (2002) stating that it is commonly recommended to have between six and eight people in a focus group. Although, Bloor et al. (2002) cite authors that have reported focus groups consisting of as little as three individuals (Pugsley, 1996, and Thomas, 1999). However, Stewart et al. (2007) maintain that “*fewer than six participants makes for a rather dull discussion*”).

According to Robinson (1999) “*Focus groups are a direct method of obtaining rich information within a social context*”. Robinson (1999) suggests that the facilitator and the transcriber have a debrief after each focus group session to process the interview and decide what went well and not so well, thus making adjustments as the next focus group that occurs. From this process, adjustments were made from focus group to focus group. For example, after focus group session 1, a lengthy debrief ensued between the researcher and the transcribers on the aids used. A flip chart was used in session one, however this was eliminated from all other sessions, as it seemed unnecessary repetition on what was already discussed in the ranking exercises. It also removed the flow from the focus group discussion.

4.7 Limitations

A number of limitations with regard to the focus groups were evident and do have bearing on the research study carried out and are important to note. Most notably, the size of study was relatively small. Manual coding added time constraints, and electronic analysis may have proved more time efficient.

4.8 Ethical Approval

The researcher sought ethical approval from all participants of the study in the form of consent forms (see appendix Xyz).

4.9 Outline of the Moderator’s questioning route focus groups on employers perspectives:

Question category	Question
Opening questions	Please introduce yourself, your role in your company and describe any what involvement you’ve had with any workplace health campaigns in your organization?
Overview Slides & Video clip	Have any of you seen this clip before? Do you have any views from a public health perspective?
Introductory exercise	In order of priority, please rank which phrase best represents why your company rolls out a workplace wellbeing campaign? (Employer view)
Health Promotion: <ul style="list-style-type: none"> • Public health concern • Workplace health concern 	What are your views on health promotion? <ul style="list-style-type: none"> • As a public health concern • As a workplace health concern
Motivational aspects of behavioural change: Ways	Does your organisation actively promote workplace wellbeing initiatives? What initiatives work best to engage and motivate employees to participate? Does the company think beyond its employees when rolling out the initiatives, i.e. multiplier effect?
Motivational aspects of behavioural change: Means	What methods work best to engage and motivate employees to participate? What do you consider a trusted source of health promotion information?

	What methods of communication, would best serve the purpose of extending workplace health promotion?
Ending Questions	Can you think of any other ways in which WHP could be promoted to be more effective? Have you any other comments?

Outline of the Moderator’s questioning route focus groups on employees perspectives:

Question category	Question
Opening questions	Please introduce yourself and describe your role within your organisation and interest in with regard to health and wellbeing.
Overview Slides & Video clip	Have any of you seen this clip before? Do you have any views on the statistics used?
Introductory exercise	Does your organisation actively promote workplace wellbeing initiatives? Do you think they make an impact from an employee perspective?
Introductory exercise	In order of priority, please rank which phrase that best represents why, your employer rolls out a workplace wellbeing campaign? (Employee views)
Health Promotion: <ul style="list-style-type: none"> • Public health concern • Workplace health concern 	What are your views on health promotion? <ul style="list-style-type: none"> • As a public health concern • As a workplace health concern
Motivational aspects of behavioural change: Ways	Does your organisation actively promote workplace wellbeing initiatives? What initiatives work best to engage and motivate employees to participate?

	Does the company think beyond its employees when rolling out the initiatives, i.e. multiplier effect?
Motivational aspects of behavioural change: Means	<p>What methods work best to engage and motivate employees to participate?</p> <p>What do you consider a trusted source of health promotion information?</p> <p>What methods of communication, would best serve the purpose of extending workplace health promotion?</p>
Ending Questions	<p>Do you feel WHP is promoted effectively?</p> <p>In your opinion, are there more effective methods to promote WHP?</p>
	Do you think strong messages would prompt you to exercise? Or eat healthier?

4.10 ANALYSIS

4.10.1 Introduction

This section provides an overview of the data analysis process that will support the final results of the study. The transcription process proved hugely beneficial, in terms of affording the author a unique opportunity to relate to the content – a large part of moving toward the analysis phase. The strongest emerging themes from the focus groups are highlighted and related themes depicted clearly for verification purposes. Each emerging theme is analysed in its own right and any variances between the two sets of focus groups, i.e. employers and employees are reported.

4.10.2 Analysis of focus group transcripts

Familiarisation with the data was necessary to ensure full immersion was achieved, and all emerging themes were captured. This involved reading and re-reading the text. A “*scissors and sort technique*” was further used to eliminate unnecessary or irrelevant data, and the considered rich data was highlighted to prepare for the coding process (Stewart, Sharmdasani and Rook (2007). All the important themes, topics and hypothesis were brought together (Coffey & Atkinson, 1996). Each participant was assigned a code, and profiles of all participants are provided in Appendix 6. Similarly, each emerging theme was indexed and assigned a code relating to the content of the data (see example appendix Y) – a method recommended by (Frankland & Bloor, 1999), thus creating a basis for an analytical framework. A manual inductive thematic analysis procedure as outlined by Braun and Clarke (2006) was used to analyse the focus group transcripts. While some researchers recognise thematic analysis as a tool (Boyatzis 1998) or a process (Ryan and Bernard 2000) that is used across other qualitative methods, Braun and Clarke (2006) quote it as “*a poorly demarcated and rarely-acknowledged, yet widely-used qualitative analytic method (see Boyatzis, 1998; Roulston, 2001) within and beyond psychology*”. After further critical analysis, the strongest emerging themes were extracted. These extracts provide a best representation of the emerging themes. To ensure validation is clearly demonstrated, a number of extracts from the transcripts have been included within this analysis.

4.10.3 Findings

In this section the findings from the focus group research are set out. The number one finding is that stress is prevalent in the workplace at the current time, due to financial stressors.

4.10.4 Stress

Stress was widely recognised as a prevailing concern across all focus groups, therefore this was identified as the number one finding from the qualitative study. A number of sub-categories underpin this theme. The linkage between alleviating stress through wellbeing initiatives was understood by all participants, with clear recognition of the connection between the two.

“I can see that from where I’m coming from, that staff are very stressed”. **2P#3**

4.10.5 Recession/Financial pressures

The impact of the recession on a macro level and a micro level was clearly acknowledged as taking its toll on the both employers and employees. Most group discussions centered on stress directly linked with financial pressures, relating to the recession and the economic downturn.

“from listening to the news, it’s very bad at the moment, and there are a lot of shortcomings, these budgetary, deficits that are really impacting a lot on our health. Really making people worse.” **2P#3**

“That’s a big thing especially in our organisation. You just hear people saying they can’t go out, or they can’t pay their food bill. They can’t do just little things, so their health becomes their last resort, because if they have to pay €50 to go to the doctor. I think it’s very difficult for people to look after their own health, when they don’t have the resources or the money”. **3P#3**

4.10.6 Increased job demands

A rise in demands as a result of recession, such as working longer hours, and decreased resources were evident from the groups.

“If anyone on sick leave, maternity or left the organisation, the work still has to get done”. **P#3**

4.10.7 Measures to alleviate stress – staff engagement

It was apparent that most organisations in the focus group study were interested in proactively addressing stress, and making supports such as EAP services available for employees who may wish to use the facility. Many companies are embarking on health promotion strategies to alleviate stress and stress-related issues for employees.

“the last number of years, because it’s a recession, we have focussed on stress management, giving them financial advice, giving them access to the Employee Assistance services, getting MABS in and stuff like that”. **2P#6**

4.10.8 Impact on Mental or Physical health

Individuals in the focus groups demonstrated a significant level of awareness of the impact stress can have on an individual’s health.

“the impact of ill health on the state, and on our pockets, as such. As well as mental wellbeing there’s also the physical and financial cost” **2P#1**

4.10.9 Health promotion

Feedback from the focus groups suggest there may be positive and negative health behaviour outcomes, as a consequence of the economic downturn. On the plus side, increases in physical activity levels were observed by many participants.

“It’s definitely getting more positive and you see everyone out in the evenings out walking or running. There’s an uptake”. **1P#1**

“I agree with everybody. I definitely think there is a shift in Irish society in terms of physical activity” **1P#5**

It was recognised that the government and the media are delivering health promotion campaigns, however there were mixed views about their efficacy, in terms of supports.

4.10.10 Obesity

Early interventions was cited as key to tackling the obesity problem, with particular reference to young people and education. There was a considerable awareness of the obesity issue.

“I would have huge concerns about the obesity issue - particularly in children. An overweight child used to be the exception and now a slim child is nearly the exception” **2P#5**

*“I would agree with P#5 in relation to the government rolling out these campaigns, even that one that we saw, but I think the education is what is lacking”***2P#6**

“one of the issues, with public health strategy, is that quite often it is targeted at middle-age and beyond, as in trying to get their health in check. The problem is, there is such poor engagement with younger people” **1P#2**

“My previous employer got all staff involved in the mini-marathon and we trained a few months in advance. It was absolutely worth it, because I felt I’d achieved something. It was a great opportunity to chat with colleagues outside the workplace, and challenge you”. **3P#2**

“Operation transformation” worked as well for us” **2P#5**

4.10.11 Mental illness and depression

Mental health appeared to be prevalent in some companies, attributed to personal and financial pressures..

“I think physical fitness and wellbeing is directly linked to your mental state, and anyone who exercises knows you feel much better, mentally after doing it”. 1P#7

“The focus is around your mental health, stress... well it depends, each year is different. 3P#3

“We have had a considerable amount of mental illness amongst our staff in the last few years. Depression and things like that coming to light, not for work reasons, but for personal reasons but we still have a responsibility to make sure they are well at work” 1P#4

4.10.12 Web-based Strategies

Findings reveal a strong affirmation for web-based strategies to targeting both public health promotion and workplace health promotion. Results showed that search engine site Google is a much-used source for researching health information.

“People won’t go to the GP, even if they are sick or injured, because it’s too much money. I’m only going to the doctor now, because I’ve got a medical card”. 4P#3

“definitely google and recognized websites – Twitter and Facebook has a lot of false information – like the one week diet plans that can be dangerous”. 2P#2

4.10.13 Motivational factors that influence health behaviours

It was apparent from the focus groups that motivating factors for engagement and involvement in workplace initiatives are individual and personal. However, notwithstanding that, the overall consensus was that measurement and goals provide a greater outcomes.

“I think goals work. To be goal oriented” 4P#6

“a campaign, with a cholesterol testing incorporated – for instance, go to your local pharmacy and get a free cholesterol test, and on testing realise, oh God, well now it’s serious. I think that might work” 4P#1

Distinctions between Employer and Employee Focus groups

Having presented the key findings it is noteworthy to acknowledge some distinct results, which were strong themes in only one group or the other, and not shared across all groups. The employer’s focus groups both discussed issues with mental health in their organisations, in particular mental illness and depression. It was evident; HR professionals had an acute awareness of the issue of stress and its impacts on individuals and their ability to work.

Participants from the employer focus groups voiced concern regarding stress and stress-related issues that inhibit individual’s productivity. The need to identify, understand, and manage stress, was discussed by the employer focus groups. These two groups recognised the necessity for employers to provide resilience training. Employers also highlighted the need to equip line managers with the correct skills, knowledge and tools to help recognise signs of stress in order to assist employees. Yarker, Donadson-Feilder, & Lewis (2008) indicate that a review on the line-managers role in engagement of employs, resulted in a clearer understanding of *“behaviours managers need to prevent stress team and enhance engagement”*. Equipping people with the correct mechanisms to deal with acute or chronic stress enables greater *“Immunologic functioning”* (Kiecolt-Glaser, Glaser, Strain, Stout, Tarr, Holliday, & Speicher 1986, Gruber, Hall, Hersh & Dubois, 1988, Antoni, Schneiderman, Fletcher, Goldstein, Ironson, & Laperriere.1990). The employer focus groups members had a great appreciation of stress-related issues and were making extensive efforts to develop wellbeing programmes and initiatives to alleviate stress for employees.

While obesity rates are at an all-time high, and the sedentary nature of a promotional tool, such as a personal computer may present at contradictory argument, , however statistics show that

people are using the internet more and more. This presents opportunity to convey health promotion messages to the working population and general public.

However it must also be noted that some cynicism arose from the discussions with employees group. These participants asserted that companies were ultimately interested in profit and that it is in their interest to keep employees happy.

A preference to direct public health campaigns with an integrative and support-oriented approach, was identified. Focus group participants believed that it is not enough just to have TV and media campaign. There is a need to provide an adequate support infrastructure to compliment such campaigns.

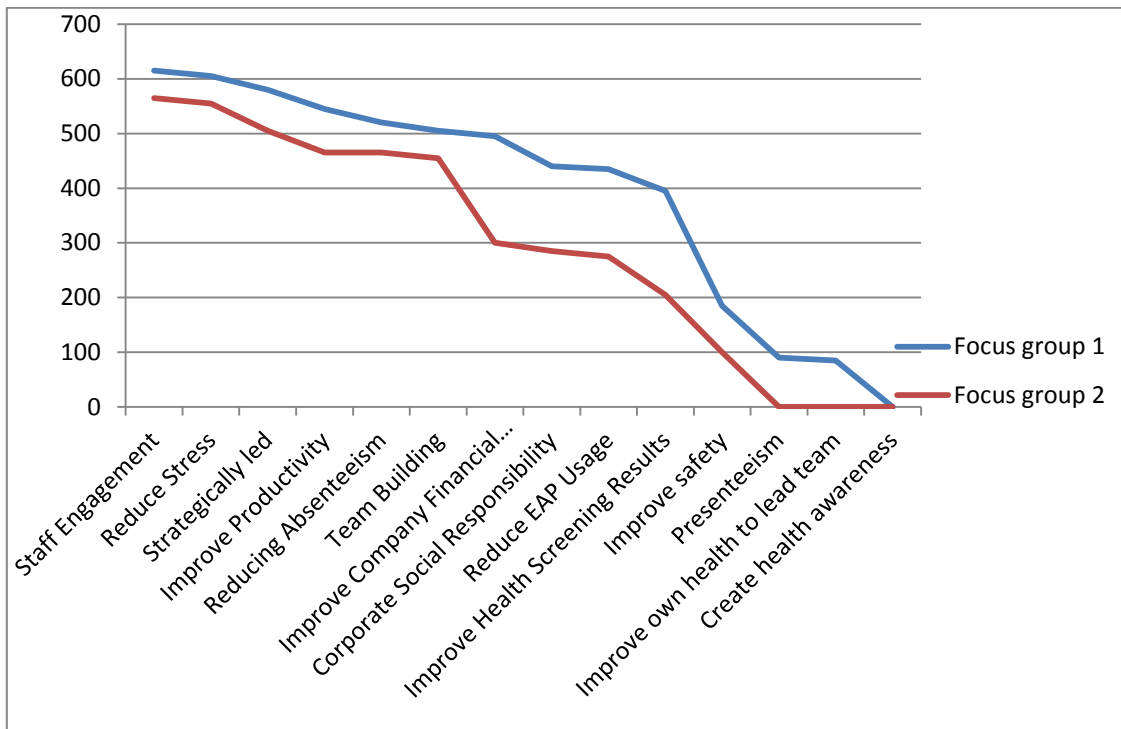
Most companies are actively working towards alleviating stress for employees. It was evident that larger multinational companies had greater capacity to provide to provide comprehensive wellbeing initiatives and specifically tailored programmes. The current economic climate was deemed the main contributing factor to stress. Many participants cited financial pressures, increased work hours, and reduced salaries as impacting on mental and physical health. Macy, Chassen & Presson (2013) conducted a study on health behaviours after an economic downturn. This research study discovered health behaviours can be impaired as a result of economic declines and their associated stress, lack of finances and free time.

7.12 Findings

Results from the card exercise proved to be extremely interesting, in particular in relation to the number one and two reasons for implementing workplace health promotion. Each employer focus group concluded that the number one reason for implementing workplace health promotion is to achieve ‘staff engagement’, with ‘reducing stress’ ranked as number two. The ranking of stress, as number two, is not surprising, and correlates significantly with the key themes of the discussions in the focus group, around stress.

Ranking	Reasons why Employers implement Workplace Health Promotion: Employers perspective	Focus group 1
1	Staff Engagement	615
2	Reduce Stress	605
3	Strategically led	580
4	Improve Productivity	545
5	Reducing Absenteeism	520
6	Team Building	505
7	Improve Company Financial Performance	495
8	Corporate Social Responsibility	440
9	Reduce EAP Usage	435
10	Improve Health Screening Results	395
11	Improve safety	185
12	Presenteeism	90
13	Improve own health to lead team	85
14	Create health awareness	0

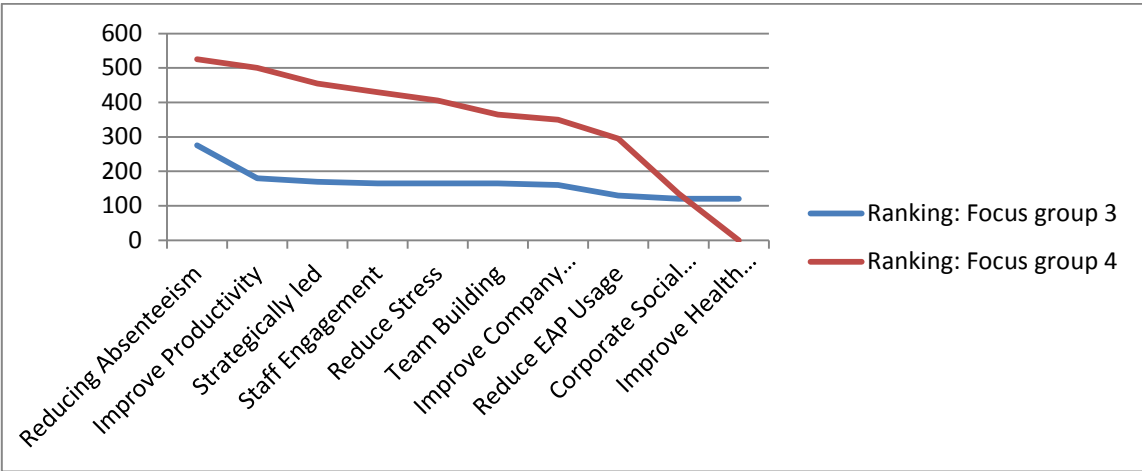
Ranking	Reasons why Employers implement Workplace Health Promotion: Employer perspective	Focus Group 2
1	Staff Engagement	565
2	Reduce Stress	555
3	Reducing Absenteeism	505
4	Team Building	465
5	Corporate Social Responsibility	465
6	Improve Productivity	455
7	Strategically led	300
8	Improve Company Financial Performance	285
9	Improve Health Screening Results	275
10	Reduce EAP Usage	205
11	Create health awareness	100
12	Improve safety	0
13	Presenteeism	0
14	Improve own health to lead team	0



Results from the employees card exercise, ranked ‘reducing absenteeism’ and ‘increasing productivity’ and number one and two, however each focus group differed in the exact rankings. Interestingly, the employee focus groups did not rank either staff engagement or reducing stress, as highly as the employers.

Ranking	Reasons why Employers implement Workplace Health Promotion: Employee perspective	Focus group 3
1	Reducing Absenteeism	275
2	Improve Productivity	180
3	Strategically led	170
4	Staff Engagement	165
5	Reduce Stress	165
6	Team Building	165
7	Improve Company Financial Performance	160
8	Reduce EAP Usage	130
9	Corporate Social Responsibility	120
10	Improve Health Screening Results	120

Ranking	Reasons why Employers implement Workplace Health Promotion: Employee perspective	Ranking: Focus group 4
1	Improve Productivity	525
2	Reducing Absenteeism	500
3	Staff Engagement	455
4	Team Building	430
5	Improve Company Financial Performance	405
6	Corporate Social Responsibility	365
7	Reduce Stress	350
8	Improve Health Screening Results	295
9	Reduce EAP Usage	135
10	Strategically led	0



8. DISCUSSION

It is a reasonable assumption that the individuals that participated in the focus group research study were interested in the topic of workplace health promotion on the basis of their wilful participation. Therefore results are not intended to be representative of all Irish employers, but do provide some new insights into the views of an interested group of employers and employees within organisations in Ireland. Cameron & Price (2009) warn against drawing conclusions about workforce as a whole, when the sample size is relatively small and a far wider-reaching sample may be necessary to support.

The linkages between mental and physical wellbeing were widely acknowledged, by the groups. Employers felt there were merits in embarking on wellbeing initiatives to improve health status of employees. Individualism and responsibility for one's own actions was a common theme across all focus group discussions. This is supported by Bandura (2004) who claimed "*Human health is a social matter, not just an individual one*".

Throughout the focus group sessions participants made constant references to the 'recession' and 'current economic climate' and 'costs' or 'financial pressures'.

Also, it was interesting to note that there were observational remarks on the number of people who are getting involved in charity events, out running in the park or using 'free amenities'.

While Google emerged as a major source of health information –it was considered a starting point to direct towards other trusted sources of health information. It is however, concerning that most participants voiced reluctance to visit the GP as a first point of contact, when ill – citing it a cost-prohibitive. Consensus was formed across the groups, that opting for the pharmacy as a way to seek medical advice, rather than pay to visit the GP was quicker and more cost effective.

However, there was some caution in relation to Google and social media sites in general, particularly in relation to misinformation. There was indifference from employers and employees

in relation to social media, in particular to its use in the workplace. Employers expressed concern with productivity levels decreasing should employees be afforded access to social media sites. Similarly, employees conceded possible reluctance by employer in respect to social media access. However, all groups affirmed social media would be an excellent route for a public health campaign.

Uher & Ritchie (1998) wrote a paper on promoting the health of construction workers. It's focus was primarily on physical fitness and nutrition programmes, delineating the presence of a connection between the health of employees and their productivity. An interesting finding from this research was that when construction workers were asked whether they related fitness to physical endurance and strength, dietary habits and/or stress, all participants saw fitness as having the principal role of physical endurance and strength.

The current economic climate has put undue pressure on the individual, companies and the state. Health behaviours are impacted considerably as a result. A longitudinal study by Macy, Chassin, Presson (2013) looked at five different health behaviours, testing the association between working hours, change in employment status, and financial strain and health behaviours, pre and post the 2008 recession. This study found that participants showed increased levels in all five behaviours after the economic downturn. There is substantial evidence to support the argument that economic downturn negatively affect physical and mental health (Goldman-Mellor, S.J., Saxton, K.B., & Catalano, R.C. 2010)

8.1 Motivational aspects of behaviour change

It is interesting to note that 'employee engagement' ranked number one for both employer focus groups. Albeit a small research study, it is concerning that stress was prevalent theme, namely as a result of personal financial pressures as a repercussion of the economic downturn. This is further reinforced by the employee's focus groups who mention finances and strain, with health impacts for individuals as a result. There was recognition by the employees groups on how their

employers were making efforts to alleviate pressures and the negative impacts the recession had left in their own organisations.

8.2 Goals

According to Bandura (1998), “*Human is activated while learning how to exercise control over environmental demands and during the process of developing and expanding competencies*”. Sheridan, Sibson, Scherrer, Ryan & Henley (2010) guided a study on Employee engagement with the Global Corporate Challenge initiative which is a commercially-driven physical activity initiative. The study proved to be successful in terms of building awareness on individual physical activity levels, as well as stimulating social relations among employees. Results pointed strongly towards the importance of employers offering a structure to support such initiatives.

Noteworthy, across all focus groups there was a general agreement that people react well to a sense of competition and a drive toward certain goals. Bandura (1998) believed in that in self motivation, people measure themselves against their achievements by comparing them to their set goals, and react either negatively or positively depending on the result. Sheridan et al. (2010), provide a suitable example this particular hypothesis, in the Global Corporate Challenge study, where employees were actively involved in new approaches to increase exercise levels and experience a sense of sadness when they failed to reach their goals and a sense of accomplishment when they were successful.

The theme of obesity evoked comments from all discussion groups and the over-riding solution derived from this particular qualitative research was that early intervention in relation to health promotion, would lead to better outcomes. Onywera (2010)

An Amas survey found that, 77% of 16 to 29 year olds are on the internet every day; 64% of 30 to 44 year olds; 43% of 45 to 69 year olds; and 21% of 60 to 74 year olds are online every day. Of those surveyed, 25% said they hadn't been online in the last 3 months, with 62% of those in

the 60 – 74 age group, (amas, 2011). The amas figures also show an increase in how many of us are going online each month – in all age categories, including ‘silver surfers’.

9. CONCLUSION

The use of qualitative research methodology was an important strength to this research study which directly assessed employers and employees perceptions of health promotion within the membership of the largest business representative body in Ireland.

The current economic climate has put undue pressure on the individual, companies and the state. Health behaviours are impacted considerably as a result of stress.

Stress is quoted as the number one health risk and drives workplace wellness programmes across most places in the world (Buck Consultants 2009). Different countries have different reasons for implementing workplace health programmes. For instance, in the USA, the main driver is to reduce healthcare costs, however in Asia it is to boost morale of employees and improve engagement with employees. The results from this particular research study align well with Asia, in terms of staff engagement being ranked as the number one priority for implementing wellness programmes.

The importance of implementing public health and workplace health promotion strategies cannot be denied. At a population health level, there is merit in providing behavioural change health campaigns, which are guided by behaviour theory. The most effective strategy, would have an integrated and supportive approach, with public health and media programmes, including e-health strategies, both on a population health level and workplace level. This particular finding is substantiated by Ahern et al. (2007)

10. APPENDICES

10.1 Appendix1

Table 1: Classification of weight categories using the Body Mass Index (BMI)

Category	BMI Level
Underweight	Less than 18.5
Normal	18.5 – 24.9
Overweight or pre-obese	25.0 – 29.9
Obese	30 and over

Adapted from: Oireachtas Library & Research Service (2011)

10.2 Appendix 2

IBEC NHF Workplace Health Promotion Initiative Survey 2013

Q.1 Does your company actively participate in a workplace health promotion initiative?

The following sections related to companies who answered 'Yes' to Q.1

Q.1.1 Which workplace health promotion initiative(s) has your company implemented?

- a) Department of Health's Healthy Bodies – Healthy Work
- b) Global Corporate Challenge
- c) Healthforce Limited
- d) Internally designed and implemented
- e) Irish Health Foundation's Happy Heart at work
- f) Nutrition and Health Foundation's Workplace Wellbeing Campaign
- g) Workplace Health Partnership
- h) Other (please give details)

Q1.2 Why has your company chosen to engage in this programme? (1 – 8; 1 = most important)

- a) Build morale / team building purposes
- b) Demonstrate a return on investment for your organisation
- c) Improve employee retention
- d) Improve productivity
- e) Improve the health and wellbeing of employees
- f) It is a nice thing to do (Corporate social responsibility)
- g) Reduce absence levels
- h) Other

Q.2 Does your company measure the impact of this campaign?

Please indicate if your company has seen improvements in the following: -

- a) Absence rates
- b) Health screening results
- c) Productivity levels
- d) Reduction in Employee Assistance Programme (EAP) takeup
- e) Staff engagement with initiative
- f) Staff engagement with initiative

The following sections relates to those participating companies that answered 'No' to Q.1

Q1.3 Why has your company NOT chosen to engage in such an initiative? (1 – 8; 1 = most important)

- a) Awkward subject to tackle
- b) Do not see the benefits
- c) Employee health not the responsibility of the company
- d) Employee scepticism on company's motives
- e) Never been asked to provide it
- f) Too time consuming
- g) Too expensive
- h) Other

The following sections relate to all participating companies

Q.3 Does your company have any other types of initiatives to encourage healthy diet / exercise in your workplace?

- a) Company-led charity initiatives e.g. fun-runs
- b) Company-led sports teams
- c) Cookery classes
- d) Subsidised gym membership
- e) Subsidised healthy lunches/snacks
- f) Other (please specify below)

Q.4 Would your organisation be willing to participate in the NHF's workplace health promotion initiative?

Q.5 Would your organisation be willing to participate in the NHF's pilot workplace health promotion initiative?

10.2 Appendix 2

Focus Group Research Study on Workplace Health Promotion

Information Sheet and consent form for Participants

You are invited to participate in a focus group research study on Workplace Health Promotion, which will form the basis for an MSc in marketing dissertation at the National College of Ireland as well as inform the work of the Nutrition and Health Foundation (NHF).

Focus groups will be conducted in four sessions, looking at the **Employers perspective** and the **Employees perspective**: -

- Employers perspective (focus group session: 12 - 2 p.m., Wednesday 24th July)
- Employers perspective (focus group session: 12 - 2 p.m., Thursday 25th July)
- Employees perspective: (focus group session: 12 - 2 p.m., Friday 26th July)
- Employees perspective: (focus group session: 3 - 5 p.m., Friday 26th July)

Sessions will be held in the Irish Business and Employers' Confederation (IBEC), 84/86 Lower Baggot Street, Dublin 2

Please read the following information, before deciding whether or not to participate

What are the objectives of the study?

Research Objective:

Drawing from the literature, the main purpose of this research study is to gather views and opinions from an employer's and an employee's perspective, on health and well-being as a public health and workplace concern.

A sub-objective is to gather insights from an employer's and an employee's perspective on Health promotion in the workplace;

Research questions of the study are to: -

- Examine views on available sources of health information;
- Understand the best methods of motivating and engaging employees in workplace wellbeing initiatives;
- Gather views on methods in which workplace health wellbeing can be promoted;
- Ascertain if there is value in building awareness beyond the confines of the workplace setting.

Why have I been asked to participate?

As a volunteer/nominated employee within your organisation, with an interest in Workplace Wellbeing, you have been invited, along with other volunteer/nominated employees, to attend this focus group session. You have also been invited as your employer is a member organisation within the Irish Business and Employers' Confederation (IBEC) and/or a participating company in the Nutrition and Health Foundation (NHF) Workplace Wellbeing Campaign.

What does participation involve?

Participation in this research focus group study, involves knowledge-sharing among peers from other organisations, lending their experience and involvement in Workplace Health Promotion from an employee perspective. The session will be conducted over a period of 60 - 90 minutes (maximum), to gather your inputs. The focus groups sessions will be transcribed and recorded, with responses then analysed in code format afterwards.

Right to withdraw:

Participants have the right to withdraw from the research at any time for whatever reason. Participants can also request at any time to have their response data removed from record.

Are there any benefits from my participation?

Individuals will participate in these focus groups with their peers and gain an insight into practices in other work places. No company names will be disclosed as part of this study, nor will any individual participant be identified in any publication. A small token of appreciation be provided for individuals who participate. Once final results of this study are available, I will be happy to provide a presentation to member companies of the focus groups, as a thank you for your participation. Results may guide future workplace wellbeing initiatives.

Are there any risks involved in participation?

There are no risks associated with participation. Any inconvenience involved in taking part will be limited.

Confidentiality

Please be assured, all information gathered as part of this research study will be kept strictly confidential, and all individual and company anonymity is guaranteed. All information will be stored carefully and will not be publicly displayed or published without prior consent.

Contact details

If you have any further questions about the research you can contact:

Researcher:

Adrienne McDonnell, NHF Executive Adrienne.mcdonnell@ibec.ie or 01-6051677

Supervisor: Dr Thomas McCabe, Lecturer HRM and Research Methods, National College of Ireland Thomas.McCabe@ncirl.ie

10.3 Appendix 3

Consent Form

A Research Study on Workplace Health Promotion

	Please initial box
I have read and understood the attached information leaflet regarding this study. I have had the opportunity to ask questions and discuss the study with the researcher and I have received satisfactory answers to my questions.	
I understand that my participation is voluntary and I am free to withdraw from the study at any time without giving a reason and with no repercussions.	
I agree to take part in the above study.	
I agree to you using the information I provide for research purposes.	

Name of Participant: _____

Date: _____

Signature: _____

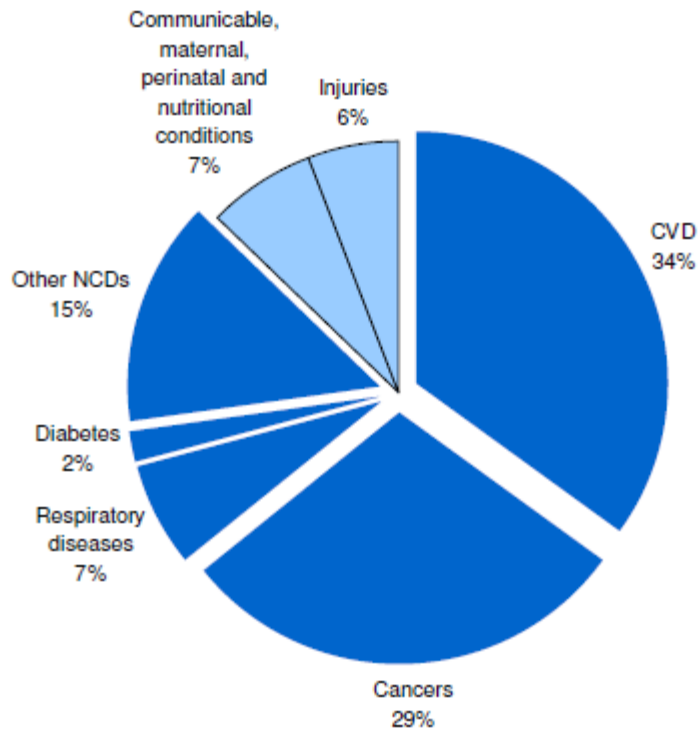
Name of Researcher: _____

Date: _____

Signature: _____

10.4 Appendix 4

Proportional mortality (% of total deaths, all ages)

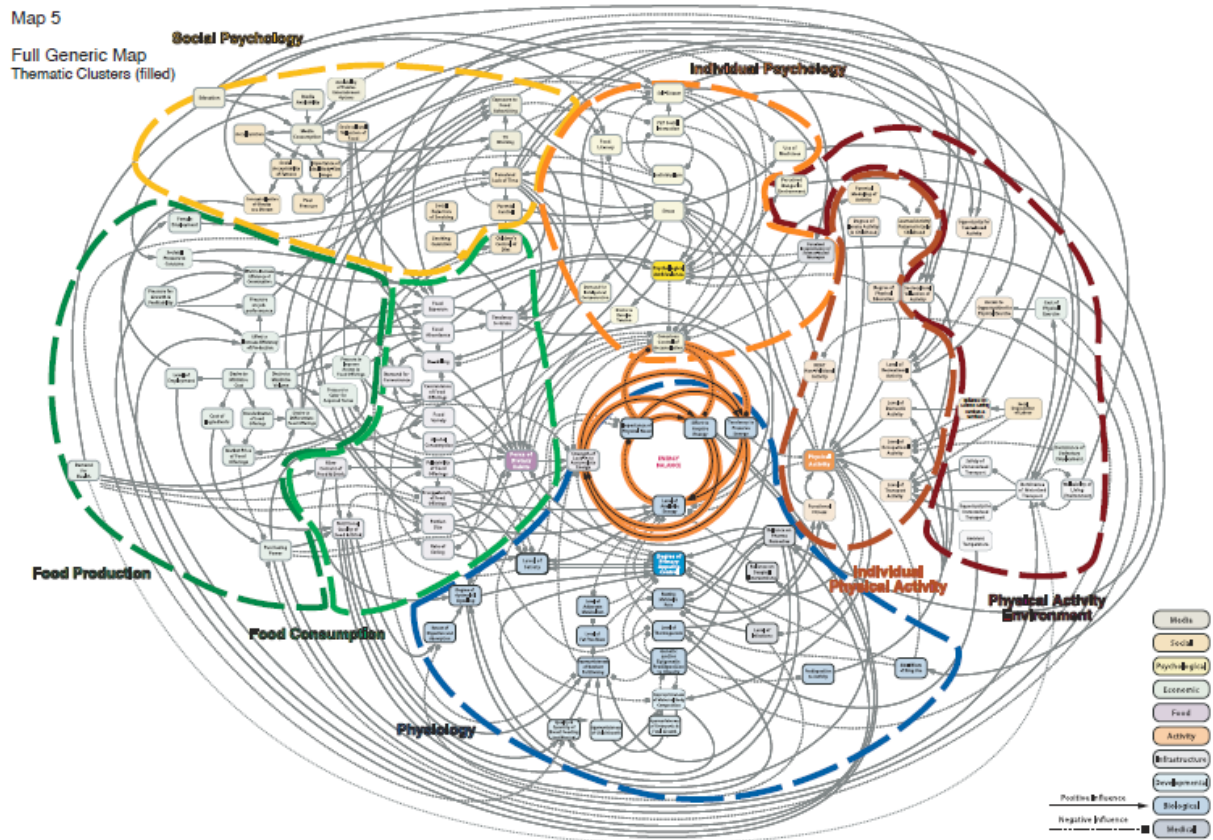


NCDs are estimated to account for 87% of all deaths.

Source: World Health Organisation (2011) NCD Country Profiles – Ireland.

10.5 Appendix 5

A Full Generic Map of Obesity Issue, with Thematic Clusters (filled)



Source: Vandebroek, Goossen & Clemens (2007)

10.6 Appendix 6

Focus Group 1 (Employers)

	Participant Code	Participant Code	Participant Code	Participant Code	Participant Code	Participant Code	Participant Code
Name:	1P#1	1P#2	1P#3	1P#4	1P#5	1P#6	1P#7
Job title:	HR / Office Manager	HR Manager	HR Manager	HR Manager	CRM Manager	Occ Health Nurse	HR Director
Industry Sector	Financial Services	Services	Charity	Energy	Prof Services	Transport	Prof Services
Company Type	MNC	Charity	Services	Public Sector	470	Public Sector	MNC
No. Employees	50	29	50	223	MNC	3200	470
Location:	Dublin	Kerry	Dublin	Galway	Dublin	Nationwide	Dublin

Focus Group 2 (Employers)

	2P#1	2P#2	2P#3	2P#4	2P#5	2P#6
Name:	2P#1	2P#2	2P#3	2P#4	2P#5	2P#6
Job title:	HR Intern	HR Specialist	Office Manager	HR Manager	HR Manager	HR Manager
Industry Sector	Charity	Charity	Prof Services	Software	Services	Insurance
Company Type	Services	Services	Charity	SME	MNC	MNC
No. Employees	70	70	60	45	50	700
Location:	Nationwide	Nationwide	Dublin	Dublin	Dublin	Dublin

10.7 Appendix 7

Focus Group 3 (Employees)

Name:	3P#1	3P#2	3P#3
Job title:	Self-Employed	Adminstrator	HR Admin
Industry Sector	Retail	Services	Energy
Company Type	Services	Public Sector	Public Sector
No. Employees	1	300	223
Location:	Dublin	Nationwide	Galway

Focus Group 4 (Employees)

Name:	4P#1	4P#2	4P#3 *	4P#4	4P#5	4P#6
Job title:	HR Manager	IT Officer	Software Intern	Executive	Outreach worker	Sales Manager
Industry Sector	Charity	Services	Prof Services	Prof Services	Charity	Insurance
Company Type	Public Sector	MNC	International	Private Sector	Services	Charity
No. Employees	1000	50	170	170	70	170
Location:	Dublin	Dublin	Dublin	Nationwide	Dublin	UK & Ireland

(* 4P#3 - Only male contributor to the study)

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