Planning an organizational wellness initiative at a multi-state social service agency

J. Jay Miller[a,*], Erlene Grise-Owens[b], Donia Addison[b], Midaya Marshall[b], Donna Trabue[c], Laura Escobar-Ratliff[b]

[a] College of Social Work, University of Kentucky, United States
[b] School of Social Work, Spalding University, United States
[c] Volunteers of America Mid-States, United States

ABSTRACT

Increasingly, organizations in general, and social service organizations, specifically, are recognizing the importance of planning and evaluating organizational wellness initiatives. Yet, few participatory models for carrying out these aims exist. For this study, researchers utilized concept mapping (CM) to explicate a conceptual framework for planning, and subsequently evaluating, a wellness initiative at a multi-state social service organization. CM is a participatory approach that analyzes qualitative data via multi-dimensional scaling and hierarchical cluster analyses. Outputs include a number of visual depictions that allow researchers to explore complex relationships among sets of the data. Results from this study indicated that participants (N = 64), all of whom were employees of the agency, conceptualized organizational wellness via an eight-cluster solution, or Concept Map. Priority areas of this framework, specifically importance and feasibility, were also explored. After a brief review of pertinent literature, this article explicates the CM methodology utilized in this study, describes results, discusses lessons learned, and identifies apt areas for future research.

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1. Introduction

Organizational wellness initiatives have been conceptualized myriad ways (Adams, Bezner, Drabbs, Zambarano, & Steinhardt, 2000). Usually, these programs are planned and implemented by administrators or human resource professionals, without consulting those most impacted by these initiatives: employees. Similarly, approaches for implementing a wellness initiative are typically from the business sector; models tailored for social service organizations are needed.

This paper documents the use of Concept Mapping (CM) to conceptualize and plan an organizational wellness initiative at a multi-state social service agency. CM is a participatory, mixed-method approach that analyzes qualitative statements by coupling multidimensional scaling and hierarchical cluster to produce visual depictions of data (Kane & Trochim, 2007). After a pithy review of relevant literature, this paper will describe the process for the study, explicate key findings, discuss these results, identify

lessons learned from the CM process, and recommend apposite areas for future research.

2. Literature review

2.1. Organizational wellness defined

Increasingly, agencies and organizations are recognizing the importance of employee wellness. In the United States, recent implementation of the Patient Protection and Affordable Care Act of 2010 (P.L. 111–148) and attention in the popular media about workplace environments, such as Amazon (see Kantor & Streitfeld, 2015), has heightened awareness of employee wellness. As a result of this increased awareness, both in the United States and abroad, more and more companies are seeking to implement organizational wellness initiatives (e.g., Blake & Lloyd, 2008; Mayer & Boness, 2011; McGillivray, 2005).

Defining organizational wellness can be somewhat difficult. In part, this difficulty stems from the varied definitions and subsequent forms that wellness initiatives take (Mujtaba & Cavico, 2013). Berry, Mirabito, and Baun (2010) defined organizational wellness as "an organized, employer-sponsored program that is designed to support employees (and, sometimes, their families) as

* Corresponding author.
  E-mail address: Justin.Miller1@uky.edu (J. J. Miller).

they adopt and sustain behaviors that reduce health risks, improve quality of life, enhance personal effectiveness, and benefit the organization's bottom line" (p. 4). Similarly, Diamante, Natale, and London (2006) termed organizational wellness as "the strategic integration of business, interpersonal, and individual needs to optimize overall human and organizational well-being" (p. 460). McGillivray (2005) expanded these notions by explaining that organizational wellness includes "both language and practices", and described "the said and seen" associated with the promotion of wellness for an organization's employees (p. 126).

3. Rationale for organizational wellness initiatives

Wellness initiatives have been proffered to employees for a plethora of reasons. The benefits of participation in organizational wellness initiatives by employees have been well documented. For instance, research concluded that participation in wellness initiatives can reduce absenteeism (Cancelliere, Cassidy, Ammendolia, & Côté, 2011); positively impact workplace productivity and performance (Allender, Colquhounz, & Kelly, 2006; Berry et al., 2010; Young & Lambie, 2007) increase job satisfaction (Parks & Steelman, 2008); assuage issues related to workplace aggression and violence (Wittmer, Sinclair, Martin, Tucker, & Lang, 2013); allay some health issues among employees (Blake & Lloyd, 2008) and serve as a potential recruitment tool for new employees (Parks & Steelman, 2008), among other effects. In a 2010 issue of the *Harvard Business Review*, Berry et al. (2010) postulated that the financial rate of return for organizational wellness programs could be as high as six to one. Indeed, planning and implementing a wellness initiative can be a worthwhile investment for agencies and organizations.

Preliminary research suggests that wellness initiatives may be especially beneficial to employees in social service agencies. Literature points out that employees at these agencies are at an increased risk for vicarious traumatization, secondary traumatic stress, compassion fatigue as trauma related stress, and professional burnout, (e.g., Adams, Boscarino & Figley, 2006; Dunkley & Whelan, 2006). When compared to other professions, social service employees are often disproportionately impacted by bureaucratic processes related to service delivery, cuts in funding, and community resources (e.g., Grise-Owens, Miller, Escobar-Ratliff, & George, in press; Lee & Miller, 2013; Whitaker, Weismiller, & Clark, 2006). Undoubtedly, organizational wellness initiatives may go a long way in addressing some of the problematic challenges, which in turn, can have a positive impact on the communities served by these agencies (e.g., Ellett, 2009; Nourbakhsh, Branch, & Mirabi, 2013; Prilleltensky & Prilleltensky, 2006; Shim, 2010).

4. Form and function of organizational wellness initiatives

Organizational wellness initiatives and programs can take on a variety of forms. In their simplest form, these programs may solely entail distributing information to employees about well-being or managing stress (Watson & Gauthier, 2003). Diamante, Natale, and London (2006) explained that wellness initiatives might also include employee financial assistance programs; bereavement programs; networking and mentoring programs; and stress management, coaching, and feedback programs, among others. Mulvaney (2014) asserted that family-friendly employee benefits packages could be a beneficial component of a wellness program. Mulvaney concluded that employees of agencies and organizations that adopted these benefits programs demonstrated higher job-self-efficacy and organizational commitment levels, as compared to organizations without these programs. While many wellness initiatives are formed for employees as a whole, Cancelliere et al.

(2011) asserted that individually tailored wellness programs might be most successful in meeting organizational wellness goals.

The wellness initiatives documented in the literature have overwhelmingly focused on physical wellness (e.g., Adams, Bezner, Drabbs, Zambarano, & Steinhardt, 2000; Mayer & Boness, 2011). Examples of these include diet and exercise programs and providing or supplementing the cost of gym memberships (e.g., Center for Disease Control and Prevention, 2012; Diamante et al., 2006). Though the need to include psychological and spiritual wellness as components of overall wellness has been recognized, examples of these programs are less documented in the existing literature (e.g., Adams, Bezner, Drabbs, Zambarano, & Steinhardt, 2000; Mayer & Boness, 2011). A multi-pronged approach to organizational wellness seems necessary for the most impact. Five areas of attention include: (a) employee involvement; (b) work-life balance; (c) employee growth and development; (d) health and safety; and (e) employee recognition (e.g., Cox & Steiner, 2013).

5. Challenges to implementing organizational wellness initiatives

As articulated above, organizational wellness has multiple facets. Thus, planning, implementing, and evaluating organizational wellness initiatives can have challenges. Wellness initiatives in human service organizational contexts have additional complexities. While business and social service contexts share commonalities, important differences need to be considered. The consequences and costs of burnout, compassion fatigue and other "conditions of professional depletion" (Greville, 2015) are increasingly documented in the helping professions. The value of social service organizations engaging in wellness initiatives is increasingly clear and compelling. Indeed, implementing wellness initiatives, including training related to professional self-care, can help to assuage many of the problematic outcomes (e.g., turnover, burnout, etc.) documented in the literature (e.g., Cox & Steiner, 2013; Lee & Miller, 2013). Thus, models for wellness initiatives in social service organizations are urgently needed (Clarke & Cooper, 2004; Cox & Steiner, 2013; National Association of Social Workers, 2012).

Likewise, very few participatory frameworks for planning wellness initiatives in any context have been documented in the literature. Wellness initiatives have typically been planned and executed at the supervisory/administrative level, with these processes seldom taking into account the direct perspectives of employees (e.g., Byers, Johnson, Davis-Groves, Byrnes, & McDonald, 2014). Consequently, this "top-down" approach may contribute to low participation in wellness initiatives (e.g., Watson & Gauthier, 2003).

Another major challenge in implementing organizational wellness initiatives is related to evaluating wellness initiatives. Historically, the impact of wellness programs has not been rigorously researched or evaluated (Seedhouse, 1996; Watson & Gauthier, 2003). As such, explicating generalizable strategies to incorporate in wellness programs can be difficult (Parmelli, Gerd, Beyer, Baillie, Schaafsma, & Eccles, 2011). In part, this difficulty can be attributed to the different forms and models for wellness programming, as discussed above. Another obstacle to evaluating these endeavors may also be associated with the research capacity, or lack thereof, of the organizations involved in the wellness endeavors (e.g., U.S. Department of Labor, 2013). Other challenges include perceived costs of wellness initiatives, complex legal considerations, and the perceived laborious implementation of these initiatives, to name a few (e.g., Collins, Gibson, Parkin, Parkinson, Shave, & Dyer, 2012; Mujtaba & Cavico, 2013). The implications derived from the literature are clear. Though the benefits of organizational wellness initiatives are documented,