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Lauren Kenney
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Approved:

Kathleen J. Hart, Ph.D., ABPP
Kathleen J. Hart, Ph.D., ABPP
Chair, School of Psychology

Morrie Mullins, Ph.D.
Morrie Mullins, Ph.D.
Thesis Chair
Workplace Health Promotion Programs and Perceptions of Employee Body Image
Thesis Committee

Chair
Morrie Mullins, Ph.D.
Professor of Psychology

Member
Christine M. Dacey, Ph.D., ABPP
Professor of Psychology

Member
Dalia Diab, Ph.D.
Associate Professor of Psychology
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Abstract

The purpose of this research was to determine if participation in workplace health promotion (WHP) program has any influence on employees’ awareness of and satisfaction with their body image, and whether or not those levels of awareness and satisfaction differ between male and female employees. It was hypothesized that individuals who participate in a WHP program would report higher body surveillance and lower body shame than those who do not participate in such a program. Exploratory hypotheses also questioned if there were gender differences in participants’ experiences of surveillance and shame. Data were collected from a sample of 174 participants. Independent-samples $t$-tests were used to test the main hypotheses focused on participation, and ANCOVAs were used to test the exploratory hypotheses focused on gender. Neither of the main hypotheses yielded significant results, whereas the exploratory hypotheses yielded results in the opposite direction of what was hypothesized. This study contributed interesting findings to the literature on WHP and wellness programs, as well as two keys factors that contribute to the development of body image. Participating in, or at least being exposed to, a WHP program may lead some employees to experience varying degrees of body surveillance or body shame, but said participation did not yield a significant increase in surveillance nor a significant decrease in shame. Of greater interest is that although male WHP program participants and non-participants alike reported significantly more body surveillance, there were no significant differences between both male and female participants (and non-participants) in the experience of body shame. These results have significant implications for future discussions surrounding the development of body image and experience in WHP programs.
Chapter I

Review of the Literature

As concerns over the rates of obesity and reported sedentary lifestyles continue to trouble employers and health care providers, it seems that the interest in implementing health and wellness programs across a variety of work environments has expanded significantly within the past decade (Weinstock, 2013). Popular culture seems to be the strongest catalyst for this growth, as television programs such as *The Biggest Loser* and *Extreme Weight Loss* have captured the nation’s attention, with the former garnering 7.36 million viewers in its 15th season alone (Deadline, 2014), thereby contributing to an increased interest in improving the population’s overall health. As of 2014, about 73% of employers having between 3-199 workers and nearly 98% of employers having 200 or more workers offered at least one wellness program within their organization (Kaiser Family Foundation). Recent literature on the implementation of these workplace wellness programs posits that, because of their mainstream popularity and perceived benefits, creation and availability of such programs may double within the next year (Begley, 2015). Additionally, it seems that recent provisions with the Affordable Care Act can penalize workers who do not opt to participate in company-sponsored health and wellness programs (Begley, 2015). Although some of these workplace health promotion (WHP) programs have the potential to positively influence workers’ physical and psychological health, it will be of interest for I-O psychologists and organizational leaders alike to determine how such programs contribute to other factors that influence how employees feel about themselves.
Much of the previous literature has focused on the physical and, to a lesser extent, the mental health benefits of these programs; research generally does not touch on how these programs may influence other psychological factors and how these psychological factors (such as body image) influence employee well-being. The intention of this research, then, is to consider this issue: specifically, it seeks to determine if the availability and use of WHP programs has any influence on employees’ awareness of and satisfaction with their body image, as well as whether or not levels of awareness and satisfaction differ between male and female employees. If organizations are planning to introduce work-sponsored WHP programs, they need to consider whether or not these programs are going to have an influence on perceptions of and satisfaction with body image, and if this influence could have an impact on performance at work – both for those who participate and those who opt out.

**Workplace Health Promotion (WHP) Programs**

The influence of health programs for employees was discussed as early as the mid-1980s. Brownell, Cohen, Stunkard, Felix, and Cooley (1984) observed changes in physical health, activity levels, and employee morale stemming from three weight loss competitions held within an organization. The authors found that although prior health promotion programs reported high attrition rates and lower amounts of actual weight loss, the introduction of the competitive program enhanced social support and motivation among employee participants, which subsequently contributed to increased rates of weight loss and physical improvement. Overall, the results of Brownell et al.’s study showed that the program was well received by the organization’s employees, and improved not only their physical health but also their relationships within the organization. Though the results of their study did not directly lead to increased utilization of competitive WHP programs, they demonstrated a promising future for
the organizations that sought to implement them, as well as researchers who would go on to
study their effectiveness. More recently, Malik, Blake, and Suggs (2014) compiled a systematic
review of workplace initiatives meant to increase physical activity among employees. They
found that of 58 studies conducted, the majority of health programs implemented demonstrated a
significant increase in physical activity for employees who participated in the program compared
to those who elected to not participate. In addition to positive outcomes pertaining to weight loss
and health improvement, the authors noted that participation in such programs was primarily
voluntary, which may have further contributed to their success. If employees are making the
active, personal choice to participate and take their health and wellness into their own hands,
they are likely to stay more engaged and on course with the WHP program plan.

Although the WHP literature from earlier decades is sparse, interest in this topic has
expanded significantly within the past decade as obesity and other major health concerns have
become more prevalent within the current American workforce. Weinstock (2013), in an
interview with Helen Darling, noted that U.S. business leaders are seriously concerned with the
rising costs of providing healthcare to their employees, and employers are increasingly reliant on
wellness initiatives and consumer-directed plans to address these health and monetary concerns.
Not all WHP programs focus solely on weight loss and weight management, but a significant
number of organizations are most concerned with managing obesity and other weight-related
issues among their employees. Even after decades of obesity research, significant long-term
weight loss – regarded as a loss of 5% of one’s initial weight – is something that many
Americans struggle with, and now employers are taking more of a responsibility in trying to help
employees keep that weight off and stay healthy (Mitchell, Polsky, Catenacci, Furniss, & Prochazka, 2015). Though most researchers have focused on white-collar workers in professional settings when studying WHP program participation, some research has focused on blue-collar populations as well. Specifically, Morgan et al. (2012) targeted blue-collar, male shift workers and hypothesized that workers in a company-sponsored weight loss program would see an improvement in work-related outcomes compared to workers who did not participate. A sample of 110 overweight male shift workers from an Australian aluminum plant were split into either a 14-week Workplace POWER program group or the wait-list control group. Participants were assessed prior to the start of the study and again after 14 weeks to evaluate weight, absenteeism, presenteeism (also viewed by the authors as “decreased productivity at work” (p. 123) due to the decrease in work productivity and outputs while being present but sick in the workplace), quality of life and mental health, workplace injuries, and sleepiness. Results demonstrated that rates of absenteeism, presenteeism (decreased productivity), and workplace injuries decreased and mental aspects of quality of life (no significant results for physical aspects) increased as a result of the intervention in the WP group. In addition, the WP group lost more than 5% of their starting weight compared to the wait-list group, who did not experience any change in their weight. The focus on this population and the results of the study have implications for not only researchers, but employers and managers as well. Employers should make sure they are considering the health and wellness of all their employees – not just the ones who are sitting at a desk all day. However, the employees with more sedentary jobs and tasks are likely to be at higher risk for health issues associated with such a lifestyle, and thus it makes sense for researchers to continue to focus heavily on office workers.
Types and examples of programs. There are several WHP programs an organization can implement, as well as different ways they can choose to implement them. Some programs may focus solely on weight loss or smoking cessation, whereas others place less of an emphasis on targeting one particular issue and instead focus on increasing a variety of healthy-living habits. The type of program an organization chooses to implement may depend on how great their employees’ needs are; for instance, if an organization has a significant population of smokers, they may consider adopting a smoking cessation program that prevents employees from taking smoke breaks on the work site, while also providing the tools and resources needed to work on quitting at home. If over half of the employees in a department are overweight or obese, the organization may advocate for a program that emphasizes weight loss and exercise, while keeping track of their efforts and progress.

An example of a weight loss-oriented program comes from a review presented by Heinen and Darling (2009) in a discussion of how Northeast Utilities (NU) encouraged employees to complete WellAware, an initiative that provides a cash incentive for those who engage in a four-step education and exercise program. In order to help employees meet the program’s goals, NU made theme-based exercise programs and pedometers available to all participants, along with nutrition counseling that could be accessed in person, online, and via telephone. Organizations may also determine whether or not they want to make participation in these programs mandatory for all employees. The major difference between the mandatory and voluntary programs is that voluntary programs include some sort of incentive or reward for meeting the health goals employees set out to achieve, whereas the mandatory programs also typically include some sort of consequence such as an increase in health insurance premiums if the employees fail to meet their target goals (Montagne & Downey, 2013); there is no consequence to employees failing to
meet their goals in the voluntary programs. Historically, mandatory programs have not been as prevalent as voluntary programs; however, as costs for health care have increased and employers are taking note of what differentiates the top (and presumably healthier) performers from the average ones, large organizations are considering a move toward consumer-directed health plans that require some sort of healthy lifestyle change and wellness initiatives (Weinstock, 2013). Additionally, organizations can determine whether or not spouses, dependents, and other family members are eligible to participate in aspects of the program. For example, if an organization decides to sponsor gym memberships for their employees in an effort to increase exercise, they may also make memberships available for employees’ family members. This gesture could also ensure further success with the program, as family members can help motivate each other and make sure the memberships are put to good use.

**Benefits and concerns.** In addition to benefitting employees, WHP programs can also be of service to organizational leaders in reducing costs associated with health insurance and lost productivity. As noted by Heinen and Darling (2009), organizational leaders have become increasingly more aware of how rising rates of obesity can contribute to serious risks for illness and disability in employees, which can subsequently increase both direct and indirect costs of health care endured by the organization. WHP programs may be costly, especially if sustained in the long-term, but if employees’ physical and psychological health improves as a result of programs like the ones available at General Mills and Texas Instruments (Heinen & Darling, 2009), organizations may be able to save money via lower medical bills, lower insurance premiums, and reduced health risks among their employees. With regard to productivity, Der-Karabetian and Gebharbp (1986) found that prior to participating in a company-sponsored physical fitness program, employees averaged 2.95 sick days prior to starting the program, but
reduced this to an average of 1.70 sick days after six months of participation. The authors found that if employees were healthier, they felt more confident, energetic, and physically capable of completing their work, thereby sustaining if not increasing workplace productivity. On the other hand, if employees were less physically active and healthy, they were more likely to experience lower morale and energy, leading to an increase in the number of sick days taken, negatively impacting productivity and job performance (Der-Karabetian & Gebharbp, 1986).

Though the implementation of WHP programs is an important first step for organizations who want employee health to improve, implementation alone does not guarantee success. Pomerantz (2014) noted that regulatory flexibility in executing WHP programs can actually inhibit their success within a workplace, subsequently leading to a waste of time and organizational resources. If employers are not holding their programs and participants to certain standards, there is a chance that the organization might see little-to-no return on their health and wellness investment. Michaels and Greene (2013) went as far as to specifically outline the steps employers need to take in order to ensure that employees are on track with the program, and that the program is being utilized as effectively as possible. Some steps address examining the rationale and benefits of a WHP program, building a business case for the program of interest, and considering which strategies to use for increasing physical activity (Michaels & Greene, 2013). Though success is not a guarantee with any program, strict guidelines and diligent program management may increase rates of employee health improvement.

Although several research studies have found significant positive results in measuring the success of WHP programs in organization, there is no current research or follow-up studies that have focused on whether or not employees have been able to maintain their weight loss. The most recent available research targeted contestants from the eighth season of *The Biggest Loser*
to determine whether or not participants had kept off the weight they had lost since the conclusion of their season (Fothergill et al., 2016). Researchers found that of the 14 participants who engaged in the follow-up study, only one contestant had continued to lose weight following the end of their season, while most of the other regained the weight they initially lost (Kolata, 2016). Though weight loss and wellness programs may have significant health advantages during completion and immediately following the conclusion of the program, it remains to be seen if these lifestyle changes and health benefits continue in the long-term future.

In summary, WHP programs have great potential to combat rates of obesity, sedentary activity, and other health concerns typical of the current workplace. Not only can these programs have a positive impact on the lives of employees across a variety of work settings, they can also serve the organizations that implement them by saving them money on insurance and other health-related costs. It is not feasible to expect that every organization will be able to make some sort of WHP or wellness program available to all of their employees, but as concerns over complications with obesity and other unhealthy lifestyles continue to grow, it would be advisable for organizations to focus more attention on the health of their employees. One way in which this may manifest is through regard for employee body image.

**Body Image**

Body image is a self-attitude concerning one’s perceptions about the shape, size, and aesthetic quality of their body (Cusack, 2000). It can be assessed both cognitively and emotionally at a personal, individual level, with the potential for discrepancy between these assessments. Though body image has been intensely studied in the clinical realm of psychology, it has hardly been explored in I-O contexts. Although family members, friends, and even acquaintances have great potential to influence how someone feels about their body (Murray,
Touyz, & Beumont, 1995), recent empirical literature maintains that both traditional mass media and social media seem to be the most pervasive influence in determining how people perceive their bodies and whether they view these perceptions positively or negatively (Andsager, 2014). Cash (2005) also noted that sociocultural factors such as awareness, internalization, and perceived pressure can play a significant role in the development of body image. McKinley and Hyde (1996) found that there are three facets of body image that may hold significance in developing perceptions of and overall satisfaction with one’s body image, two of these being body surveillance and body shame.

**Body surveillance.** Body surveillance is the degree to which one monitors their body. This facet encompasses the cognitive component regarding the overall awareness of one’s body image, and may also be regarded as self-objectification. Those who are high in body surveillance view their bodies as objects from the perspective of an outsider, while basing judgments on an internalized standard (Spitzack, 1990). Though surveillance can lead to positive developments with health, self-love, and individual achievement, constant surveillance can lead to problems with feeling negatively about oneself (particularly in women) whenever they do not meet that internalized standard (McKinley & Hyde, 1996).

**Body shame.** Body shame is defined as the negative subjective evaluation of one’s body, particularly one’s weight and physical shape (Fitzsimmons-Craft et al., 2015). This facet encompasses the emotional component of body image and the personal level of satisfaction or dissatisfaction someone has with their body and appearance. Previous research has found that body shame has also been correlated with appearance anxiety, in that both increased significantly after being exposed to idealized images from the media (Monro & Huon, 2005). Research also
supports the idea that frequently engaging in body surveillance leads to increased body shame and dissatisfaction, as well as other negative consequences (Fitzsimmons-Craft et al., 2015).

In the conceptualization of one’s body image, the initial focus is on surveillance and how one perceives their physical appearance, either in comparison to others or to their own internalized standard (Spitzack, 1990). This surveillance and subsequent judgment lead to body shame, with more frequent surveillance leading to higher feelings of body shame. Typically, those who feel dissatisfied with their bodies engage in frequent surveillance as a means to see how far or close they are to the standard against which they are judging themselves, or simply to determine whether their body looks “acceptable” enough for what they are wearing, who they are with, and the situation they are in. The more often they are not meeting their standard, the more likely they are to feel shame, which culminates in dissatisfaction with one’s overall body image.

**Gender and body image.** Historically, body image has been more of a concern for women than for men. This idea has been supported across a myriad of studies focused on body size in advertising and women’s body-focused anxiety (Dittmar & Howard, 2004), fat talking and body dissatisfaction (Sharpe, Naumann, Treasure, & Schmidt, 2013), and the influence of weight-related attitudes and body criticisms (Murray et al., 1995). Emslie, Hunt, and Macintyre (2001) sought to determine if perceptions of body image were more of a concern for women than for men. Using self-report measures, they found that although their samples contained more overweight men (39.4% and 34.5%) than overweight women (20.7% and 29.1%), women were significantly more likely to view themselves as being too heavy, even after variables such as BMI, self-esteem, and age were controlled for (Emslie et al., 2001). Though this does not mean that men do not hold poor perceptions of their body image, but these perceptions are typically more pervasive and problematic for women. The research also suggested that health promotion
messages targeting those who are overweight or obese may be counterproductive for women who are already at an appropriate weight based on their BMI (Emslie et al., 2001). However, if women perceive themselves as being “too heavy,” they are still likely to gravitate toward diet and healthy-living programs, even though they do not actually need them.

Research on body image. There is a gap in the literature with respect to body image in organizational settings. Der-Karabetian and Gebharbp (1986) were among the few to explore the implementation of physical fitness programs in the workplace and the effect these programs have on employee body image. The results of their research demonstrated that employees’ body image was significantly influenced in the six months following the implementation of a company-sponsored physical fitness program, in that body image increased positively compared to pre-testing levels. Having a more positive body image will likely contribute to increased job performance, as employees who feel better and more confident about their physical appearance are going to feel more confident about their abilities and skills. If this is the case, it would make sense that more organizational leaders would consider executing some sort of fitness or weight loss program in their workplace.

Prior research has posited that perceptions of body size can influence one’s belief about whether or not they will be viewed as successful in their job, due to the fact that thinner people have been historically regarded as more attractive and potentially successful in various aspects of life than heavier people (Goldfein, 1994). This belief, though most typically associated with females, affects both genders, in that being too thin or too heavy is not considered desirable for either men or women. Though body image may not be the most pressing reason for both men and women to want to lose weight, they may believe that doing so will allow them to obtain opportunities for promotion, gain additional respect at work, and influence future success.
Cusack (2000) noted in her study that much of the research on body image has focused on college student populations, meaning that the results are not as generalizable to working adults and other post-grad populations. Although previous empirical literature has not provided direct support for the notion that body image influences workers’ beliefs in ability to succeed, it is possible that the present-day fascination with diet programs and weight loss, coupled with promoting Western standards of attractiveness, may have changed this.

In summary, body image is an important variable that I-O researchers need to consider when evaluating and addressing the overall wellbeing of employees. It has been discussed extensively in clinical settings (e.g., Blashill, 2011; Menzel et al., 2010; Myers & Crowther, 2009), but given less attention in organizational settings. It is possible that employees who are distracted and struggling with their job tasks may be suffering from a lack of confidence stemming from perceptions about their weight; this can contribute to decreased performance and influence beliefs about future success and opportunities for promotion. Some employees may welcome the opportunity to partake in some sort of WHP program, especially if they believe that they are too heavy (regardless of BMI) and would benefit from some sort of health and lifestyle change. On the other hand, given that there is already a significant focus on attractiveness and weight loss in various forms of media, calling attention to one’s body image and possibly increasing surveillance and body shame in a workplace setting could have a negative impact on an employee who already has poor body image, possibly leading to additional distractions and decreased confidence. Further, it would be interesting to determine whether there are still differences between men and women with perceptions of body image in professional settings, particularly if this construct has become more of a concern for males over the past decade.
Chapter II
Rationale and Hypotheses

A substantial amount of research assessing the effects of WHP programs has demonstrated positive outcomes that may manifest as a result of participation (Brownell et al., 1984; Malik, Blake, & Suggs, 2014; Morgan et al., 2012). There are several types of WHP programs an organization can implement, as well as different ways they can choose to implement them; the type of program that an organization chooses to focus on is dependent upon the health needs of the majority of its employees (Heinen & Darling, 2009). Not all WHP programs focus solely on weight loss and weight management, but a significant number of organizations are taking more of a responsibility in trying to help employees keep excess weight off and stay healthy (Mitchell et al., 2015).

Brownell et al.’s (1984) early research on WHP programs found that the introduction of a WHP enhanced social support and motivation among employee participants, which subsequently contributed to increased rates of weight loss and physical improvement. Employees may not necessarily be actively looking for increased motivation and support within their workplace, and thus the decision to participate in a WHP program would have the potential to benefit them in ways they had not considered. Much of the current literature focuses on how participation in a WHP program has the potential to benefit employees in myriad ways beyond the goal of improved physical health. However, there is still a greater need for research to consider these
program can impact certain psychological factors that may not be regularly addressed in the workplace – such as body image.

Perceptions of body image are closely tied to one’s weight and level of physical fitness. Der-Karabetian and Gebharbp (1986) found that employees’ body image significantly improved in the six months following the implementation of a company-sponsored physical fitness program. These researchers also found that if employees were less physically active and healthy (such as those opting out of the WHP program), they were more likely to experience lower morale and energy, leading to an increase in the number of sick days taken, negatively impacting productivity and job performance. Although the research indicates that employees who opt out a WHP program do not reap nearly as many physical and mental health benefits as those who participate, no existing literature examines how this lack of participation may be related to their body image, at least in comparison with those who participate. Thus, the following hypotheses were offered:

H1a: Individuals who participate in a WHP program will report higher awareness and surveillance of their body image than those who do not participate in such a program, as measured by the Objectified Body Consciousness Scale (OBCS).

H1b: Individuals who participate in a WHP program will report lower shame with their body image than those who do not participate in such a program as measured by the Objectified Body Consciousness Scale (OBCS).

Exploratory Hypotheses

Prior research focused on body size in advertising and women’s body-focused anxiety (Dittmar & Howard, 2004), fat talking and body dissatisfaction (Sharpe et al., 2013), and the influence of weight-related attitudes and body criticisms (Murray et al., 1995) has demonstrated
that body image has been of greater concern for women than for men. Although some research
has found that body dissatisfaction can be especially salient for men (Blashill, 2011), there is
substantially more support for the idea that women are significantly more likely to view
themselves as being too heavy, even after variables such as BMI, self-esteem, and age were
controlled for (Emslie et al., 2001). Goldfien (1994) pointed out that body image may play a part
in determining how successful an employee thinks they will be in their job, especially if the
employee does not meet the standards of attractiveness associated with successful people. As
employees participate and make progress in WHP programs, their perceptions regarding their
weight and body image may become more salient in their work environments, particularly with
how they are perceived by others in conjunction with how they perceive themselves. If body
image is a greater concern for females than it is for males, it is possible that female employees
will be more aware of their body image – especially in their work environment – compared to
male employees. This awareness could subsequently influence their experiences with body
shame – depending on how well they are performing in the program. If female WHP program
participants are experiencing success in the program, then as they engage in higher rates of body
surveillance, they could experience a lower rate of shame. This is not to say that male WHP
program participants would not have a similar experience, but given the previous literature may
be more significant for female WHP program participants. Therefore, two exploratory
hypotheses were proposed regarding the influence of gender and whether it had any contribution
to the awareness of and satisfaction with employees’ body image.

EH1: Female employees participating in a WHP program will report a higher degree of
surveillance of their perceived body image compared to male employees participating in a WHP
program.
EH2: Female employees participating in a WHP program will report a lower degree of shame with their perceived body image compared to male employees participating in a WHP program. The notion that higher body surveillance would be related to lower body shame is counterintuitive to the current available research on body image (McKinley & Hyde, 1996; Spitzack, 1990). However, the relationship between these two constructs may be moderated by the influence of WHP program participation. Employees who are not making progress in the program may experience higher shame as they engage in higher surveillance to monitor their physical appearance, as they are not seeing the results they wanted. However, if employees are seeing progress in their weight loss or health goals associated with the program, an increase in surveillance to monitor their progress may lead to less shame and greater satisfaction with their body image, as they are going to feel better about how they perceive themselves and the results of their work through participating in the WHP program. This could be especially salient for female participants, who historically have greater concerns about their body image than males.
Chapter III

Method

Participants

Participants were solicited from Amazon’s Mechanical Turk (MTurk), an online forum where participants (MTurk workers) are compensated for completing Human Intelligence Tasks (HITs). Participants were required to be full-time employees employed by an organization that hosts a formal WHP or wellness program, live and work in the United States, and have a minimum HIT approval rate of 95%. In order to be eligible to complete the survey, participants needed to complete a qualification survey for which they were paid $.05. Those who met acceptable qualification parameters were then given a unique access code and link for the research survey, and were paid $.50 upon completion.

In total, 1,010 workers completed the qualification survey, of which 389 workers said that their organization offered a WHP program and 276 said they participated in the program. Following the qualification survey, 194 workers began the main research study, of which six participants declined to complete the survey after reading the Informed Consent page. Over the course of completing the survey, five additional workers dropped off, leaving a final total sample of 183 workers prior to data cleaning. With regard to biological sex assigned at birth, 81 workers were assigned as boys while 102 workers were assigned as girls. With regard to gender, 83 workers currently identified as males, 99 workers identified as females, and one worker identifies as non-binary. Following the removal of failed quality checks and misleading data
points (e.g., participants who indicated they participated in a WHP program yet recorded no data regarding weight, exercise, etc.), a final sample size of 174 workers (17% of the initial survey population), with 96 females and 78 males, was obtained. Of the 174 total workers, 95 workers (44 male and 51 female) participated in a WHP program. Ages ranged from 19 years old to 65 years old, with an average age of 34.6 years old ($SD = 9.61$). Height ranged from 4’ 11” to 6’ 4”, with an average height between 5’ 7” and 5’ 8” ($SD = .31$). Change in weight ranged from an 81-pound loss to a 30-pound gain, with an average weight change of nine pounds lost ($SD = 16.4$). With regard to years worked, total time spent at an organization ranged from 6 months to 37 years, with an average of 6.64 years ($SD = 6.61$). Finally, with regard to time spent engaged in a WHP or wellness program, total number of months ranged from 1 month to 132 months, with an average of 22.8 months ($SD = 22.9$).

**Measures**

**Body image.** Body image perceptions and satisfaction were assessed using the Body Surveillance and Body Shame subscales of The Objectified Body Consciousness Scale (OBCS) from McKinley and Hyde (1996). The measure consists of three sub-scales that assess body surveillance (awareness), body shame (satisfaction/dissatisfaction), and appearance control beliefs in participants with 24 items measured on a 7-point scale ranging from 1 (strongly disagree) to 7 (strongly agree), with a neutral point of “neither agree nor disagree.” There was also an option to select “N/A” if the statement did not apply to the participants. Examples of items included statements like “I feel ashamed of myself when I haven’t made the effort to look my best” (indicative of body shame/satisfaction), and “During the day, I think about how I look many times” (indicative of body surveillance/awareness). The OCBS was originally developed and validated with three undergraduate female samples and one middle-aged female sample.
(McKinley & Hyde, 1996). When validated with these samples, the Surveillance Scale had an internal consistency reliability of .89, .79, and .76, and the Body Shame Scale had an internal consistency reliability of .75, .84, and .70 (McKinley & Hyde, 1996). In the present study, the Surveillance scale demonstrated an alpha of .89 and the Shame scale demonstrated an alpha of .87. Source information for the OCBS measure is included in Appendix A.

**Demographics**. Demographic information was collected from all participants following the completion of the OBCS. Each participant was asked to provide their age, sex, employment status, the total number of years they have worked for their current organization, the total duration (in months) for their participation in the WHP program, and the number of co-workers who are participating in the program with them. Participants were also asked to self-report their weight (in pounds), height (in feet and inches), and weekly exercise hours both prior to starting the program and at the time of the study. Finally, participants were asked to judge how they perceived their success in the program 5-point scale ranging from 1 (*Very successful*) to 5 (*very unsuccessful*), with a neutral point of “*neither successful nor unsuccessful*.” There was also an option to select “I do not participate in the program” for those who did not participate in the WHP program. A copy of the demographic items is included as Appendix B. Following the completion of the demographic questions, participants received a follow-up question aimed at determining whether or not they lied about their weight in completing the survey (see Appendix C.).

**Procedure**

Approval for this study was received from the Institutional Review Board at Xavier University following the research proposal (see Appendix D for the IRB approval letter). Participants were solicited using a job posting on MTurk’s interface (see Appendix E), which initially linked them to the qualification survey (see Appendix F). Although participants accessed
the qualification survey through MTurk, the approval/rejection of their survey responses and the subsequent link to the research study was managed through the use of TurkPrime. Due to the nature of the study and assurance of anonymity, TurkPrime was considered a necessary tool in the completion of this research, as it anonymizes Worker IDs and grants automatic approval or rejection without the researcher needing to contact participants directly. Upon completing and passing the qualification survey, participants were given a unique access code and link to the MTurk interface for the study (see Appendix G), which connected them to the research survey hosted through Qualtrics.

All participants were protected via guaranteed anonymity, as noted in the informed consent form along with the purpose of the study presented at the beginning of the survey (see Appendix H). It was initially estimated that the study would take no longer than ten minutes to complete, and a majority of participants completed the research survey in about five minutes. In order to ensure that participants were paying attention, a quality check (“Please select ‘Strongly Disagree’ for this question.”) was placed within the survey. The five participants who did not pass the quality check had their data omitted from the final analyses and were not compensated for their work. The survey closed with a debriefing message thanking participations for their participation and once more supplying contact information in the event that they had questions or wanted to learn more about the research project (see Appendix I).
Chapter IV

Results

Reliability for the Body Surveillance sub-scale was .89 and the reliability for the Body Shame sub-scale was .87. Hypothesis 1a stated that individuals who participated in a WHP program would report higher awareness and surveillance of their body image than those who did not participate in such a program. Results of the independent-samples t-test revealed that participants in a WHP program did not exhibit significantly higher body surveillance ($M = 31.1, SD = 9.74$) than those whose who did not participate in the program ($M = 30.6, SD = 9.51$); $t(172) = .37, p = .66, d = .08$. Therefore, Hypothesis 1a was not supported and the effect size was small.

Hypothesis 1b stated that individuals who participate in a WHP program would report lower shame with their body image than those who did not participate in such a program. Results of the independent-samples t-test revealed that participants in a WHP program did not report significantly lower body shame ($M = 29.57, SD = 10.26$) than those who did not participate in their employer’s program ($M = 30.37, SD = 9.91$); $t(172) = -.52, p = .89, d = .11$. Therefore, Hypothesis 1b was not supported and the effect size was small.

In addition to the main hypotheses, two exploratory hypotheses were offered to address the role of gender in the body surveillance and body shame variables. Both exploratory hypotheses were tested using a one-way analysis of covariance (ANCOVAs), controlling for weight change in those who participated in the program. For the first exploratory hypothesis, which stated that female employees participating in a WHP program would report a higher
degree of surveillance of their perceived body image compared to male employees participating in a program, results of the ANCOVA showed that males ($M = 34.50, SD = 1.39$) actually exhibited a higher degree of surveillance than females ($M = 28.18, SD = 1.29$); $F(1, 92) = 11.10$, $MSE = 85.04$, $p = .001$, $\eta^2 = .11$. Thus, Exploratory Hypothesis 1 was not supported. For the second exploratory hypothesis, which stated that female employees participating in a WHP program would report a lower degree of shame with their perceived body image compared to male employees participating in a program, results of the ANCOVA indicated that there was no significant difference between females ($M = 31.35, SD = 1.42$) and males ($M = 27.50, SD = 1.53$); $F(1, 92) = 3.41$, $MSE = 102.77$, $p = .068$, $\eta^2 = .04$) in experiencing body shame. Thus, Exploratory Hypothesis 2 was not supported.

Additionally, correlation coefficients were computed to explore the relationships among the variables for total Body Surveillance, total Body Shame, height, age, participation in a WHP program, duration of time in a WHP program, pre-participation weight, post-participation weight, and perceptions of success in the program (see Table 1 for correlation matrix). Results indicated that there was a significant relationship between body surveillance and body shame ($r(172) = -.60$, $p < .001$), which is to be expected given the research postulated by McKinley and Hyde (1996). Results also indicated that there was a relationship between body surveillance and duration of time in the program ($r(93) = .39$, $p < .001$). The only other variable significantly related to body shame was height ($r(172) = -.16$, $p < .001$). In addition to its relationships to body surveillance, the results showed a significant relationship between age and duration of time in the program ($r(93) = .44$, $p < .001$). There was also a significant relationship between height and pre-participation weight ($r(93) = .41$, $p = .001$), height and post-participation weight ($r(93) = .41$, $p = .001$).
.39, \( p < .001 \), which is also to be expected given the connection between height and weight in measuring BMI. There were significant negative relationships between pre-participation weight
Table 1.
**Correlation Matrix**

<table>
<thead>
<tr>
<th></th>
<th>m</th>
<th>SD</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
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<tbody>
<tr>
<td>1 Body Surveillance</td>
<td>30.86</td>
<td>9.61</td>
<td></td>
<td></td>
<td>.89</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Body Shame</td>
<td>29.93</td>
<td>10.08</td>
<td>-.60 **</td>
<td></td>
<td>.87</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Age</td>
<td>34.61</td>
<td>9.61</td>
<td>.14</td>
<td>-.02</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Height</td>
<td>5.59</td>
<td>.31</td>
<td>.14</td>
<td>-.16 *</td>
<td>.03</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 WHP Participation</td>
<td>22.86</td>
<td>22.95</td>
<td>.39 **</td>
<td>-.19</td>
<td>.44 **</td>
<td>.04</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Pre-program Weight</td>
<td>184.96</td>
<td>47.99</td>
<td>-.01</td>
<td>.10</td>
<td>.11</td>
<td>.41 **</td>
<td>.06</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Post-program Weight</td>
<td>175.35</td>
<td>41.66</td>
<td>.05</td>
<td>.08</td>
<td>.14</td>
<td>.39 **</td>
<td>.09</td>
<td>.94 **</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Perceptions of Success</td>
<td>3.89</td>
<td>2.01</td>
<td>.02</td>
<td>.01</td>
<td>.14</td>
<td>-.07</td>
<td>.07</td>
<td>-.04</td>
<td>.05</td>
<td></td>
</tr>
<tr>
<td>9 Weight Change</td>
<td>-9.61</td>
<td>16.48</td>
<td>.13</td>
<td>-.10</td>
<td>.03</td>
<td>-.19</td>
<td>.06</td>
<td>-.53 **</td>
<td>-.22 **</td>
<td>.25</td>
</tr>
</tbody>
</table>

**Correlation is significant at the $p < .01$ level (2-tailed).
* Correlation is significant at the $p < .05$ level (2-tailed).
Values in parentheses reflect coefficient alpha reliabilities.
and weight change \((r(93) = -.53, p < .001)\), and post-participation weight and weight change 
\((r(93) = -.22, p = .04)\). A copy of the full correlation matrix including all continuous study 
variables, along with their means and standard deviations, is presented in Table 1.

Finally, a linear regression was computed to test the possible moderating relationship 
between body surveillance, WHP program participation, and body shame. Although this 
relationship was not directly hypothesized for this research, it was decided that it would be a 
value to determine if the relationship between the body image variables (again postulated by 
McKinley & Hyde, 1996) was further influenced by participation in a WHP or wellness program. 
Per the procedures described by Baron and Kenny (1986) for testing moderation, WHP program 
participation and body surveillance were entered in the first step of a hierarchical regression, 
with the product of the two variables entered in the second step. The product term produced no 
significant F-change \(\Delta R^2 = .001, F(1, 170) = .15, p = .70\), and thus did not moderate the 
relationship between body surveillance and body shame.
Chapter V
Discussion

Much of the previous literature surrounding WHP or wellness programs has focused on the physical and mental health benefits of these programs (Brownell et al., 1984; Mitchell et al., 2015; Morgan et al., 2012). With the exception of some notable work in the field (Der-Karabetian & Gebharbp, 1986; Goldfein, 1994), research generally does not touch on how these programs may influence other psychological factors and how these psychological factors (such as body image) influence employee well-being – either for those who participate or those who opt out. The purpose of this research was to determine if participation in WHP programs has any influence on employees’ awareness of and satisfaction with their body image, and whether or not those levels of awareness and satisfaction differ between male and female employees.

This study found no support for Hypothesis 1a, which stated that individuals who participated in a WHP program would report higher awareness and surveillance of their body image than those who did not participate in such a program. These results indicated that, compared to those who did not participate in the WHP program offered by their employer, those who do participate in such programs do not engage in significantly higher rates of body surveillance. These results were something of a surprise, as those participating in the WHP or wellness program were expected to be more conscious of how their body looks and engage in a higher degree of surveillance to monitor changes as a result of the program.
Additionally, Hypothesis 1b, which stated that individuals who participate in a WHP program would report lower shame with their body image than those who did not participate in such a program, was not supported by the data. These results indicated that, in comparison to those who did not participate in the WHP program offered by their employer, those who do participate in such programs experience no significant difference in their perceptions of body shame. Again, these results were surprising as those participating in the WHP or wellness program were thought to have experienced less shame regarding their appearance – provided that their experience in the WHP program aligned with the results they were seeking to achieve.

Finally, two exploratory hypotheses were offered to determine if gender had any influence on body surveillance and body shame. Specifically, Exploratory Hypothesis 1 stated that female employees participating in a WHP program would report a higher degree of body surveillance than male employees participating in such a program, whereas Exploratory Hypothesis 2 stated that female employees participating in a WHP program would report a lower degree of body shame than male employees participating in such a program. Results revealed that Exploratory Hypothesis 1 was significant, but in the opposite direction from what was hypothesized: male participants reported a higher degree of surveillance than females. Exploratory Hypothesis 2 was also in the opposite direction from that hypothesized, but was not significant, suggesting that females and males participating in a WHP program did not differ in their reports of body shame. These results have interesting implications for future research regarding differences between males and females in the formation of their overall body image, and how this could be influenced by participation in WHP or wellness programs.
Contributions and Implications

That the exploratory hypotheses for gender revealed results in the opposite directions of what was hypothesized is a compelling finding. Follow-up ANOVAs were run to determine if this effect also occurred for non-WHP program participants, and once again men engaged in surveillance significantly more than women ($F(1, 77) = 5.06, MSE = 85.1, p = .018$). As noted, body image has been historically a greater concern for women than for men (Dittmar & Howard, 2004; Murray et al., 1995; Sharpe et al., 2013). Perhaps one reason why men reported higher surveillance than women was because they were being asked to consider their body’s shape and size in a way that they had not been prior to participating in this research. If women are naturally more cognizant of their body image, as a result of media and societal expectations, then their degree of surveillance may have stayed the same or at least not increased significantly even with the presence of a WHP program. Men, on the other hand, might have engaged in significantly higher degrees of surveillance compared to women for a couple of different reasons. For those participating in the WHP program, the monitoring of their weight change and exercise habits may have subsequently led them to examine their body and how it looks to others more frequently compared to their pre-participation behaviors. For men not participating in the WHP program, they may still have engaged in more surveillance as a result of being surrounded by others who were engaging in similar behaviors.

The results surrounding surveillance raise questions about other factors that may be influenced by the presence of a WHP program. If non-participants could have been just as likely to engage in surveillance as those who were participating in the WHP program, based on exposure to their behaviors, then they may have been just as likely to be affected by other behaviors or moods exhibited by program participants. Brownell et al. (1984) observed that in
addition to weight change, there were changes in energy, activity levels, and morale among those who participated in their organization’s WHP program. If non-participants in the current study found that their patterns of surveillance changed as a result of being exposed to higher rates of surveillance by the program participants, then there is a chance that their activity levels, morale, and energy may have been affected as well – either for better or for worse. Future research ought to examine how non-participants are affected by these other factors in addition to the factors that contribute to body image.

There were a few individual points of interest pertaining to differences in weight reported by WHP program participants; specifically, where the general trend of the data indicated that participants who were satisfied with their success were those who lost weight, there were some male participants who indicated satisfaction after gaining weight in the program (n = 9). Although this number is small compared to the rest of the sample, the notion that anyone would gain weight and judge their experience in the program to be either “very successful” or “moderately successful” seems counterintuitive to the purpose of the program. WHP programs and wellness programs have historically targeted populations who need to lose weight or change their lifestyle to create healthier diet and exercise habits. Whereas messages surrounding weight loss are typically associated with ideal female body image, there have been mixed messages surrounding the ideal male body image (Cordes, Vocks, Düsing, Bauer, & Waldorf, 2016; Heath, Tod, Kannis-Dymand, & Lovell, 2016). Although obesity has been classified as an epidemic (Shields, 2009) historically a positive male body image has been associated with a more muscular build (Blashill, 2011). For some men, the prospect of getting healthier may not necessarily be as characterized by weight loss as it is building muscle. Although some participants would have perceived weight gain as an indicator of an unsuccessful stint in the
program, those looking to build muscle may have perceived the program as a great success for their personal goals. Future HR coordinators and other champions of WHP programs should consider how these programs are marketed toward both genders. In attempting to combat obesity and target an audience that wants to lose weight, some WHP program campaigns may alienate males wanting to gain weight as a result of gaining muscle. Future research should take into account how these programs are marketed and how they influence males’ body image perceptions.

One other interesting finding was that, when asked if they had lied about the weight they reported in the main survey, 100% of participants indicated that they had reported their weight truthfully. Given the likelihood that participants were completing this survey in a more private setting without having to share or acknowledge their results with a researcher or anyone else completing the survey, they may have genuinely reported their weight accurately, as they would not have faced any judgment or commentary from others. On the other hand, there is a chance some participants may have lied about their weight, yet indicated they answered truthfully so as not to create the impression that they actually exhibited some degree of shame or embarrassment surrounding their weight or appearance. However, participants were assured that whether or not they lied about their weight would bear no consequence to them in the final payment for their work. Because participants were aware of the sensitivity with which the topics of weight, exercise, and body image were being handled per the Informed Consent page, they may have felt comfortable in disclosing their accurate weight, knowing that this personal information would not be connected back to them.

Another possibility for these results could be that participants may not have been accurate with reporting their weight, yet reported values that they believed were truthful. Depending on
how they judged their performance in the WHP program, some participants may have declined to weigh themselves in the weeks prior to completing the survey, leading to a discrepancy between the weight they reported and their actual weight. Although they did not realize that they were lying about their weight – depending on the degree of fluctuation between their last weigh-in and when they completed the survey – participants may have reported numbers that “made sense” to them in with regard to their diet and exercise habits, instead of reporting their most current numbers.

With regard to the significant correlations, one interesting finding was the significant relationships between age and duration of time in the program \( r(93) = .44, p < .001 \). There are a couple of speculations as to why there was a correlation between these variables. One possibility for this relationship rests on the idea that, as people get older, they are more likely to exercise and engage in weight-conscious behaviors in an effort to either maintain good health or work to improve their health. If this is the case, then older adults are going to be more likely to gravitate toward WHP programs than their younger colleagues. An additional possibility for this relationship is that older employees who have been employed longer or considered “lifers” in their respective organizations may have also been involved in the WHP program by virtue of their seniority, compared to their younger colleagues. Future research should consider how generational differences, as well as generational differences with regard to views on health, influence how long and how invested employees become in the WHP program.

**Limitations and Future Research Directions**

One limitation of this research pertains to demand characteristics that participants may have perceived as critical to gaining access to the research survey. In order to receive access to the main study, participants needed to meet the following criteria: they needed to be employed
(a) full-time (b) in the United States (c) by an organization that hosted a WHP or wellness program in which they would have been eligible to participate. They did not have to participate in the WHP or wellness program, but were asked whether or not they participated in the qualification survey. The target number for WHP program participants was reached at a faster rate (10 days) than non-participants (18 days), with non-participant data after day 10 being collected only after the settings for the qualification survey were changed to target those who did not participate in the program offered by their workplace (to prevent substantially unbalanced cell sizes). Despite actual participation not being a requirement in order to gain access to the survey, participants may have felt compelled to respond as though they did participate in a WHP program, leading to a higher number of WHP program participants (n = 95) than non-participants (n = 79) following the removal of problematic data points. These demand characteristics could have influenced how participants subsequently completed the main research survey; however, after gaining access to the main survey, participants who could have lied in the qualification survey may have responded honestly to the main survey. Upon reading the Informed Consent page and learning that they did not have to participate in the program, rather, be employed by an organization that offers it, non-participants may have realized they could respond honestly and still have their data included in the analyses – in addition to being compensated for their work.

One factor that may have contributed to a higher number of WHP program participants than non-participants pertains to the notion that MTurk workers who had recently experienced some success in losing weight or making a wellness-related lifestyle change felt more comfortable in answering questions about their weight, exercise, and perceptions of body image. Before the core analyses were run, five data points were eliminated from MTurk workers who either declined to complete the main survey on the Informed Consent page or simply did not
finish the main survey. If the aforementioned demand characteristics influenced the way workers responded to the qualification survey, they may have also influenced the way actual non-participants completed or chose not to complete the main survey. Workers who have actually participated in a WHP program may have felt more compelled to complete this survey, especially if they had experienced some degree of success in the program, therefore leading to a higher number of participants and faster data collection from that sub-sample. Future research may want to consider working with TurkPrime administrators to target a larger and more equal population of participants and non-participants alike.

An additional limitation of this research is that completion of the survey relied upon self-report measures. Given that body image and weight are sensitive topics for discussion, some participants may have been dishonest in recording their weight, exercise hours, and perceptions of success in the WHP or wellness program. Several considerations were made for the sensitivity of this topic and in making participants feel more comfortable being honest in their reports, including utilizing TurkPrime to anonymize worker IDs. Despite all participants reporting that they were honest in sharing weight-related details, there is no way to guarantee that participants were completely honest in reporting their weights and exercise times. Some of this potential dishonesty may not have just resulted from participants’ hesitation to share such personal information with an unfamiliar source, but rather as a means to reduce any cognitive dissonance with not performing as well as they wanted to in the program (Festinger & Carlsmith, 1959). Although participants were reassured that the information shared would not be connected to them or relayed back to their supervisors, coworkers, or anyone affiliated with their company, there may have been some personal feelings about themselves and their performance that influenced dishonest reports. Specifically, having to acknowledge to themselves that they had not
reached the goals they were hoping to hit as a participant in the WHP program might have caused more dissonance than they wanted to experience, and thus caused participants to respond in a manner that eliminated any additional discrepancy between their actual numbers and their target numbers. Future research on WHP and wellness programs may want to consider verifying self-report data with data recorded by the moderator of the program in a way that still minimizes the possibility of connecting said data back to individual participants.

With regard to gender, another limitation pertains to the small sample size used in the final analyses. In order to reach a power level of .80 with an alpha level of .05 to detect a medium effect size for the study hypotheses, a sample of at least 128 useable subjects was targeted (minimum 64 WHP program participants and 64 non-participants, with at least 32 males and 32 females in each category). To obtain a power of .80 to detect a medium gender effect, however, an ideal sample size would have been 64 males and females in each category. Prior to data cleaning, results of the study yielded 105 WHP program participants and 76 non-participants, with 82 total males, 99 total females, and one non-binary individual. After removing data points that did not pass the qualification survey or did not complete the entire main survey, 95 WHP program participant and 79 non-participant data points were used in the final analyses, with 44 male and 51 female WHP program participants. Despite exceeding the minimum qualifications for the necessary effect size and power level for the primary analyses, a larger sample size likely would have yielded significant results for both exploratory gender hypotheses rather than just one, given that the second exploratory hypothesis had a $p$-value less than .07. Future research should obviously consider obtaining a larger sample size, so as not to limit the conclusions that can be drawn from the final results. In taking into account gender differences, the final analyses excluded the one self-identified non-binary individual, leaving only those who
identified as male or female. Future research may want to target WHP programs and body
image-focused studies toward those who identify as non-binary or transgender, and how their
perceptions of body image not only develop, but are also influenced through exposure to or
participation in WHP or wellness programs.

In addition to further examining gender differences in the context of body image and
WHP participation, future research should seek to examine these differences in the context of
BMI and WHP program participation. Because only those participating in the WHP program
were able to enter their pre-program weight and post-program weight, BMI could not be
calculated for those who did not participate in a WHP program. Upon further reflection of the
research, it would have been of interest to gather this information and determine if there were
substantial differences and patterns in BMI between those who participated in the WHP program
(both before and after) and those who opted out. It would behoove future researchers to consider
gathering this data and gaining a better understanding of who typically gravitates toward these
types of programs based on their average weight and BMI, also taking into account any
difference in gender.

In terms of measuring body image perceptions and satisfaction, one limitation deals with
the fact that there is often a difference between how body image is measured for males and
females. Historically, body image measures have been geared toward females and address weight
satisfaction and weight loss, as this is typically tied to how females feel they will be able to
achieve their ideal body shape. Males, on the other hand, have historically been more concerned
with muscle as opposed to weight, and therefore most of the body image measures available to
males concentrate on muscular satisfaction (Heath et al., 2016). The Objectified Body
Consciousness sub-scales have not been as thoroughly, nor tested for validity and
generalizability between males and females, making an exploratory approach to the gender hypotheses most appropriate. Future research should consider utilizing a measure that has been validated for both males and females, to determine if there is any difference in reporting perceptions of surveillance and shame in the development of body image.

An additional limitation is that participants were being recruited via MTurk as opposed to an organization that has a WHP program in place. Because participants knew they were going to be compensated for their involvement, provided they passed the qualification survey and answered the quality check question correctly, there is a possibility that some answered as quickly as possible in an effort to move on to other HITs at a faster rate. However, because participants needed to pass the initial qualification survey before receiving an opportunity to complete this study, it is also possible that some participants were more engaged and understood the importance of the questions being asked. Further, in comparison to other lab- and university-based samples, research from Barger, Behrend, Sharek, and Sinar (2011) has shown that MTurk samples are typically better suited for employee-focused research. MTurk also allowed for this research to reach a potentially larger pool of employees currently engaged in a WHP program, avoiding possible sample size limitations that could have come from an actual organization.

Finally, a limitation in utilizing MTurk is the variation in the types of WHP programs that are offered in participants’ workplaces. Although this forum allowed for the research to reach a greater number of participants beyond a single organization, the fact that not all participants were participating in the exact same WHP programs under the exact same parameters could have impacted on the final survey data. Differences in programs and regulations may have led to variation in results, which may subsequently have influenced perceptions and satisfaction with body image. Future research should seek to conduct WHP or wellness program research within
an actual organization. Such research would also allow for differences in gender (BMI for both participants and non-participants, catalysts of WHP program participation, etc.) to be more finely analyzed.

With regard to other future considerations, organizations themselves may want to consider what kinds of considerations they are making or should make in order to allow their employees to succeed in the WHP. One factor that could not be measured in this study, but could have influenced how people rated their perceptions of success, was the flexibility with which participants’ respective organizations allowed them to actively engage in their WHP programs. It is one thing for organizations to offer these programs, but to not provide additional considerations for the program parameters while increasing their employees’ responsibilities and work expectations can ultimately lead to lessened perceptions of success and satisfaction among employees. Organizations should consider how they can balance said work expectations along with programs, not only to the benefit of their employees, but also to the benefit of the organizations’ investment in these programs.

**Conclusion**

This study contributed some interesting findings to the literature on WHP and wellness programs, as well as two keys factors that contribute to the development of body image. Participating in, or at least being exposed to, a WHP program may lead some employees to experience varying degrees of body surveillance or body shame, but said participation did not yield a significant increase in surveillance nor a significant decrease in shame. Of greater interest is that although male WHP program participants and non-participants alike reported significantly more body surveillance, there were no significant differences between both male and female participants (and non-participants) in the experience of body shame. This research study was focused on a sample size that would produce a medium effect size, yet in the final analyses for
the main hypotheses, the observed effect sizes were small. Future researchers and practitioners should consider replicating this study in an organizational setting to a larger sample size to determine if this effect is present and replicable in traditional WHP program settings.
Chapter VI

Summary

A substantial amount of research assessing the effects of WHP programs has demonstrated positive outcomes that may manifest as a result of participation (Brownell et al., 1984; Malik, Blake, & Suggs, 2014; Morgan et al., 2012). There are several types of WHP programs an organization can implement, as well as different ways they can choose to implement them; the type of program that an organization chooses to focus on is dependent upon the health needs of the majority of its employees (Heinen & Darling, 2009). Not all WHP programs focus solely on weight loss and weight management, but a significant number of organizations are taking more of a responsibility in trying to help employees keep excess weight off and stay healthy (Mitchell et al., 2015).

Brownell et al.’s (1984) early research on WHP programs found that the introduction of such programs enhanced social support and motivation among employee participants, which subsequently contributed to increased rates of weight loss and physical improvement. Employees may not necessarily be actively looking for increased motivation and support within their workplace, and thus the decision to participate in a WHP program would have the potential to benefit them in ways they had not considered. Much of the current literature focuses on how participation in a WHP program has the potential to benefit employees in myriad ways beyond the goal of improved physical health. However, there is still a greater need for research to
consider whether these programs can impact certain psychological factors that may not be regularly addressed in the workplace – such as body image.

Perceptions of body image are closely tied to one’s weight and level of physical fitness. Der-Karabetian and Gebharbp (1986) found that employees’ body image significantly improved in the six months following the implementation of a company-sponsored physical fitness program. These researchers also found that if employees were less physically active and healthy (such as those opting out of the WHP program), they were more likely to experience lower morale and energy, leading to an increase in the number of sick days taken, negatively impacting productivity and job performance. Although the research indicates that employees who opt out a WHP program do not reap nearly as many physical and mental health benefits as those who participate, no existing literature examines how this lack of participation may be related to their body image, at least in comparison with those who participate. Thus, the following hypotheses were offered:

H1a: Individuals who participate in a WHP program will report higher awareness and surveillance of their body image than those who do not participate in such a program.

H1b: Individuals who participate in a WHP program will report lower shame with their body image than those who do not participate in such a program.

Prior research focused on body size in advertising and women’s body-focused anxiety (Dittmar & Howard, 2004), fat talking and body dissatisfaction (Sharpe et al., 2013), and the influence of weight-related attitudes and body criticisms (Murray et al., 1995) has demonstrated that body image has been of greater concern for women than for men. Although some research has found that body dissatisfaction can be especially salient for men (Blashill, 2011), there is substantially more support for the idea that women are significantly more likely to view
themselves as being too heavy, even after variables such as BMI, self-esteem, and age were controlled for (Emslie, et al., 2001). Goldfien (1994) pointed out that body image may play a part in determining how successful an employee thinks they will be in their job, especially if the employee does not meet the standards of attractiveness associated with successful people. As employees participate and make progress in WHPs, their perceptions regarding their weight and body image may become more salient in their work environments. If body image is a greater concern for females than it is for males, it is possible that female employees will be more aware of their body image – especially in their work environment – compared to male employees.

Therefore, two exploratory hypotheses were proposed regarding the influence of gender and whether it had any contribution to the awareness of and satisfaction with employees’ body image:

**EH1:** Female employees participating in a WHP program will report a higher degree of surveillance of their perceived body image compared to male employees participating in such a program.

**EH2:** Female employees participating in a WHP program will report a lower degree of shame with their perceived body image compared to male employees participating in such a program.

The notion that higher body surveillance would be related to lower body shame is counterintuitive to the current available research on body image (Spitzack, 1990; McKinley & Hyde, 1996). However, the relationship between these two constructs may be moderated by the influence of WHP program participation. Employees who are not making progress in the program may experience higher shame as they engage in higher surveillance to monitor their physical appearance, as they are not seeing the results they wanted. However, if employees are seeing progress in their weight loss or health goals associated with the program, an increase in
surveillance to monitor their progress may lead to less shame and greater satisfaction with their body image, as they are going to feel better about how they perceive themselves and the results of their work through participating in the WHP program.

**Methods**

**Participants.** Participants were solicited from Amazon’s Mechanical Turk (MTurk), an online forum where participants (MTurk workers) are compensated for completing Human Intelligence Tasks (HITs). Participants were required to be full-time employees employed by an organization that hosts a formal WHP or wellness program, live and work in the United States, and have a minimum HIT approval rate of 95%. In order to be eligible to complete the survey, participants needed to complete a qualification survey for which they were paid $.05. Those who met acceptable qualification parameters were then given a unique access code and link for the research survey, and were paid $.50 upon completion.

**Measures.** Body image perceptions and satisfaction were assessed using the Body Surveillance and Body Shame subscales of The Objectified Body Consciousness Scale (OBCS) from McKinley and Hyde (1996). The measure consists of three sub-scales that assess body surveillance, body shame, and appearance control beliefs in participants with 24 items measured on a 7-point scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*), with a neutral point of “*neither agree nor disagree*.” There was also an option to select “N/A” if the statement did not apply to the participants. Demographic information was collected from all participants following the completion of the OBCS. Each participant was asked to provide their age, sex, employment status, the total number of years they have worked for their current organization, the total duration (in months) for their participation in the WHP program, and the number of co-workers who are participating in the program with them. Participants were also asked to self-
report their weight (in pounds), height (in feet and inches) and weekly exercise hours both prior to starting the program and at the time of the study. Following the completion of the demographic questions, participants received a follow-up question aimed at determining whether or not they lied about their weight in completing the survey.

**Procedure.** Participants were solicited using a job posting on MTurk’s interface, which initially linked them to the qualification survey. Although participants accessed the qualification survey through MTurk, the approval/rejection of their survey responses and the subsequent link to the research study was managed through the use of TurkPrime, which anonymizes Worker IDs and grants automatic approval or rejection without the researcher needing to contact participants directly. Upon completing and passing the qualification survey, participants were given a unique access code and link to the MTurk interface for the study, which connected them to the research survey hosted through Qualtrics.

All participants were protected via guaranteed anonymity. Participants who did not pass the quality check had their data omitted from the final analyses and were not compensated for their work. In total, 1,010 workers completed the qualification survey, of which 389 workers said that their organization offered a WHP program and 276 said they participated in the WHP program. Following the qualification survey, 194 workers completed the main research study, of which six participants declined to complete the survey after reading the Informed Consent. Following the removal of failed quality checks and problematic data points, the final sample size included 174 workers, with 96 females and 78 males.
Results

Independent-samples t-tests were run for Hypotheses 1a and 1b to determine if there was any difference between WHP program participants and non-participants on the body surveillance and body shame variables, and ANCOVAs were used to test the exploratory hypotheses focused on gender. This study found no support for Hypothesis 1a, which stated that individuals who participated in a WHP program would report higher awareness and surveillance of their body image than those who did not participate in such a program ($t(172) = .37, p = .66, d = .08$). Additionally, Hypothesis 1b, which stated that individuals who participate in a WHP program would report lower shame with their body image than those who did not participate in such a program, was not supported by the data ($t(172) = -.52, p = .89, d = .11$). Finally, two exploratory hypotheses were offered to determine if gender had any influence on body surveillance and body shame. Results revealed that Exploratory Hypothesis 1, which stated that female employees participating in a WHP program would report a higher degree of body surveillance than male employees participating in such a program, was significant but in the opposite direction from what was hypothesized: male participants reported a higher degree of surveillance than females ($F(1, 92) = 11.10, MSE = 85.04, p = .001, \eta_p^2 = .11$). Exploratory Hypothesis 2, which stated that female employees participating in a WHP program would report a lower degree of body shame than male employees participating in such a program, was also in the opposite direction from that hypothesized but was not significant, suggesting that females and males did not differ in their reports of body shame ($F(1, 92) = 3.41, MSE = 102.77, p = .068, \eta_p^2 = .04$).

Additionally, correlation coefficients were computed to look at the relationships among the variables for total Body Surveillance, total Body Shame, height, age, participation in a WHP program, duration of time in a WHP program, pre-participation weight, post-participation
weight, perceptions of success in the program, and weight change – for which significant relationships were found for each variable. Finally, a linear regression was computed to test the possible moderating relationship between body surveillance, WHP program participation, and body shame. The addition of WHP program participation produced no significant F-change ($R^2$ change = .001, $F(1, 170) = .151$, $p = .698$), and thus did not moderate the relationship between body surveillance and body shame.

Discussion

That the exploratory hypotheses for gender revealed results in the opposite directions of what was hypothesized is a compelling finding. Follow-up ANOVAs were run to determine if this effect also occurred for non-WHP program participants, and once again men engaged in surveillance significantly more than women. Perhaps one reason why men reported higher surveillance than women was because they were being asked to consider their body’s shape and size in a way that they had not been prior to participating in this research. If women are naturally more cognizant of their body image, then their degree of surveillance may have stayed the same or at least not increased significantly even with the presence of a WHP program. Men, on the other hand, might have engaged in significantly higher degrees of surveillance compared to women for a couple of different reasons. For those participating in the WHP program, the monitoring of their weight change and exercise habits may have subsequently led them to examine their body and how it looks to others more frequently compared to their pre-participation behaviors. For men not participating in the WHP program, they may still have engaged in more surveillance as a result of being surrounded by others who were engaging in similar behaviors.
There were a few individual points of interest pertaining to differences in weight reported by WHP program participants; specifically, where the general trend of the data indicated that participants who were satisfied with their success were those who lost weight, there were some male participants who indicated satisfaction after gaining weight in the program (n = 9). Although this number is small compared to the rest of the sample, the notion that anyone would gain weight and judge their experience in the program to be either “very successful” or “moderately successful” seems counterintuitive to the purpose of the program. WHP and wellness programs have historically targeted populations who need to lose weight or change their lifestyle to create healthier diet and exercise habits. Whereas messages surrounding weight loss are typically associated with ideal female body image, there have been mixed messages surrounding the ideal male body image. Historically, a positive male body image has been associated with a more muscular build. For some men, the prospect of getting healthier may not necessarily be as characterized by weight loss as it is building muscle. Although some participants would have perceived weight gain as an indicator of an unsuccessful stint in the program, those looking to build muscle may have perceived the program as a great success for their personal goals. Future HR coordinators and other such champions of WHP programs should consider how these programs are marketed toward both genders. In attempting to target an audience that wants to lose weight, some WHP program campaigns may actually alienate males who are wanting to gain weight as a result of gaining muscle. Future research should take into account how these programs are marketed and how they influence males’ perceptions of body image.

Another possibility is that participants may not have been accurate with reporting their weight, yet reported values that they believed were truthful. Depending on how they judged their
performance in the WHP program, some participants may have declined to weigh themselves in
the weeks prior to completing the survey, leading to a discrepancy between the weight they
reported and their actual weight. Although they did not realize that they were lying about their
weight, participants may have reported numbers that made sense to them in with regard to their
diet and exercise habits, instead of reporting their most current numbers.

One limitation of this research pertains to demand characteristics that participants may
have perceived as critical to gaining access to the research survey. In order to receive access to
the main study, participants needed to meet the following criteria: they needed to be employed
(a) full-time (b) in the United States (c) by an organization that hosted a WHP or wellness
program in which they would have been eligible to participate. The target number for WHP
program participants was reached at a faster rate (10 days) than non-participants (18 days), with
the remaining participant data being collected only after the settings for the qualification survey
were changed to target those who did not participate in the program. Despite actual participation
not being a requirement in order to gain access to the survey, participants may have felt
compelled to respond as though they did participate in a WHP program, leading to a higher
number of WHP program participants (n = 98) than non-participants (n = 79) following the
removal of problematic data points. These demand characteristics could have influenced how
participants subsequently completed the main research survey; however, upon gaining access to
the main survey, participants who could have lied in the qualification survey may have
responded honestly to the main survey.

A factor that may have contributed to a higher number of WHP program participants than
non-participants pertains to the notion that MTurk workers who had recently experienced some
success in losing weight or making a wellness-related lifestyle change felt more comfortable in
answering questions about their weight, exercise, and perceptions of body image. Workers who have participated in a WHP program may have felt more compelled to complete this survey, especially if they had experienced some degree of success in the program, therefore leading to a higher number of participants and faster data collection from that sub-sample. Future research may want to consider targeting a larger and more equal population of participants and non-participants alike.

An additional limitation of this research is that completion of the survey relied upon self-report measures. Given that body image and weight are sensitive topics for discussion, some participants may have been dishonest in recording their weight, exercise hours, and perceptions of success in the WHP or wellness program. Although participants were reassured that the information shared would not be connected back to them, there may have been some personal feelings about themselves and their performance that influenced their reports. Future research on WHP and wellness programs may want to consider verifying self-report data with data recorded by the moderator of the program in a way that still minimizes the possibility of connecting said data back to individual participants.

The exploratory hypotheses regarding gender, although interesting, suffered from a small sample size. After removing data points that did not pass the qualification survey or did not complete the entire main survey, 98 WHP program participant and 79 non-participant data points were used in the final analyses, with 45 men and 51 women WHP program participants. Despite exceeding the minimum qualifications for the necessary effect size and power level, a larger sample size may have yielded variation in results. Future research should obviously consider obtaining a larger sample size for analysis, so as not to limit the conclusions that can be drawn from the final results.
In terms of measuring body image perceptions and satisfaction, one limitation with this deals with the fact that there is often a difference between how body image is measured for males and females. Future research should consider utilizing a measure that has been validated for both men and women, to determine if there is any substantial difference in reporting experiences of perceptions of surveillance and shame in the development of body image. The final analyses also excluded the one self-identified non-binary individual. Future research may want to target WHP programs and body image-focused studies toward those who identify as non-binary or transgender individuals, and how their perceptions of body image not only develop, but are also influenced through exposure to or participation in WHP or wellness programs.

An additional limitation is that participants were being recruited via MTurk as opposed to a singular organization that has a WHP program in place. Because participants knew they were going to be compensated for their involvement, provided they passed the qualification survey and answered the quality check question correctly, there is a possibility that some answered as quickly as possible in an effort to move on to other HITs at a faster rate. However, because participants needed to pass the initial qualification survey before receiving an opportunity to complete this study, it is also possible that some participants were more engaged and understood the importance of the questions being asked. Finally, an additional limitation in utilizing MTurk is the variation in the types of WHP programs that are offered in participants’ workplaces. Differences in programs and regulations may have led to variation in results, which may subsequently have influenced perceptions and satisfaction with body image. Future research should seek to conduct WHP or wellness program research within an actual organization.

In conclusion, this study contributed some interesting findings to the literature on WHP and wellness programs, as well as two keys factors that contribute to the development of body
image. Participating in, or at least being exposed to, a WHP program may lead some employees to experience varying degrees of body surveillance or body shame, but said participation did not yield a significant increase in surveillance nor a significant decrease in shame. Of greater interest is that although male WHP program participants and non-participants alike reported significantly more body surveillance, there were no significant differences between both male and female participants (and non-participants) in the experience of body shame. This research study was focused on a sample size that would produce a medium effect size, yet in the final analyses for the main hypotheses, the observed effect sizes were small. Future researchers and practitioners should consider replicating this study in an organizational setting to a larger sample size to determine if this effect is present and replicable in traditional WHP program settings.
References


http://www.npr.org/2013/02/20/172470371/being-obese-can-weigh-on-employees-insurance


Appendix A

Objectified Body Consciousness Scale (OBCS) Source

The OCBS is not reproduced in this document for copyright reasons.

Source of the OBCS:


doi: 10.1111/j.1471-6402.1996.tb00467.x
Appendix B
Demographic Questionnaire

Please complete the following information below.

**REMEMBER:** The information you share with us today will remain confidential and will not be shared with your workplace and any persons associated with it in any way, shape, or form. The information you provide is solely for the purposes of this research, so I ask that you answer each question honestly and thoughtfully.

1. What is your age? [Options for response: ____## years old]

2. What biological sex were you assigned at birth? [Options for response: Girl, Boy]


4. How many years have you worked for your current organization? [Options for response: ____## years]

5. How long have you been participating in the WHP or wellness program? [Options for response: ____## total months in the program, “My employer has such a program, but I do not participate in it.”]

6. How many employees in your department are currently participating in the WHP or wellness program along with you? (If unsure of the exact number, about how many employees would you estimate are participating?) [Option for response: ____## employees]
   
   a. Have you observed incidences in which employees in your department offered support to those participating in the WHP or wellness program? [Options for response: Yes, No]

7. How tall are you? [To be indicated in feet and inches by the study participant]
8. What was your weight prior to starting the WHP or wellness program? [Options for response: ___ pounds, “I do not participate in the program.”]

9. What is your current weight? [Options for response: ___ pounds, “I do not participate in the program.”]

10. On average, how many hours did you spend exercising per week prior to starting the WHP or wellness program? [Options for response: ___ hours per week, “I do not participate in the program.”]

11. On average, how many hours do you spend exercising each week since beginning the WHP or wellness program? [Options for response: ___ hours per week, “I do not participate in the program.”]

12. How successful do you think you have been in completing the WHP or wellness program? [Options for response: “Very successful,” “Moderately successful,” “Neither successful not unsuccessful,” “Moderately unsuccessful,” “Very unsuccessful,” “I do not participate in the program.”]
Appendix C

Demographic Follow-Up Question

There are many people who do not feel comfortable with talking about their weight with others, and for a variety of reasons. Research states that people will often not disclose their accurate weight to others or on other forums – even anonymous surveys in which the data will not be tied back to the participants. Out of curiosity, I would like to know if you lied about your weight in the previous section. Please bear in mind that your answer to this question will not affect your compensation.

1.) Did you lie about your weight in this survey? [Options for response: “Yes, I lied about my weight,” “No, I did not lie about my weight.”]

2.) Please enter your MTurk Worker ID ________________ (Your worker ID will be used solely as a back-up, in case the survey completion code does not appear on the next page, and will be deleted from the data file prior to any analyses being run.)

Please click below to receive your survey completion code.
Appendix D

IRB Approval Letter

June 16, 2016

Lauren Kenney

Re: Protocol #15-103, Workplace Health Promotion Programs and Perceptions of Employee Body Image

Dear Ms. Kenney:

The IRB has reviewed the materials regarding your study, referenced above, and has determined that it meets the criteria for the Exempt from Review category under Federal Regulation 45CFR46. Your protocol is approved as exempt research, and therefore requires no further oversight by the IRB. We appreciate your thorough treatment of the issues raised and your timely response.

If you wish to modify your study, including the addition of data collection sites, it will be necessary to obtain IRB approval prior to implementing the modification. If any adverse events occur, please notify the IRB immediately.

Please contact our office if you have any questions. We wish you success with your project!

Sincerely,

Joanne Estes, PhD
Vice Chair, Institutional Review Board
Xavier University

JE/sb
Appendix E

MTurk Interface: Phase I

This is a qualification survey for a study examining the effects of workplace health promotion programs on employee attitudes about themselves. The survey will consist of five demographic questions, which should take no more than one minute to complete. After completion of these short items, you will be compensated $.05 to your MTurk worker account. Please note that you will have to enter your completion code, which you will receive once you complete the study, in the box below in order to be compensated. If you qualify, you will receive a unique access code with a link to participate in the main survey. Thank you!

Please click the link located below in order to access the survey. After you have completed the survey, click the “Submit” button below.

Survey Link: [Qualtrics link was added here]

Completion Code: [Box to enter Completion Code]

Please do not submit the HIT prior to completing the survey and entering your completion code!

[SUBMIT BUTTON]
Appendix F

MTurk Interface: Phase II

Congratulations! You have passed the qualification survey to complete the main research survey, examining the effects of workplace health promotion programs on employee attitudes about themselves. The survey will consist of a body image questionnaire (25 items), followed by a demographic questionnaire (12 items). It should take **no more than 10 minutes to complete this study**, and most participants will complete it much faster than that. Please note that you will have to **enter your completion code, which you will receive once you complete the study**, in order to be compensated.

Please click the link located below or copy and paste into a new tab in order to access the survey and enter the unique survey access code. **Make sure to copy the access code to your clipboard in the event that this browser window closes.**

**Survey Access Code:** [Access Code was added here]

**Survey Link:** [Qualtrics link was added here]

**Please note: the code above is ONLY to gain access to the survey. This is NOT the completion code you will use to receive compensation. The completion code needed for payment will appear at the end of the survey.**

Please do not submit the HIT prior to completing the survey and entering your completion code!

[SUBMIT BUTTON]
Appendix G

Qualification Questions

Please complete the following questions below to determine if you qualify for the main survey. After completion of these short items, you will be compensated $.05 to your MTurk worker account. If you qualify, you will receive a unique access code and link to the main study. Thank you!

1.) Are you currently employed in the United States? [Options for response: Yes, No]

2.) Based on your organization’s standards, are you a full-time or a part-time employee?

   [Options for response: Full-time, Part-time, or Not Sure]

3.) Does your current employer/organization offer a workplace health promotion (WHP) program or wellness program that you are eligible to participate in? [Options for response: Yes, No, Not Sure]

4.) Do you currently participate in your organization’s workplace health promotion (WHP) program or wellness program? [Options for response: Yes, No]

5.) Please enter your MTurk worker ID: _________________ (Your MTurk worker ID will only be used as a back-up in order to make payment, in case the survey completion code does not display correctly on the next page.)

Please click the button below in order to receive your survey completion code, to be entered on the MTurk site when you submit the HIT.

[Upon completion of the questions, participants will be directed to a page thanking them for their time and letting them know that their responses have been recorded.]
Appendix H

Informed Consent

You are being asked to participate in a study conducted by Lauren Kenney in partial fulfillment of the requirements for her Master’s degree at Xavier University. The purpose of this research is to gain a better understanding of how workplace health promotion programs (WHPs) are related to employees’ attitudes about themselves. You are being asked to complete a 37-item survey that should not take more than 5-10 minutes of your time; most respondents can complete the items in well under five minutes. You have been asked to participate because, as someone employed with an organization that offers a WHP, you are in a unique position to offer insight into how these programs may influence employees.

There are no known risks associated with this study, but the survey deals with body image, which for many of us is a sensitive topic. If any of the questions make you uncomfortable and you do not wish to continue with the survey, please know that you may discontinue your participation at any point and decline the HIT.

You will not be asked to provide any personal identification information beyond your MTurk worker number, so the information you provide for this study will never be disclosed to your workplace and any persons associated with it in any way, shape, or form. Upon completing this survey, provided that your data pass all relevant quality checks, you will be compensated $.50 to your MTurk worker account.

If you have any questions at any time during the study, you may contact Ms. Kenney via email at kenneyl@xavier.edu or her advisor, Dr. Morrie Mullins, via email at mullins@xavier.edu. Questions about your rights as a research participant can be directed to Xavier University’s Institutional Review Board at 513-745-2870 or irb@xavier.edu.

Options for response:

I have been given information about this research study and its risks and benefits. I consent to participate in this study.

I would like to opt out of this study at this time.

[Those who give their consent will be taken directly to the first page of the study in Qualtrics; those who opt will be taken to a brief “Thank you” indicating that their response has been recorded and instructing them to Return the survey.]
Appendix I

Debriefing Form

Thank you for your participation! If you have any follow-up questions or concerns for the researcher, or would like to be made aware of the study results, you may contact the researcher using the following information:

Lauren Kenney
Xavier University
kenneyl@xavier.edu

Thank you!