UNIVERSITY COLLEGE CHICHESTER

an accredited college of the

UNIVERSITY OF SOUTHAMPTON

THE DEVELOPMENT AND MANAGEMENT OF CORPORATE FITNESS IN THE UNITED KINGDOM

By Keir Worth

Doctor of Philosophy

SCHOOL OF SPORT, EXERCISE AND HEALTH SCIENCES

July 2002

This thesis has been completed as a requirement for a higher degree of the University of Southampton.

UNIVERSITY COLLEGE CHICHESTER

an accredited college of the

UNIVERSITY OF SOUTHAMPTON

ABSTRACT

SCHOOL OF SPORT, EXERCISE AND HEALTH SCIENCES

Doctor of Philosophy

THE DEVELOPMENT AND MANAGEMENT OF CORPORATE FITNESS IN THE UNITED KINGDOM

By Keir Worth

This thesis has been completed as a requirement for a higher degree of the University of Southampton

There have been a considerable number of studies that have examined the potential benefits of companies investing in corporate fitness (CF) programmes and the results have been well publicised. However, in the UK, little research has investigated the development, implementation and management of CF and how this has impacted upon programmes and their effectiveness. The aim of this thesis was to begin to fill this void of research and understanding and to examine whether CF is regarded as an initiative that contributes to organisational success. Therefore, the management of CF was evaluated so its role within corporate philosophy and its relevance to research on business management could be assessed.

The research analysed the perceptions of both users (n=149) and non-users (n=122) of CF, through two separate questionnaires, that sought to gain both qualitative and quantitative information. To examine the experiences and perceptions of individuals working within CF, semi-structured, qualitative interviews (n=25) with CF consultants (n=7), managers (n=11), company representatives (n=5), a member of the

Health Development Agency (n=1), and a member of the Association of Workplace Health Promotion (n=1) were also conducted. In addition, a group discussion was held between key CF industry figures to discuss further issues raised during the interviews.

The results indicated that CF has become increasingly popular amongst employees and prevalent within companies, arguably as a result of general changes in attitude towards health, fitness, and lifestyle. CF has begun to develop a more holistic approach to health and fitness and has been commonly rebranded 'Corporate Wellness' (CW). However, CW is not significantly different from CF and the effectiveness of programmes in positively impacting upon the majority of the workforce is doubtful. CW tends not have a high profile within companies and providers are restricted from developing more effective management and marketing practices, partly due to a lack of resources. In addition, companies fear that instead of improving work performance, through improved well-being, employee productivity could actually deteriorate as individuals spend less time working. Currently, companies lack an understanding of the role CW plays within the workplace and, as a result, programmes lack direction and do not have any clear objectives. The future of CW, as a beneficial initiative, will be dependent upon the development of effective management strategies that will encourage company-wide participation and demonstrate that its associated benefits are a reality.

In conclusion, the research suggests that CW is predominantly used as a perk for those individuals who have an interest in health and fitness. Consequently, contrary to previous research, the evidence indicates that CW, in the UK, is not an essential initiative within corporate management.

Contents

List Of Figures

List Of Tables

List Of Appendices

ACKNOWLEDGEMENTS

Without the support, encouragement and help of a considerable number of people, this thesis would never have been completed. Firstly, I would like to thank my supervisors, Dr. Sarah Gilroy and Dr. Peter Green, for their guidance, advice, patience, and confidence in my ability, throughout the duration of the research. Secondly, to those individuals from industry, particularly Nigel Wallace, from the Fitness Industry Association, and Tim Bliss, who were willing to offer their advice and give up their time to help the research proceed. Thirdly, I would like to thank all the companies, corporate fitness providers, and other health and fitness industry personnel, who kindly allowed me to visit their sites and were willing to become involved in the project.

Thanks also to those members of the post-graduate and lecturing team at University College Chichester, who showed an interest in the research and offered their encouragement and support when I needed it most.

I must also thank my friends for their support whilst I was ill, their phone calls, visits and encouragement for me to get back to full health were appreciated and are not forgotten. Of these, a special thank you to Drapes, Tredders, Jo, Rachael and the guys from Orpington College.

Finally, thanks to my family for their constant support and encouragement throughout my college life, particularly over the past four years, when I have struggled with chronic fatigue syndrome.

Chapter 1

Introduction

Corporate fitness (CF) refers to the physical and mental state of employees within a company and the effect this has upon performance at both individual and company level (Minnock 1997). CF aims to develop and improve employee and company performance, as employees are encouraged to adopt healthier lifestyles and emphasis is placed upon controllable factors, such as diet[1]. Exercise is promoted and individuals are encouraged to take regular aerobic exercise, as this beneficial to health (Shephard 1991; Sigman 1992). Research[2] suggests that the benefits associated with CF include: increased productivity and personal effectiveness; decreased absenteeism and employee stress; improved employee retention and recruitment; increased company cohesion, morale and enhanced company image.

Fain (1983) predicted an escalation in the popularity of CF, and concluded that it would reflect the increasingly competitive and profit orientated nature of businesses, striving to develop greater efficiency, productivity and market share. According to literature[3], management anticipated that through CF, productivity, job satisfaction and company loyalty would heighten, whilst employee absenteeism and stress would decrease. The rationale underlying this assumption was that regular exercise adherence exerts a positive influence on health[4]. Research[5] has confirmed the positive effects of regular exercise within a corporate setting. Dishman (1988) concluded that

---

[1] (Sigman 1992; Wilson 1995; Daley & Parfitt 1996; Minnock 1997)
[2] (Brennan 1983; Baun and Bernacki 1986; Shephard 1986; Smith et al 1987; HSIB 1987; Arbrose 1988; Archer 1988; Casady and Griffin 1988; Cox 1988; Gibbons 1989; Monnington 1989; Walsh and Egdahl 1992; Gebhardt and Crump 1990; Sigman 1992; Barratt and McLellan 1993; Hicks 1997; Sattler and Mullen 1997)
[3] (Dishman 1988; Monnington 1989; Shephard 1991; Barratt & McLellan 1993; Wallace 1996; Davies 1997)
[4] (Farnell & Watson 1982; Strasser 1989; McPartland 1991; Sigman 1992; Daley & Parfitt 1996; Kogan 1996)
[5] (Sperryn 1980; Basson & Fenton 1982; Howe 1983; Hoffman & Hobson 1984; Daley & Parfitt 1996; Yeung 1996)

if well planned and managed, CF has a major impact on exercise patterns and the physical fitness levels of employees.

CF is not new, it originally began in Scandinavia before being adopted and developed in Japan more than a century ago (Geden 1988). There is evidence that US business implemented physical fitness programmes as early as the nineteenth century (Hoffman & Hobson 1984), in response to the escalating financial costs of poor health. Years later the health and fitness levels of the workforce in the US had continued to deteriorate and organisations were losing employees as a result of heart disease. On realising the benefits of preventative as opposed to reactive medical practice, CF policies were developed. The introduction of CF, to the US, changed organisations as they began educating employees about health issues (Sigman 1992) and building fitness studios in the belief that regular exercise would improve employee health, and work performance (Baun & Bernacki 1986). The introduction of CF was also beneficial in helping to create improved relations between staff and management (Sigman 1992).

However, the success of CF, in the US, could be questioned, as during the 1980s, it underwent significant changes (Brennan 1983), in an attempt to make it more attractive and beneficial to all employees. The activities and services CF encompassed expanded with the intention of improving the overall physical and psychological health of employees (Smith et al 1986; Seaward 1988) and CF became known as 'corporate wellness' (CW) (Brennan 1983). A shift towards CW, from CF, occurred in the UK during the mid 1990s[6] although the extent of this change is equivocal. By this time, CF, in the UK, was not solely about the provision of a fitness studio and instead it encapsulated a holistic approach to employee and company health (Wilson 1995; Minnock 1997). In the UK, perhaps as a consequence of CW emerging during a period of growth for CF, the terms CF and CW were used interchangeably (Wallace 1996; Minnock 1997) and it could be argued that they were regarded as the same initiative.

---

[6] (Etchells 1996; Wilson 1995; Griffiths 1996; Minnock 1997)

Geden (1988) claimed that CF had become one of the 'in' phrases, in both the US and UK, constantly being referred to in fitness magazines. Over the past two decades there has been a proliferation of media interest in health and leisure pursuits and an escalation in leisure facilities suggesting a trend towards people adopting healthier lifestyles and remaining fit. Indeed, CF, in the UK, had begun to develop as a consequence of an escalated enthusiasm for health and fitness (Geden 1988). Smith et al (1986) claimed that the increasing interest in CF was more than a passing fad and that CF deserved the attention of management.

Although CF is a fairly recent phenomenon in the UK[7], British industry has been associated with employee welfare and exercise since the late 19th century (Geden 1988). Companies including Cadbury-Schweppes appeared to demonstrate a genuine interest in employee welfare and they have arguably benefited from a happier, healthier, motivated workforce (Geden 1988; Hancock 1990). Since the 1980s there has been an increase in the number of companies investing in CF[8]. Sigman (1992) estimated that in the UK, approximately 100 companies provided CF in-house, and a few years later, the popularity of CF had expanded and up to 1000 companies, predominantly in South East England, had developed in-house or external CF provision (Brown 1996; Mackiewicz in Hicks 1997). Whilst the accuracy of such figures is questionable, as there are no public records of CF prevalence, this indicates a steady growth in the CF market.

Whilst CF has become an acceptable part of corporate industry (Wilson 1995; Minnock 1997), it is not fully developed, understood or utilised (Twitchett 1997) and Mills (1996) commented that managers were misguided in their enthusiasm for it, suggesting that they should instead examine their other working practices. The success of CF in improving the generic health of a large number of people is debatable, as the percentage of the workforce that has access to, and uses CF facilities is in question. Much research into CF has focused upon clarifying and measuring its

---

[7] (Zechetmayr 1986; Geden 1988; Daley & Parfitt 1996)
[8] (Walsh & Egdahl 1989; Twichett 1996; Brown 1996)

benefits, but comparatively little has examined how CF has developed, its role within organisations, or its management. Of the limited literature on the development, management and role of CF, the majority has also been conducted in the US and has focused upon individual sites. It is unclear how far this literature applies in a UK context[9], because the differences in the US and UK healthcare systems are considerable. It could be argued that CF has developed more quickly in the US, largely as a result of the differences in the structure of health and medical care. Perhaps as a result of the limited UK literature, British managers are either ignorant or skeptical of the potential economical benefits (Sperryn 1995). For CF to become ingrained in UK corporate culture it would be expected to make a significant contribution to the population it serves and so the importance of thorough planning and effective management is heightened.

This research seeks to investigate the development, management and role of in-house corporate fitness, in the UK, by examining: employee perceptions of CF through the use of a user and non-user questionnaire; and also from semi-structured interviews with CF managers, consultants, and representatives responsible for CF within their company. The research is necessary because instead of focusing upon the outcomes of CF, it addresses issues surrounding the process of CF development, and management within corporate business. The research would benefit CF providers, companies with existing CF provision and those contemplating it, as evaluating CF management would allow the outcomes of CF to be better understood and managed. In addition, it is intended that the research will have implications for strategic planning and the future management of employee welfare.

The next three chapters examine critically literature, focusing upon a variety of management issues and setting CF into its current socio-political and cultural context within the UK. By so doing, the limited understanding of the role of CF and its management are identified and the research questions are highlighted. Chapter two examines CF, tracking its development; analysing what it represents today; whether it

---

[9] (Hancock 1990; Hughes 1995; Griffiths 1996)

has become an accepted initiative within corporate organisations; and highlighting its socio-cultural and economic context. Following this, the third chapter reviews the reasons why companies have adopted CF policies and explores its perceived benefits. The fourth chapter examines the professionalisation of CF within corporate businesses including: whether there is a need to install CF facilities; the establishment of long-term CF strategies; what constitutes an effective programme; and methods of CF evaluation. At the end of the literature review, the research objectives and questions are highlighted further. Following this, chapter five maps out the methodological framework for the research and details the research design, including modes of data generation and analysis.

Chapters six, seven and eight analyse the findings of the research. During the interviews, it was suggested, by the majority of interviewees, that CF was an outdated term. Given this development the discussion chapters refer to CW as opposed to CF, as it could be argued that CF has been rebranded as CW. Chapter six seeks to examine the development of CW, within UK corporate organisations to discover whether CW represents a new approach to employee welfare. Chapter seven focuses on the establishment of CW within the corporate environment, by examining the management issues affecting the successful introduction of CW. Chapter eight concentrates on investigating the contribution of CW to industry, investigating the justification for its implementation and what management perceives its role to be. Finally, chapter nine, summarises the main findings and implications of the research and makes recommendations for future investigation. It highlights the knowledge that has been gained and where the understanding of CW has been advanced. The chapter also evaluates the strengths and weaknesses of this research.

Chapter 2:

The Development Of Employee Welfare And The Emergence Of Corporate Fitness

Introduction

Literature tracking the development of CF, in the UK, tends to focus exclusively upon health promotion, individual CF case studies, or the practicalities of CF implementation and operation. There has been little research that has analysed the development of CF within the broader context of employee welfare, which this thesis seeks to do. This chapter begins this task by examining the development of employee welfare. To do this effectively and to appreciate the socio-cultural context of CF, in the UK, an analysis of the development of industrial relations, and a review of the history of workplace health promotion are required. Conducting the analysis will further the understanding of CF and benefit broader work into management practice. In addition, CF practitioners and corporate organisations will be better able to understand the role CF can fulfill (Sloan et al 1987). The chapter concludes by highlighting the research implications of this review.

Industrial Relations And The Emergence Of Employee Welfare

Shephard (1991) credits Bernadino Ramazzini, an Italian physician of the 17th century, as being the originator of modern views of occupational fitness and health promotion. Ramazzini commented upon the poor physique of cobblers and tailors who sat crouched over their work for long periods of time in poorly lit buildings. Despite this observation, throughout the 18th and 19th century, health was conceptualised in opposition to illness and was seen as the absence of disease (Sloan et al 1987). Poor physique due to industrial strains was not considered a health issue. The cause of disease was solely assumed to be the result of coming into contact with a germ and the only preventative measure was to avoid contact with anybody with an illness. These attitudes encouraged individuals to only concern themselves with health once they became ill, and as Sloan et al (1987) and Arbrose (1988) commented, to have concerned oneself with health, when absent of disease, would have appeared self-indulgent.

Little development in employee welfare occurred in Britain until after the industrial revolution in the late 18th century, when people migrated into the cities to work in increasingly organised businesses. According to researchers[1], the majority of industrialists sought to maximise output and showed little or no concern for the health and welfare of employees. Although the exploitation of the workforce is unjustifiable, it was a consequence of the capitalist economy and market forces and was regarded as the 'law of nature' by many employers. Industrial relations remained poor until the end of the 19th century, when social reformers and key industrialists, such as Lord Shaftesbury, Lord Lever and Lord Owen, criticised employers and encouraged a more welfare orientated approach to management (Torrington and Hall 1987; Shephard 1991). Quaker firms including Cadbury and Rowntree acted as a catalyst for improvements in industrial relations and a shift in employment philosophy[2], when they formalised benefit schemes. Indeed, Clegg (1970) identified that firms, such as Cadbury, were responsible for the emergence of Personnel as a specialism during this period.

During the early 20th century, changes to industrial relations involved the development of the 'human relations' approach, which was concerned with decreasing conflicts in the workplace (Gospel and Littler 1983; Torrington and Hall 1987). This school of thought emerged, in the US, between 1924-36, as a result of Elton Mayo's work, and later researchers including Maslow and Herzberg conducted similar investigations into the satisfaction of employees needs (Dawson 1998). The human relations approach prompted the appointment of individuals, known as 'welfare officers', who dealt with staffing matters (McIlwee 1986; Tyson and Fell 1992), and dispensed benefits to the 'deserving' and 'unfortunate' employees (Torrington and Hall 1987). Whether the introduction of welfare officers benefited the majority of employees is doubtful, as rewards were discretionary and could be regarded as another means by which managers sought control over workers. Whilst it is possible that managers were becoming more aware of a link between welfare and

---

[1] (McIlwee 1986; Shephard 1986,1991; Torrington and Hall 1987)
[2] (Gospel and Littler 1983; McIlwee 1986; Shephard 1991; Tyson and Fell 1992)

production, it is likely that employers were able to exploit staff by using benefit schemes and discretionary rewards, to motivate staff, and as substitutes for wages.

Central Government became concerned with employee welfare during the First World War and in response established the Health of Munition Workers' Committee (HMWC 1915), to monitor safety and working conditions in armament factories (McIlwee 1986; Shephard 1991). The move by the Government was prompted by the prevalence of industrial accidents and the poor health of employees that restricted productivity within the armament industry. Although, this could be viewed as a turning point for employee welfare, the Government had implemented legislative changes to aid the military, rather than because of an altruistic concern for employee health. It is possible that the post-war concern with employee welfare was a consequence of the Government's action, because changes made during war-time, such as the employment of women in munitions factories, had resulted in advances in employee welfare that could not be altered. Following the First World War, the HMWC began operating across industries and became known as the Industrial Fatigue Research Board (1919), before being renamed the Industrial Health Research Board in 1929 (Shephard 1991).

Early welfare developments, such as the introduction of welfare officers, were mainly concerned with improving the work environment and curtailing the hardship of employees. The 'humane bureaucrat' movement, which emerged between the world wars (Torrington and Hall 1987; Tyson and Fell 1992), involved the expansion of firms and increased interest in employee role specification, selection and training, and the adoption of a more caring attitude that considered the capabilities of the workforce. Gospel and Littler (1983) claimed that managers realised the potential benefit of creating a cooperative workforce that could maximise output. Personnel changed from paternalistic employer objectives, to operating within a bureaucracy, formalising procedures and serving organisational objectives (Torrington and Hall 1987; Tyson and Fell 1992).

Another explanation for the change in employment philosophy was that companies developed a social conscience, which coincided with economic growth, and enabled organisations to dedicate resources to improving employee welfare. McIlwee (1986) reported that the changes in the approaches to the management of employee welfare were as a result of managers realising that the workforce was better educated and more demanding of employers, which consequently meant that companies had to begin working *with* employees as opposed to directing them. Torrington and Hall (1987) concurred with McIlwee (1986), and pointed out that, during the world wars, there was an expansion of joint consultation and the establishment of joint production committees and suggestion schemes. However, Gospel and Littler (1983) argued that workers still had little influence over management and that the process of consultation was another method of controlling employees. Certainly the assumption underlying the development of consultation could have been that increased support of employees would encourage co-operation, which would enhance organisational efficiency.

Between the world wars and following World War II, some companies adopted a scientific approach to management (Torrington and Hall 1987). This approach advocated that standard times should be assigned to every movement made by employees on the production lines and that from this, an estimate of the time needed to complete a task was calculated which allowed assessments of efficiency (Torrington and Hall 1987; Shephard 1991). Such analysis, known as 'Human Asset Accounting' (Torrington and Hall 1987), meant that employers viewed employees as a resource and employers started planning and accounting, in greater detail, for the capabilities of employees (Shephard 1991). This could be viewed as a backward step from the human relations movement, as it did not assess the capabilities of individual employees, but instead stipulated a level of production that all individuals were expected to achieve. Employees were regarded as machines, and management failed to appreciate outside influences or recognise that individual work capabilities were different. Fortunately for employees, human asset accounting was not endorsed universally, as some managers realised that individuals could not work like robots.

By the middle of the 20th century, following the development of powerful trade unions, management had become increasingly concerned that with industrial relations, and emphasis was placed upon the need for informal social relationships and improved employee morale (Gospel and Littler 1983). The concern was a reaction to the threat of industrial action, government legislation on employment conditions and employee rights, and the realisation that previous attempts by management to maximise output had not been as successful as intended. In response to management concerns, managers returned to the human relations approach, during the 1950s, and attempted to create an effective workforce without introducing stringent techniques and practices. Some companies introduced a ceiling for the duration of work and attempted to train employees to cope with the physical demands of their job.

Initiatives influenced by a re-emergence of human relations values meant that employees benefited from an increase in their free time and wages (Walvin 1980), and they were less tired at the end of the day. The increase in free time and wages led to the development of leisure pursuits in the workplace. Walvin (1980) concluded that it was easy to see why leisure developed in and around the workplace as the majority of employees had no alternative facilities to utilise. From a management perspective, leisure provision was cheaper than increasing wages and it meant that employees could be encouraged to spend time in an environment that influenced positively their lifestyles, which companies assumed would benefit productivity. In addition, Walvin (1978) claimed that by funding and controlling employees' leisure, management could also enhance their corporate identity, image and the loyalty of employees.

There is little doubt that employee welfare developed as a result of a rapidly changing, dynamic work environment (Dunlop 1992; Tyson and Fell 1995). Certainly, in the UK, during the 1960s and 1970s, employee management underwent significant changes as a result of government legislation that increased employee rights and encouraged the appointment of Personnel managers (Tyson and Fell 1992). Instead of focusing solely upon employee management, Personnel began working

towards greater managerial and employee integration (McIlwee 1986), although the desire of managers to achieve company aims by enabling employees to raise productivity, remained constant (Peach 1992). Employee welfare developed, as a consequence of increasingly influential trade unions, rather than from an internal motivation to adopt a proactive approach to Personnel. In introducing Personnel as a specialism, organisations developed further methods to control and influence the workforce. The evolution of Personnel resulted from management seeking to increase their influence over employees, whilst trying to demonstrate that profit was not always sought at the expense of employees, rather than to improve welfare (Gospel and Littler 1983; Tyson and Fell 1992). If the development of Personnel had reflected a concerted effort to improve employee welfare, Personnel would have adopted a proactive approach to the promotion of employee health, which is not evident.

During the 1980s, the UK workforce was affected significantly by Thatcherism, which promoted the integration of the UK into a world economy, forcing companies to survive international competition unaided (Jacques 1983; Kavannagh 1987; Gamble 1994). This forced companies to become more efficient and effective in their business methods in order to succeed in an increasingly global market. Companies began to downsize and cut investment in activities that were deemed expendable (Gamble 1994). This directly affected Personnel Management, as Thatcher sought to weaken the influence of trade unions, forcing changes to industrial relations in the UK (Kavannagh 1987; Gamble 1994), to try and ensure that employees worked efficiently, effectively and without conflict. According to Gamble (1994) this occurred because the Government was encouraged by Japanese companies, interested in operating in the UK, to develop either union free companies or single union businesses with a no-strike agreement. Gamble (1994) concluded that this was a positive development because as a result, Japanese companies, such as Nissan, began to locate in the UK, which benefited both the Government and multi-national organisations. This concurs with Hirst and Thompson (1996) who concluded that since the 1980s there has been significant growth in foreign direct investment as a result of an increase in multi-national companies. However Hall and Jacques (1983)

viewed this development differently, commenting that foreign investment was attracted as a result of employee exploitation and at the expense of reduced union power and the payment of low wages to an experienced workforce.

Hancock (1990) suggested that CF could not have developed significantly, during the 1980s, because it was viewed as an expendable cost that gave limited reward from the investment required. Yet the direct effect of downsizing is an increase in pressure upon employees who are expected to maintain high levels of productivity with a reduced workforce[3]. Therefore, it is possible that downsizing actually contributed to the emergence of CF, because it increased the need for a mentally and physically fit workforce (Hughes 1995; Wilson 1995).

The extent of international influences on the growth of CF, in the UK is not clear. Literature[4] concurs that both US and Japanese companies, with UK based sites, promoted the benefits of CF, but it is unclear whether these companies introduced CF, in the UK, to benefit specifically from improved employee health. Mullins (1996) and Pettinger (1997) point out that Japanese management adopts a broader concern for employee welfare, than UK management, in the belief that individuals respond to the way they are treated. CF in Japan has been successful partly because Japanese companies offer employees a lifetime's employment, which creates a dependency and commitment to the company[5]. Tyson and Fell (1995) reported that the nature of employment, in the UK, has become more dominated by short-term contracts, which means that companies have less reason to cater for the long-term health or loyalty of their employees. Therefore, CF might be viewed as an unreasonable and unnecessary expense.

Research[6] has inferred that the UK has been slower to implement CF than the US. American interest in CF is related to the assumption that healthier employees are less

---

[3] (Farnell and Watson 1982; Strasser 1989; Minnock 1997)
[4] (Geden 1988; Monnington 1989; Hancock 1990; Kogan 1996)
[5] (Monnington 1989; Mullins 1996; Pettinger 1997)
[6] (Maryk 1982; Arbrose 1988; Cox 1988; Geden 1988; Griffiths 1996; Kogan 1996; Yeung 1996)

likely to be absent from the workplace, which due to the nature of their healthcare system has direct financial implications for companies. In the US, employers contribute more directly to employee healthcare costs and pay more immediately if these costs rise. Consequently, the US has associated fitness with productivity much more than the UK (Wilson 1995), believing that preventative health measures are infinitely cheaper than cure (Maryk 1982; Dishman 1988). Although employers in the UK pay for employee healthcare privately or through taxes there is no real financial benefit, in terms of reduced healthcare costs, of having a healthier workforce (Cox 1988). Therefore, it is possible that that CF has emerged as a perk that coincides with the growth of the commercial health and fitness industry, rather than as literature[7] has claimed because of the recognition that health and performance are related.

Hirst and Thompson (1996) and Holton (1998) highlighted that since the 1980s, the world has experienced rapid but uncertain change and they concluded that the globe was bound together as a result of the interdependence and interpenetration of economic, political and cultural relationships. Globalisation not only refers to economic forces, but also has implications for political and cultural change (Hirst and Thompson 1996; Holton 1998), which includes employee welfare. However, globalisation is deceptive, as it implies a global unity and culture, which is not wholly true as there are other trends and influences in contemporary life[8]. Holton (1998) highlighted that there have been resurgences in nationalism to challenge international identities and structures, whilst Hofstede (1993) and Hirst and Thompson (1996) found that management reflected the culture of the environment in which it developed. Nevertheless, it is unwise to ignore the influence of foreign management practices, because from analysing international experiences it may be possible to identify trends that help explain how CF has developed in the UK.

Although there are differences in the literature relating to the transferable nature of management and the extent of globalisation, it could be perceived that the growth and

---

[7] (Casady and Griffin 1988; Brown 1989; Glynn 1996; Yeung 1996)
[8] (Cosier and Dalton 1986; Hofstede 1993; Hirst and Thompson 1996; Mullins 1996; Holton 1998)

expansion of multi-nationals has enabled knowledge of different business practices to become widespread. Hirst and Thompson (1996) and Holton (1998) explained that management develops as a result of companies exporting and adapting their practices abroad, which then become diluted within existing approaches. Management is not an exact science, as everything is subject to interpretation and assimilation (Pettinger 1997), and companies have been able to select the initiatives deemed appropriate to their needs, and implement them in a manner that suits their perceptions and available resources. Nevertheless, Hirst and Thompson (1996) and Holton (1998) stated that changes and interpretations of initiatives are only likely to occur when current practices are deemed inefficient. They concluded that drastic changes to existing practices were rare.

The adoption of new management practices by multi-national companies is dependent upon internal issues of structure and control and how organisational resources are allocated (Johnson and Scholes 1999). The formation of policies is affected by the strategic planning of the 'parent' company (Johnson and Scholes 1999), which will dictate whether companies pursue common, centralised policies, across different sites or whether sites are managed independently (Peach 1992). According to Kossen (1994), the ability to blend policies throughout organisations is becoming increasingly important and companies with multiple sites might provoke unrest by providing an initiative at one site but not at another (Alexy and Eynon 1991). Mullins (1996) reported that whilst the nature of organisations might differ, the manner in which they operate in terms of people are generally similar. Whilst there may be no such thing as a universal management practice (Hofstede 1993), as employee welfare is applicable in every culture, the adoption of company-wide policy might have been influential in the development of CF in the UK.

According to Etchells (1996), government legislation will inevitably place increasing emphasis on industry to take more responsibility for the health of their employees because the health care system, in the UK, cannot be solely responsible for delivering, promoting and treating health. From a government perspective the workplace is an

ideal environment to promote exercise as employees spend a large portion of their day there[9], social contact is high and influencing norms can be established and maintained (Opatz 1985). In addition, Etchells (1996) concluded that through CF, it was possible to reduce the increasing financial burden on the NHS. However, any move to place an increased emphasis upon organisations would be resisted by managers, as companies would incur significant extra costs. It is also possible that companies could move abroad if domestic economic policies and tax regimes threaten their capital returns (Hirst and Thompson 1996), although whether companies would relocate, or call upon their own national expertise in CF remains to be seen.

One reason why CF might have developed slowly in the UK is because people regard health as an individual responsibility (Bacon 1980; Arbrose 1988). Bacon (1980) claimed that the UK had a strong tradition of individualism both in economic and social life, which resulted in the dislike of holistic corporate policies. The introduction CF could be perceived as 'leisure' (Farnell and Watson 1982), which contradicts the traditions of keeping work and leisure separate (Lloyd 1986). The post-industrialisation paternalistic view of leisure was not wholly successful, because some workers viewed it as a method of control and it is feasible that CF might be perceived as the modern equivalent of playing field provision. Quite how employees' perceive CF is not clear as little research has investigated their experiences, but this is something that needs to be better understood if companies are to implement CF successfully.

Wanzel (1994) and Wilson (1995) reported that since the publication of the Allied Dunbar Fitness Survey (1992) and the Health of the Nation White Paper (1992), there has been a big change in management attitudes towards health and fitness in the workplace. Wallace (in Hicks 1997) claimed that in some companies, investing in the health of employees was no longer a question of debate, but a mission statement and real goal. Employee health has become an important issue and that many companies

---

[9] (HSIB 1987; Geden 1988; Gibbons 1989; Sattler and Doniek 1995; Griffiths 1996; Gillespie in Hicks 1997)

had introduced medical and welfare services, including health and fitness facilities[10]. However, Glynn (1996) commented that there is still debate about whether the health of workforce is a responsibility of companies (Glynn 1996).

Whether the health and fitness of employees is the responsibility of companies might still be debated, but there has been a rise in the number of humanistic management approaches that have developed[11]. Theories including 'Management By Objectives', 'Management By Exception' and 'Management By Walking Round', introduced during the 1980s, recognised the importance of employee cooperation in achieving organisational goals. Peters (1992) suggested that companies should stop solely focusing upon customers, and adopt a more proactive approach to management that considered employee welfare. Concern for employee welfare might have stemmed from the recognition that company structures and processes that ignored the importance of employees were not necessarily effective[12]. However, research has continued to focus upon the management of personnel with the intention of discovering how companies can improve productivity. Management theories, such as 'Total Quality Management' (TQM: Dotchin and Oakland 1992), which represents a holistic approach to management that empowers employees through encouraging continuous improvement, have emerged.

Dotchin and Oakland (1992) and Bounds et al (1994) claimed that empowering employees to achieve 'quality' was dependent upon realising the potential of the workforce, which meant that companies needed to consider a number of issues, including, employee welfare. Whether TQM incorporates CF is debatable and open to the interpretation of individual companies, nevertheless Marchington (1995) suggested that TQM has not been fully embraced by organisations. Marchington (1995) also claimed that some of the companies that had promoted TQM did so to create a good impression, rather than for the benefit of employees, further indicating that management interest in employee welfare initiatives was not altruistic. Exactly

---

[10] (Parks 1994; Wilson 1995; Day 1998)
[11] (Megginson et al 1989; Peters 1992; Brunsson and Olsen 1993; Watson 1994)
[12] (Megginson et al 1989; Peters 1992; Brunsson and Olsen 1993; Watson 1994)

how companies view CF is not clear, but by investigating the motivation of organisations in providing CF, further understanding of its role within industry will be gained.

Sloan et al (1987) suggested that despite progress in the understanding of the relationship between health and performance, western society has been slow in adapting to advances. This perhaps stems from the predominantly reactive way in which health has been treated and as a result of individuals perceiving that they are already healthy, or too busy to commit to health and fitness regimes (Twitchett 1997). Hancock (1990) and Etchells (1996) suggested that one of the problems with CF was that organisations perceived it differently, which indicates a great variety in companies' understanding and approach to CF. Nonetheless, if CF is perceived differently it is possible that it has been adapted by organisations to suit their individual circumstances, which is arguably its strength, as it is redefined within communities to represent an effective addition to employee welfare. An analysis of different organisations' attitudes towards CF's role would further knowledge of the motivation for providing it, whilst adding to the understanding of approaches to CF management that have been adopted in the UK.

Another reported problem with CF is that the word 'fitness' has been deceiving and led to the misunderstanding of CF's goals (Minnock 1997). Minnock (1997) suggested that CF referred to individuals being fit enough to fulfill their business role, rather than becoming super fit and she claimed that the emphasis on fitness had deterred a majority of employees from participating. Whether CF was deceiving or just not valued by employees is questionable, but an analysis of the slide from CF to CW would serve to advance our understanding of CF development.

From evaluating UK research[13], it is not clear whether CF is wholly established and accepted within industry. Wanzel (1994) reported that if management believed in it, CF would have a high profile within the leading business journals, which is not the

---

[13] (Walvin 1980; Farnell and Watson 1982; Lloyd 1986)

case. Whilst it has been suggested that employees are a company's greatest assets (Maryk 1982), Townsend (1990) and West and Patterson (1998) claimed that staff were treated like raw material. Furthermore, Day (1998) inferred that companies failed to appreciate the contribution of employees and as a result had failed to cater fully for their changing needs and demands. Literature[14] has concurred that large amounts of money was spent on the maintenance of plant and office systems, whilst little was invested in employees.

Day (1998) reported that when the issue of health at work is raised, people primarily thought of health and safety and the prevention of accidents, which is the responsibility of Occupational Health. However, McDonagh (1984) suggested that Occupational Health was not regarded as a key resource in the maintenance of a healthy company, which is somewhat surprising, as it could be assumed that they possess a knowledge of health that would contribute to CF. It is possible that the promotion of health itself has not been perceived as valuable, rather than the contribution of Occupational Health, who in the past have focused primarily on first aid and preparing staff for overseas travel (Geden 1988; Wilson 1995).

There is little evidence to suggest that Occupational Health Departments have been involved with CF. It has been claimed that as a consequence of Occupational Health Departments not being involved with CF, health issues often remain hidden and organisations lose key personnel through ill-health[15]. The role of Occupational Health and Personnel in improving the general health of the workforce was raised by the Health Education Authority (HEA 1988), who argued that there was a need for partnerships and greater coordination. The HEA promote a proactive stance to health that combines the strength of different departments but they acknowledged the difficulty of coordination (HEA 1988). Yet, if management is to benefit from CF, they will need to appreciate that the peak performance of employees is reliant upon sound preparation, sensible management and good health, which can only be

---

[14] (Casady and Griffin 1988; Sattler and Doniek 1995; West and Patterson 1998)
[15] (McDonagh 1984; Geden 1988; Wilson 1995)

managed through a holistic approach (McKeown 1996). Whilst it could be assumed that CF is inextricably linked with Personnel and Occupational Health, limited research has examined the inter-relationship of departments within the context of CF. Research exploring the approach to CF adopted by companies would further the understanding of why and how CF has developed in the UK.

Research Implications

This chapter has reviewed critically the development of employee welfare and the emergence of CF and set it into the context of the changing socio-political climate in the UK. Industrial relations and employee welfare have not developed in a progressive, linear fashion. Different schools of thought have emerged in parallel, and companies have been influenced considerably by the changes in the work environment. Various management approaches, such as the 'scientific and human relations movements', have emerged, but management has largely ignored the importance of employee welfare in achieving success. Changes in government policy have forced companies to amend the way they manage the workforce, but despite the development of more humanistic management principles, and arguably a more 'caring' society, employee welfare is still sometimes regarded as unimportant.

It is not clear whether CF is fully established and accepted, in the UK, but it is evident from reviewing literature that research into the development, role, and management of CF is necessary for a number of different reasons. Investigating whether international company-wide policy has been influential in the development of CF in the UK would further the understanding of its role and help explain whether CF has emerged as a perk, rather than because of the recognition that health and work performance are related. The individual nature of CF within companies also needs to be evaluated, so knowledge of how different organisations have approached the management of CF can be advanced. Analysing the management of CF also requires an appraisal of the role of Personnel and Occupational Health in CF delivery, because although the review of literature has indicated these departments and CF are linked little is known of this inter-relationship. Furthermore, an analysis of the slide from CF

to CW would be valuable, as this will inform us whether CW is the rebranding of CF or if it represents a new approach, and whether the two terms are interchangeable. In addition, little is known about the CF perceptions and experiences of employees, and in order to understand better whether CF is a worthwhile initiative and how companies can implement CF successfully, an evaluation is necessary. Before these research objectives can be fulfilled, a deeper examination of the potential benefits of CF, and further analysis of its implementation and management would be valuable. The next chapter begins this process by focusing upon the benefits of CF.

The Benefits Of Corporate Fitness Provision

Introduction

This chapter seeks to examine the benefits associated with CF to gain further insight into the contribution of CF to corporate performance. A key point that is apparent when reviewing literature on the benefits of CF is that the majority of research is US based. This has ramifications for the relevance of the research to the UK, due to the health care differences between America and Britain. One of the main problems with UK work[1] is that it is not academic research and what has been published has been written by individuals who work within the fitness industry or specifically in CF. Whilst this does not make these authors' work invalid, because they have gained a wealth of first hand experience in the industry and obviously believe in the benefits of their product, it is important to be able to reflect upon their work from an informed and independent perspective.

This chapter begins by discussing the affects of CF upon absenteeism, before reviewing the other benefits associated with CF provision. It concludes by highlighting the research implications that emerge from the discussion.

Corporate Fitness And Employee Absenteeism

Despite the fact that absenteeism has a major impact on productivity[2], Kossen (1994) and Tosi et al (1994) concluded that employee health has been regarded as a low priority for organisations. The Times (15/09/94) highlighted that until the beginning of the 1990s, it was not even common practice for companies to collate sickness statistics. The fact that decreasing employee absence does not appear to be a priority could be due to a lack of understanding of absenteeism and its consequences. Dugdill and Springett (1994) and Sperryn (1995) identified a dichotomy in patterns of

---

[1] (Cox 1988; Algar and Courteen 1990; Parks 1992; Wilson 1995; Brown P 1996; Kogan 1996; Wallace 1996; Davies 1997; Hicks 1997; Minnock 1997; Twitchett 1997; Day 1998)
[2] (Szilagyi and Wallace 1990; Brown 1996; Day 1998)

absence, with some organisations claiming that it was on the increase whilst others had concluded that it has been reduced, as a result of redundancy fears. Nevertheless, the CBI estimated that, in 1997, 187 million working days were lost by industry as a result of absenteeism (Day 1998). Through absenteeism companies can lose key personnel, which impacts upon company performance, so perhaps employee absence should be a concern of senior management.

Fowler (1992) endorsed the provision of effective, proactive interventions to combat absenteeism, which is how some companies have previously viewed CF. It has been reported that absenteeism decreased when employees participated in CF[3], as a result of the associated physiological benefits, including weight loss and reduced blood pressure, that positively effect employee health[4]. According to literature[5], physiological factors affect the amount and quality of work accomplished, and sedentary employees are absent more, and are less productive than physically fitter employees. However, the relationship between absenteeism and CF is equivocal, as other research[6] has concluded that most studies have not been scientifically rigorous enough to establish unambiguously the effectiveness of CF. Typical methodological problems with the CF research have included the absence of a control group, sampling errors including self-selection biases and poor measures of effectiveness (O'Donnell and Ainsworth 1984; Griffiths 1996). In addition, research has often failed to consider CF in its wider organisational context.

There is little doubt that researchers have had difficulty in proving a direct link between the introduction of CF and a reduction in absenteeism. It is possible that other intervening factors, such as morale, could affect rates of absenteeism rather than any direct health benefits (Farnell and Watson 1982; Tosie et al 1994). Although if

[3] (Cox et al 1981; Keelor 1985; Baun and Bernacki 1986; Blair et al 1986; Gettman 1986; Sloan et al 1987; Geden 1988; Brown 1989; Shephard 1986; Gebhardt and Crump 1990; Keaton and Semb 1990; Tucker et al 1990; Caldwell 1992; Fowler 1992; O'Leary 1994; Blair et al 1996)
[4] (Durbeck et al 1972; Shephard 1981; Driver and Radcliff 1982; Shephard 1986; Okada 1991; O'Leary 1994; Kogan 1996; Yeung 1996; Hicks 1997; Minnock 1997)
[5] (Hoffman and Hobson 1984; Cooper 1985; Sloan et al 1987; Geden 1988; Sigman 1992)
[6] (O'Donnell and Ainsworth 1984; Dishman 1988; Chenoweth 1990; Dugdill and Springett 1994; Griffiths 1996)

employee absence is decreasing, it is debatable whether companies are concerned with proving a direct link between improvements in health and absenteeism, but organisations should be aware that they are investing their resources inappropriately. Tosi et al (1994) stressed that if companies wanted to reduce levels of absence significantly, then management needed to ensure that they have identified the real causes of absenteeism. Yet there is no evidence to indicate that CF has been used to target specifically health risk factors and previously identified reasons for absence. Whether UK companies have attempted to reduce general absenteeism through the introduction of CF is not clear, but examining if and how organisations have tackled issues of absenteeism through CF will further understanding of its role within industry.

Corporate Fitness And Employee Morale And Cohesion

Kossen (1994) and Tossi et al (1994) concluded that morale is difficult to define, control or measure. They suggested that it exerts a strong influence over a company, as it encapsulates employees' general attitudes to work, or to aspects of work, and the atmosphere created within the workplace. Kossen (1994) commented that there was a direct, positive relationship between morale and productivity and that morale was dependent upon a number of factors, including: company activities; nature of work; peers; managers; role expectation; self-concepts; and the satisfaction of individual needs. It could be argued that CF incorporates the factors highlighted by Kossen (1994), and is part of a holistic employee welfare package that could influence positively employee morale.

Cohesion affects the way individuals interact, their perceptions, satisfaction and their productivity (Tosi et al 1994; Kossen 1994). According to Tosi et al (1994), companies could benefit from improved employee cohesion, as it stimulates a higher level of interaction and response to group demands and work tasks, whilst giving participating employees a shared interest. Yet, Tosi et al (1994) suggested that management should not assume productivity would be enhanced, as high levels of cohesion were associated with either very high or very low productivity. If companies

are attempting to enhance employee morale and cohesion through CF, they should also be aware that membership and adherence to CF within companies has been low (Cox et al 1981; Barratt and McLellan 1993). Cox et al (1981) reported that CF membership rarely exceeded 40%, whilst Barratt and McLellan (1993) reported that average adherence was approximately one session per week. So, although CF might affect employees participating in CF, because it does not appeal to the majority, the investment in CF could be better spent on a more universally appealing initiative.

Research[7] has highlighted that it appeared strange that at the end of the 20th century, when employee welfare was becoming of increasing importance, stress levels and staff dissatisfaction appeared to be escalating. Davis (1999) found that almost one in two employees thought that morale was low in their organisation and almost a third believed that their health was suffering because of the pressures placed on them by work. He concluded that the majority of employees would consider approaches from another company, almost one third did not trust their employer and 40% perceived that their company did not respect it's workforce. Perhaps the conclusions of Davis (1999) should not come as a surprise, as companies have never really tackled successfully issues of employee motivation and satisfaction. The role and extent of industrial relations and employee welfare have continued to be an issue since the industrial revolution at the end of the 18th century.

According to Sigman (1992) and Brown (1996) improvements in morale and cohesion were the main reason for providing CF, in the UK, because they contributed to employee loyalty and individual work performance. Both US and UK literature[8] has reported that the implementation of CF boosts employee morale and cohesion by bringing employees from different departments and levels together to make a company appear smaller, and by increasing individual motivation and interaction through friendly rivalry and co-operation. It has also been reported that exercise improves self-esteem, confidence, sense of control, cognitive functioning, and general

---

[7] (Farnell and Watson 1982; McKeown 1996; Lynn 1999)
[8] (Driver and Radcliff 1982; Farnell and Watson 1982; Algar and Courteen 1990; Townsend 1990; Sigman 1992; Dugard 1995; Hughes 1995; Sperryn 1995; Minnock 1997)

mood if subscribed to in sufficient regularity, duration and intensity[9]. However, Szilagyi and Wallace (1990) reported that the type of interaction and rivalry is important, as although intergroup experiences were conducive to improving morale and cohesion, intragroup activities had a detrimental effect, as employees strove to compete against each other. It is also possible that CF could have an adverse effect on morale and cohesion. Some employees, who would benefit from participating in CF, detest the thought of participating and feel marginalised if they did not adhere to CF (Wilson 1995; Mills 1996).

It is not clear whether companies have attempted to enhance morale and cohesion through the introduction of CF, but investigating if and how organisations have improved morale and cohesion through CF, will further the understanding of its role. Further insight into the development of CF would also be gained by examining its popularity within the workplace, to discover if CF has become more popular and established since the research by Cox et al (1981) and Barratt and McLellan (1993). By discovering if the popularity and adherence to CF has improved, a better understanding of the effects and influence of CF will be gained.

Corporate Fitness As A Form Of Social Responsibility
Social responsibility is a controversial issue referring to the ethical issues faced by companies when forming and implementing strategies (Kossen 1994). It concerns the extent to which a company should go beyond the minimum requirements of corporate governance (Johnson and Scholes 1999). Adair (1974) highlighted that social responsibility emerged, in the UK, with the development of philanthropists, key industrialists and the provision of playing fields, at the end of the 19th century. Furthermore, a more socially responsible approach to management developed as a consequence of the growth of large businesses (Mullins 1996; Lynn 1999) and the appointment of managers, who were not 'owners' or large shareholders (Adair 1974). Mullins (1996) and Lynn (1999) claimed that organisations had developed a social

---

[9] (Driver and Radcliff 1982; Algar and Courteen 1990; Townsend 1990; Dugard 1995; Sperryn 1995; Minnock 1997)

conscience and they suggested that the management of employees has altered as companies have begun to adopt more caring attitudes.

In the UK, large companies have been trying to placate unhappy employees and create a good image in local communities for generations. Research[10] has concluded that the provision of CF is socially responsible and that it heightens company image and attractiveness to investors. Similar to other developments in industrial relations, the growth of social responsibility has not derived entirely from the need to improve employee welfare (Sewart 1981; Lynn 1999). Clutterbuck (1981) and Szilagyi and Wallace (1990) claimed that companies had to demonstrate a concern for employees, shareholders, and the public, to create a favourable corporate image. Fowler (1992) and Mullins (1996) commented that, although being socially responsible was a financial burden, companies gained beneficial publicity, whilst employee recruitment and retention become easier, as a consequence of a good corporate image.

As well as being a financial burden, another perceived problem with social responsibility is that ethical issues and areas of corporate governance change over time. Issues deemed radical during one era, become commonplace during another, whilst other initiatives that were considered significant, could be viewed as unnecessary at a later date (Kossen 1994). This has undoubtedly impacted upon the adoption of CF, as management has perceived that the health of employees was an individual responsibility. In addition, managers might have perceived that the enthusiasm for health and fitness initiatives was a fad that would require significant investment, whilst there was little evidence that interest, or company benefits would be gained or sustained in the long-term.

Literature[11] has claimed that, whilst employee welfare is a major aspect of corporate responsibility, it is often neglected, as good intentions are never fulfilled. Kakabadse (in Lynn 1999) concluded that although most companies would like to be more

---

[10] (Driver and Ratliff 1982; Fowler 1992; Yeung 1996)
[11] (Mullins 1996; Johnson and Scholes 1999; Lynn 1999)

caring, they found it difficult to achieve in an increasingly competitive business environment. Johnson and Scholes (1999) claimed that despite an increasing awareness of, and involvement in social responsibility issues, companies were too often narrow in the range of issues they covered. In addition, they suggested that companies often failed to search for best practice within social responsibility issues, which led them to conclude that social responsibility was not a priority for organisations. Whether a lack of concern with best practice and social responsibility is reflected in the management of CF is not clear, but evaluating the management of CF would help explain further why and how CF has developed. In addition, it is unclear whether the provision of CF in the UK is motivated by social responsibility, and this is an area that needs examining, if understanding of CF provision is to be gained.

Corporate Fitness And Employee Turnover

It has been claimed that the primary concern of CF in the UK was to impact positively upon employee recruitment and retention (Alexy and Eynon 1991). Both US and UK literature has suggested that employee turnover was positively affected by CF, as it contributes to an employee's decision to remain with or join an organisation[12]. The growth of CF, in the UK, occurred during the economic boom of the 1980s, as a result of companies trying to introduce something innovative to attract and retain employees[13]. There is little doubt that job satisfaction and employee turnover are linked, and that satisfying and motivating employees is difficult (Mitchell and Larson 1987; Davis 1999), so it is possible that the development of CF was a consequence of organisations reacting to the need to attract and retain employees.

However, Levington et al (1984) concluded that the effect of CF upon employee recruitment and retention is not clear and their link is equivocal. In addition, whilst

---

[12] (Pepres 1980; Cox et al 1981; Song et al 1982; Opatz 1985; Baun 1986; Brown 1989; Algar and Courteen 1990; Gibbons 1989; Hancock 1990; Caldwell 1992; Fowler 1992; Griffiths 1996; Yeung 1996).
[13] (Brown 1989; Hancock 1990; Cook and Ravenscroft 1992)

the provision of CF is an attractive perk for some employees, it is only one element of an employee welfare package sought from organisations. Storey (1995) concluded that, if employee satisfaction was to be maintained, employees should be rewarded, developed and satisfied in a variety of ways and initiatives. It should also be noted that CF does not appeal to everybody and it can be off-putting for potential and existing employees (Mills 1996).

Research[14] has reported that high turnover disrupts the workplace and negatively effects productivity, whilst the costs incurred by recruitment and training are increased. Jackofsky and Peters (1983) and Szilagyi and Wallace (1990) highlighted that employee turnover was predominantly dependent upon the strength of other opportunities, rather than an individual's current situation. Mitchell and Larson (1987) argued that there would always be dissatisfied employees who wanted to leave as a result of personal circumstances and general dissatisfaction with their work role. They added that during times of high or full employment, there would be a higher rate of turnover than during times of recession, due to the availability of jobs. Another factor to consider, in light of the suggestion that CF facilities attract and retain employees, is that the benefit is only realisable if competing companies do not have CF facilities.

Another influential factor is that, with the boom in the health and fitness industry over the past decade, the increased availability and financial accessibility of commercial facilities (Mintel 1999) means that the provision of CF has become of decreasing value to both companies and employees. Whilst the precise number of health and fitness clubs is open to debate, the trend of growth over the past decade is beyond doubt and this expansion is likely to continue as clubs develop their products to meet the demands of different populations (Mintel 1999). Whether CF is able to meet the demands of different populations is unclear, but the growth in external clubs means that there is more pressure upon CF to meet employee needs. By investigating the participation and adherence of employees, and the ability of CF to meet a wide range

---

[14] (Shephard 1986; Szilagyi and Wallace 1990; Kossen 1994; Mullins 1996; Yeung 1996)

of employee demands, further insight will be gained into the establishment and management of CF within industry. In addition, although research[15] has suggested that employees regard CF as a positive demonstration of management concern for their welfare, UK evidence of this is limited. Further research into the perceptions of employees would increase our understanding of the effectiveness of CF, and have implications for its future management and development.

Corporate Fitness And Employee Work Performance

Much has been written about the relationship between health and work performance. A considerable number of studies have concluded that CF positively affects employee performance as a result of improving the generic fitness of employees[16]. Shephard (1986) claimed that CF enhanced physical work capacity, reduced boredom and increased worker vigilance. The work of Edwards and Gettman (1980) and Tosi et al (1994) produced similar findings, and they identified that improved fitness generated self-confidence and business efficiency. However, other work[17] has dismissed the suggestion that CF enhances employee performance, claiming that its link with health was speculative and difficult to substantiate.

Initiatives that might impact upon employee performance have always been of interest to management, despite the difficulties associated with the accurate measurement of their effectiveness[18]. West and Patterson (1998) suggested that productivity was enhanced through the adoption of non-traditional practices, such as CF, because they increased employee job satisfaction and morale. However, the effect of improving performance by enhancing morale is debatable (Mitchell and Larson 1987; Mullins 1996). Szilagyi and Wallace (1990) commented that in the drive to enhance, or at least sustain, company performance, some initiatives would be unsuccessful or not as effective as anticipated. They reported that although

---

[15] (Geden 1988; Shephard 1988; Brown 1989; Hancock 1990)
[16] (Sperryn 1980; Driver and Radcliff 1982; Bernacki and Baun 1984; Shephard 1986; Geden 1988; Algar and Courteen 1990; Townsend 1990; Caldwell 1992)
[17] (Howard and Michalachki 1979; Edwards and Gettman 1980; Blair et al 1990; Keaton and Semb 1990; Brown 1996; Griffiths 1996)
[18] (Fain 1983; Szilagyi and Wallace 1990; Mullins 1996)

organisations devoted considerable resources to sustaining and improving employee performance, they often focused their attention upon inefficiency, labour and cost reductions, instead of employee satisfaction. As a consequence of focusing upon labour and cost reductions, employees have been placed under further pressure, which Casady and Griffin (1988) claimed negatively affected performance. Whether UK companies have provided CF to improve the health of employees in the hope that performance improves is not clear, but investigating if and how organisations have attempted to improve performance through CF will further understanding of its development, role, and management within industry.

Research Implications

Due to a lack of UK research and because the value of employee welfare initiatives have been questioned by management, since the industrial revolution, it is not clear whether CF has been used in a strategic, integrated manner. Managers' belief in CF is debatable, probably because researchers have had difficulty in establishing direct and unequivocal links between CF and its associated benefits. Minnock (1997) claimed that it could be strongly argued that a focused, measurable study on the impact of CF has never been carried out. Furthermore, researchers have also been unable to agree on the main benefit of CF. Yet despite the uncertainty over the use and effectiveness of CF in enhancing company performance, CF is an initiative, which has grown in popularity, and further research into its development, role and management is justified.

The objectives of this research include investigating if and how organisations are using CF to increase company performance through decreasing absenteeism, and staff turnover, whilst enhancing employee morale and cohesion, and work performance. To further understanding of the influence and effect of CF, it would also be beneficial to examine how popular CF is amongst employees; whether adherence to it is high; and if CF is able to meet the demands of a wide range of employees. In fulfilling the objectives, the research will gain further insight into the role of CF, and whether its provision is a perk, motivated by the development of socially responsible initiatives,

or whether it is regarded as a management tool. Before these objectives can be met, an analysis of how CF has been implemented and managed is necessary, and this is the focus of the next chapter.

Chapter 4

The Professionalisation of Corporate Fitness

Introduction

This chapter examines the implementation and management of CF in the UK. To do this effectively, an investigation into the importance of planning, policy formation, effective management and the significance of marketing in achieving success, is necessary. This chapter begins by analysing CF implementation issues and it concludes by clarifying the research questions that arise.

Implementing Corporate Fitness

Implementing new policies is time-consuming, complex and incurs problems, including poor time management and coordination[1]. According to Sloan et al (1987), failure to provide sufficient time for planning, guarantees that both costly and avoidable mistakes will be made. The conclusion that the implementation of new policies can be problematic is not particularly insightful, as it could be perceived that this is common sense and one of the key roles of a manager. When planning for CF, literature[2] has promoted the effectiveness of conducting a needs assessment and feasibility study, by collating information about employee interests and health. Researchers[3] have claimed that this method of planning allows the CF plan to be unique and designed specifically to meet the needs of each employee.

There are a number of policy and procedural issues to be tackled when planning CF, including deciding *what* is required, *who* participates and *where* the facilities are constructed (Sloan et al 1987). According to Walsh and Egdahl (1989) and Fowler (1992), the choice of what to provide is problematic, as the wrong decision limits the success of CF. Fowler (1992) promoted the adoption of a broad, integrated, strategic approach to CF that incorporated health promotion, screening and treatment and

---

[1] (Brennan 1983; Alexander 1985; Sloan et al 1987; Seaward 1988; Peach 1992; Mullins 1996)
[2] (Brennan 1983; Price and Rickards 1983; Sloan et al 1987; Cox 1988; Geden 1988; Gibbons 1989; Algar and Courteen 1990; Kogan 1996)
[3] (Brennan 1983; Price and Rickards 1983; Gibbons 1989)

fitness facilities. There is little doubt that it would be beneficial to identify the core services, but planning to incorporate a diverse range of needs, on a large scale, is difficult, and consideration must be given to the potential difficulties associated with the operational management of CF. The coordination of CF implementation is made more difficult by the fact that companies have a limited understanding of it. For this reason, there is justification for CF professionals to oversee the development of CF and for conducting a needs assessment and feasibility study.

With reference to *where* facilities should be installed, Robinson (1984) and Barratt and McLellan (1993) claimed that despite space in the workplace being at a premium, it was possible to equip small areas or extend company buildings to implement CF. However, it is doubtful whether a small facility would be suitable or capable of accommodating large numbers of employees, who use the facilities regularly, and overcrowding would detract from the attractiveness of CF (Garzona 1989; Davies 1997). In the past, some companies have only allowed top executives to participate in CF, as a result of limited resources or because they feel they have a greater investment in these employees[4]. It is not clear whether this is a policy that still exists in the UK, but by being selective, employees who are unable to benefit from CF feel neglected and morale deteriorates (Brennan 1983). Little is known about the extent of companies' CF provision, but research would help further our understanding of how established CF had become, and how committed organisations were to its provision.

British research[5] has highlighted that one of the problems with CF is that companies are reluctant to commit resources to it, as CF requires an investment up front, whilst any benefits are deferred. Furthermore, these authors have reported that the provision of CF did not guarantee benefits. This was highlighted by Walsh and Egdahl (1989) and Sigman (1992), who also claimed that a lack of understanding led organisations to overlook aspects, or fail to coordinate effectively the different components. Perhaps in acknowledgement that they do not understand CF, organisations have

---

[4] (Maryk 1982; Shephard 1986; Sloan et al 1987; Hancock 1990; Fowler 1992; Griffiths 1996)
[5] (Arbrose 1988; Geden 1988; Fowler 1992; Hughes 1995; Hicks 1997; Minnock 1997)

tended to employ providers, from the fitness industry, to manage their CF facilities (Fowler 1992; Minnock 1997). However, Twitchett (1997) highlighted that the employment of external providers was not necessarily advantageous, as in his experience they also sometimes lacked an understanding of CF. He concluded that providers plagiarised practices that were applicable in commercial centres but were not best suited to CF. Whilst this thesis does not seek to examine the difference between CF and commercial facility management, it is hoped that by exploring the practices of current CF 'specialists', further knowledge of how successful current practices are and how the needs of employees can be met effectively, will be gained.

Twitchett's (1997) findings suggest that it is advisable for companies to investigate CF thoroughly, and work in partnership with providers to identify employee needs and ensure that CF is successful. The difficulties of implementation reinforce the need for companies to adopt a professional approach to CF (Barratt and McLellan 1993; Helmer et al 1995) and be heavily involved with CF policy formation. According to Torrington and Hall (1987), policy formation so far, has been achieved through two largely inadequate methods, as companies either copy the practice of another company or introduce a new idea. The difficulty for companies is that they have no evidence that a new approach to CF will be successful, whilst copying from competitors could result in a vague or inappropriate policy, not suited to the culture or structure of their company (Torrington and Hall 1987).

The most influential factors in ensuring the success of CF are the support and financial commitment of senior management[6], and company philosophy towards human resource management[7]. Research[8] has highlighted that senior management support enables CF to become independent of external forces, part of a company's structure, and an integral component in an overall business strategy. Once senior management support has been gained, McPartland (1992) claimed that Personnel

---

[6] (Brennan 1983; Baun and Williams 1985; Keelor 1985; Arberth 1986; Sloan et al 1987; Geden 1988; Gibbons 1989; Hancock 1990; Peach 1992; Davies 1997)
[7] (Maryk 1982; Arberth 1986; Geden 1988; Hughes 1995; Davies 1997)
[8] (Sloan et al 1987; Gibbons 1989; McPartland 1992; Sattler and Doniek 1995)

needed to take responsibility for the development of CF, whilst other departments were used as consultants or resources. However, Walsh and Egdahl (1989) stated that one of the problems with CF has been that Occupational Health has not played a prominent role and as a result, they have not contributed their expertise on health matters. Quite what kind of relationship Personnel, Occupational Health, and CF have is not clear, but this thesis seeks to explore this issue in order to further our understanding of how companies have integrated CF into existing company structures.

Although it could be assumed that as CF has grown and become more established in the UK, more has been learnt about its provision, little research has documented this. Companies face a mixture of policy and procedural decisions and perhaps because there is only a limited understanding of CF, a common formula for implementation is not evident. Whilst this thesis is not intending to focus upon the more practical aspects of CF implementation, by gaining further insight into the typologies of CF, this research will develop a greater level of critical understanding of CF development. One of the key difficulties for companies has been planning how to meet the diverse needs of a large population. If companies have problems in planning and implementing CF, then it would be interesting to investigate how the management of CF is affected, which is the focus of the next section.

The Effective Management Of Corporate Fitness

Although CF participation rates, in the UK, can be as high as 60% (Keaton and Semb 1990), or 80% (Algar and Courteen 1990), some research[9] has reported that the long-term success of CF has been limited, because overall adherence was between 15-40%. Other literature[10] has also claimed that CF has failed to affect positively the health of a sizable number of employees, because adherence is low. Mills (1996) highlighted that encouraging adherence in the long-term was difficult, but important, because protection against ill health only lasted while good habits were retained. He concurred

---

[9] (Shephard et al 1981; Barratt and McLellan 1993; Wanzel 1994; Hughes 1995; Daley and Parfitt 1996)

[10] (Cox et al 1981; Gibbons 1989; Cook and Ravenscroft 1992; Mills 1996)

with Cook and Ravenscroft (1992), who claimed that the approach to CF management in the UK, had failed to communicate the importance of long-term adherence to lifestyle changes. Sperryn (1980) and Whiteman (1990) suggested that adherence to CF was low because companies and CF providers failed to understand the needs of employees. They commented that individuals were not set realistic goals, and that professional responsibilities often made adherence to CF difficult. There is therefore a danger of placing too much emphasis upon CF adherence, which could undermine good performance (Whiteman 1990). Indeed, Sperryn (1980) reported that stressed managers rushing around to ensure they exercised at a certain intensity, for a specific duration of time, are in more danger of ill health than if they were to sit at home and relax.

It is possible that CF has had difficulty in becoming established because of the perception from managers and employees that it detracts employees from their work role. Sloan et al (1987) reported that organisations perceived that participating in CF, during the day, resulted in employees spending less time working, which raised financial and logistical problems. It has also been reported that the most common reason for employees not adhering to CF has been a 'lack of time'[11], although researchers have concluded that this is used as a convenient answer, to hide true feelings, such as a lack of enthusiasm, or interest. Robinson (1984) and Gibbons (1989) argued that companies should encourage employees to participate during the workday and that this approach would not interfere with work schedules. It is not clear whether UK companies have allowed employees to use CF facilities during the day, but investigating this would further the understanding of how CF has been adopted within organisations, and how keen companies have been to demonstrate a proactive stance to employee welfare issues.

Another problem CF has encountered is that as it has become more established, a more professional management approach has been adopted. Although a more professional approach to CF could be regarded as a positive development, it has

---

[11] (Price and Rickards 1983; Baun and Williams 1985; Dishman 1988; Gibbons 1989)

caused some individuals to drop out because CF was no longer regarded as fun (Price and Rickards 1983; Gibbons 1989). This could be because it had previously been perceived as a management free area, where employees were not under surveillance. Both Sperryn (1980) and Brown (1989) concluded that in order to be successful, CF should be an enjoyable commitment. In addition, the more professional approach has meant that individuals' use of CF facilities has been monitored, so companies know who participates (Baun and Williams 1985; Whiteman 1990). CF could therefore be regarded, by employees, as coercive and interfering instead of being viewed as perk, with realisable personal benefits. Geden (1988) and Monnington (1989) suggested that cynics viewed CF as a management attempt to create moderate, committed yet docile employees. So, the introduction of a more professional approach to CF delivery could be viewed as a negative development, because CF could be regarded as a management tool, rather than an altruistic concern for employee health. As little is known of how employees in the UK, regard CF, research into their perceptions, and the management implications of their views, would be beneficial in furthering a greater understanding of successful CF management practice.

Walsh and Egdahl (1989) stressed the importance of devising a good CF management structure. Adopting an approach which involves building a facility, providing access and awaiting participation is not the most effective way of managing CF (Keaton and Semb 1990). A more specialised management approach to CF could be viewed as a positive development, as it encourages greater focus to be placed on meeting employees' needs effectively. Literature[12] has claimed that the success of CF, in meeting the needs of employees, was dependent upon the identification and understanding of the factors that influenced their participation, and persuading those who really needed a change in lifestyle to participate. Indeed, empathising with employees is crucial in keeping management's ideas fresh (Garzona 1989). Without specialised knowledge and management, it is debatable whether CF could achieve

---

[12] (Walsh and Egdahl 1989; Algar and Courteen 1990; Fowler 1992; Brown 1996; Daley and Parfitt 1996; Griffiths 1996; Mills 1996)

long-term success, appeal to the majority of employees, and cater for their needs effectively.

It is apparent that companies and CF providers have not always identified and catered for employees' needs. Research[13] has reported that CF has too often been 'partial' in its ability to make a positive impact within industry. Etchells (1996) and Minnock (1997) have blamed the failure of CF on the predominant promotion of physical fitness. They claimed that CF would only be successful if companies and providers recognised the interests of employees, and adopted a more holistic approach to health. Townsend (1990) and Minnock (1997) suggested that a holistic approach to CF, that could meet the demands of modern business needs, encompassed more than physical factors. Due to a lack of understanding of CF, there is disparity in how companies and providers have approached it, which has undoubtedly affected its impact within the workplace (Minnock 1997).

It has been claimed[14] that the aim of CF is to enhance an individual's awareness of their own health, before setting goals for weight control, strength improvement and general health maintenance, through the use of exercise. However, although the benefits of exercise are unquestionable, it is debatable whether exercise is appealing to the majority of the workforce and is the most effective form of health promotion. Whilst Wallace (1996) and Hicks (1997) have claimed that exercise is appealing to employees and is the core of CF, Pyle (1979) reported that CF was most successful when it focused upon life saving aspects of health, such as coronary risk factors and smoking cessation, rather than relying upon the promotion of exercise. The differences in approaches to CF are attributable undoubtedly to the varied perceptions of companies and provider. In addition, the exercise focus of CF probably stems from the fact that providers may have a commercial health and fitness background, rather than an understanding of the corporate environment and the generic lifestyle concerns of employees. Perhaps because CF is perceived differently and is dominated by

---

[13] (Maryk 1982; Arberth 1986; Baun and Bernacki 1986; Geden 1988; Townsend 1990; Fowler 1992; Etchells 1996; Minnock 1997)

[14] (Walsh and Egdahl 1989; Keaton and Semb 1990; Glynn 1996; Sigman 1996)

commercial health and fitness operators, effective management practices have not been devised and as a consequence CF has not fulfilled its potential. One of the objectives of this research is to assess the different approaches companies and providers have adopted in order to further our understanding of CF management.

The problems in gaining substantial long-term employee interest and adherence to CF will have undoubtedly affected its management and limited its impact within the workplace. Management literature[15] has concluded that the long-term success of initiatives is dependent upon the marketing process and meeting the genuine needs and demands of the market. Marketing is a business orientation that focuses upon retaining customers and striving to attract new ones by satisfying the requirements and demands of the marketplace, as this is imperative to success (Cameron et al 1988; Lancaster and Massingham 1993). If the needs and demands of employees are not being met, it suggests that companies and providers are implementing and managing facilities that they think are appealing, instead of focusing upon the real needs of the market. The importance of marketing has been highlighted by research[16] that has claimed that management should develop strategies and identify target groups to encourage participation. By segmenting the market and identifying target groups, higher consumption of a product is more likely (Cameron et al 1988; Lancaster and Massingham 1993). Research[17] has reported that although the importance of adopting a sound market orientated approach might appear relatively straightforward, managers often fail to appreciate its importance. Garzona (1989) and McPartland (1991) emphasised the significance of catering successfully for employee interests and needs, within the CF environment. However, the extent and success of companies and providers use of marketing is not clear, and further investigation into their CF marketing practices would advance our understanding of the development and effectiveness of CF in the UK.

---

[15] (Cameron et al 1988; McDonald 1990; Lancaster and Massingham 1993)
[16] (Nash 1987; Sloan et al 1987; Brown 1989; Walsh and Egdahl 1989; Whiteman 1990; Kogan 1996; Davies 1997)
[17] (Kotler 1983; Cameron et al 1988; Lancaster and Massingham 1993)

Gauging The Success Of Corporate Fitness

Keelor (1985) and Sperryn (1995) reported that if companies adopted a professional approach to CF, it would then be necessary to evaluate its cost effectiveness because, similar to other organisational investment, it required an analysis of return. Indeed, Sperryn (1995) claimed that continued company support for CF was often dependent upon an evaluation of its performance. Research[18] has reported that evaluating the effectiveness of CF was complex, time-consuming, expensive and difficult to quantify. In addition, researchers[19] have argued that that a reliable and efficient, quantitative CF cost/benefit evaluation method has not yet been devised. Arberth (1986) and Smith et al (1986) claimed that only a few companies had implemented systematic and precise measurement techniques, whilst others were not prepared to invest the resources necessary to measure the benefits of CF. Despite this, literature[20] has declared that the long-term future of CF would not be guaranteed until rigorous evaluation techniques, that prove it is beneficial, had been developed.

Johnson and Scholes (1999) recommended using a comparison with history or current industry norms as a method of assessment (Johnson and Scholes 1999). Comparison with history, or industry norms introduces the concept of 'best practice', which seeks to ensure that management is attaining the most effective results possible (Peters 1989). One of the problems with best practice is that it assumes that companies are measuring the 'right' things. Barratt and McLellan (1993) claimed that companies could become too obsessed with the evaluation of CF and similar to Peters (1989), they recommended setting simple performance measurements that assess the important aspects of an initiative. They suggested that the performance of CF could be measured by examining: the proportion of eligible employees that use the facility; whether employees use the facility often enough to achieve health improvement; if improvements in performance can be shown as a direct result of CF; and whether the benefits justify expenditure. However, whilst the first two methods appear simple and

---

[18] (Sloan et al 1987; Walsh and Egdahl 1989; Barratt and Mclellan 1993; Kogan 1996; Mills 1996)
[19] (Chenoweth 1990; Barratt and McLellan 1993; Kogan 1996; Mills 1996)
[20] (Brennan 1983; Dugdill and Springett 1994; Sperryn 1995)

realistic, the remainder, are more difficult to apply as they require an element of interpretation and subjectivity that has been a concern of previous researchers[21].

Sperryn (1995) questioned the necessity of assessing CF and claimed that the justification for CF went beyond the idiosyncrasies of the balance sheet. The findings of Sperryn (1995) concur with other work (Walsh and Egdahl 1989; Kogan 1996) that has concluded that there are so many perspectives from which CF made good business sense, companies often accepted its value without close analysis, because they accepted that not everything was quantifiable. Nevertheless, if the provision of CF was a benefit that went beyond the idiosyncrasies of the balance sheet, it would perhaps be more established in the UK, and literature would not be highlighting the need to justify CF expenditure. Whether, as Whiteman (1990) suggested, evaluating the success of CF is imperative to the adoption of CF policies is not clear, but by conducting this research, greater insight into the motivation of companies providing CF will be gained.

Arberth (1986) and Hancock (1990) claimed that companies had reported the benefits and viability of CF, without quantifying its contribution. According to Garzona (1989) and Johnson and Scholes (1999), it was not uncommon for objectives to be expressed in a non-financial manner, although they found that this approach was not endorsed universally. Smith et al (1986) and Sloan et al (1987) claimed that the approach to the evaluation of CF should be reflective of a company's aims and that the financial quantification of CF benefits was not imperative. Research does not agree on the importance or necessity of evaluating the success of CF, although there has been considerable interest in this area[22]. It is unclear whether companies in the UK have devised a method of quantifying the benefits of CF, or if they are interested in doing so. By investigating if and how companies are measuring the effectiveness of CF, and examining how they justify CF expenditure, further insight into its development and management will be gained.

---

[21] (Walsh and Egdahl 1989; Barratt and Mclellan 1993; Sperryn 1995; Kogan 1996; Mills 1996)
[22] (Arberth 1986; Hancock 1990; Sigman 1992)

Research Implications

This chapter has reviewed critically the implementation and management of CF in the UK, by investigating the importance of planning, policy formation, effective management and the significance of marketing in achieving CF success. It appears that CF has become more professionalised, although questions about the implementation and management practices of companies and providers remain. In addition, whether the adoption of a more professional approach is more likely to attract and retain the interest of employees, is debatable. There is a need for CF research, to examine critically issues concerning the extent of companies CF provision, to help us understand how established it has become, and how committed organisations are to its future. Questions about the success of current management practices have also been raised and it would be beneficial to investigate the role of CF providers and how they seek to meet the needs of employees effectively.

In exploring the role of providers, it would also be advantageous to determine what kind of relationship exists between Occupational Health, Personnel and providers, as this will give further insight into whether companies have integrated CF with existing companies structures. Whilst this research does not seek to focus upon the practicalities of CF management, it would be worthwhile to investigate the different approaches to CF that have been adopted by companies and providers, to help identify trends and to further knowledge of whether CF can be successfully integrated. Given that companies are investing money into CF, it would be beneficial to examine if and how companies evaluate the success of CF, as this will increase the understanding of why companies in the UK provide CF. An analysis of employees' perceptions of CF, and their implications would also be a useful indication of the success of CF implementation and management.

Research Objectives

The previous three chapters have examined literature, focusing on a variety of management issues and setting CF into its context within the UK. It is evident that similar research questions derive from the each chapter of the literature review. The intention of this section is to reiterate the main issues covered by the literature review and highlight the key research areas that are addressed by this thesis.

The development of industrial relations and employee welfare has been slow and disjointed, as different management philosophies have emerged in parallel. Despite changes in government policy, forcing companies to alter the way the workforce is managed, and the development of more humanistic principles, management has often ignored the importance of employee welfare in achieving success. Whether CF has become accepted in the UK, as an employee welfare initiative, is debatable, yet it is clear that research into CF is necessary, to further our understanding of its development, management and role within industry. Much research into CF has been conducted abroad, where CF is more established and accepted, but the influence this has had upon Britain is not clear. Little is known of how companies, in the UK, are using CF and whether it is a management tool that is used strategically. One of the problems with CF is that researchers have had difficulty in agreeing its main benefit, probably because they have experienced considerable problems in linking CF directly to its associated benefits. Despite this, CF has experienced growth and organisations appear to be adopting a more professionalised approach to its implementation and management, perhaps in an attempt to realise its associated benefits through the introduction of more effective management techniques.

The aim of this research is to further our understanding of CF, by examining its development, management and role in the UK. Investigating the different ways CF has been implemented and managed will advance our knowledge of the typologies of CF that exist and indicate whether CF has emerged and developed as a perk, or a management tool. The research seeks to gain a greater understanding of if, and how companies have used CF to enhance company performance and how they have

gauged its success. Emphasis will be placed upon exploring the extent of CF provision within companies to help gauge the commitment of organisations, in addition to analysing how successful companies and providers have been in attracting and retaining the interest of employees. Investigating the CF perceptions of employees will help in assessing whether companies and providers have integrated successfully CF into the workplace, as well as having implications for future CF management. Discovering more about how companies regard and approach CF would also be valuable. In addition, an appraisal of the role of Occupational Health and Personnel in CF, and an analysis of their inter-relationship with providers would be beneficial in furthering the understanding of how CF has been integrated into organisations. Furthermore, the research seeks to investigate the slide from CF to CW, to examine whether CW represents a rebranding of CF and if the terms can be used interchangeably.

This research will assist decision makers, concerned with CF, to become more knowledgeable about CF and provide a review of current attitudes and perceptions. Furthermore, it is intended that the research will benefit CF as a whole, by reviewing the industry and contextualising CF in the UK. It is also anticipated that this thesis will initiate further research into CF, as the UK has previously been reliant upon US based studies. In addition, the research expects to develop theoretical statements and further understanding of the main issues concerning CF implementation and operation, whilst generating new hypotheses for later testing.

The next chapter reviews different research methods that were used within the research, explaining what specific approach was adopted and why, before highlighting its advantages and disadvantages and other difficulties that had to be overcome.

Chapter 5

Methods

Introduction

This chapter outlines how the research was conducted and discusses the structure of the research and the different methods of data genration used. It begins by outlining the methodology of the thesis before examining the use of questionnaires and interviews as research tools. An overview of the research structure and methods used can be seen at the end of the chapter (Figure 1, p.74).

Methodology of the Study

It is necessary to consider the structure and design of research and decide what approach to data collection should be adopted, as this has implications for the analysis and interpretation of data (Marshall and Rossman 1989; Edwards and Talbot 1994). This research adopted an inductive approach, as explanations arose from attempting to explain findings and conclusions were 'induced' from empirically gathered data and established facts (Bryman 1995). Marshall and Rossman (1989) concluded that inductive theory was developed through incremental advances and small contributions to knowledge. Induction involves learning by reflecting upon past experiences and through the formation of concepts and theories as opposed to deduction, which relied upon the development of concepts and theories prior to researching (Gill and Johnson 1991). Furthermore, Burns (2000) argued that an inductive approach furthers understanding to a greater extent, than a deductive approach, which requires more restrictive and rigid methods of data collection. An inductive approach was more suited to exploring CF because there has been a dearth of previous UK based research that has developed significant concepts or theories.

The research also adopted an interpretive approach because it foregrounds the individual's experiences and allows them to describe their own explanations of their behaviour and perceptions[1]. An interpretive approach has become increasingly

---

[1] (Marshall and Rossman 1989; Easterby-Smith et al 1991; Burns 2000)

recognised as important in the furthering of knowledge (Burns 2000). It has been chosen in preference to a positivist approach, which encourages *researchers* to explain the experiences of their subjects. A claimed disadvantage of the inductive approach is that it can lack objectivity. Although it aims to understand and describe an individual's experiences, it does not strive for objectivity, as this could distance researchers from interviewees, making good research impossible (Cassell and Symon 1994). However, qualitative research does not pretend to be replicable, as the researcher does not seek to control the research conditions, but instead focuses upon situational contexts and interrelations, which require a flexible research design that cannot necessarily be replicated (Marshall and Rossman 1989). Yet, by keeping all the data gathered by the research, if the findings should be challenged, the data can be re-analysed.

Whilst contemplating the structure and design of the research, it was also necessary to consider issues of reliability and validity. Reliability is primarily a matter of stability and whether the research would yield similar results if conducted again (Easterby-Smith et al 1991; Burns 2000). One of the problems of an inductive approach is that individuals, and other factors can change over a short period of time (Burns 2000). Furthermore, due to the subjective nature of qualitative research, contexts, situations and interactions are difficult to replicate, which makes generalisations problematic (Burns 2000). Given the ongoing development of CF, and the disparity between providers and companies, the generalisability of results from this research is limited. However, this does not devalue the research, as its aim is to further understanding of CF by examining its development, analysing current employee perspectives and investigating generic issues concerned with the management of CF. By documenting how the research framework has been guided by literature, and stating the parameters of the research, readers will be able to decide whether the findings can be generalised for future research (Marshall and Rossman 1989).

With regard to validity within qualitative studies, emphasis is placed on the validity of meaning and holistic analysis, as opposed to the consistency of research methods

and the use of statistics (Burns 2000). Validity can be gained by actively seeking data contradictions, comparing findings to similar studies, and through the process of triangulation (Burns 2000). This research uses a combination of these methods and places emphasis on the collection and comparison of data from questionnaires, interviews and a discussion group, and the comparison of findings to research and literature (Figure 1). A semi-structured approach to the interviews increased the validity of the findings, as it meant that the data were comparable (Silverman 1993). Specific questions would not have been applicable to respondents fulfilling various roles, so a flexible approach was adopted whereby other questions could be asked to probe useful areas.

By using questionnaires, interviews, and a discussion group, the research used both qualitative and quantitative research methods, which is advantageous because the two approaches complement each other (Burns 2000). Qualitative research is based on the belief that a full and rounded understanding of a topic, such as CF, can be generated from a few individuals as effectively as from a large representative group. The results of qualitative research are more understandable to people unfamiliar with inferential statistics, which, it is anticipated would include a significant proportion of those interested in this research (Kelly 1980; Burns 2000). Qualitative research requires critical scrutiny, as researchers cannot be neutral, objective or detached (Mason 1996). Researchers are required to think abstractly, recognise and avoid bias and ensure data are both valid and reliable (Strauss 1990). Polgar (1984) and Greendorfer (1991) suggested that the analysis of responses involved selecting key features from the responses and examining individual meanings, experiences and actions within the context of their environment. To do this successfully, researchers need to be theoretically and socially sensitive in interpreting data (Strauss 1990).

Defining qualitative research is difficult, as it does not represent a set of unified techniques or philosophies, because it had grown from a variety of intellectual and disciplinary traditions within social science (Mason 1996). It has become an increasingly important tool within social science, and it expects researchers to build

rapport with participants, actively questioning and listening (Marshall and Rossman 1989; Graziano 1993). The disadvantage of using qualitative research methods is that there are no explicit methods to follow and as a result it can appear that research is lacking in focus and design (Marshall and Rossman 1989; Mason 1996). The approach used during this research was rigorous and specific to ensure that the research had direction, yet at the same time it was flexible to allow the research to explore respondents' own attitudes, perceptions and behaviour (Veal 1992; Mason 1996). The research sought to build rapport, to create an in-depth understanding of the development of CF, in the UK, from predominantly qualitative methods and a sample of managers, consultants, company representatives, users, non-users and other individuals who fulfilled different roles within CF (Figure 1).

Qualitative research enables investigations into socio-cultural issues and organisational processes of the subject under study (Marshall and Rossman 1989). A qualitative approach also enables researchers to submerge themselves in their field of study, which can reveal things that might not have been detected within traditional, quantitative methods (Burns 2000). Peterson (1987) concluded that the process of qualitative research aided the formation of quantitative enquiry and the identification of a full range of issues, views and attitudes that could then be pursued through quantitative methods. Indeed, it is envisaged that this thesis will facilitate further research into CF management and enable the formation of quantitative enquiry.

Within qualitative methodology is the concept of 'Grounded Theory', which seeks to provide researchers with relevant predictions, explanations, interpretations and applications of experiences (Strauss 1990). Within this approach, theory is derived inductively from the study of the phenomenon it represents. Theory is discovered, developed and provisionally verified through systematic data collection and analysis of data related to the phenomenon[2]. This differs from other approaches to research, as it does not begin with a theory, which is then tested. With grounded theory, an area of study is identified and what is relevant to the area is allowed to emerge through the

---

[2] (Marshall and Rossman 1989; Strauss 1990; Burns 2000)

analysis of empirical research (Marshall and Rossman 1989; Strauss 1990). Research questions in grounded theory studies are statements identifying the phenomenon to be studied allowing the investigation to develop in different directions and focus upon a variety of issues (Strauss 1990). The aim of using grounded theory within this research was to build theory related to CF. It is envisaged that theories derived will ultimately be related to others within CF, to enable greater understanding, and that the theories' implications will have a useful application.

Research Ethics

Research ethics are concerned with protecting those being researched and preventing unethical or fraudulent research practice and they arise in a number of research methods, particularly concerning confidentiality and anonymity (Marshall and Rossman 1989). They need to be considered when conducting interviews, administering surveys and designing questionnaires. It is important that subjects are not consciously misled over the research aims, that they understand its objectives and are aware that they can withdraw their participation at any time (Renzetti and Lee 1993; Burns 2000). During this research, explaining the research objectives took more time with some interviewees than others because, as Renzetti and Lee (1993) reported, not all individuals perceive situations in the same manner. Before conducting the research, the ethical issues that might arise during the study were reviewed (Marshall and Rossman 1989). This included planning the write up, as it was important to consider that by bringing up specific issues, companies and organisations involved in the research might be able to identify subjects. Therefore, the anonymity of individual companies and subjects was guaranteed, real names were not used and a clear understanding that all data and its source would be confidential was established (Burns 2000). To ensure that this research was ethically sound, before it began, the research plan and structure were reviewed and approved by the University College's Ethics Committee.

Examining Employee Perceptions

From reviewing literature and speaking with individuals involved with CF, it was evident that CF concerns employees throughout a company. Therefore, it was decided to seek the involvement of as many employees as possible, to investigate attitudes to CF and build a profile of both users and non-users.

Questionnaires

Through the use of questionnaires, predominantly quantifiable data from a pre-designed schedule of questions can be gathered from a sample of a population (Veal 1992), in this instance 'users' and 'non-users'. Questionnaires allow data to be gathered quickly and relatively cheaply[3]. In addition, respondents can be assured of confidentiality, and research reliability is high, as questionnaires can be used with different groups over time (Bell 1993). The use of questionnaires was perceived as the most efficient, effective and convenient method of collecting data from the targeted population.

However, throughout this research, questionnaire administration was fraught with complications making the process both time-consuming and expensive (Edwards and Talbot 1996; Burns 2000). It was complicated because, due to uncontrollable reasons, the questionnaire was self-administered within a busy corporate environment. Another frustration was that despite piloting the questionnaire and making amendments prior to gathering the data, the questionnaire responses raised further questions (Graziano 1993). Unfortunately, revisiting the population with another questionnaire was not possible.

Good design and structure are critical when implementing questionnaires (Polgar 1984). Polgar (1984) recommended identifying the information being sought, and carefully forming the research objectives. The next stage involves devising draft questions and considering their phrasing and design, as validity of results is questionable if the design is weak (Polgar 1984). Indeed, badly designed

---

[3] (Veal 1992; Bell 1993; Veal 1994; Edwards and Talbot 1996)

questionnaires do not accurately reflect subjects' responses (Veal 1992; Edwards and Talbot 1996). Following this, the questionnaires are administered and then analysed (Polgar 1984).

Whilst the process of devising and conducting research through the use of questionnaires appears to be a simple and valuable method of data collection, there are a number of risks associated with their use (Marshall and Rossman 1989; Edwards and Talbot 1996). Marshall and Rossman (1989) and Edwards and Talbot (1996) claimed that data may be superficial and that it can be difficult to eliminate researcher bias or error, whilst ensuring that a representative sample has been accessed. Another problem is response rate, because a low response can raise questions about the appropriateness of the design, or the representativeness of the sample (Marshall and Rossman 1989; Edwards and Talbot 1996). However, it was decided that in the context of this research, questionnaires would used, because when approached, companies did not want their employees distracted from their work to partake in an interview on CF.

Having decided that questionnaires were appropriate, it was necessary to devise the most appropriate format (Veal 1992). Self-administered questionnaires are beneficial because they are relatively cheap and there is less chance of interviewer bias (Polgar 1984). However, Polgar (1984) suggested that there were significant disadvantages of self-administered questionnaires, including a higher refusal rate and lower return, and little control over how questions are completed. He concluded that self-administered questionnaires were often returned incomplete. The alternative option would be to conduct a researcher-administered questionnaire in which questions were put to subjects in an interview situation. The reported benefits included a lower rejection rate, more detailed responses and greater control over filling out of the questionnaire (Polgar 1984). Nevertheless, this method has its weaknesses, as there is a greater chance of exerting interviewer bias and it takes a considerable amount of time to administer a large number of questionnaires. It was decided to use self-administered

questionnaires, because respondents were spread over a large geographical area and several companies had reservations permitting access to employees.

The final stage of constructing questionnaires is devising the specific questions in a user-friendly manner. There are two main categories of question, 'open' and 'closed'. Open questions have no pre-determined responses and are less structured than closed questions that provide a variety of answers for subjects to select from. They are more difficult to evaluate using powerful statistical analysis and it takes more time for respondents to answer. Giddens (1993) concluded that although, with closed questions, the selection of a response from provided answers was easier and quicker, which could encourage a higher response rate, once administered, open questions generate rich data and more detailed answers. It was decided to use closed questions predominantly, to collect a combination of simple factual information and perceptions. Open questions were used to gather more in-depth responses about individual experiences.

This research used forced choice and multiple-choice questions (Polgar 1984). It was perceived that they would aid the analysis procedure and discourage, 'middle' or 'undecided' answers. Yet, despite this approach, a minority of respondents refused to answer some questions claiming they were 'unsure'. When forming the questions, it was also necessary to avoid double-barrelled questions, where two questions are incorporated into one. It is important that questions are asked separately so the subject knows which element is being asked (Hubbard 1973). Ambiguous questions using terms, phrases or jargon that could mean different things to different people, for example 'often', were also eliminated in an attempt to ensure that questions were formatted in a simple, clear and concise manner. Furthermore, biased and leading questions were avoided, because subjects should respond in the manner they wish (Polgar 1984; Robson 1993).

The design of the user (Appendix 1) and non-user (Appendix 2) questionnaires were a reflection of the type of information required, and the accessibility of the population. Before conducting the research, a pilot study was conducted, which was used to test

usefulness and reliability (Marshall and Rossman 1989). Although this process was time-consuming, it proved advantageous as minor amendments were made to the questionnaires before conducting the main research. The majority of changes involved altering the wording of questions and adjusting the structure to enhance coherency, making the questionnaire user-friendly.

The questionnaires began with a brief description of the research aims, before asking simple, factual, demographic questions, allowing subjects to become comfortable with the questionnaire (Polgar 1984). Both questionnaires were designed so that questions requiring subjects to express opinions came towards the end of the questionnaire when more concentration was required. The second part of the questionnaires, gathered data on the usage of CF facilities, whilst the third section was designed to examine employee attitudes towards CF and its possible benefits. The user questionnaire had a fourth section that asked respondents to rank the individual, and company benefits of participating in CF.

The support of the Fitness Industry Association (FIA) was gained and they were able to provide the contact numbers of six separate CF providers. All these providers were contacted, by letter, and agreed to take part in the research, on the basis that their clients had no objections. For logistical reasons, fifteen companies in southern England, that had CF facilities were approached and agreed initially to take part in the research. The research sought to gain the assistance of companies represented by all the providers, as it was felt that this would reduce the likelihood of the findings being biased by one specific provider. The companies were contacted via their CF provider and a letter was sent to the individuals responsible for CF in each company. It was felt that this would be the most effective method of obtaining subjects and more advantageous than writing and telephoning companies who may not even provide CF. The fact that providers contacted their clients to ask permission to conduct the research could have been advantageous, because it would be expected that a good working relationship and trust already existed between the two parties. The

disadvantage was that there was reliance upon providers to help persuade companies to take part in the research.

Unfortunately nine companies withdrew their support for the research during the implementation phase and eventually, only three providers were represented. The reasons given for company withdrawal were, firstly, that surveys were already being conducted on a variety of management issues and that supporting another would further distract employees. Secondly, management claimed that if they conducted a survey, employees would expect the issues arising to be addressed, which could result in further expenditure for the company. Thirdly, it was commented that conducting the research might undermine the role of Occupational Health and Personnel departments.

Users were defined as individuals who classified themselves as regular facility users. The user survey (n=149) was completed by 71 males and 78 females of varying age groups. Individuals had worked for their employer for between 1 month and 29 years. The mean time of employment was 7 years. The positions held by respondents varied with 30% fulfilling a junior management role, 20% working in middle management and 10% working at senior management level. The remaining subjects were predominantly clerical or administrative staff (36%) and 4% were external contractors. Non-users were classified as individuals who had never used the CF facility or current non-members. The non-user survey (n=122) was completed by 67 males and 55 females of various ages. The mean length of employment was 7 years, with a maximum time of 37 years and a minimum time of 1 month. Approximately 40% of respondents worked in clerical or administration positions whilst 8% were senior management, 21% classified themselves as middle management, 28% were junior management and the remaining 4% were external contractors.

Perhaps as a result of limited support from companies, the response to the user (n=149) and the non-user (n=122) questionnaires was disappointing, with less than 10% of distributed questionnaires returned over a three-month period. Preferably, the

researcher would have administered the questionnaires, as this might have enhanced data collection by improving the clarity of questions, if necessary, whilst also encouraging respondents to answer open questions more fully. Although companies and providers agreed to support the research, it was not a priority to either party and so users and non-users might not have been actively encouraged to respond to either questionnaire. Ideally, providers would have promoted the research and encouraged a greater number of both users and non-users to respond, as this would have allowed comparison between sites and perhaps the identification of individual sub-cultures. However, the ideal is rarely achieved and so it was important that the method adopted approximated the ideal as much as possible (Marshall and Rossman 1989).

The companies and providers involved were given instructions as to where to distribute the questionnaires and were promised an individual analysis of results, as it was perceived that this would encourage the participation of Occupational Health, Personnel, and CF staff. The research aimed to avoid poor sampling by keeping instructions as simple as possible and asking CF managers to place the user questionnaire at the facility entry, beside the sheet on which employees must register their attendance. The non-user questionnaire was placed in the company canteen, next to where the queue forms, where a large number of people would be able to see it.

Analysis

Once the data had been gathered, the qualitative and quantitative responses were analysed separately and recurring themes and perspectives were identified. The quantitative responses were encoded and analysed using both descriptive and inferential statistics to examine similarities, differences, key features and cause and affect relationships (Marshall and Rossman 1989; Burns 2000). The final section of the 'user' questionnaire was analysed using cultural consensus analysis (Romney, Batchelder and Weller 1987), which is a reliability process that verifies subject reliability. Each respondent represents the listed factors and a check is made to determine how well each subject matches the group knowledge of all the subjects combined (Shambrook 1995). In this study, cultural consensus analysis examined the

agreement of perceived benefit factors ranked by CF users by estimating the degree of consensus between them. A detailed explanation of cultural consensus theory is forwarded by Van Raalte et al (1993), but Shambrook (1995) concluded that the strength of this method was that from pooling subjects' rankings, an estimation of a knowledge based, "correct" rank-order could be inferred. This is based on the assumption that all respondents have a similar amount of knowledge of the specific topic. The use of a rank-order task allows participants to use their experiences to make informed judgements (Thelwell and Maynard 2000).

Examining Consultants', Managers', Company Representatives', And Other Perspectives

To investigate and review critically the development of CF and identify good management practice it was necessary to examine the perceptions, opinions and experiences of CF managers, consultants, representatives from companies who were responsible for CF, and other individuals who were involved in CF. Their views of CF were analysed through the use of qualitative interviews.

Qualitative Interviews

Tuckman (1972 cited in Cohen and Manion 1994) and Polgar (1984) claimed interviews were a conversation between interviewers and interviewees with the purpose of eliciting certain information, which made it possible to "measure" what a person knows and thinks. Cassell and Symon (1994) stated that it was important that interviews were not treated with complacency because the interview process was not easy to master. They concluded that as much thought needed to go into the design and execution of a qualitative research interview as into other methods. The use of interviews is one of the principal means of gathering information[4]. Interviews are an effective method of gathering data and are highly flexible and capable of producing data of great depth because the interviewer acts as a guide, as opposed to letting respondents have control[5]. Respondents can raise issues they feel are important,

---

[4] (Polgar 1984; Marshall and Rossman 1989; Burns 2000)
[5] (Polgar 1984; Marshall and Rossman 1989; Burns 2000)

putting emphasis upon their experience and opinions rather than relying upon a more rigid structure governed by a researcher (Burns 2000).

Interviews are intended to allow the research topic to be understood from the perspective of interviewees and comprehend why they have particular perspectives (Bell 1993; Cassell and Symon 1994). Although qualitative interviews vary in their scope of focus, whether focusing upon a number of issues or a specific topic, they often share similar characteristics, including a low degree of structure imposed by the interviewer, a plethora of open questions and a focus on situations specific to interviewees (Veal 1992; Mason 1996). Through the use of qualitative interviews, the objectives of this research were more likely to be achieved.

One of the advantages of interviews is that they are adaptable, which means that interviewers can use discretion within their research framework (McNeil 1990; Bell 1993). Bell (1993) claimed that this is beneficial because skilful interviewers could follow up ideas, probe responses and investigate motives. Interviewers are reliant upon their ability to extract information from subjects, which requires a good rapport to be built between the interviewer and interviewee. Therefore the relationship between the interviewer and interviewee is important. Qualitative researchers do not believe in 'relationship-free' interviews, as interviewees were viewed as participants who could shape the interview as opposed to passively responding to pre-set, closed questions[6]. Rapport can be built by beginning each interview in conversational style, for example, by outlining the research project (Diijkstra and Van der Zommer 1982).

Cohen and Manion (1994) reported that there were disadvantages with qualitative interviews, as they were prone to researcher subjectivity and bias. In addressing the issue of reliability, this research documented the research framework and used semi-structured format, so that large elements of the interviews were repeatable. Borg (1981 cited in Bell 1993) concluded that other problems included the eagerness of respondents to please the interviewer and the tendencies of interviewers to seek

---

[6] (Diijkstra and Van der Zommer 1982; McNeil 1990; Bell 1993)

answers that support preconceived notions. To combat this, agreeing or disagreeing with respondents or engaging in a debate should be avoided, although encouraging conversation by remaining completely passive can be problematic (Veal 1992). However, it is important to be aware of any factors that may affect the research validity. Difficulties sometimes arise when some subjects fail to understand the issues raised, or do not express themselves (Marshall and Rossman 1989).

Apart from the necessity of a high level of interpersonal and management skills, other reported difficulties of semi-structured interviews include the time consuming activities of arranging, conducting, transcribing and analysing responses (Marshall and Rossman 1989). The other option would be to conduct a structured quantitative interview, which views the interviewee as a subject and gives minimal opportunity to build rapport. The advantage of this is that it minimises the impact of the researcher upon the interview process, although in exploratory research of this nature it would not allow a depth of information to be gathered that could lead to the development of management theory. Furthermore, structured, quantitative research procedures could impose too much of the individual researcher's views on a topic (Veal 1992).

After deciding that qualitative interviews best suited to this research, it was necessary to devise a structure for its use. Polgar (1984) reported that interviews could vary greatly in structure, content and the manner in which data are analysed. He highlighted work by Denzin (cited in Polgar 1984), who claimed that there were three types of interview: scheduled standardised, when the wording, questions and order are identical for all subjects; non-scheduled standardised, when specific types of data were required, but phrasing and order may differ; and non-standardised where no specific questions were asked. It could be argued that not all interviews could be categorised into such a system and instead some might cross boundaries, but predominantly lean towards a particular style. Using the Denzin interview classification, this research adopted a non-scheduled standardised approach, because this allows information from subjects on similar issues to be sought, whilst retaining the freedom to alter question sequence and style, to probe for more information

(Gilbert 1993). Although Mason (1996) criticised a semi-structure approach because she felt that subjects did not elaborate on issues with as much depth as in completely unstructured interviews, a conscious effort was made, throughout the research, to probe new issues and encourage subjects to answer in-depth.

It was important to consider how many interviewees to recruit; how access to interviewees could be gained; the design of the interview; how the collected data would be analysed; and the amount of time and resources available, because these factors influence the research. This was a difficult process, as CF does not have a high profile within the UK and providers are not commonly known outside of the community they serve. In addition, the researcher liaised and dealt with those working for and within multi-national organisations, which operate in a highly competitive arena and place heavy demands on their employees. Initially, it was imperative to contact and gain the support of companies and providers, which was achieved after contacting the FIA, who provided a list of providers. All but one of the providers responded positively to the research proposal and after several letters and telephone calls to this provider to request their support, they replied that they were unwilling to let a 'stranger' into their sites and that they conducted their own, unpublished research.

The research intended to incorporate as many different CF providers and companies as possible, as it was felt that this would make the results and conclusions more generalisable. At present, the CF market contains a few large operators, who dominate the market, whilst the remainder constitutes smaller companies and independent operators who manage between one and five sites. The co-operation of seven separate CF providers, the Health Development Agency (HDA), the FIA, a representative from the Association of Workplace Health Promotion (AWHP) and five companies currently providing CF for their employees was gained and although other providers and companies were approached several times, they declined to offer any assistance and refused access to their respective clients and employees. Those providers willing to participate were written to and then telephoned so the aims of the

research could be explained further and any questions or concerns could be answered. The providers involved in the study included the market leader in CF, three companies managing several sites and two independent operators working at only one site. The company representatives approached were the same individuals who had originally agreed to take part in the user and non-user surveys. Similar to the scenario with the questionnaires, most appeared willing to cooperate initially, but they were either unable to dedicate the time, cancelled several arranged visits, or were deterred when further issues to be discussed emerged. This might have been because of the in-depth qualitative nature of the research, but it was perceived that subjects would be 'specialists' within their industry, so it was thought that this approach would be more suited, than a quantitative based interview, to generate rich data.

Eleven interviews with centre managers from four separate CF providers; seven interviews with consultants from six separate providers; an interview with a representative from the HDA and the AWHP; interviews with five representatives from separate companies, who were responsible for CF delivery; and finally a group discussion in which all interviewed CF consultants and company representatives were invited, were conducted (Figure 1). The subjects were white and predominantly male, only one female manager and one female representative were interviewed. Having conducted the research and spoken with many individuals, the male bias of this research would appear to be an accurate reflection of the male dominated industry. With the exception of the group discussion, the interviews were conducted 'one on one', using a flexible, non-scheduled standardised format, with prepared, open questions (Appendix 3) that covered a range of issues.

Dealing with management consultants, corporate business people and industry leaders was a frustrating and costly experience, not least because the research appeared to be a low priority for interviewees. As a consequence the researcher adopted a 'one-hit approach' with interviewees, which places more pressure on the interviewer to obtain rich data on a range of different issues. On several occasions, after travelling to interviews, interviewees cancelled at the last minute. On other occasions, some

interviewees had very little time to dedicate to answering questions and so in these situations, there was pressure to obtain as much information as possible, in a shorter than expected period of time. This is evident from reviewing the disparity of length of the interviews, with the longest interview taking almost two hours to complete, whilst the shortest was less than half an hour. Accessing individuals from companies, who were willing to speak about CF also proved difficult, as many companies did not appear to be interested, which is perhaps reflective of the importance of CF in the UK. On one occasion the researcher drove over three hundred miles only to find that the interviewee only had twenty minutes to devote to the interview and once the interview began it was evident that individual had no knowledge of the area, despite claims to the contrary during previous phone conversations. In addition, interviews often took place in staff canteens and even a corridor and as a result were constantly interrupted, which would have affected the concentration of both interviewer and interviewee and also made the transcribing more difficult.

With the permission of subjects, the interviews were recorded by tape recorder because the amount of information being gathered and the speed with which it was delivered meant it would have been impossible to record everything accurately by hand. The interviews were fully transcribed, which is a feature of presenting qualitative data, because it enhances the grasp of subjects' opinions and allows the research to be open to outside scrutiny (Bryman 1989). Having a written copy of the interviews allows data to be reviewed repeatedly to ensure that issues are not missed. Such a method is perhaps more reliable than depending solely upon listening to tapes and it makes the omission of issues more difficult.

Despite assurances about confidentiality and anonymity, some companies and providers appeared concerned with industrial espionage and the potential ramifications for their public image and as a result, seven interviewees refused to give permission to record the interviews. Three of these seven individuals were company representatives, whilst the others comprised two consultants, one site manager and the Association of Workplace Health Promotion representative. These individuals were

also unhappy about note taking, which is really a supplement rather than a substitute to tape-recording (Burns 2000). This increased the pressure on the researcher, as he had to conducting the interviews, whilst focusing upon the direction of the discussion and memorising the opinions and issues that arose. However, in three of these interviews, limited notes were made during the discussion and these were added to as quickly as possible after the interview concluded.

To commence the interview, subjects were given a brief description of the research aims, told how much detail was required and that they could choose not to answer questions if they wished. The interview began with easy to answer questions, such as 'what is CF?' and 'what activities does it encompass?' leaving the potentially challenging questions until the end, when rapport had been built (Appendix 3). Another consideration was the phrasing of questions, as biased, leading and 'multiple' questions could affect the validity of the research by shaping the interviewees' responses. It was sometimes necessary to probe initial responses, encouraging respondents to elaborate and one method of doing this was using silence strategically, because it acted as a cue for interviewees to continue their response and was less likely to offend than continually probing for more. Information on CF was also often gained before the research began and when it finished, through informal, un-taped discussion and this data was recorded as soon as possible by hand.

The group discussion followed a similar rationale to the individual interviews although it was designed to focus upon different issues (Appendix 4). Group discussions have become increasingly popular amongst researchers because they are designed to elicit differing perspectives among participants (Bryman 1995). Denzin et al (1994) claimed that group discussions were not meant to replace individual interviewing but that they could be complementary and provide another level of data gathering or provide a perspective that was not apparent during the individual interviews. Other advantages of group interviews are that they are inexpensive, stimulating to respondents and generate rich data. The main disadvantage is that one

person can dominate the discussion, which means that the views of other group members might not be heard (Denzin et al 1994).

The group discussion, in this research, was held in conjunction with the FIA and was promoted as 'the first ever CF summit' (Appendix 4). By working with the FIA, it was felt that the event would be held in high regard, which might encourage participation. As the discussion was promoted and funded by the FIA, it was decided that they should also chair the discussion. The disadvantage of this was that the agenda had to be agreed with the FIA and this was more complicated than expected, as they had slightly different intentions. Consequently, the focus of the discussion was more flexible with regard to the issues raised. The agreed objectives of the discussion were: how to approach the gathering of effective and valuable research to further the development of CF; how departments in organisations (such as Personnel and Occupational Health) link with providers to deliver effective programmes; the standardisation of operation at CF sites and the possible development of future codes of practice; and the possible future role of a CF forum. Fortunately, these objectives were wide-ranging and flexible and perhaps as a result, the discussion encompassed a number of issues that might not otherwise have been raised.

It was decided to adopt an unstructured format, as it was felt this would enable interviewees to discuss, in detail, the key issues that arose. Those invited to take part in the discussion included seven CF consultants, a representative of the Health Development Agency, a journalist from the leisure industry and four representatives from companies with CF, the majority of whom had been the subject of an individual interview previously. All of these individuals were contacted by letter and they were asked to fax the FIA in response to the invite. Unfortunately, several of those invited were unable to attend, which left three consultants, one of whom previously worked for the HDA, two company representatives and the leisure industry journalist. During the discussion, the researcher kept a low profile, leaving the other attendees to offer their perspectives on the issues raised. Similar to the individual interviews, the meeting was recorded and then transcribed.

Analysis

When analysing the data, the primary research objectives and questions were reviewed and evaluated in relation to the questions posed (Veal 1992). The aim of evaluating the research objectives and questions was to identify themes and patterns in the data and search for alternative explanations (Burns 2000). Veal (1992) concluded that this resulted in ideas from previous research becoming refined and revised in light of the information gathered, which requires familiarity with the transcribed interviews.

As suggested by Grounded Theory, the data analysis began and ran concurrently with data collection, as it allows researchers to review data and learn more about topics, which can be used to benefit future interviews (Lofland and Lofland 1984). Part of the analysis required the segmentation of questions and transcripts into individual observations, which means that opinions and meanings are more identifiable, allowing the study to become both focused and direct (Graziano 1993). By systematically and intensively analysing the data, often sentence-by-sentence and phrase-by-phrase, concepts develop (Strauss 1987). By segmenting data in this way and using Grounded Theory, the research was able to develop in different directions and focus upon a variety of issues (Strauss 1990), including the development of CF, and the design of programmes. The focus of analysis was not on just the generation or ordering of the data, but on the organisation of the many experiences, opinions and ideas that emerged (Strauss 1987). These methods encouraged new issues and perspectives to be discussed and probed to a greater depth and perhaps as a result of this, and the increased confidence and experience in conducting interviews, later discussions generated some informative data. However, although obtaining such data was beneficial, the success of the research was also dependent upon the quality of analysis, which requires the interpretation of information in a clear and organised fashion that could find meaning through the systematic arrangement and presentation of data (Burns 2000).

Figure 1. A Summary Of The Research Methods

Research Aim: To further understanding of the development and management of CF in the UK.

Sub-Aims: To investigate the development, implementation and operation of CF programs in the UK.

Key Areas

| Investigate Employee User and Non-User Perspectives of CF. | Defining CF & CF Development. | Why Implement CF Programmes? | The Implementation of CF Programmes. | The Operational Management of CF Programmes. | The Future of CF in the UK. |

Methods:

Questionnaire: User- 78m 71f Non-User- 67m 55f Open & Closed Questions. Self-Administered.

Qualitative Interviews: Semi-structured. An inductive interpretive approach was adopted in which learning was achieved through reflecting upon subject's own explanation of their experiences. 7 Male Consultants (from 6 CF providers); 5 Company Representatives (4m, 1f); 1 Male Health Development Agency Rep; 11 Site Managers (10m 1f) +1 Male from the Association of Workplace Health (from 4 CF providers) 25 interviews were conducted. 17 were recorded on a tape recorder and then transcribed.

Discussion Group

FIA Summit. National Seminar held during Leisure Industry Week.

Subjects

Employees from 6 corporate companies.

Corporate Fitness Consultants, Facility Managers, Health Development Agency, Fitness Industry Association, Association of Workplace Health Promotion.

Analysis

Cultural Consensus Theory Descriptive Statistics

Qualitative Analysis: Similarities & Differences, Key Features, Grounded Theory. Data analysis ran concurrently with data collection.

Results, Discussion & Conclusions

Chapter 6

The Emergence And Implementation Of Corporate Wellness

Introduction

The research findings are discussed in the following three chapters. All three chapters analyse the data from the interviews[1] (n=25), the group discussion (n=1) and users (n=149) and non-users (n=122) who completed the questionnaires. All subjects were guaranteed anonymity and therefore pseudonyms have been used. However, to identify the role of subjects more easily, the researcher used names beginning with 'C' to represent consultants and 'M' for CF site managers. The names of the representatives from companies begin with the letter 'R', whilst 'H' represents the subject from the HDA and 'A' represented the perspective of the individual from the AWHP. Data from the questionnaires, individual interviews and the group discussion are drawn together, as this allowed a more thorough, clear and succinct analysis.

The aim of this chapter is two fold. Firstly the chapter examines the slide from CF to CW and the international and national influences that have shaped CF in the UK. Following this, the chapter analyses issues surrounding the implementation of CF and the role of Occupational Health and Personnel departments in CF development. Chapter seven examines whether CF has become widely established and accepted, in the UK, and if companies and providers have adopted a successful long-term management strategy to ensure that CF is an effective initiative. Chapter eight explores whether CF is a management tool with realisable benefits, by examining how companies have attempted to benefit from CF.

---

[1] Names beginning with 'M' represent CW Managers (n=11); 'C' represents Consultants (n=7); 'R' represents Company Representatives (n=5); 'H' represents the Health Development Agency (n=1); 'A' represents the Association of Workplace Health Promotion (n=1)

From Corporate Fitness To Corporate Wellness

Similar to Etchells (1996) and Minnock (1997), the majority of consultants[2], and almost half of the managers[3] claimed that CF had been developing into CW. They stated that CW was a provision intended to benefit a company by improving the health of the workforce, primarily by raising employee activity levels, but also through the promotion of generic health issues. CW aims to help individuals cope with their workload and lives in general, because these two factors cannot be divorced from each other (Colin; Clive). Like Minnock (1997), Clive, Chris and Rick claimed that CF had been a misleading and deceptive term because it had inferred that it improved health through a holistic approach, but in reality this was not true. Matt, Mark and most consultants[4] suggested that CF was a dying phenomenon and that the emergence of CW occurred because CF was not effective, as it relied upon physical activity, which was unappealing to the majority of the population (Geden 1988; Etchells 1996). Chester and Clive commented that the inability to attract more employees was one of the reasons for the change from CF to CW (Minnock 1997).

"...as soon as you introduce words like fitness it ostracises a great proportion of the population." (Chester)

Company representatives (Rosie; Rick; Roger), managers (Matt; Mark; Marvin), most consultants[5], and Henry, from the HDA, suggested that CF and CW were actually two very different initiatives[6]. They claimed that CW includes a wider range of activities that sought to improve physical, mental and spiritual well-being. Unlike CF, the boundaries of CW are permeable and they incorporate any number of activities and services that could positively affect productivity and employee health (Chester).

"Wellness is a much broader than 'fitness', fitness is really just looking at trying to improve an individual physiologically...Wellness is actually putting on a wider range of programmes...which will ultimately improve physical, mental, spiritual well-being." (Chris)

---

[2] (Chris; Colin; Charles; Clive)
[3] (Matt; Mark; Mitch; Miles; Marcus)
[4] (Charles; Chris; Chester; Colin; Curtis)
[5] (Chester; Curtis; Chris; Charles)

Despite claims of research[7] and comments of managers (Matt; Marvin), and consultants (Chris; Charles), that the emergence of CW had meant a change of approach, all but one of the sites relied upon a fitness studio as the cornerstone of provision. However, there was a visible disparity between the quality and size of facilities. One site provided a fitness studio with as few as 12 cardiovascular or resistance machines and a small consultation room (Mitch), whilst larger facilities were purpose-built and included sports halls, swimming pools, squash courts and treatment rooms[8]. At other sites, provision consisted of a fitness studio, aerobics studio and one or two consultation rooms[9]. Differences in provision were highlighted during the group discussion. Chris commented that, "...the diversity across the sites we run is absolutely huge..." whilst Clive stated that, "Every site is totally different..." Despite the claim from Chris and Clive that provision varied greatly, emphasis was placed on fitness studios and treatment rooms, with additional facilities if there were enough resources. The nature of provision indicates that there is a standard CF typology of British provision.

Henry and Chester questioned the effectiveness of 'traditional' facilities, that provided only a fitness suite and treatment rooms[10], and similar to the users and non-users, they claimed that a wider expanse of facilities was required to meet employee needs. Henry commented that the predominant use of fitness studios was male biased, as a large proportion of the machinery caters towards strength training and this intimidated many females. He stated that facilities had begun to address the issue of male bias in facility design, by increasing the amount of cardiovascular equipment, and reducing the availability of 'free-weights'. The female subjects did not raise the issue of male bias within facility design, perhaps indicating that providers have developed more popular facilities.

---

[6] (Smith et al 1986; Seaward 1988; Sattler and Doniek 1995)
[7] (Brennan 1983; Smith et al 1986; Seaward 1988; Griffiths 1996)
[8] (Mille; Marcus; Martin; Max)
[9] (Matt; Michael; Miles; Marvin; Mike)
[10] (Matt; Mark; Millie; Marvin; Marcus; Miles)

It was evident that managers' perceptions of CW were more like CF, than those of consultants and company representatives, perhaps because they were not actively involved with 'selling' the product or justifying it within companies. Another reason for the exaggeration of the development of CW could be because consultants and company representatives were describing its potential and ideal, rather than the form it often takes within organisations. Managers' 'hands-on' approach and experiences of CF showed the development of CW had not transpired to the extent to which consultants and company representatives claimed. The view that CW and CF are different is intriguing, as it could be envisaged that changing from one initiative to another, 'different' one, would require a change of attitude and use of resources. Evidence of a change in approach was limited and it appeared that there was no real, clear distinction between where CF became CW. Some companies still adhered primarily to the 'old' ethos of promoting physical fitness[11] (Geden 1988; Minnock 1997). Indeed, Clive commented that, "Fitness is the main core for sure..."

Although managers and consultants claimed that there was a difference between CF and CW, they used the terminology interchangeably.

> "I don't think there's any difference whatsoever because whether we call it a wellness centre or a fitness centre or a gym or health club, they're (the users) basically coming down to do the same thing." (Marcus)

Given that CW would not appear to be that different from CF, it is possible that the reason behind the introduction of the term CW is because providers are trying to create a different image, and mass appeal.

> "There's definitely been a trend in the last year or so to try and shift emphasis from 'fitness' to what they call 'wellness'...I think that when people say fitness they usually think- gym. We actually went through a stage last year when we were thinking of changing the name from Fitness Centre to Wellness Centre or well-being or words to that effect so we could try and get across to people...that it was a place, environment for everyone to come, not just fit

---

[11] (Mike; Miles; Marvin; Mitch)

people. People get confused, they think a fitness centre is just for fit people."
(Mike)

Furthermore, in referring to the use of the term 'wellness', Marcus suggested:

"...it's a perception that companies are aware of...they have to make it (CF)
broader for everybody to use, it's just a buzz word at the moment...I don't
think it's that important"

The evidence suggests that there is confusion with the use of the terms CF and CW.
The comments from managers, consultants, and company representatives indicate that
currently there is not much difference between CF and CW and that the terms could
be used interchangeably. Idealistically CW represents a broader initiative that
encapsulates a greater number of services and activities that appeal to a wider
audience. However, the promotion of physical exercise is still the cornerstone of CW
and in reality, CW is a re-branding of CF, which has emerged because CF has failed
to improve the generic health of a large proportion of the workforce. Although the
extent of provision can vary greatly from one company to another, depending on
resources, the standard provision incorporated a fitness studio and treatment rooms.

International And National Influences On Corporate Wellness

Marvin and two company representatives (Ralph; Rick) commented that the
implementation of CW was sometimes affected by a 'parent' company. Consultants
(Charles; Colin; Chris), most company representatives (Ralph; Rick; Roger) and two
managers (Marvin; Mark), reported that the UK was influenced by the development
of CW within US companies (Maryk 1982). Chris and Charles suggested that
American companies with UK sites, tended to provide well-coordinated and
integrated programmes[12]. However, there was little evidence that CW was part of a
transatlantic policy, and US owned companies' provision was not anymore advanced
than their British counterparts.

---

[12] (Geden 1988; Hancock 1990; Kogan 1996)

There was also little evidence that Japanese culture had influenced British CW, which reflected research[13] that has highlighted the cultural differences in employment and work ethics between the two countries. The large, Japanese owned company involved in the research actually offered the smallest and most basic facilities. The reason for this was unclear, but it illustrates that companies do not always adopt global work practices and that they adapt to the environment in which individual sites operate (Hirst and Thompson 1996; Hirst 1998). There was no suggestion that sites were unable to implement CW without seeking the permission of their head office, which indicates that the tendency for companies to decentralise was becoming more prevalent (Peters 1989). By allowing organisations flexibility and autonomy with regard to CW, management is encouraged to account for cultural differences and employee needs. However, Ralph and Marvin suggested that large companies with multiple sites might provoke unrest by providing CW at one site, but not at another (Alexy and Eynon 1991).

One reason for the international differences in CF was highlighted by three of the seven consultants (Curtis; Chester; Chris), the HDA representative (Henry), and two managers (Mark Matt). They argued that the reason 'Americanisation' and the influence from Japan did not have a greater impact on Britain was because of the differences in healthcare systems and culture[14]. Managers[15], Henry and Chester highlighted that the US health and fitness culture has always been more advanced than the UK's, especially in terms of understanding the benefits associated with enhanced health. They inferred that employees in the US were also more open to the suggestion that there was a link between health, fitness, and performance. In addition, they claimed that employees were given financial incentives to participate in CF. However, Henry and Chester insisted that due to the differences in healthcare funding, and culture, it would be wrong to compare CW provision, in the UK, with America. In the US, companies contribute directly to the cost of employees and their families ill-health more than they do in the UK (Henry; Chester).

---

[13] (Monnington 1989; Mullins 1996; Pettinger 1997)
[14] (Geden 1988; Cox 1988; Kogan 1996)
[15] (Matt; Mark; Marvin; Mitch)

Marvin and Mitch claimed that another reason CF, in the UK, has developed differently to other countries is because UK businesses are too conservative in their attitude and approach towards the development and application of new initiatives. As literature (Monnington 1989; Yeung 1996), and one non-user indicated, health and fitness in the UK is viewed as a personal rather than Personnel responsibility. Yet Millie commented that the aim of CW is to educate and create a situation in which "...people take responsibility for their own well-being." However, actively taking responsibility for their own health would require individuals to be proactive, rather than do nothing. It could be that a combination of these factors has been responsible for the disparity in provision and attitude towards CW and only through further investigation and direct, international comparisons will a greater insight into these differences be gained.

Colin and most managers[16] reported that CW had emerged as a result of company-wide management support that had meant that UK businesses began to provide facilities across their UK sites. They did not relate its introduction to previous philanthropic provision. However, Henry, two consultants (Craig; Clive) and all but one of the company representatives[17] suggested that CW had evolved from the philanthropic attitudes of the paternalistic Edwardian era of playing field provision (Monnington 1989; Hancock 1990). The development of CW from playing field provision was apparent within some companies that combined traditional sports and social club facilities with CW[18], which furthers the argument that CW is a modern version of playing field provision. Perhaps, the failure of managers and some consultants to appreciate a link between CW and philanthropic provision has resulted in misconstrued perceptions and intentions of CW.

The development of CW has resulted in a convergence of ideals that have changed the perspective of management and employees to facility provision. In the past, leisure developed around the work environment (Walvin 1980; Whiteman 1990), but

---

[16] (Mark; Marvin; Matt; Max; Martin)
[17] (Rick; Roger; Ralph; Rosie)
[18] (Rosie; Martin; Matt; Craig)

today there are a multitude of leisure opportunities and choices outside of those provided by companies. The provision of CW might not be viewed as leisure, but instead seen as a management tool used to manipulate and regulate employee lifestyles. Management have sold playing fields and provided cheaper in-house facilities that eradicate the difficulties of travel and encourage regular usage, in an attempt to exert a continued influence (Mark). The findings of both the user (94% n=140) and non-user (84% n=102) questionnaires indicated widespread support for CF, because of the individual and company benefits that were associated.

Marvin perceived that one of the differences between CW and traditional philanthropic provision was that emphasis has been placed upon improving health, as opposed to the promotion of social interaction. Yet, ever since the introduction of sports provision, companies have attempted to influence positively, the leisure pursuits of employees, by for example, trying to curb heavy drinking and consequent absenteeism. Furthermore, Rosie concluded that CW has developed partly because the traditional provision of rugby, football and hockey fields had encouraged heavy drinking in company bars. This supports further the theory that CW is a modern approach to influencing employees, which reflects the boom in the health and fitness industry.

In addition, to indicating that CW is a modern version of playing field provision, the evidence suggests further that a UK typology of provision and attitude exists. CF revolves around the provision of a fitness studio, aerobics studio and a consultation room, and is managed by external providers, who concentrate upon the promotion of physical fitness. The UK has not been greatly influenced by the US or Japan, because of the differences in healthcare systems, culture, and management philosophy. It would appear that CW has evolved in the UK, predominantly as reflection of current management attitudes and understanding of the role health and fitness can fulfill.

Implementing Corporate Wellness

Henry, Chris and Matt reported that companies with an organisational culture and environment that was open to new ideas and in which human resource management was valued were more likely to implement CW[19].

> "...companies that are open minded and understand why these corporate
> fitness centres should be put into place, and can see the benefits of them.
> Companies that understand why they're doing it, and have got specific reasons
> for doing it, will benefit most, rather than companies that decide to put
> something in to follow suit with other companies...it's got to be a culture
> that's actually quite visionary..." (Chris)

Justifying CW by suggesting that it is used by visionary, forward-thinking and innovative companies, has not convinced a majority of companies, based in the UK, that it is a potentially useful management tool. Andrew from the AWHP, the consultant, Colin, and two managers (Michael; Mark) commented that there were certain wealthy industries, such as pharmaceutical, oil, financial, legal, banking and IT, that were more open to CW because they have larger sites and more resources[20]. Indeed, all of these industries were represented in this research and in general, had the more expansive facilities (Millie; Marcus; Martin). However, *it is possible that large, successful companies within these industries have a specific, innovative approach to management that would help explain whether they are more likely to implement CW.*

Managers[21], consultants (Chris; Charles) and Henry argued that *the successful implementation of CW was dependent upon a needs assessment that incorporated the goals of managers, organisational resources available, and the needs of employees*[22]. Charles highlighted that CW was not an "...off-the-shelf product..." and identifying the needs of employees was imperative. Henry, Mitch and two consultants (Chris; Charles) claimed that a needs assessment addressed the specific needs of an organisation's employees. Henry and Charles commented that without this objective

---

[19] (Arberth 1986; Geden 1988; Paulsen 1994; Davies 1997)
[20] (Sloan et al 1987; Alexy and Eynon 1991; Hughes 1995; Sperryn 1995; Hicks 1997)
[21] (Mitch; Mark; Matt; Marvin)

information no effective judgments could be made and no strategy, for improving health could be devised. Similar to Price and Rickards (1983), Charles and Chris commented that the more information a company has on employee needs, the more likely it was that CW would be successful. In contrast, two other consultants, Chester and Clive claimed that a needs analysis was not effective as it resulted in an unrealistic list of services that a company could not provide. The results from the questionnaires indicated that Chester was correct, as a lengthy list was generated when respondents were asked what services they would like offered. Chester added that it would be more effective to ask employees what they were prepared to change in order to improve their health, as this way CW became 'change-focused' and client orientated.

Although the perspectives of Henry, Charles and Chester appear conflicting, after close analysis it is evident that they share similar views with regards to forming a strategy that addresses the specific needs of employees. Chester's approach appears more customer-focused and proactive, ensuring efficient allocation of resources. Yet, it is probable that there is a crossover between the approaches of Chester and the other consultants, with both seeking to provide a broad range of popular, generic services. The difficulty for companies is twofold, in that there are problems in justifying expenditure and that initially when CF is implemented, it is often done so on a small scale (Clive; Mitch). As CW has developed, there has often been no available space or financial resources to expand the initiative and as a result it has not met the changing demands of employees. Three managers (Marvin; Mitch; Michael) and the company representative, Robin, highlighted that in some cases the provision of a small area was all that was available and providers and employees had to make the best use of it they could.

Andrew and Robin claimed that employee dissatisfaction with the size and quality of facilities was frequent and that the common solution for companies was to construct

---

[22] (Kondrasuk 1980; Brennan 1983; Price and Rickards 1983; Keelor 1985; Sloan et al 1987; Cox 1988; Gibbons 1989; Algar and Courteen 1990; Kogan 1996; Davies 1997)

purpose-built centres. Robin commented that some employees would never be satisfied with the level of provision:

> "...enough is never enough...whatever sort of parameters we put on it, the people who used it then wanted more..."

Those companies that had introduced CW more recently, had built more expansive, purpose-built facilities (Marcus; Millie), but whether the expansion of services and facilities is necessary is questionable. Chris, Clive and Mitch commented that through consultation with specialists it was possible to equip small areas adequately enough for employees to participate in CW (Robinson 1984; Barratt and McLellan 1993). However, Mark and Marvin reported that limited resources restricted the success of CW as it meant that attracting the majority of employees was more difficult. From visiting the sites, it was clear that it was not feasible to expect a small facility to cater for the needs of a large workforce. In addition, users and non-users wanted larger, new facilities with more up to date equipment and a greater array of services and facilities.

The comments of Andrew, company representatives (Rick; Robin), consultants (Chris; Charles; Clive) and managers (Mark; Marvin; Matt) supported literature[23] that has reported that senior management support and belief in CW is imperative to its success. Managers (Matt; Mark), and consultants (Chris; Clive) claimed that without senior management support, the required resources are not made available and CW does not become an integral component in an overall business strategy (Sattler and Doniek 1995). The findings indicated that companies were willing to dedicate some financial resources to CW, without taking an interest in its success or development[24]. Chris and Colin claimed that the problem was that senior management was too busy to dedicate time to oversee CW. Dealing with senior management can be restricting because communicating with them can be difficult (Charles; Matt).

> "...you think this is a decision that could be made in a split second and you could get on and do it and in reality it takes you a few months, but I'd say

---

[23] (Brennan 1983; Baun and Williams 1985; Arberth 1986; Sloan et al 1987; Geden 1988; Gibbons 1989; Hancock 1990; Davies 1997)

[24] (Matt; Mitch; Chris; Clive)

that's because we've got to realise in the great scheme of things, the gym is pretty far down in the pecking order..." (Matt)

It was claimed that as a consequence people who might not agree with, or understand CW were often given the responsibility of its co-ordination, which negatively influenced its development (Robin; Mark; Chris; Colin).

The lack of management structure for CW would certainly help explain its lack of ownership and direction within companies. The implications of this are that there is a role for CW specialists, within companies, to oversee CW development, which is what some companies have already done (Rosie; Rick). Perhaps because of a lack of CW specialists within organisations, some companies have been 'half-hearted' when implementing CW, which has lead to deficiencies in the quality and level of provision and overall effectiveness (Mitch; Miles; Chris; Clive; Henry). The 'half-hearted' attitude suggests further that CW is not a priority for organisations and plays only a minor role within companies.

As Gibbons (1989) suggested, the implementation of CW is a lengthy process, taking up to two years from when a company decided that they wanted a facility (Chris; Charles; Marvin). Three consultants (Chris; Clive; Colin) and most managers[25] claimed that implementing CW often took longer than expected, as a result of unanticipated problems (Alexander 1985). Henry, two managers (Marvin; Mark) and two consultants (Chris; Clive) reported that the main difficulty was establishing a clear understanding of what companies wanted to achieve and why they were implementing CW. Managers (Marvin; Mark; Mitch), consultants[26], and Henry claimed that company aims should be clearly identified and failure to recognise this resulted in policy failure[27]. Yet, it was evident that only a minority of companies had devised their own policy, to meet their organisational needs (Rick; Roger). Therefore, it is important for companies to understand the needs of their employees and to involve them during the implementation process.

---

[25] (Mitch; Mark; Max; Millie; Marvin; Miles; Michael)
[26] (Charles; Chris; Clive; Colin)
[27] (Torrington and Hall 1987; Gibbons 1989; Peach 1992; Mullins 1996)

Contrary to the findings of Cook and Ravenscroft (1992) and Paulsen (1994), Charles and four of the eleven managers[28] concluded that employee involvement was an important contributory factor towards achieving success (Garzona 1989; Peters 1989). Rick and two consultants (Colin; Clive) were opposed to the involvement of employees and commented that the process was better left to experienced providers. Yet, Chris, Charles and four managers[29] endorsed the formation of a 'steering committee' that consisted of a range of individuals from different departments and levels in an organisation that met regularly to discuss implementation and operational issues. It was suggested that the committee should include representatives from Personnel and Occupational Health, as this aided the coordination of CW, encouraging cross-referral and ensuring the different areas and departments involved did not work independently[30]. Research[31] has promoted employee involvement because it builds a solid base of support and commitment, aids communication, ensures CW is sensitive to employee needs, and creates a sense of employee ownership. In addition, involving employees in decision-making and long-term planning encourages teamwork and coordination between those involved in implementation (Torrington and Hall 1987). Chris highlighted that employee involvement resulted in employees becoming part of CW, rather than just participants at a fitness centre, whilst the work of Paulsen (1994) suggests that the process of employee empowerment is powerful because it allows decisions that affect employee performance to be discussed.

It is probable that the implementation of CW is made more difficult because it is a relatively new initiative that is not fully developed (Twitchett 1997). Companies do not know how to integrate successful CW into the workplace and there is confusion over its role. A professional approach to implementation that identifies management objectives and includes an assessment of employee needs, rather than a list of wants, is imperative. The professional approach necessary to implement CW successfully

---

[28] (Matt; Mark; Max; Marvin)
[29] (Mark; Matt; Max; Marvin)
[30] (Chris; Charles; Mark; Marvin)
[31] (Keelor 1985; Garzona 1989; Gibbons 1989; Algar and Courteen 1990; Paulsen 1994)

has not been adopted by some organisations and this has resulted in the growth of in-house fitness centres, rather than an integrated, proactive welfare initiative. In some organisations, the planning and implementation of CW has been poor, so the effectiveness of CW must be questioned, and so too must the commitment of companies to provide CW as a worthwhile initiative. The evidence suggests that despite the trend to build purpose-built facilities, CW is provided as a perk, because companies have no particular objectives and as a consequence, CW has no direction. The differences in CW provision stem from the size, wealth, and available resources of companies, rather than reflecting a positive and proactive management attitude to employee welfare.

Corporate Wellness, Personnel Management And Occupational Health

Only three organisations, two of US and one of UK origin, integrated the role of Occupational Health, Personnel, and CW to ensure they catered for the holistic health needs of employees (Rick; Roger; Michael). Several managers[32] reported that, in the organisations in which they were based, CW was not integrated with either Personnel or Occupational Health, whilst a similar number of other managers[33] commented that although they had some contact, they did not feel part of a team and the development of CW was restricted as a result. There was consensus between five managers[34], most consultants[35], the majority of company representatives (Ralph; Rosie; Rick), and Henry, that CW should be closely linked with both Personnel and Occupational Health. Henry and Chris suggested that the lack of involvement of Occupational Health and Personnel departments was because CW encapsulated the principles of both departments and so cut across existing structures and resulted in companies being unsure how it could fit into their organisation. Henry concluded that the outcome of this was that Personnel and Occupational Health departments often dissociated themselves from CW and so nobody from within companies accepted it

---

[32] (Mark; Martin; Mike; Mitch)
[33] (Miles; Millie; Marvin; Matt)
[34] (Miles; Mark; Michael; Matt; Mason)
[35] (Charles; Chris; Clive; Curtis; Chester)

was their responsibility, which led to internal political and financial difficulties as no department was in overall charge.

Chris and Rosie suggested that companies should give one department responsibility for CW, to make it part of company structure and independent of external forces (Gibbons 1989; McPartland 1992). Their view was shared by Henry and Chester, who argued that the current approach to CW management meant that CW had failed to become part of existing company structure and so providers were little more than managers of in-house fitness studios. Chester claimed that the management and effectiveness of CW would only be optimized fully if Personnel, Occupational Health, CW and other services were integrated into a 'Corporate Welfare' department.

An advantage of merging CW with Personnel and Occupational Health is that by working together, focus is placed upon analysing employees jobs and lifestyles, which would enable CW to deal with real issues (Henry). Henry claimed that this would result in less emphasis being placed upon the use of fitness studios and the enhancement of general fitness and this would make CW more effective. He commented that a more structured approach would enable individual needs assessments to be completed that addressed individual's specific requirements, rather than just encouraging individuals to take more exercise. Another advantage of merging Occupational Health and Personnel would be that companies could more easily introduce and co-ordinate general welfare policies throughout organisations[36]. Henry and Colin, and the findings of the questionnaires suggested that it was important that CW was part of a wider welfare initiative, and employees commented that they would like a greater integration of services and departments to create a healthier 'culture' throughout companies (Sigman 1992; Mills 1996). However, to merge CW successfully within a holistic approach to welfare would require the transfer of expertise from providers to companies. This would result in the demise of

---

[36] (Chris; Clive; Charles; Mark; Andrew)

providers managing multiple sites or at least a significant change in the product they deliver.

Peach (1992) concluded that the role of Personnel was primarily to forward company aims, by being proactive and open-minded and enabling employees to raise their productivity, yet only a minority of sites had a connection with Personnel[37]. The limited integration between Personnel and CW suggests that Colin's claim that companies use CW, as a strategic human resource tool is not accurate. It could be that contrary to Wilson (1995), management has not changed their attitude towards the role of health and fitness in the workplace. One explanation for Personnel's lack of interest in CW is that they do not view it as an effective initiative, which is perhaps understandable given the lack of UK based research and experience. In addition, McDonagh (1984) reported that traditionally, the responsibility of workplace health has been the objective of Occupational Health, so it is perhaps inevitable that Personnel have not be heavily involved with CW.

Although the majority of companies had Occupational Health, only a minority co-operated with CW managers[38], through the formation of employee referral systems and generic health promotion strategies. Whilst the sites managed by Millie, Max and Michael worked with Occupational Health, other sites (Marcus; Craig; Rosie) had no contact and were left to their own devices. Miles claimed that without the support of Occupational Health, the impact of CW is reduced. Rosie highlighted that Occupational Health were not interested in encouraging staff to become fitter and healthier and Marcus commented that he had never had any communication with Occupational Health:

> "...ideally we should be referring our clients to a doctor and then the doctor gives them back to us saying this is what the problem is, this is how it can be rectified, use your fitness programming to eradicate the issue...Hand on heart I can't say that happens here which is a basic, basic thing." (Marcus)

---

[37] (Rick; Millie; Marcus; Michael)

The findings suggest that Occupational Health is not in a period of transition (Day 1998), and companies do not appear to be placing increased emphasis upon employee welfare. The consultant Craig, and Rosie, a company representative, commented that the reason for this was, because companies failed to appreciate the role Occupational Health (McDonagh 1984; Geden 1988). They concluded that health was not a high priority for organisations and that this was reflected in a decline of the number of Occupational Health departments and the increase in the out-sourcing of Occupational Health's responsibilities.

> "We have a building that contains 5,000 people...and there will shortly be no
> Occupational Health there at all."

Furthermore, Craig claimed that existing Occupational Health departments were over-stretched and so CW providers were encouraged to work independently.

The reasons for the lack of coordination between Personnel, Occupational Health and CW could be twofold. Firstly, it might be too early in the development of CW to expect a fully integrated approach, as management have only recently begun to change their attitude towards the role of health and fitness in the workplace. Secondly, it could be that CW is a perk and is not recognised as a management tool. Chris highlighted that providers had a key role in helping companies to adopt an integrated approach and it was important that providers established the areas for which they were responsible. It appears that either there was a lack of communication between providers and companies, or that organisations were not interested in delivering a coordinated approach because CW is a perk. Henry suggested that companies had not realised that providers were only partners that could help enhance employee health, and that the senior partner should be Occupational Health. He commented that organisations perceived that the fitness studio was the main focus of CW and other aspects of health were ignored.

The lack of coordination between departments and providers means that Personnel and Occupational Health are not heavily involved with the implementation of CW.

---

[38] (Max; Martin; Rick; Millie)

Therefore, companies miss out on the opportunity to mould CW around their specific needs and instead are left with the interpretation of what providers perceive would be beneficial (Henry). This would help explain the criticism of CW in the UK, as its development has occurred predominantly as a result of the generic perceptions of providers, rather than the specific needs of companies. Consultants (Chris; Chester; Charles), and Henry suggested that as a result of not initiating company-wide support and co-ordinating CW efficiently, companies were failing to reflect belief in its potential, which negatively affected its success. The evidence suggests further that management views CW as a perk, as it has not been fully integrated into companies and a strategic approach to its implementation has not been adopted.

Conclusion

The purpose of this chapter has been to examine the emergence of CF to CW and investigate the international and national influences that have shaped CF in the UK. In addition, the chapter has analysed issues surrounding the implementation of CF and the role of Occupational Health and Personnel in CF development. Not many differences in the perspectives of consultants, managers, and company representatives have been found although it appeared that consultants have exaggerated the extent of the development of CW. The consultants tended to have a slightly different perspective of what CW entailed, its parameters and its effectiveness, perhaps because they were responsible for selling it to companies. The evidence suggests that the terms CF and CW are used interchangeably although CW is supposed to represent a broader initiative that aims to appeal to a wider audience.

The standard provision incorporated a fitness studio and treatment rooms, although the extent of provision can vary greatly from one company to another, depending on resources. The evidence suggests that a UK typology of CW provision and attitude exists and that CW is a modern version of playing field provision. The UK has not been greatly influenced by the US or Japan, because of the differences in healthcare systems, culture, and management philosophy. CW has evolved in the UK, predominantly as reflection of current management attitudes and limited

understanding of the role health and fitness can fulfill. Company representatives related CF and CW back to the philanthropic attitudes of organisations, much more than consultants and managers. Whilst this might only appear to be a minor difference, it suggests that companies view CW predominantly as a perk that has potential benefits, whereas providers assume that CW is, or should be an employee development scheme that is integral to company success.

It is apparent that CW has not been integrated within existing organisational structures. Companies do not understand CW and they would benefit from employing an in-house specialist, to oversee CW development. The majority of interviewees claimed that providers would benefit from better links with Occupational Health and Personnel. They stated that a coordinated approach was necessary to create a healthy culture throughout organisations. The lack of coordination between departments and providers means that companies miss out on the opportunity to mould CW around their specific needs and instead are left with the interpretation of what providers perceive would be beneficial. The failure to integrate and coordinate CW throughout organisations stems from a lack of ownership. Another reason for the lack of integration is related to the contract culture of companies, in employing external providers who might be viewed as 'outsiders' and separate from organisations. It was suggested that it would be advantageous to amalgamate Occupational Health and Personnel to ensure greater coordination and more effective employee welfare initiatives.

The implementation of CW is complex because it is a relatively new initiative that companies do not understand. A professional approach to implementation that identifies management objectives and includes an assessment of employee needs, rather than a list of wants, is imperative. The professional approach necessary to implement CW successfully has not been adopted by some organisations and this has resulted in the growth of in-house fitness centres, rather than an integrated, proactive welfare initiative. The evidence suggests that despite the trend to build purpose-built facilities, CW is provided as a perk, because companies have no objectives and as a

consequence, CW has no direction. The differences in CW provision stem from the size, wealth, and available resources of companies, rather than reflecting a positive and proactive management attitude to employee welfare.

Chapter 7

The Establishment Of Corporate Wellness Within The Corporate Environment

Introduction

This chapter investigates the establishment of CW, and examines the issues affecting its successful management. The chapter has been separated into two sections, the first explores how CW has been marketed and promoted within organisations, whilst the second analyses why some employees choose not to participate.

Marketing And Promoting Awareness

Consultants (Chester; Charles; Chris), managers (Mitch; Mark) and Andrew, acknowledged the importance of marketing in successful management[1], commenting that effective marketing significantly affected CW participation and adherence. Therefore, given that a key role of providers is to attract and sustain the interests of a large workforce, it would be expected that providers would invest significantly in marketing. As the majority of users and non-users heard about CW through internal marketing or word of mouth, it suggests that the profile of CW within companies was reasonably high. Nevertheless, users and non-users reported that the internal marketing of CW needed to be more high profile to increase employee awareness. Only a minority of users and non-users heard about CW from their line manager, highlighting that CW is rarely seen as a form of employee development (Figure 2).

---

[1] (Kotler 1983; Cameron et al 1988; McDonald 1990; Lancaster and Massingham 1993)

Figure 2 How Users And Non-Users Became Aware Of Corporate Wellness
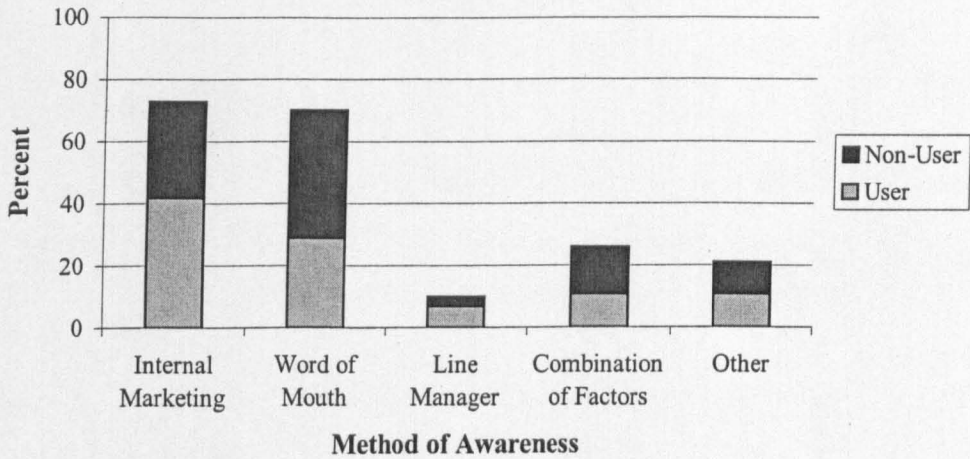
It was reported by four managers[2] that companies disapproved of too much marketing and did not want CW to become too high profile. The reason for this was not clear, although Chris, Charles, Henry and three company representatives (Rosie; Ralph; Robin) claimed that some companies still found it hard to appreciate that CW could be beneficial.

"…the people who run businesses…are slow to accept that fitness has a valuable contribution to make to the bottom line…" (Robin)

As a result of company restrictions on marketing, managers are unable to adopt a proactive management strategy that would focus attention upon satisfying the demands of employees (Clive; Chester). Instead, Chris and Charles highlighted that they were heavily dependent upon 'word of mouth' to promote CW. The fact that companies have difficulty in accepting CW suggests that the new philosophy behind its development has not been embraced by all organisations. It also indicates that providers, rather than companies have initiated the change, perhaps seeking to secure their long-term future.

---

[2] (Miles; Martin; Mike; Matt)

The importance of marketing in attracting and retaining the interest of employees cannot be overstated (Clive; Chester), yet Chester claimed that providers have only a basic understanding of marketing practice. Although Henry concluded that there was not an ideal CW management model, as "...no one programme is correct for all companies..." he stressed the need for providers to be flexible and adaptive within in their practices. Both Chris and Clive claimed that to be successful, a professional approach to CW management was essential (Barratt and McLellan 1993; Helmer et al 1995). Yet, Chester claimed that providers viewed employees as a homogeneous mass of potential consumers and had not adapted their management practices to their market and instead used untargeted methods of promotion, which did not attract the majority of the workforce (Cameron et al 1988; Lancaster & Massingham 1993). This was acknowledged as a problem, by other consultants (Charles; Chris; Clive), who argued that the amount of specialist targeting and advertising was gradually increasing.

One of the problems with CW is that because of the fitness studio environment and the emphasis on exercise, it is difficult for employees to perceive that CW comprises of anything more than physical fitness[3]. Henry and Chester concluded that, although the health benefits associated with exercise were undeniable, it was not appealing to the majority of employees and resources might be better spent providing breast-screening services, smoking cessation, alcohol, drug abuse and stress management programmes. It could be argued that these services would be part of a holistic CW programme, but none of the providers involved in this research were involved with providing such services and it was not clear whether companies made this kind of provision through other means.

Chester and Henry commented that physical fitness was something people did not value until it was too late (Mills 1996). Indeed it would be wrong to assume that CW was equally valuable and appealing to everybody (Shephard 1986; Lancaster and Massingham 1993). Chester suggested that providers should not place too much

---

[3] (Chester; Charles; Chris; Clive; Mark; Matt)

emphasis upon promoting exercise and instead should concentrate upon health aspects people are concerned with, such as mental health. He suggested introducing a 'fear' approach when marketing CW, would encourage more participants to change:

> "...if we start converting our coronary heart disease mortality into, well you'll
> have a stroke and you'll have no memory, you won't be able to go to the pub
> for a pint of beer on your own or with friends because you won't even know
> who those people are, and you might be blind." (Chester)

Like Chris, Chester also claimed that a 'soft' approach should be adopted to try and encourage employees uninterested in CW to participate. Whilst it is unlikely that companies, especially those that have adopted a lethargic attitude towards CW, would endorse a fear approach, a mixture of techniques would attract different audiences (Mills 1996) and create wider appeal (Charles; Chris).

Consultants (Charles; Clive) and managers (Mark; Michael; Marvin) claimed that there was a need to identify different groups with specific promotions[4]. The difficulty for providers is that a number of different approaches are required to attract different populations and promote CW successfully. Lancaster and Massingham (1993) indicated that targeting all employees would be a mistake, as it would detract from efficiency and was not as effective as adopting a target orientated approach. Nevertheless, consultants (Chris; Clive; Chester), Mark and Henry suggested that CW should seek to appeal to everybody within an organisation. Whether achieving company-wide participation is realistic, given the varied demands and motivations of employees and the management restrictions on providers, is debatable. In attempting to appeal universally, providers risk not providing a product that will satisfy any specific groups of consumers. This issue an issue facing CW development, as it concerns the philosophy behind provision and the effectiveness and efficiency of providers in achieving company wellness.

---

[4] (Robinson 1984; Nash 1987; Brown 1989; Gibbons 1989; Whiteman 1990; Kogan 1996; Davies 1997)

There was evidence that providers had been successful in attracting a significant number of employees. More than one third of users, who were employed by their company when CW was implemented, joined immediately, compared to 15% of employees who waited at least three months before joining. Of those employees who began working for companies with existing facilities, 33% joined within the first month, whilst a further 11% subscribed within the following two months. Whilst these figures only account for approximately half of the workforce, they represent a significant proportion of facility users. The rest of the facility membership was made up of employees who waited longer than three months before joining. However, there were still a significant number of employees who chose not to participate in CW. Whether this was because CW had a low profile is not clear, but it could be argued that providers had failed in their attempt to create company-wide appeal.

There was further evidence that providers had been successful in encouraging significant numbers of employees to participate, as the mean CW membership of sites was 60%. How many of these employees were regular users was not clear, but the findings indicated that 90% of users visited their facility at least twice a week, 4% went once a week and 6% participated once every fortnight or less (Figure 3). The high levels of participation suggest that since the work of Barratt and McLellan (1993), who concluded that the average attendance was between 0.8-1.3 sessions per week, CW has become more popular, and providers have become more adept at encouraging participation. The increase in participation also probably reflects the general growth in the popularity in health and fitness activities in the UK.

Figure 3. Frequency of Users Participation of a Corporate Wellness Centre
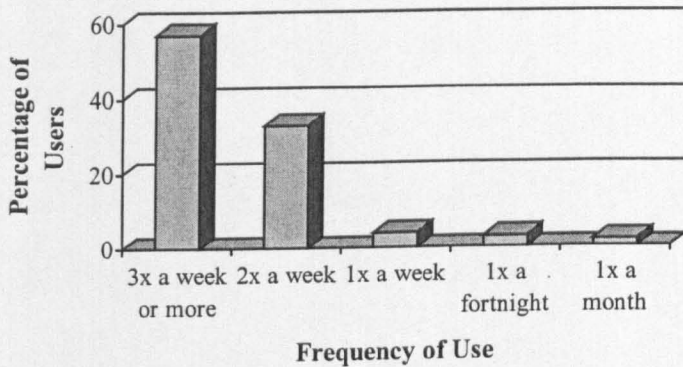
In order to be able to promote and market CW, providers need to understand the influences and motivations of employees (Cameron et al 1988; Lancaster and Massingham 1993). Not surprisingly, the majority of users participated in CW to gain general health benefits (75% n=112) and improve physical fitness (83% n=124; Figure 4). Just over half of respondents used the facilities to benefit from the cheap or subsidised membership (62% n=92). One of the main reasons for implementing CW is to provide a specialised service that educates, motivates and supports the adoption healthier lifestyles. Yet, the findings suggest that users are participating because it is convenient, rather than because of the unique or specialised approach of providers. This was borne out by the finding that 45% of users (n=67) and 37% of non-users (n=45) thought that providers could improve the delivery of CW, to meet the needs of employees more effectively.

Figure 4. The Reasons Why Employees Use Facilities
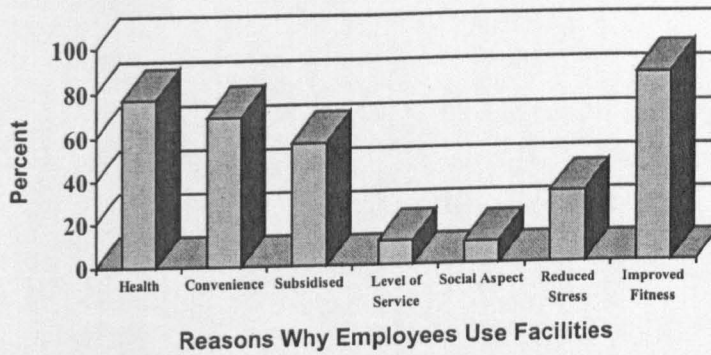
Mark, Chris and Charles claimed that it was necessary to develop participation around a wide range of fun based activities (Kogan 1996).

> "There has to be a move towards attracting those people who are non-exercisers, or those people that have had very little experience of health and fitness programmes...the move has been in developing a wider range of fun based activities which are more attractive to those people that probably have not done a great deal of exercise..." (Chris)

Yet, Henry and Chester claimed that the most important thing was that CW was change focused, and responsive to employees needs. Contrary to Mark, Chris and Charles, some users (n=5) suggested that it was important to offer a more detailed lifestyle screen and analysis, rather than concentrating on the provision of fun based activities. Through more detailed lifestyle screens, employees would be given more information about the different ways they could improve their health status, and companies would have evidence of the effectiveness of CW. Providers then have the option of using the individual assessment results, as a motivational tool. However, some individuals may not understand the implications of health 'values' and could regard the use of statistics about their physical condition negatively. Measuring health status is only appealing to a small number of the population, the majority of who are already interested in their level of health and fitness (Chester). Most managers[5] reported that the current approach to lifestyle assessment, which focused upon

---

[5] (Matt; Mark; Mitch; Millie; Max; Miles; Michael; Mason; Mike)

devising exercise regimes, was inadequate and unappealing. They claimed that they were developing a more generic lifestyle screen that would be more attractive.

Despite appreciating that it was necessary to understand the influences upon participation, managers[6] and Chris reported that providers were too busy to commit resources to assess employee needs. Three consultants (Chris; Clive; Charles) and five managers[7] reported that they were reliant upon management intuition, experience and trial and error, when market analysis and research might have been more beneficial (McDonald 1990). Their comments reiterated that the management of CW was more reactive than proactive, and it showed an unwillingness of providers to ensure that they developed CW around the needs of their consumers. There is a need to conduct market research[8], yet the current scale of research conducted by providers was almost non-existent. This is perhaps why providers have been unable to clearly define and segment the CW market, which would give providers increased focus (Cameron et al 1988). As a consequence of failing to conduct market research, information that could be used by providers to improve CW is not collated (Kotler 1983; Cameron et al 1988). Chris concluded that there were two ways to remedy the failure of providers to market CW more successfully, one was for providers to increase their investment in human resources, which would result in escalating contract fees for companies, whilst secondly, companies could provide a greater level of support for CW. Given that some companies are restricting the practices of providers and do not appear to view CW positively, it is unlikely that companies would increase their expenditure on CW. Clive, Mark and Marvin, claimed that CW was already expected to develop and operate on an insufficient budget, so it is likely that any increase in the CW budget would have to be financed by users anyway.

Henry, Clive and Chester were critical of some providers, commenting that they had not adopted an effective management strategy that encouraged company-wide participation.

---

[6] (Mark; Matt; Michael; Mitch)
[7] (Matt; Mark; Martin; Marcus; Mitch)
[8] (Cameron et al 1988; McDonald 1990; Lancaster and Massingham 1993; Pettinger 1997)

> "What I think they (providers) have at the moment is 'we're good at this, we'll offer you that', instead of being the other way round, looking at what people want..." (Chester)

They suggested that CW would not develop further because providers did not need to change, as a sufficient number of companies were buying into the current format (Daley and Parfitt 1996). Chris and Henry thought that the long-term future of CW was secure, but they both expressed doubts about its effectiveness and whether it could exist in its current format. Chester concluded that CW should aim to optimise all employees work experience, not seek to optimise worker productivity and cater for the needs of established exercisers. Henry commented that the problem with current providers was that they were exercise rather than health specialists. He also blamed companies for the lack of efficiency and effectiveness of CW, suggesting that until they moved away from outsourcing CW and adopted a more caring approach to employees, there would be little change. Not surprisingly, contrary to Henry, managers (Matt; Mark) and consultants (Chris; Charles) argued that by outsourcing CW, companies benefited from the experience of providers.

Outsourcing CW signifies that it has not been fully embraced by companies and that its current format has developed because companies and providers had been predominantly interested in profits, rather than employee welfare (Henry). He claimed that providers had reached a critical point, as companies were beginning to realise that employee health could be affected by company performance. Providers need to decide whether, and how to expand their core services to develop an appealing, more holistic approach, or they will not be the providers of the future (Henry; Chester). Henry and Chester suggested that most providers did not possess the skills necessary to expand their services, yet there was evidence that an expansion had begun, as Andrew and consultants[9] highlighted that providers had started to form strategic alliances with partners that could provide extra services. The disadvantage of forming alliances is that although CW delivery, coordination and management could be enhanced, it might become disjointed further.

---

[9] (Chris; Colin; Craig; Clive;)

Given that the current approach to the management of CW is reactive, untargeted, and not wholly supported by companies, there is no reason, other than convenience (Charles; Chris; Clive; Michael), why CW could not be provided externally. Clive suggested that there was no big difference between the management principles of commercial and corporate sector provision. Furthermore, Colin claimed that increasing numbers of companies were subsidising memberships at external facilities, as they provided a viable alternative for in-house provision and are capable of delivering the same quality of service (Sattler and Mullen 1997). External provision was also an issue raised by Henry, other consultants (Chester; Charles; Chris), managers (Marvin; Mark), and most of the company representatives[10], who highlighted that it had become more popular. Henry commented that if providers did not adapt, and offer a better product, external facilities that adopt a wellness approach would attract corporate clients, which would threaten the existence of current in-house providers.

> "…there would be no reason why they (employees) can't go down the local
>
> Fitness First or David Lloyd…" (Henry)

Indeed, Colin commented that as there are only a certain number of companies large enough to warrant full-time facilities, the use commercial centres was bound to increase.

Whilst the findings indicate that CW has become more established, illustrated by the levels of CW membership within companies, if the aim of providers is to achieve long-term success, they will be dependent upon ascertaining the genuine needs of the target market. Whilst there might not be an ideal management model, providers and organisations have managed CW in a similar way. Companies have not encouraged the development of CW, and in some cases have restricted the practices of providers. From a management perspective, instead of looking at company typologies of approaches to CW, we should be examining different strategies that can be successful in encouraging lifestyle change. Currently, providers are failing to adopt effective management strategies that encourage company-wide participation in CW.

---

[10] (Rick; Rosie; Roger; Ralph)

Encouraging Participation In Corporate Wellness

Whilst managers[11] acknowledged the need for adopting a proactive management approach, especially to target non-users, none of them had identified specific groups of employees that were under-represented within the membership. These sites were not actively seeking to attract individuals or groups of employees', who might have needed encouragement to participate. Three consultants (Chester; Charles; Chris) and some managers[12] admitted that the main form of participation analysis they used was the identification of how many visits were made on any particular day or week. Chester, Charles and some managers (Mitch; Millie; Michael) concluded that just knowing how many daily visits have been made is inadequate and companies should be examining what proportion of the total population is being reached (Barratt and McLellan 1993).

Although the questionnaires found that 43% of current users were previously non-exercisers, as a result of the current design of CW and approach to its management, only those individuals who are confident and motivated enough to participate use a facility. The challenge for providers remains persuading those who are less confident and who really need a change in lifestyle, to become regular users[13]. Colin and Chris reported that CW management practice was geared towards the needs of regular exercisers, as providers sought to maximise participation. They commented that only when a core of members became established did the management methods change to attract non-exercisers. The problem with establishing a core of users, who are existing exercisers, is that it is too late to attract non-users as their preconceptions would have already developed and it is conceivable that they would perceive CW as being designed specifically for the sporting minority.

> "...the one thing we have yet to do is reach what are the hard to reach, the unfit, overweight, over stressed..." (Clive)

---

[11] (Marcus; Michael; Marvin; Matt; Mitch)
[12] (Matt; Michael; Mitch; Mike; Millie)
[13] (Walsh and Egdahl 1989; Algar and Courteen 1990; Fowler 1992; Brown 1996; Griffiths 1996; Mills 1996)

CW is still predominantly working with and for those employees at the upper end of the health scale, instead of identifying those individuals at the lower end (Henry; Clive; Chris; Chester).

> "...there's no particular growth in terms of the clients that are being served...the clients who are being served by the new programmes are the people who are already going to the gyms someplace else, so they are not new folk and that's the problem, we are just re-hashing the same people..."
> (Chester)

A related problem is that satisfaction is commonly associated with long-term goals, such as weight-loss, and individuals do not receive the short-term satisfaction imperative to encourage long-term adherence (Chester). Emphasis should be placed upon the design of individualised programmes with pre-set long and short-term goals (Sloan et al 1987; Wanzel 1994). Although individual programmes were commonplace within sites, there was an acknowledgement that they were not really 'individualised' and specific to employee needs and motivations (Mark; Michael). Encouraging lifestyle change is made more difficult because some companies restrict when employees can use facilities. Only a few users participated during working hours (Figure 5). The most common times to use facilities were during lunch (37% n=34) or after work (28% n=26) and only a minority of respondents visited before work (19% n=17), mid-morning (7% n=6) or mid-afternoon (3% n=3). As facilities are busy at lunch and after work employees might not receive as much support from providers, which could be the reason that they felt that they did not receive a high level of service. Some users and non-users commented that they wanted greater flexibility from employers, including permission for longer breaks, so they could participate in CW. Although such a request may not be viewed as feasible or desirable, from a management perspective, Michael commented that it might be a highly beneficial method of targeting high-risk personnel (Robinson 1984).

Figure 5. When Users Frequent Corporate Fitness Facilities
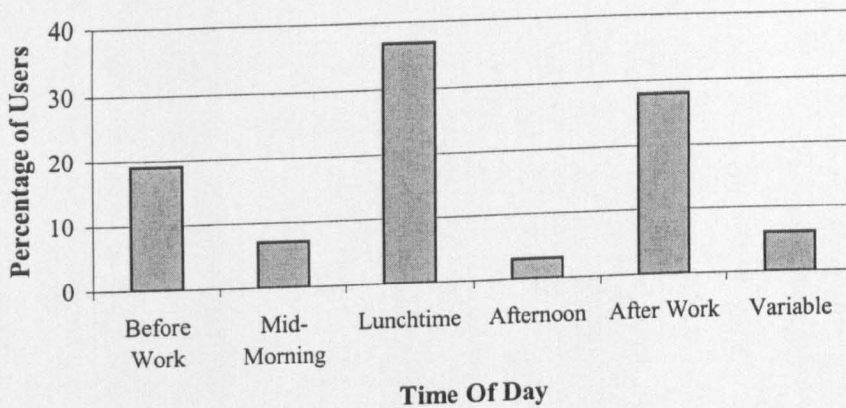
Chester argued that companies have not been flexible in their approach to CW because providers had sold the initiative, rather than organisations buying into it, because it was worthwhile, or beneficial. Not surprisingly, users and non-users wanted a greater flexibility to participate in CW, and they also reported that this would encourage greater participation amongst a wider number of employees. Colin, Chester and Marvin suggested that companies should be encouraged to alter their working culture and permit employees to exercise during the workday (Geden 1988). Yet, there was little evidence that providers had successfully persuaded companies to alter their working culture, although some had introduced new working practices that allowed employees to participate outside of designated core working hours (Mark; Mike; Marcus). Until more a proactive attitude towards CW develops, its management will remain ineffective, employee participation will be less, and so too will any benefits companies gain from CW.

Chris, Clive and Matt claimed that the CW environment was influential[14] and it was the responsibility of providers and companies to create an atmosphere in which CW could thrive and be successful. Furthermore, consultants (Chris; Colin; Clive),

---

[14] (Cameron et al 1988; McDonald 1990; Lancaster and Massingham 1993)

managers[15], Rick and Andrew reported that facility design and the selection of equipment also influenced participation (Algar and Courteen 1990; Davies 1997).

> "...the design is important...it creates a problem, so that may turn people away...simple things need to be done to make it (CW) more accessible and appealing to the members" (Mark)

Non-users who had visited and used the facilities at their company commented that the provision was good, that companies and individuals benefited from CW provision and that the quality of staff appeared to be excellent. It was evident, that they recognised the benefits of exercise and its connection with health, but there were barriers affecting their participation. 'Lack of time' was the most common reason for non-participation (see figure 6). Those employees blaming a 'lack of time' were perhaps overestimating how long it was necessary to exercise in order to benefit cardio-vascularly. Chris advocated that programmes should be completed within thirty minutes (Robinson 1984), whilst Clive claimed that individuals blaming a 'lack of time' were hiding the real reason for their non-participation, which was more likely to be a lack of confidence or motivation (Dishman 1988). Within this research, 35% (n=43) of respondents reported that a lack of time was the reason for their non-participation and it would be interesting to investigate further whether this was the real, or only explanation.

---

[15] (Mark; Matt; Marvin; Michael)

Figure 6 The Reasons Why Non-Users Do Not Participate
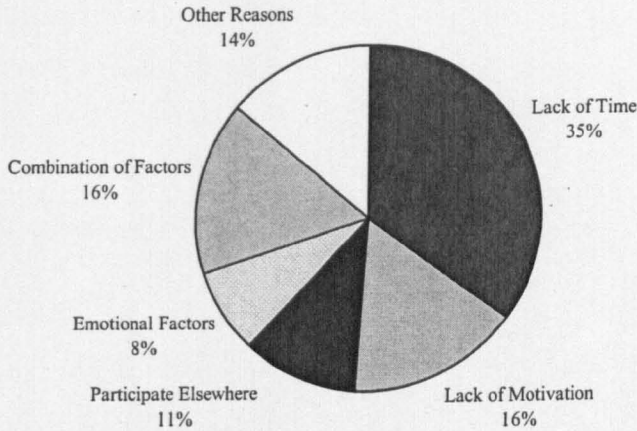
Only a minority of respondents identified emotional factors (8% n=10), such as anxiety and intimidation for their non-participation. Other non-users claimed that they did not need to participate because they had a physically active job. These employees may be over-estimating the cardio-vascular benefits of their position, but could be targeted with programmes designed specifically to help them cope with the demands of their jobs, for example with back care for lifting jobs. A minority of respondents (4% n=3) believed that companies benefited financially from CW provision and would rather participate elsewhere. According to managers (Miles; Matt), Clive and company representatives (Roger; Rick), companies did not benefit financially from CW, as any subscriptions contributed to the payment of the facility management fee and generic CW development.

Table 1 The Corporate Wellness Experiences of Non-Users

	Have you visited the facility?		Have you had an induction?		Have you joined and then left the facility?		Would you join the facility if it provided other services?	
	Yes	No	Yes	No	Yes	No	Yes	No
Non-User	64%	36%	32%	68%	30%	70%	40%	60%

The questionnaires found that more than half of the non-users had visited their facility and approximately one third had completed an induction, but then failed to commit to CW (Table 1). This indicated that there was initial interest from employees, but it raises the question of whether individuals received enough support from providers. Chester highlighted that employee's who decided to participate:

> "...need constant support because it's terribly hard work...it doesn't have a momentum of its own in a lot of situations. For people to sustain change they require someone to help them..."

Nevertheless, supporting employees was not a priority for providers. Managers[16] did not contact employees who had either, completed an induction and then not committed to CW, or those who had stopped participating regularly. The need for more competent management was illustrated further by the finding that the majority of managers[17] were unaware of their current level of membership. Providers commented that they have been unable to track attendance through an automated system[18], as advocated by Baun and Williams (1985) and Whiteman (1990). Managers[19] suggested that a more adequate method of monitoring would enable the targeting of specific populations, including those employees who dropped out. Mitch suggested that an analysis did not take place because it might result in employees cancelling their subscription and subsequently, revenue would decrease.

> "I have 292 members on the books, how many of those are active? I don't know, I'd probably guess about 100, 150 at the absolute maximum, but then you have to weigh up, do you contact them and risk the financial loss?"
> (Mitch)

Mitch explained that companies wanted to ensure that employee subscriptions covered the contract fee for the providers. In addition, he argued that it was beneficial for providers to have as many members as possible, whether they participated or not,

---

[16] (Matt; Miles; Marcus; Millie; Max)
[17] (Mark; Max; Matt; Michael; Marvin; Miles; Mike)
[18] (Mark; Mitch; Marvin; Matt; Max; Millie; Mike; Marcus; Miles)
[19] (Marcus; Michael; Marvin; Matt; Mitch)

because this was viewed positively by companies. This method was encouraged by companies, that wanted guarantees that a certain percentage of the workforce would participate and that a certain number of visits to the facilities would be made, in order to generate a level of revenue that would make the CW self-funding (Colin). Rosie, Craig and Martin claimed that some companies were concerned that CW might be a financial burden and as a result, measures were introduced to ensure that it became financially independent. Although providers could be criticised for adopting an unsympathetic approach to non-users, this situation is not unexpected, as providers operate in a competitive market and are guided by the objectives and intentions of their clients. However, failing to examine and improve specific CW management techniques and practices is unlikely to aid CW development and its justification within organisations. It may damage the reputation of providers and threaten the long-term future of CW.

It is not clear what the long-term effect of the current reactive and restricted management of CW could be. It could be argued that CW is part of a humanistic approach to Personnel Management, but whether failing to accept fully the role of CW, is a rejection of a humanistic approach is unclear. Roger and Rick felt that CW would evolve differently within industries, with the larger, more affluent companies including law, pharmaceuticals and information technology providing increasingly expansive and integrated programmes. However, it was suggested that in the future, businesses would be forced inevitably by the Government to take increasing responsibility for the health of their employees (Henry, Chris; Clive). Perhaps the development of CW is an indication that some companies are already preparing for such legislative changes.

Conclusion

Despite acknowledging that marketing is an important contributory factor to success, providers have not invested heavily in it, partly because some companies do not want CW to become too high profile. Some organisations appear to regard CW as a distraction from work, rather an accepted and established personnel initiative. The

concern of some companies does not revolve around whether employees are becoming healthier, but instead is more concerned whether CW is a financial burden. The lack of interest in CW, from companies, helps to explain the lack of support for it, and why providers adopted the management practices they have. Providers manage CW in a reactive way, instead of adopting more proactive, integrated, and targeted methods. To try and ensure that CW does not become a financial burden to companies, some providers have been happy to have employees as 'sleepers', to inflate membership figures. Providers then use the inflated membership figures as a measure of success, which militates against a proactive approach being taken. What is also of concern, from a management perspective, is that providers did not appear to be implementing strategies that would make CW more appealing. The current approach of some providers ignores the barriers preventing greater participation, whilst employees who have made an initial commitment to CW have not been given sufficient support to maintain their adherence. Although no specific model of management is applicable to every company, providers need to be both flexible and adaptable, to incorporate the needs of companies, and different groups of employees. By pursuing the current approach, companies and providers are arguably stopping CW becoming further established and as a consequence external provision is a real and viable option for organisations.

Chapter 8

The Contribution Of Corporate Wellness To Corporate Health

Introduction

Through further analysis of the data, this chapter examines the contribution of CW to industry and investigates the justification for its implementation. The first part examines the evaluation of CW and it focuses upon whether it is an altruistic provision or a management tool. The second part of the chapter investigates the reasons why companies implement CW, including the effect of CW upon: company image; absenteeism; employee morale; and employee recruitment and retention.

Corporate Wellness As An Altruistic Provision

Andrew, from AWHP, and the majority of company representatives[1] felt that there had been considerable changes in how businesses operated and the importance of employee efficiency in achieving success. Robin and Henry highlighted that there were a number of factors that contributed to the performance of employees, but they commented that by improving health, employees were better able to sustain good performance under great pressure and intensity.

> "...times change and the pressures of times change...it was necessary to get
> people...away from their desks and do something to make a contribution to
> their fitness...to enable them to do their mental job." (Robin)

Colin, two managers (Marvin; Michael) and three company representatives (Rick; Roger; Robin) reported that CW was the result of an investment in employee needs and demands, intended to improve business performance (Walters 1994). They claimed that it was common sense to suggest that a higher level of health and fitness would benefit both employees and organisations. Chester and Chris suggested that CW should be viewed as a management tool and employee development scheme. Michael and Clive argued that, in the future, companies would appreciate further that

---

[1] (Roger; Rick; Ralph; Rosie)

like athletes; employees' peak performance was reliant upon good preparation, sensible management, and good health (McKeown 1996; Groppell 2000).

The majority of consultants[2], Henry, and Ralph highlighted that there was a need to review the impact of CW, because similar to other organisational investment it required an analysis of return (Keelor 1985; Sperryn 1995). Johnson and Scholes' (1999) findings suggest that the desire to quantify the effectiveness of CW for financial reasons was common. Clive claimed that unless research developed and CW effectiveness became measurable, it would remain an easy decision for companies to restrict or stop allocating resources to CW (Sperryn 1995). Indeed, Robin highlighted that CW is not always accepted within industry because the benefits are not quantifiable.

> "...I'm sitting at my desk, I'm doing legal work. At the end of the day, I've done five hours legal work and that's worth £1000 and you can tot that up, it's meaningful. If I spent an hour in the gym, it's a waste of time isn't it? I could have been earning £200 during that time...how do you justify that?"

If CW were regarded as a tool and part of employee development, it would be expected that companies would work towards achieving pre-determined objectives and that it had an overriding purpose and direction (Johnson and Scholes 1999). Whilst providers claimed that CW was a tool, there was little evidence to suggest that companies had used it in a strategic way. Consultants (Clive; Chester; Chris), Henry, Rosie and Rick claimed that the reason that CW was not used as a tool was because of the difficulties in establishing and measuring its objectives[3]. Company representatives (Rick; Robin; Roger) even dismissed the need for appraisal because it was too difficult (Whiteman 1990). Yet, consultants (Chris; Charles; Chester), managers (Mark; Marvin) and Henry reported that the future development of CW was dependent upon the introduction of effective evaluation techniques, as only then

---

[2] (Chris; Charles; Clive; Colin)
[3] (Arberth 1986; Smith et al 1986; Seaward 1988; Alagr and Courteen 1990; Griffiths 1996)

could companies fully appreciate its value (Dugdill and Springett 1994; Sperryn 1995).

> "...the sky's the limit for developing these programmes, but because they're not being measured in terms of the cost benefit, it's very hard to justify increasing the resources because we're not demonstrating the actual cost effect that we're actually having on the organisation." (Chris)

Whilst it has been claimed that there is little UK based evidence indicating that CW is an advantageous initiative[4], Henry claimed that there was a considerable amount of research that had been conducted by various companies throughout Britain, but due to political and business reasons, it had not been shared. Indeed, Rick and Colin claimed that their companies had carried out research, but were unwilling to publicise the findings and open it up to external scrutiny. As a consequence, justification for CW revolves around the common-sense assumption, often promoted in the media, that regular exercise is physically and mentally beneficial (Henry). However, even in the US, where CW is more established and accepted, there are still difficulties in proving its benefits (Clive).

Chester and Chris and almost half of the managers[5] commented that although establishing objectives would make CW more effective, many companies did not have any because they were not interested in the results anyway. Moreover, Clive argued that even after conducting thorough scientific research, an economist or accountant would be able to discredit the figures with ease. So whilst CW might be established within some organisations, it is not being used as a management tool. Chester claimed that there was a need to educate businesses about the kind of goals they should be setting, if CW was to be recognised as a tool. He reported that even those companies and providers that do claim to measure the impact of CW, often evaluated:

> "...what they could count, as opposed to counting what counts."

---

[4] (Archer 1988; Barratt and McLellan 1993; Daley and Parfitt 1996; Griffiths 1996)
[5] (Mark; Mitch; Millie; Michael; Marcus)

Henry and Chester claimed that if companies wanted to measure the effect of CW, they should examine the cost benefit of employees reduced medical use of Occupational Health departments, insurance claims and decreases in absenteeism. If these variables were positively affected, it followed that productivity would be enhanced (Chester; Henry). Chester commented that CW evaluation should revolve around companies' pre-set objectives[6], making CW outcome driven and based upon what organisations believe will make a difference, rather than providing a fitness studio and expecting benefits to accrue. Analysis would then require providers to have close links with Personnel and Occupational Health, to share information and adopt an integrated approach.

The management practices adopted by providers and organisations suggested that CW was used predominantly as a perk. Consultants (Clive; Charles; Curtis) and most company representatives (Ralph; Rick; Roger; Robin) commented that as in the US (Shephard 1991), there had been a shift in philosophy from companies providing CW to increase productivity, to a more altruistic attitude that encouraged employees to become healthier for their own benefit. Indeed, although providers[7] and company representatives (Robin; Rick) reported that CW was a human resource tool, they also highlighted that employees should regard it as a perk. One of the problems with CW might be that those involved with it, are trying to portray it as both a tool and a perk, and so it loses its identity and is not regarded as either.

Craig commented that because of changes to employment patterns, many employees are on short-term contracts, so companies have less reason to cater for their long-term health (Tyson and Fell 1995). Rick and Robin claimed that the adoption of CW reflected an ethical stance towards employee welfare, as instead of prioritising the short-term interests of shareholders, organisations had followed a humanistic approach to management (Johnson and Scholes 1999).

---

[6] (Algar and Courteen 1990; Alexy and Eynon 1991; Sperryn 1995)
[7] (Mark; Millie; Mason; Matt; Mitch; Colin; Chris)

"It's up to the corporate direction, the management, to civilise society, to provide systems for human beings to keep going, keep going with the quality of life that again in a civilised society we ought to enjoy." (Robin)

Robin added

"...management ought not to be exploiting workers to the ultimate or tenth degree merely to produce the maximum profit...in any civilised society the corporate direction need to have regard for the individual components, you know, look after them..."

Robin's comments highlighted that companies should be identifying and fulfilling employee needs and making them a central feature of an organisation (Kossen 1994; Mullins 1996).

Chester, Colin and other company representatives (Roger; Rick; Rosie) also reported that companies have a responsibility to employees to promote their welfare[8]. They reported that management were accountable and responsible for ensuring employees remained healthy and were able to enjoy quality of life. Colin suggested that companies had gradually developed a more caring side (Mullins 1996; Lynn 1999). However, Chester and Robin claimed that social responsibility was a controversial issue and that adopting CW policies to be 'socially responsible' was often not an option for companies, as it did not appear financially viable (Kossen 1994). Robin argued that whilst a humanistic approach to management was beneficial:

"...you'll find that it's not always enthusiastically embraced where it can be avoided..."

Furthermore, Clive claimed that whilst social responsibility appeared attractive to companies, it was not regarded social responsibility as important, because others issues, such as downsizing, were more influential.

Clive and Chris concluded that if a Chief Executive Officer did not want a facility and did not believe exercise had a place within the work environment, then no provision would be made. This was contrary to Marvin's and Michael's experiences,

---

[8] (Clutterbuck 1981; Szilagyi and Wallace 1990; Glynn 1996; Johnson and Scholes 1999)

as at their sites, CW had been introduced as a consequence of employee demand. On this basis, perhaps some companies have adopted a more caring, democratic, employee led approach to management. It could be assumed that companies identified the key issues concerning social responsibility and image and allocated resources, as they perceived necessary (Johnson and Scholes 1999). This perhaps challenges the idea that the growth in CW could be viewed as a demonstration that more companies were endorsing it as a viable initiative that would pay dividends.

Despite the growth of CW, doubts remain over its benefits. Rosie and Craig agreed that there was a limited need for future research to be conducted because management were not concerned with using CW strategically. Indeed Henry and Mitch highlighted that although companies might claim that CW is an altruistic provision, they hope that it will affect positively employees' and clients' perceptions of their organisation, and boost company image.

> "...the company are obviously not going to do it purely as a perk...they're
> obviously going to want to get something out of it themselves..." (Mitch)

Henry concluded that the development of CW has been more attributable to companies seeking to impress clients and potential recruits, rather than because of a genuine interest in employee health. He suggested that if companies were genuinely concerned with employee health, they would take a more active interest in the performance of providers, and the emphasis of CW would not be on the promotion of exercise.

> "...just because they're fit, they'll perform better? No that's not right at
> all...you have to be far more objective than that." (Henry)

He reported that companies needed to examine why they were implementing CW, what they wanted to achieve, and whether it was the best investment[9]. Chris and Clive commented that only companies who understand employee health issues and that had specific reasons for implementing CW would benefit.

---

[9] (Brennan 1983; Casady and Griffin 1988; Mills 1996)

It is unclear whether CW has developed as a result of changes in how businesses operate. Some companies have placed increasing emphasis upon employee efficiency and effectiveness, and as a result have adopted a more humanistic approach to management. The idea of CW is that it is a long-term, ethical approach to maintaining employee welfare and ensuring high company performance by making employee needs a central feature of an organisation. In the future, it is possible that greater comparisons will be made between athletes and employees, as management realise that maintaining high performance is reliant upon thorough preparation, sound management, and good health. Yet, it is debatable whether the current form of CW is effective in making a positive impact and perhaps as a result, there was little evidence to suggest that companies were using CW strategically. The reason CW is not being used strategically is partly because there is little proof that the benefits are a reality. So the justification for CW revolves around the common-sense assumption that regular exercise is holistically beneficial, and that the provision of CW facilities was an attractive perk for employees. Few companies have any CW objectives from which to evaluate its impact and it was suggested that measuring its impact was time-consuming and a waste of resources.

The Reasons Why Companies Implement Corporate Wellness

The problem with forming CW objectives probably stems from the fact that there is disagreement between managers, consultants and company representatives regarding what the greatest benefit of CW is. The interviewees were asked to rank the range of reported CW benefits, including: improved morale; reduced health care costs; increased work performance; reduced absenteeism; heightened company image; improved staff recruitment; enhanced staff loyalty; reduced stress. These were analysed using cultural consensus analysis (Romney et al 1987), which is an inferential statistical method that detects whether there is a general agreement between subjects on the ranking of a number of factors. Here, the cultural consensus analysis examined the agreement of the factors ranked by interviewees, as the most beneficial. It found no significant correlations in the perception of managers, consultants and company representatives (Appendix 5), which indicated that subjects

had individual priorities and different perspectives that were based upon their experiences and opinions. The findings could have been expected to confirm a consensus amongst those involved with CW, although the differences perhaps reflect the experiences of separate providers, in addition to the lack of UK based research and expertise.

Table 2 Interviewees Ranking Of The Benefits Of Corporate Wellness

1. Reduced Absenteeism	4. Improved Performance	7. Improved Staff Loyalty
2. Reduced Health Care Costs	5. Improved Staff Recruitment and Retention	8. Reduced Stress, Improved Fitness
3. Improved Morale	6. Social Responsibility	9. Company Image

In the final section of the user questionnaire, respondents were asked to rank the potential benefits of CW participation to themselves and to companies. The rankings were also analysed using cultural consensus analysis and contrary to the interviewees, there was a consensus amongst users that an improvement in improved employee work performance was the most valuable benefit to companies (Appendix 6).

Table 3 Users' Ranking Of The Company Benefits Of Corporate Wellness

1. Improved Performance	4. Reduced Absenteeism	7. Improved Recruitment
2. Improved Morale	5. Company Image	8. Reduced Stress
3. Reduced Health Care Costs	6. Improved Loyalty	9. Social Responsibility

In addition, there was a consensus amongst employees that improved physical fitness was the most valued benefit to CF participants (Appendix 7). The assumption of subjects was perhaps based upon the 'common sense' suggestion that the reported benefits of CF stemmed from improvements in physical and mental fitness and it also reflects the physical fitness focus of current programmes. These findings justify providers concentrating primarily upon the promotion of exercise and physical fitness, rather than a holistic or more generic approach, whilst also indicating that CW

could be used successfully, as a management tool. However, these results would be expected, as users would be advocates of physical activity and would place greater value on its benefits.

Table 4 Users' Ranking Of The Employee Benefits Of Corporate Wellness

1. Improved Fitness	4. Improved Health	7. Improved Confidence
2. Higher-Self Esteem	5. Increased Work Motivation	
3. Improved Performance	6. Reduced Stress	

Almost half of the managers[10], most consultants[11], and three company representatives (Rick; Rosie; Robin), reported that organisations have introduced CW assuming that employee performance would be enhanced[12]. They claimed that there was a profit motive attached to keeping employees healthy because those leading more active lifestyles outperformed sedentary employees[13]. There was also a consensus amongst managers (Mitch; Mark), consultants (Chris; Charles) and company representatives (Rick; Roger) that CW decreased absenteeism; aided retention and recruitment; enhanced morale; and heightened company image[14]. The findings of the questionnaires indicated that the majority of users and non-users believed that CF was beneficial to companies (Figure 7).

---

[10] (Mark; Matt; Marvin; Mitch; Michael)
[11] (Charles; Chris; Clive; Colin)
[12] (Driver and Radcliff 1982; Bernacki and Baun 1984; Arbrose 1988; Dishman 1988; Geden 1988; Monnington 1989; Caldwell 1992)
[13] (Edwards and Gettman 1980; Baun and Williams 1985; Archer 1988; Brown 1996; Sattler and Mullen 1997)
[14] (Brennan 1983; Baun and Bernacki 1986; Shephard 1986; Smith et al 1987; Arbrose 1988; Archer 1988; Casady and Griffin 1988; Cox 1988; Gibbons 1989; Monnington 1989; Walsh and Egdahl 1992; Gebhardt and Crunp 1990; Sigman 1992; Barratt and McLellan 1993; Hicks 1997; Sattler and Mullen 1997)
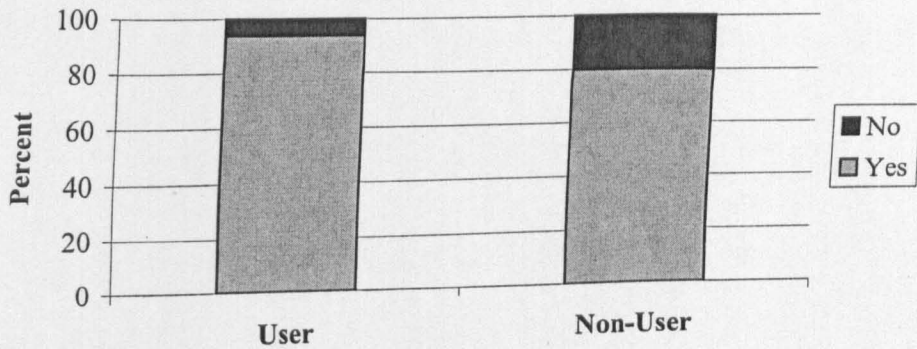
Rick, Rosie and the majority of users and non-users perceived that CW benefited both individuals and companies (Figure 7 and Table 5). It was noticeable that slightly fewer non-users than users agreed, indicating that there was some individuals who felt that CW had no associated benefits and no role within the workplace. One senior manager and four non-users concluded that CF was a waste of time, effort and money from which companies did not benefit as employees were taken away from their desks and were therefore less productive. This view highlighted the expanse of opinion that CW generates. A few users (3% n=4) commented that CW was not beneficial to companies as it only benefited those individuals that participated and that more people did not use as opposed to use the facilities.

Table 5 The Perspectives Of Users' And Non-Users' On Whether Corporate Wellness Enhances Individual And Company Performance

	Does CW enhance individual work performance?		Does CW enhance overall company performance?	
	Yes	No	Yes	No
User	94%	6%	84%	16%
Non-User	83%	17%	76%	24%

122

Non-users were less convinced of the benefits of CF and whether employee welfare was the responsibility of companies (Figure 8), although the majority (56% n=68) thought that companies should take some responsibility for employee welfare. The reasons that some users and non-users felt that employee welfare was not the responsibility of companies were unclear, but the findings might reflect the traditional cultural view in the UK that assumes health and fitness is the responsibility of individuals, rather than a company (Arbrose 1988). It could also be the case that some employees perceive that CW encroaches upon their lifestyle and leisure choices. This supports Bacon's (1980) finding that the UK had a strong tradition of individualism both in economic and social life, which resulted in the dislike of holistic corporate policies.

Figure 8 Users' And Non-Users' View On Whether Companies Are Responsible For Employee Welfare
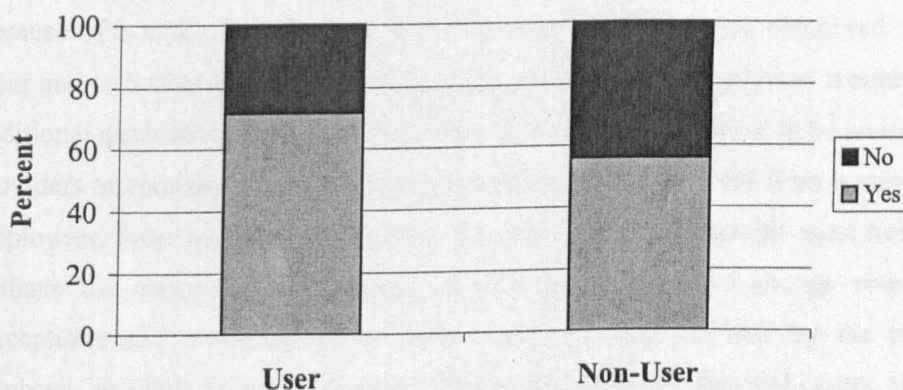
Colin also claimed that by encouraging employees to participate in CW they could be seen as interfering with an individual's lifestyle choices (Bacon 1980; Glynn 1996). It was not apparent whether employees viewed CW as an interference and there was little evidence to support Geden (1988) and Monnington (1989), who concluded that CW was a management attempt to create committed yet docile employees. The work of Foucault (cited by Rainbow 1991) would suggest that the body was an object that companies sought to use, transform and coerce. Rainbow's (1991) findings suggest that the intention of organisations is to use the body to gain power, in this case over employees, so a greater aptitude for work is created and individuals will operate

efficiently, as required by managers. Fillingham (1993) claimed that companies have power over employees to impose their ideas of what is right. In a CW context, through the creation of organisational structures, management could influence employees into viewing CW as important. If this was the case then CW could even become part of an organisational culture and it could be the norm to participate, although it could be expected that this would require CW to have a high profile within companies, which was not always apparent.

There was also little support for Mills (1996), who commented that some employees became ostracised and their work performance deteriorated, as a result of a negative perception of CW. Chester admitted that in some circumstances, this could be the case, as individuals sometimes felt compelled to participate in CW. There was little evidence to support such a theory, although some non-users (24% n=30) reported that they did not participate because of emotional factors, which include intimidation or because of a lack of motivation. Whether these individuals felt ostracised was not clear and to further the understanding of the perceptions of employees would require additional qualitative research. If this is the case, it does not appear to be an issue that providers or companies are addressing and although it might only deter a minority of employees, these individuals might be the ones who would benefit most from CW. Perhaps the continued development of CW could begin to change employees' perceptions and encourage those individuals, who are deterred by the physical emphasis, to adopt healthier lifestyles. The danger for providers and others, who are involved in CW, is that they forget about employees who are not convinced of its benefits or suitability and instead of developing a product that might appeal universally, they concentrate upon the needs of existing users. This means that CW develops to suit the needs of existing users, rather than those of non-users.

Corporate Wellness And Company Image

Henry and some managers[15] commented that companies had implemented CW to benefit from the kudos that was associated with provision and enhanced company image[16].

> "...slapping a gymnasium in is great...it looks good, it gives you a lot of kudos..." (Henry)

This was apparent from visiting different sites, as some of the facilities were purpose-built and consisted of the latest high-tech equipment. It also supports the majority of both users and non-users (Table 6), who perceived that internal and external company image were enhanced as a result of CW. However, it was noticeable that consultants did not appear to value the benefit of heightened company image as highly as managers and Henry. Henry and the managers, highlighted the importance of CW in enhancing image far more frequently than consultants. The reason for this was not clear but as consultants are responsible for 'selling' their product, it could be that they did not perceive that enhancing company image was an influential factor. An alternative explanation could be that consultants want to convince companies that there are real, quantifiable gains from CW provision and that encouraging companies to introduce CW on the basis of image might decrease its value.

Table 6 Users' and Non-Users' Perspectives On Whether Internal And External Company Image Are Enhanced By The Provision Of Corporate Fitness Facilities

	Does CF enhance internal image?		Does CF enhance external image?	
	Yes	No	Yes	No
Users	91%	9%	79%	21%
Non-Users	77%	23%	61%	39%

It is possible that those companies that were unwilling to allow a visit to their CW facility or an interview with a representative were trying to protect their image and were concerned about receiving bad publicity from what they perceived were substandard facilities. Companies with purpose-built provision appeared keen to

---

[15] (Martin; Marcus; Mitch; Millie)
[16] (Clutterbuck 1981; Driver and Radcliff 1982; Fowler 1992; Yeung 1996)

ensure that their sites were viewed. It was observed that the companies that withdrew from participating in the study tended to be the larger corporations that had a higher profile within the public eye and, after speaking with their CW site managers, it was evident that some these companies did not have well-developed programmes. Whether this reflected their perceptions of CW was unclear but after discussing this issue with their providers, it was revealed that these companies tended not to perceive CW as important and levels of programme attendance were generally poor.

It is possible that the growth of CW has been stifled, as companies with limited space and other available resources, have decided not to invest in it, because they perceived that small facilities would be seen as inadequate, inferior and ineffective. The findings of this research indicated that differences in the quality and size of facility did not necessarily reflect how companies viewed CW but were perhaps more to do with the promotion of an image and keeping up or ahead of industry competitors. This supports Lynn's (1999) finding that by associating CW with image, companies were seeking to enhance their reputation by implementing seemingly altruistic policies. It would explain why companies have not appeared too concerned about measuring the benefits of CW and evaluating their programme's success, whilst adding weight to the argument that it is an employee perk, intended to enhance employee morale and company image.

However, if CW was solely about image, then some companies have not addressed the issue effectively, as their facilities appeared basic and non-enticing (Mitch; Mike; Miles). Consultants (Chris; Craig; Clive) and company representatives (Rosie; Ralph) claimed that decisions over the use of CW were dependent upon management beliefs and their attitude towards health and fitness. The disparity in provision perhaps reflected the extent of company belief in CW and the availability of resources. This is in conflict with the suggestion that CW was implemented to enhance image or as a perk, because it could be inferred that some companies might have intended to use it to gain from the other reported benefits that might positively impact upon work performance.

Corporate Wellness And Absenteeism

Andrew, from the Association of Workplace Health Promotion, two managers (Matt; Mark), the majority of company representatives (Roger; Ralph; Rick) and two consultants (Chris; Colin) claimed that one of the main reasons for providing CW was to reduce absenteeism because it impacted upon productivity[17]. They commented that this opinion was based on an assumption that the health benefits of regular exercise were indisputable and if individuals were healthier, they would be absent less[18]. Henry commented that CF had developed in an attempt to address escalating employee health and absence problems (Midgley 1997; Spiers 1997). This supports Keelor's (1985) and O'Leary's (1994) work that argued CW was one answer to human and financial losses associated with ill health.

Clive and Henry predicted that the importance of CW would increase, as ill health and in particular obesity related illness, would shortly reach epidemic proportion, in the UK, and it was an issue that had not been addressed adequately. This has, to some extent, already been borne out by the findings of the National Obesity Report (2001) and research by the BHF (2000) that reported that the prevalence of obesity has almost trebled since 1980. Colin believed that the impact of CW upon absenteeism was most easily measurable through monitoring levels of absenteeism and by costing what each employee's day is worth and calculating their level of absence. This appears to be a crude method, as it fails to account for other external factors that are influential in individuals' lives, such as personal problems. Henry also thought that absenteeism was an area in which CW benefits could be measured, although his approach differed from Colin. Henry proposed that through partnerships with Personnel and Occupational Health, who are required by law to monitor reasons and levels of absence, companies could highlight why individuals were absent and seek to limit these factors wherever possible. For instance, if manual workers were frequently suffering from back injuries, it would be beneficial to instruct them on the correct

---

[17] (Hoffman and Hobson 1984; Szilagyi and Wallace 1990; Brown 1996; Day 1998)
[18] (Durbeck et al 1972; Shephard 1981; Shephard 1986; Okada 1991; O'Leary 1994; Yeung 1996; Minnock 1997)

way of lifting and prescribe an exercise regime to strengthen their backs and legs (Henry). This would require companies to adopt an integrated approach to CW, pooling their resources and expertise, which it could be argued, is what would be expected anyway. It would also be reliant upon the honesty of employees in reporting the real reason for their absence.

Regardless of this, Clive and Chester reported that contrary to Kogan (1996) and Hicks (1997), devoting resources on establishing a direct link between absenteeism and CW was pointless, as it was no longer an area of concern for companies. This issue is also interesting from a European perspective, as Henry reported that in Belgium, sickness absence was not recognised and if employees are absent, they lose part of their holiday entitlement. He suggested that it was no coincidence that Belgium has the lowest sickness absence record in Europe. However, Chester and Clive highlighted that in some companies presenteeism was recognised as "...hours in the office..." but that this did not necessarily mean that productivity was being enhanced and instead of focusing upon this, companies should examine the quality and effectiveness of work instead.

> "...you have this kind of issue in work now, this thing called presenteeism, where you have to be there longer than everybody else, that's the testament to what a good worker you are. Utter, utter rubbish." (Chester)

Both Chester and Clive claimed that the development of presenteeism could actually lead to higher absenteeism caused by an increase in stress and burnout, which could be combated through CW initiatives. Either way, given this situation, it is understandable that research has found a dichotomy in patterns of absence because of increased stress levels, presenteeism and the escalating fear of redundancy (Dugdill and Springett 1994; Sperryn 1995).

Corporate Wellness And Morale

The views of consultants (Chris; Colin), managers (Mitch; Mark; Marvin) and both users (94% n=135) and non-users (69% n=84%) demonstrated that there was support

for research[19] that claimed that CF and CW enhanced employee morale and that this helped justify its resource allocation (Figure 9). Mark and Mitch highlighted that CW was a social outlet and provided employees with the opportunity to interact with colleagues from other departments. A few users (8% n=12) commented that the provision of CF allowed and encouraged staff to have a break from work, relieve stress, lose weight and socialise or network with individuals from other departments. According to Sime (1984) and Minnock (1997), this directly benefits companies and also relates back to the motivation for early philanthropic provision.

Figure 9 Users' And Non-Users' Views On Whether The Provision Of Corporate Fitness Enhances Company Morale
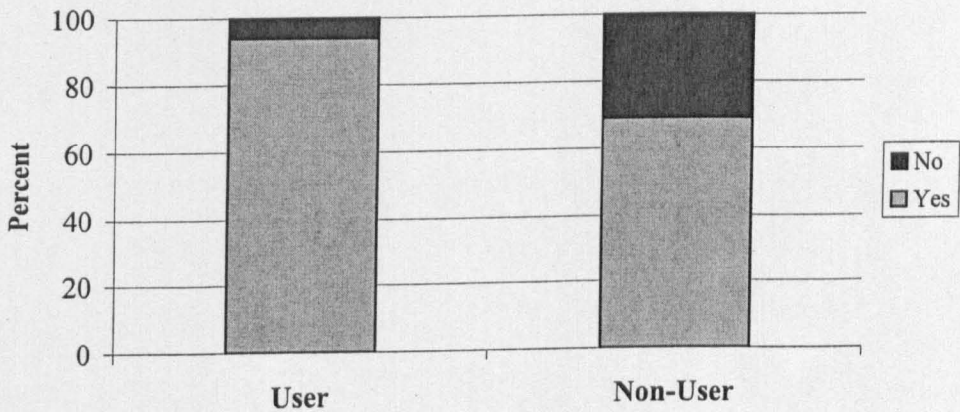
It was also highlighted that exercise enhanced confidence and quality of life and resulted in individuals feeling more awake during the afternoon as a result of exercising at lunchtime, which has previously been reported by Sewart (1981) and Shephard (1991). Consultants (Colin; Clive) claimed that the provision of CW improved morale during periods of change, such as downsizing and relocation, whilst two managers (Mitch; Michael) and company representatives (Rick; Ralph), suggested that the atmosphere within the workplace influenced performance. Indeed, contrary to Tosi et al (1994), who found that that high levels of morale and cohesion were not necessarily associated with productivity, the idea of CW playing a role in

---

[19] (Sachs and Buffone 1984; Blair and Collingwood et al 1984; Sigman 1992; Driver and Radcliff

the maintenance of high morale, that could result in improved work performance, appeared to be quite important within some companies. Managers[20] and consultants (Chris; Charles) reported that this was a goal of many providers who were frequently involved with arranging social events and fun days.

When asked to comment generally about CW, three users (2%) and two non-users (2%) claimed that the provision of CF improved the working environment and demonstrated a company's interest in employee well-being and was attractive to employees as it broke hierarchical barriers within organisations. However, contrary to the popular response that CW improved morale, one non-user claimed that it had damaged employee morale, as there appeared to be discrimination between management and other workers, supporting Mills (1996). This was not borne out by the findings but discrimination between different levels of staff could lead to bad feeling between employees and the creation of separate 'communities' within an organisation, which would be damaging to morale. In addition, there is no guarantee that any improvements in morale or cohesion are as a direct consequence of CW because they could be enhanced by the provision of any communal meeting place that might prove to be attractive to employees (Szilagyi and Wallace 1990).

One company representative, Ralph, the consultant, Colin, and the manager, Marvin, claimed that improvements in morale were the largest benefit of CW investment. Indeed:

> "...if you asked 100 companies in this country that have a corporate fitness centre 'what's the biggest advantage for their organisation?' 90% of them would say just improving their morale, just the feeling of the place..." (Colin)

Ralph, Colin and Marvin also argued that morale was the most difficult benefit to quantify, which would explain why providers and companies were not measuring its impact (Kossen 1994; Tosi et al 1994). The difficulty in measuring morale is that it is affected by a number of factors, including company activities, nature of work, peers,

---

1982; Algar and Courteen 1990; Townsend 1990; Dugard 1995; Sperryn 1995; Minnock 1997)
[20] (Mark; Matt; Mitch; Millie; Michael; Marvin)

managers, self-concepts, and the satisfaction of individual needs and as these factors are largely uncontrollable it is difficult to ascertain the direct effect of CW provision.

By perceiving that morale and cohesion were improved by CW, the interviewees would have assessed the atmosphere of the facilities and the opinions of their users. The problem with this is that the majority of these individuals enjoy participating in exercise anyway. This method ignores the remainder of company employees who are not interested in or may be intimidated by physical activity and the fact that overall, company morale may not be affected by CW. Managers[21], consultants (Craig; Colin; Chris) and company representatives (Rick; Roger) also reported that intergroup and intragroup competitions were regular features within programmes because they enhanced employee participation and enjoyment. However, there was evidence to suggest that intragroup competition had a negative effect upon morale (Szilagyi and Wallace (1990), as Mike commented that he had stopped using competitions due to the frequency of fighting between competing teams. In addition, Chris commented that he used to be of the opinion that competitions were an important aspect of CW but that as it had developed, emphasis has changed and begun to focus more upon those individuals who are generally uninterested in competition. This illustrates that providers have begun to account for the needs of those individuals who are not necessarily competitive by nature and who would benefit from some basic lifestyle counseling.

Corporate Wellness And Recruitment And Retention

The majority of consultants, managers and company representatives[22] suggested that organisations rightly viewed CW as a strategic measure to combat issues of staff recruitment and retention[23]. The reason for this assumption was based upon the fact that CW was perceived as a positive demonstration of management concern for employee health and as an employee perk (Davis 1999). This was further supported

---

[21] (Michael; Max; Mitch; Matt; Marvin; Mark)
[22] (Colin; Clive; Charles; Chris; Curtis; Mitch; Mark; Matt; Millie; Michael; Marcus; Rick; Roger; Ralph)
[23] (Shephard 1988; Brown 1989; Hancock 1990; Cook and Ravenscroft 1992; Fowler 1992)

by the results of the questionnaires as the majority of users (63% n=91) admitted that their company loyalty and commitment had increased with the introduction of CW. Given the support from these subjects who agreed that CW positively affected employee turnover, it could be argued that, as Alexy and Eynon (1991) reported, whilst in the US the primary concern of CW was to reduce health care costs, in the UK the major concern was its effect upon employee turnover. Furthermore, similar to Keelor (1985) and Sloan et al (1987), Colin, Marvin and Mark, commented that companies needed to provide CW facilities to remain competitive within the area of employee recruitment and retention, which was expensive (Yeung 1996). Colin and some managers[24] suggested that CW was relatively cheap to implement and was attractive to employees.

Henry dismissed the idea that CW positively affected employee turnover and he reported that in some organisations, particularly in London, employees had the potential to earn such great sums of money that its provision was incidental to employee turnover.

> "...money's not the point here, you know 'I get paid half a million a year anyway, my annual bonus is a million, so what's the point? It's not like I can't afford to go to the gym or to the rackets club'. They could fly their own helicopter there, if they really wanted to." (Henry)

This situation might only be relevant within certain types of company and industry, in which employees earn vast amounts of money. It could be argued that the provision of in-house facilities is more convenient for employees and allows them to participate and return to their desks quicker than if they had to travel to another facility. In other cases, such as the majority of sites in this research, it was possible for CW provision to be seen as beneficial by employees. CW could also be used as a small or extra part of an attractive employee benefits package to increase employee loyalty[25]. This was supported by Colin who claimed that research by his company had found that approximately 70-80% of employees viewed CW as beneficial and that facilities were

---

[24] (Marvin; Mitch; Mark; Matt)
[25] (Shephard 1986; Cox 1988; Hancock 1990; Cook and Ravenscroft 1992; Barratt and McLellan 1993; Sattler and Mullen 1997)

one of the most sought after perks, which justified their existence within organisations.

Conclusion

In some instances, CW has been provided in the belief that employee and company performance would be enhanced. CW is considered and treated as an employee perk and its development was linked to traditional philanthropic provision. Those working within CW were not trying to measure its benefits and it was suggested that due to the complexities involved in conducting an evaluation, this might not change. Providers expressed a need to measure the benefits of CW. Users and non-users perceive that CW is beneficial and that their performance was enhanced through regular participation, dedicating time and resources on conducting research might prove counterproductive.

Henry suggested that fitness studios, which were often the sole facility, associated with CF and are the cornerstone of most CW programmes, were not necessarily the best investment when attempting to improve employee health. This suggested that companies were still not adopting a holistic approach to CW and that by trying to expand the number of services on offer, providers were adding layers to CF, rather than adopting a new philosophy. This could be related to the fact that interviewees disagreed over what the greatest benefit of CW was and so programmes lacked direction. The fact that there was no agreement between interviewees reflected the individual experiences and priorities of subjects although it could indicate that all the associated benefits are equal and there is not one specific area of gain.

Unlike the interviewees, users concurred that the largest benefit they gained from CW was improvements in physical fitness, which they perceived improved their overall work performance. This finding vindicated further the suggestion that CW might just be provided as a perk, which was supported by users, non-users and interviewees, because it was a positive demonstration of concern for the health of the workforce. However, it could be inferred that even if this appeared to be the main motivation for

companies, they hoped that it would positively affect employee turnover and individual work performance. Providers and company representatives claimed that organisations had a responsibility to cater for the general welfare of employees, which indicated that a philanthropic attitude towards management was evident, although perhaps not on the scale of companies such as Cadbury's and Rowntree's. There might be a profit motive attached to such an approach as it was reported by interviewees and employees that company image was enhanced by the provision of CW. Image was perceived as attractive to investors, clients and potential recruits and it was suggested that companies with the resources to provide expansive facilities, did so to benefit from an improvement in image rather than out of concern for the workforce. In addition, it was claimed that some companies without a wealth of resources, such as space, might not provide facilities in case they were perceived as inferior and this damaged their reputation.

CW managers, consultants and company representatives concluded that, in the future, providers would have to continue to adapt to the changing needs of employees and companies and continue to develop a generic approach to the attainment of health, rather than solely managing a fitness studio. Providers' ability to develop from CF to CW was criticised, as it was highlighted that their expertise was in the management of in-house exercise facilities, rather than in the delivery of more holistic programmes. Blame for the current ineffectiveness of CW was also laid upon companies, who were criticised for outsourcing the management of programmes that could and should have a much stronger impact upon the workforce. This was reflected by the perspectives of employees', who highlighted that they wanted a greater level of management support and further development of services and facilities. The reason for this was perhaps because, despite employees' positive perceptions of CW, it appeared that companies were not fully convinced of its potential benefits.

Chapter 9

The Development And Management Of Corporate Wellness In The UK

Introduction

This chapter summarises the main findings of this research and their implications for future research by highlighting the knowledge that has been gained and where the understanding of CW has been advanced. It seeks to evaluate and reflect upon the strengths and weaknesses of the research and has been presented in sections that review and examine: the research aims; the key findings; the research process; and recommendations for future research.

The Research Aims

This research sought to examine the development, management, and role of in-house CF, in the UK, by investigating: employee users' and non-users' perceptions of CF; the experiences of CF managers, consultants, and company representatives responsible for CF; and finally by conducting a group discussion with key industry figures. The research was necessary because instead of concentrating upon the outcomes of CF, it aimed to address issues concerned with CF development, and management in the UK. Furthermore, as the majority of previous research has been conducted in the US, this research wanted to begin to fill the void within UK management literature on CF.

The key research objectives were to discover whether CF has become accepted in the UK, as an employee welfare initiative, or if it is a management tool that is used strategically. Furthermore, the research sought to gain a greater understanding of how companies have used CF to enhance company performance and how they have gauged its success. Emphasis was placed upon evaluating the extent of CF provision, to help gauge the commitment of organisations, in addition to analysing the success of providers in encouraging and maintaining company-wide participation. This research also wanted to learn more about how CF has been integrated into

organisations, and whether the introduction of CW represented a new approach to employee welfare.

The Key Findings

From Corporate Fitness To Corporate Wellness

There is confusion over the use of the terms CF and CW. It was suggested that CF was an outdated term and that idealistically, CW represents a more generic approach to health issues and is a broader initiative that encapsulates a greater number of services and activities that have a wider appeal (Etchells 1996; Minnock 1997). However, it was apparent that there is currently not much difference between the facilities, services, and approach to CW. Indeed, the terms CF and CW were often used interchangeably. Physical exercise is the cornerstone of provision, and in reality, CW is a re-branding of CF, which providers hope will become more popular amongst employees.

The reason for the emergence of CW was because CF had not been effective in attracting and sustaining the interest of a substantial number of employees, or in enhancing their health. However, this change was not motivated by companies wanting to improve the well-being of their employees, but instead by providers, who were seeking to secure their own future. From a company perspective, CF, and now CW are the modern equivalents of the philanthropic attitudes of the paternalistic Edwardian era of playing field provision. Furthermore, the UK has not been greatly influenced by the US or Japanese approach to CW, and whilst both American and Japanese companies were represented in the research, generally their programmes were no more advanced than UK companies'. Indeed, a UK typology of provision exists, whereby companies provide a fitness studio, aerobics studio and a treatment room. The management of the facilities is outsourced and programmes revolve around the promotion of physical fitness.

The Implementation of Corporate Wellness

Implementing CW is complicated because it is a relatively new initiative that is not fully developed, or understood (Twitchett 1997). Companies have not integrated CW successfully within existing organisational structures and there is confusion over its role. Indeed, one of the main difficulties with implementation has been a lack of communication between company departments and providers. Organisations have not been proactive in CW development, because they do not understand the role it could fulfill. Successful implementation is more likely if companies adopt a professional, business-like approach, identifying their objectives and assessing the needs of employees. The current approach, of some companies, to CW implementation has resulted in the establishment of in-house fitness centres, rather than an integrated, proactive welfare initiative. Therefore, the effectiveness of CW and organisations' commitment to it and regard for it is uncertain. Consequently, although there has been a trend to construct purpose-built facilities, CW must have been provided as a perk, because companies have no particular objectives and CW has no real direction.

The differences in provision stemmed from the size, wealth, and availability of resources of companies, rather than reflecting a positive and proactive approach to welfare. The approach to facility installation often reflected organisations' desire to benefit from the kudos and image associated with state of the art facilities, rather than being able to positively influence employee health. Contrary to Barratt and McLellan's (1993) and Hofstede's (1993) work, there was little evidence to suggest that companies had implemented CW assuming that the success of US programmes would be transferred to the UK.

Corporate Wellness, Personnel, And Occupational Health

There is a lack of coordination between Personnel, Occupational Health, and providers. It is perhaps too early in the development of CW to expect a fully integrated approach, as management have only recently begun to recognise that health and fitness can play a worthwhile role within the workplace. Organisations have not been interested in developing a strategic approach to CW and do not appreciate that

providers should only be partners within a holistic wellness initiative. The lack of coordination between departments and providers means that Personnel and Occupational Health are not heavily involved with CW implementation and companies miss the opportunity of moulding CW around the specific needs of their employees. Therefore, CW has evolved as a result of the generic perceptions of providers and it has developed in line with their strengths, rather than because of the changing needs of employees.

Neither Personnel nor Occupational Health, wanted to add to an already heavy workload, especially with an initiative that they might not understand or value. Companies do not appreciate what could be gained, from CW, by adopting a collaborative approach. An expansion in the level of cooperation between and within company departments and providers is needed, if organisations want to maximise the benefit from CW. Furthermore, with regard to CW, organisations would benefit from altering their structure, to amalgamate departments such as Personnel and Occupational Health, to develop greater efficiency and effectiveness with regard to employee welfare.

Marketing And Promoting Awareness

The membership and usage of CW facilities, within some companies, was higher than has been reported before (Barratt and McLellan 1993), which suggests that it has become more established in the UK. However, providers have been happy to leave 'sleepers' within the membership, to inflate the figures and militate against the adoption of a more proactive approach. So long as sufficient membership revenue was being generated and there were no complaints from employees, both providers and companies were content to continue operating in the same manner. In addition, it was claimed that the goal of providers was to get as many employees to subscribe to CW, irrespective of whether and how often individuals participated, as this could then be viewed as a demonstration of the popularity of CW.

Whilst there might not be an ideal management model, providers and companies have managed CW in a similar way, which has not been effective in appealing to those who would benefit most from CW participation. Both users' and non-users' perceived that the profile of CW was too low and they criticised companies for not being more proactive in incorporating CW into the overall company structure. Some employees also complained that their organisations placed restrictions on when they could participate and claimed that they should be given more flexibility. This illustrated further that company support for CW is equivocal. The long-term success of CW is dependent upon providers ascertaining the genuine needs of the market. Companies have not encouraged CW development, and in some cases have restricted the practice of providers, because they feel that it distracts employees from their work. Consequently, providers have failed to devise or implement effective strategies that would encourage company-wide participation, and it was suggested that some providers lacked the ability to create more effective, efficient, market-led programmes.

Encouraging Participation In Corporate Wellness

The current management approach to CW could be summarised as being reactive, and restricted by providers. The interviewees accepted that a proactive approach to CW was needed to target non-users and sustain the interest of users, but none of them had identified specific groups that were under-represented within the membership. The level of participation analysis is inadequate, as providers have not examined what proportion of the population is being reached (Barratt and McLellan 1993). The management of sites is geared towards the needs of regular exercisers, as providers seek to maximise participation, rather than trying to persuade those who really need a change in lifestyle to participate. The approach of some providers ignores the barriers to participation. It was evident that non-users recognised the benefits of CW, but they often blamed a lack of time, as the reason for not participating. The real concern for providers and companies is that employees are not getting the support they require to make lifestyle changes and become healthier.

Whilst it could be argued that CW is an initiative that is part of a humanistic approach to Personnel Management, companies have not accepted it as an important one. It is not clear whether this is a rejection of a humanistic approach, or if CW is just not valued as an initiative, or if too little is currently known about CW to make it beneficial. In the future, it was suggested that the Government would force companies to take more responsibility for the health of their employees. Although CW is regarded currently as a perk, it is possible that the slow development of CW is in preparation for such legislative changes. Yet, by pursuing the current approach to CW management, companies and providers are stopping CW becoming further established.

Corporate Wellness As An Altruistic Provision

There is little evidence to suggest that CW has developed as a result of changes in how businesses operate, although some companies had placed more emphasis upon improving employee efficiency and adopting a more humanistic approach to management. Indeed, CW is regarded by some as a long-term ethical approach to maintaining employee welfare and ensuring high company performance. It was suggested that there would be greater comparisons between employees and athletes, as management realise that maintaining high performance is reliant upon thorough preparation, sound management, and good health (Arbrose 1988; Groppell 2000). However, substantial changes are needed, as the current approach to CW is not making a positive impact, and there was little evidence that organisations were using it strategically. A key problem for CW is that there is little UK evidence that its benefits are a reality. The justification for CW is based on the common-sense assumption that regular exercise is beneficial and the provision of facilities is an attractive perk for employees. Companies do not have any particular CW objectives from which its impact could be evaluated, and so measuring its impact is pointless. Therefore, most companies regard and treat CW as a perk and there was little evidence to indicate that companies were using it consciously as a tool. Yet both users and non-users perceived that CW was beneficial and that work performance was enhanced through regular participation.

The Reasons Why Companies Implement Corporate Wellness

One of the difficulties with the development of CW is that those involved with it do not agree on its greatest benefit. Although this could be seen as an advantage because it could indicate that the different experiences and priorities of companies were accounted for, it could be viewed as a further reflection of the lack of direction and understanding of CW. However, users perceived that the greatest benefit they gained from participating in CW was a general improvement in physical fitness, which they reported aided their work performance. Furthermore, the majority of users and non-users felt that the provision of CW was a positive demonstration of concern for the health of the workforce and that it improved company image. This suggested that CW was, or could be used by organisations, as a tool to improve the perceptions of employees and clients and create a positive image.

Whilst there was evidence that CW was provided as a perk, because companies had a responsibility to cater for the welfare of employees, it was suggested that in doing so, companies hoped that they would benefit from improvements in employee motivation and work performance. Furthermore, interviewees and employees claimed that there was a profit motive attached to CW because the provision of facilities enhanced company image, which is attractive to investors, clients and potential recruits. The interviewees suggested that in the future, providers would have to adapt to the changing needs of employees and companies and develop a more generic, appealing approach to the attainment of health, rather than just managing a fitness studio. Currently, the management of CW is inadequate and there is not any specific reason for facility provision. The ineffectiveness of CW can be blamed upon companies and providers who have not worked together. Despite employees' positive perceptions of CW, companies are not fully convinced of its role or benefits.

The Research Process

The aims and objectives of the research were facilitated by different methods of data collection. The perceptions of both employee users (n=149) and non-users (n=122) were examined through two separate questionnaires, which included open and closed

questions, designed to collect qualitative and quantitative data. Following this, the attitudes, experiences and perceptions of: CF managers (n=11); consultants (n=7); company representatives responsible for overseeing CF (n=5); a member of the Health Development Agency (n=1); and a member of the Association of Workplace Health Promotion (n=1) were examined through the use of semi-structured qualitative interviews. The final stage of data collection involved a group discussion, which was Chaired by the FIA and was attended by: consultants (n=3); two company representatives (n=2); the individual who had previously been interviewed as an employee of the Health Development Agency, but who was then operating as an independent consultant (n=1); and a health and fitness journalist (n=1).

Although literature[1] has recommended the use of questionnaires, because they enable data to be collected quickly and relatively cheaply, this was not the case within this research. Administering the questionnaires, within a busy corporate environment, was difficult, because of a lack of cooperation from companies and some providers, which made the process time-consuming and meant that fewer questionnaires than anticipated were collected. The response rate was less than 10%, which could raise questions about the representativeness of the sample (Marshall et al 1990; Edwards and Talbot 1996). However, it was important to focus upon the views and perspectives that were gathered and it could be argued that although a larger response rate might have resulted in a wider breadth of views, the data that were gathered were both valid and reliable and do have implications for theory and management. The qualitative and quantitative responses, from the questionnaires, were analysed separately, to ensure that recurring themes and perspectives were identified and that the implications of the findings were informative and not misleading. Quantitative responses were analysed through predominantly descriptive statistics, but cultural consensus theory (Romney, Batchelder & Weller 1987) an inferential treatment, was also used to assess subjects' perspectives.

---

[1] (Veal 1992; Bell 1993; Edwards & Talbot 1996)

The data gathered from twenty of the twenty-five interviews were transcribed. The remaining five subjects (one manager, one consultant, three company representatives) had refused permission to allow their interviews to be recorded. The interviewer would have liked to interview more company representatives, but unfortunately this was not possible as although 15 were approached, there was a reluctance to be questioned about CW and its role within companies. It was not clear why this was the case, although it was apparent that from speaking to both CW managers and consultants, that a considerable number of these individuals were not particularly interested in CW and had other responsibilities and priorities. Of the five company representatives that were questioned, only one, who was recently retired, allowed the interview to be recorded. This made the research process more difficult, as conducting effective and flowing interviews whilst trying to record responses by hand, is complex. This was a process that became easier with experience and what also proved useful, was finding somewhere to relax immediately after each interview, to try and write record comments and perspectives in further detail.

What was evident from trying to conduct the research was that dealing with consultants and company representatives was frustrating and time-consuming, as meetings were frequently cancelled without prior notice or cut-short, because of unforeseen circumstances. This meant that there was pressure to gather as much data as possible, in a shorter than expected time period. In addition, it was common for interviews with CW managers, consultants and company representatives to be held in a busy office, canteen, or corridor, and interruptions were frequent. This was problematic, as the interviewees would often forget the question they were answering and the flow of the interview was disrupted.

Interviews were used because it has been suggested that they are highly flexible, adaptable, and one of the principal means of gathering rich information (Polgar 1984; Burns 2000). This approach meant that the interviewer could follow up ideas and probe responses for further responses, although in reality this was not the case as the interviewees were too busy to dedicate further time to the research. As a result,

considerable thought had gone into the planning and designing of the interviews, as it was imperative that the experiences and opinions of the subjects were examined, and that the issues discussed could be understood from their individual perspectives (Bell 1993; Cassell & Symon 1994). Given that this research was exploratory in nature, it was felt that through the use of qualitative interviews, the objectives were more likely to be achieved. Conducting an effective interview, and extracting useful information from interviewees is a skill and is dependent upon the development of good rapport (Bell 1993).

To try and ensure that the interviews were reliable, the research framework was documented. In addition, the interviewer tried not to influence or lead subjects or engage in a debate, and instead tried to remain passive. However, this was sometimes difficult, as in an attempt to gather a significant amount of rich data, there was a temptation to encourage conversation and discuss issues that were of interest to both the interviewer and interviewee (Veal 1992). Another problem to deal with was eliminating the factors that might have affected the validity of the research. Difficulties arose when subjects either failed to understand an issue or could not express themselves (Marshall et al 1990). In this research, this situation did arise, but it was perhaps a reflection of the lack of understanding and expertise in CF and CW, rather than an inability to comprehend the questions asked.

The final part of the data collection was the group discussion, which was chaired by the FIA, because it was felt that this would add kudos to the event, which might encourage members to attend. The disadvantage was that the objectives of the research and the FIA were slightly different and compromises had to be made so that the discussion was useful to both parties. It followed a similar rationale to the interviews, although it aimed to focus upon some new issues that had arisen subsequent to speaking with the interviewees. The group discussion was intended to complement the interviews and provide another level of data and perhaps provide perspectives that were not apparent previously (Denzin et al 1994). Unfortunately several individuals were unable to attend, as a result of prior commitments, but this

did not appear to detract from the discussion and whether a greater number of issues would have been discussed in more depth if attendance had been larger, is questionable.

The analysis of the data from the interviews and group discussion involved reviewing the research objectives and evaluating them in relation to the perceptions and experiences of the subjects (Veal 1992). This method encouraged the identification of themes and patterns in the data and enabled the search for explanations (Burns 2000) that helped explain further and go beyond the findings of previous research (Veal 1992). The process was made easier by repeatedly reviewing the interview transcripts and becoming familiar with the data. By adopting this approach, significant themes were identified and used as sub-headings within the results chapters, which aided the presentation of the data in a clear and effective manner.

Recommendations For Future Research

The findings of this research have been able to contribute significantly to the existing knowledge and understanding of CW in the UK, and they also signify support for a number of previous studies conducted in the US, and some British literature. This research, coupled with the existing literature, has indicated that within many companies, the potential of CW has not been realised because organisations do not fully understand it. This stems from the lack of management research into CW, which in the UK is still in its infancy. Therefore, the scope for future research in the area remains wide. Not only should this work continue to focus upon the creation and management of effective programmes, it must also seek to develop quantitative and more efficient qualitative methods of evaluation, so as to establish whether CW contributes to corporate performance. In addition, following the completion of this thesis, which has examined the emergence and development of CW, in an exploratory fashion, there is now the opportunity for future work to focus upon the more specific issues that have affected the UK. This would help develop a better understanding and more comprehensive knowledge of CW.

The recommendations consider that, in the future, the management of CW is likely to be under greater scrutiny, as the demand on employees continues to increase and companies seek to gain possible advantages over their competitors. This pressure could escalate if, as some interviewees predicted, government legislation forces companies to take more responsibility for the welfare of their employees. If this does occur, companies and providers will need to introduce formal objectives and adopt more thorough and quantitative evaluation procedures, to ensure that CW is fulfilling a positive role. This development would certainly boost the amount of research into the management of CW, as companies and providers sought to adopt an increasingly professional and effective approach to management. Currently, research into CW is restricted by the politics of conducting research within and across companies. During this research, there was a constant battle, trying to arrange meetings and gain the full cooperation of companies, often to no avail. It could be argued that the current possibility of a world recession would impact negatively upon the likelihood of resources being invested into CW, ironically at a time when employees will be under increased pressure from companies.

The first recommendation is to investigate how the impact of programmes can be measured, in a manner that could be understood and appreciated by companies. This research has highlighted that there is the potential to focus upon absenteeism, in particular, and to assess if the use of CW does reduce the incidence of illness. Another option would be to inspect common reasons for absenteeism and to design programmes that could eradicate the prevalence of specific symptoms or ailments. Alternatively, research could be conducted into the effect of regular CW participation, as there is a dearth of British literature in this area. Whilst such research is complex, it would be useful to try and build a portfolio of work that takes into account the nature of CW in the UK. It is only from conducting such an exercise that knowledge can be advanced.

A second recommendation is to consider whether in-house provision is necessary and whether its benefits outweigh those of external, commercial provision. It has been

reported that the primary benefit of providing an in-house facility is that employees receive a higher level of service and attention, but the findings suggest that this is not assured. A significant number of companies already utilise external facilities and given that competition in the commercial market is high, organisations might expect to find cheap offers of corporate membership. This would be a realistic offer, especially for smaller companies and those with limited space. In the future, commercial centres could threaten the existence, or at least the growth of in-house providers. Therefore, a comparative study that focused upon the benefits of external and internal facilities would be of value.

The final recommendation concerns conducting further research into how CW is incorporated into existing company structures. It would require the research to encapsulate, in greater detail than this thesis does, the role of Personnel and Occupational Health departments and challenge traditional professional boundaries. By learning more about the way in which these departments view CW and how they feel it could contribute to the corporate environment, more understanding of how it could benefit companies and develop in the future will be gained. This would aid the justification of CW within companies and encourage both organisations and providers adopt a long-term, more effective strategy towards implementation and development. It would also give further insight into how CW could be more effectively coordinated within companies, which would lead to an increase in efficient and successful management.

Conclusion

This thesis questions whether CW is fully established and suggests that it has not yet become a necessary addition and contributor to management philosophy in the UK. CW has become increasingly prevalent, because it is a perk that reflects the current fashion in health and fitness related activities. The emergence of CW does not necessarily represent a new philosophy towards the provision of health and fitness within the corporate environment. At present, CW is simply CF with the added provision of a few extra services or activities that are designed to increase levels and

frequency of participation, rather than a new, fresh approach that incorporates a desire to improve employees' generic wellness. In addition, without further assistance from Personnel and Occupational Health Departments, providers will be unable to design holistic programmes.

The current approach to CW signified that for many organisations, the health of employees was not taken seriously and CW was a perk that might have a positive effect upon company image, and recruitment and retention. Management did not believe that the benefits are a reality and CW was perceived as an extension of philanthropic provision and is treated as a form of leisure. This, combined with the limited of understanding of the role CW could play, has meant that an integrated approach has not been adopted and that CW lacks direction. Companies, and to some extent providers, lack understanding of CW and do not have any specific objectives that they are seeking to fulfill, which justifies Twitchett's (1997) claim that CW is a toy with no distinct and established benefits. CW in the UK, has not demonstrated that it can make a positive impact upon companies. Until there are profit-orientated incentives for companies to implement CW, such as reductions in national insurance contribution, it will not develop further. Furthermore, in addition to profit-orientated incentives, there is a need for companies and providers to develop more effective CW management strategies and demonstrate that CW can make a positive contribution to within industry.

References

Alexy, B. and Eynon, D. (1991) A Strategy for Health Promotion at Multiple Corporate Sites. AAOHN Journal, 39, 2, p53-56.

Algar, R. and Courteen, D. (1990) Fit to Work. Leisure Management. January, 11, 1, p57-58.

Allied Dunbar National Fitness Survey (1992) A report on activity patterns and fitness levels. Commissioned by the Sports Council and the Health Education Authority. Belmont Press, London.

Arberth, J. (1986) Worksite Wellness Programs: An Evaluation. Management Review, October, p51-53.

Arbrose, J. (1988) Plodding Towards Fitness. International Management. July/August, 38-41.

Auditor General (2001) Tackling Obesity In England, National Audit Commission, February.

Bacon, A.W. (1980) In Glyptis (1980) Prospects for Leisure and Work. Leisure Studies Association, Conference Paper 12.

Barratt, N. and McLellan, M. (1993) Implementing Corporate Fitness Programmes: Cost or Effect? Corporate Health and Fitness, Feb/March 2, 1, p3-4, 6.

Bassey, E. and Fentem, P. (1981) Exercise: The Facts. Oxford University Press. Oxford.

Baun, W. and Bernacki, E.J. (1986) Preliminary Investigation: Effect of a Corporate Fitness Program on Absenteeism and Health Care Costs, Management Review, 28, 1, p18-22.

Baun, W. and Williams, K. (1985) Productivity Through Fitness. Management Review, June, p51-53.

Bell, J. (1993) Doing Your Research Project. Oxford University Press, London.

Bernacki, E.J. and Baun, W. (1984) The Relationship of Job Performance to Exercise in a Corporate Fitness Program. Journal of Occupational Medicine, 26, 7, p529-532.

Blair, S. Blair, A. and Henry, G. (1980) Leisure Time, Physical Activity & Job Performance, Research Quarterly for Exercise & Sport, 51, 4, p718-723.

Blair, S.N. Collingwood, T.R. Reynolds, R. Smith, M. Hagan, D.R. and Sterling, C.L. (1984) Health Promotion for Educators: Impact on Health Behaviours, Satisfaction and General Well-being. American Journal of Public Health, 74, 147-149.

Bond, M.B. Buckwalter, J.E. and Perkin, D.K. (1968) An Occupational Health Program. Cited in Shephard, R.J. (1986) Fitness and Health in Industry. Karger, Switzerland.

Bounds, G. Yorks, L. Adams and M. Ranney, G. (1994) Beyond Total Quality Management- Toward The Emerging Paradigm, McGraw-Hill International.

Brennan, A. (1983) How to set up a Corporate Wellness Program. Management Review, May, p41-47.

British Heart Foundation Health Promotion Group (2000) Coronary Heart Disease Statistics, November.

Brown, M. (1989) The Perk that Works. Management Today, August, p60-62 & 64.

Brown, N.H. (1989) The Ultimate Perk. American Fitness, March/April, p30-36.

Brown, M. (1996) Survival of the Fittest. Management Today, July, p74-75 & 77.

Brown, P. (1996) All In The Mind. Health Club Management, November, p16-17.

Brunsson, N. and Olsen, J.P. (1993) The Reforming Organisation, Routledge, London & New York.

Bryman, A. (1989) Doing Research in Organisations. Routledge, London.

Buckham, M. (1990) Management Style, Australian Accountant, July, 32-35.

Burns, R.B. (2000) Introduction to Research Methods, Sage, 4th Edition, London.

Caldwell, B. (1992) Employers Save With Wellness Programs. Employee Benefit Plan Review, January, 46-50.

Cameron, M. Rushton, A. and Carson, D. (1988) Marketing. Penguin Books, London.

Carter, R. and Wanzel, R. (1975) Measuring Recreations' Effect on Productivity. Recreation Management, 18, 6, p18-19.

Casady, M. and Griffin, E. (1988) The Corporate Health Kick, Management World, March/April, p14.

Chenoweth, D. (1990) Worksite health promotion programs need analysis of cost-effectiveness. Occupational Health & Safety, April, 25, 95, p43-56.

Clegg, H. (1970) The System of Industrial Relations in Great Britain. Basil Blackwell, Oxord.

Clarke, C. and Critcher, C. (1985) The Devil Makes Work. Leisure in Capitalist Britain. Macmillan Press.

Clutterbuck, D. (1989) Training: A World of Change. Training & Development, February, p15 & 17.

Cohen, L. and Manion, L. (1994) Research Methods in Education. Routledge, London.

Cook, M. and Ravenscroft, R. (1992) Leisure and the Corporate Sector. Parks and Sports Grounds, September, 57, 12, p3-5.

Cooper, C.L. (1985) The Road to Health in American Firms. New Society, 6, p335-336.

Cosier, R.A. and Dalton, D. (1986) Search for Excellence, Learn from Japan-Are these Panaceas or Problems? Business Horizons, November/December p63-68.

Cox, T. Gotts, G. Boot and N. Kerr, J. (1982) Physical Exercise, Employee Fitness and the Management of Health at Work. Work & Stress, 2, 1, p71-77.

Cox, P. (1988) Corporate Health: The Way Forward. Occupational Health 40, 6, p576-578 & p580-582.

Cranwell-Ward, J. (1995) When the going gets tough... People Management, 29th June, p22-28.

Daley, A. and Parfitt, G. (1996) Good Health- Is it worth it? Journal of Occupational and Organisational Psychology, 69, 2, p121-135.

Davies, B. (1997) Not Everything in Black and White Makes Sense. Facilities Mangement UK, 11, p19.

Davis, E. (1999) Does Your Life Work? Management Today, August, p48-55.

Dawson, T. (1998) Introduction to Management. Tudor Business Publishing. Great Britain.

Day, G. (1998) Health Matters in Business-Health at Work. Institute of Directors Research Paper, Director Publications.

Denzin, N.K. and Lincoln, Y.S. (1994) Handbook of Qualitative Research. Sage Publications. London and New York.

Diijkstra, W. and Van der Zommer, T. (1982) Response Behaviour in the Survey Interview. Academic Press, London.

Dishman, R.K. (1988) Exercise Adherence: It's Impact on Public Health, Human Kinetic Books, Champaign, Illinois.

Dixon, R. (1993) The Management Task. Butterworth Heineman Ltd Oxford.

Dotchin, J.A. and Oakland J.S. (1992) Theories And Concepts In Total Quality Management, Total Quality Management, 3, 2, p133-145.

Driver, R.W. and Radcliff, R.A. (1982) Employers' Perceptions of Benefits Accrued from Physical Fitness Programs. Personnel Administrator, August, p21-26.

Duffield, B (1980) In Glyptis (1980) Prospects for Leisure and Work. Leisure Studies Association, Conference paper 12.

Dugard, M (1995) Brisk Business. Runners World, May, 30, 5, p72-74 & 76.

Dugdill, L. and Springett, J. (1994) Evaluation of a Workplace Health Promotion: A Review, Health Education Journal, September, 53, 3, p337-347.

Dunlop, J.T. (1992) The Challenge of Human Resources Development, Industrial Relations, 31, 1, p50-55.

Easterby-Smith, M. Thorpe, R. and Lowe, A. (1991) Management Research. Sage Publications, London.

Edwards, S. and Gettman, L.R. (1980) The Effect of Employee Physical Fitness on Job Performance. Personnel Administrator, November, p41-44 & 61.

Edwards, A. and Talbot, R. (1996) The Hard Pressed Researcher, Harlow, Longman.

Etchells, N. (1996) The Importance of Physical Well-Being & What is Corporate Fitness? Facilities Management, Issue 10, p2-3.

Evans, D.E. (1986) People, Communication & Organisations. Pitman.

Fain, G. (1983) Why Employee Recreation? An Introduction. Journal of Physical Education, Recreation and Dance, October, 32-33.

Farnell, L., Watson, G. (1982) The Strengths of a Healthy Workforce. Work and People 8, 1, p29-32.

Fielding, J.E. (1982) Effectiveness of Employee Health Improvement Programmes. Journal of Occupational Medicine, 24, 11, p907-916.

Fillingham, L.A. (1993) Foucault For Beginners. Writers & Readers Publishing Inc.

Fowler, A. (1992) How to Provide an Occupational Health Service, People Management Plus, November, 23-26.

Furnham, A. (1995) Working Yourself to Death. Financial Times, 28th June, p20.

Gamble, A. (1994) The Free Economy and the Strong State- The Politics of Thatcherism. 2nd Edition, Macmillan Press.

Ganz, J. Michalachki, A. (1980) Absenteeism management information system. Cited in Shephard, R.J. (1986) Fitness and Health in Industry. Karger, Switzerland.

Garzona, C. (1989) How To Get Employees Behind Your Program. Personnel Administrator, 35, 19, p60-62.

Geden, B. (1988) Corporate Fitness: A Management Perspective. Loughborough University, Unpublished M.Sc Dissertation.

Gebhardt, D. Crump, C. (1990) Employee Fitness and Wellness Programmes in the Workplace. Amercian Psychologist, 45, 2, p262-272.

Gettman, L.R. (1986) Cost/Benefit Analysis of a Corporate Fitness Program. Fitness in Business, 1, 1, p11-17.

Gibbons, L.W. (1989) Corporate Fitness Programs and Health Enhancement. Annual Academic Medicine, (Singapore) 18, 3, p272-278.

Giddens, A. (1993) Sociology. Polity Press, Oxford.

Gilbert, N. (1993) Research in Social Life. Sage Publications, London.

Gill, J. and Johnson, P. (1991) Research Methods for Managers. Paul Chapman Publishing, London.

Glynn, C. (1996) Creating a Healthy Workplace. An Unpublished Report for Roffey Park Management Institute, West Sussex, UK.

Goldsmith, M. (1986) Worksite Wellness Programs: Latest Wrinkle to Smooth Healthcare Costs. Journal of American Medical Association, September 5th, p1089-1091 & 1095.

Gospel, H.F. and Littler, C.R. (1983) Managerial Strategies & Industrial Relations. A Historical and Comparative Study. Heinemann Educational Books.

Gratton, C. and Taylor, P. (1988) Economics of Leisure Services Management. Longman, Harlow.

Graziano, A. and Michael, L. (1993) Research Methods: A Process of Enquiry. New York, Harper Collins College Publishing.

Greendorfer, S. and Hassbrook, C. (1991) Learning Experiences in the Sociology of Sport. Human Kinetics, Leeds.

Griffiths, A. (1996) The Benefits of Employee Exercise Programs: A Review. Work & Stress, 10, 1, p5-23.

Hall, S. and Jacques, M. (1983) The Politics of Thatcherism. Lawrence & Wishart in association with Marxism Today, London.

Hammer, T.H. Landau, J.C. Stern, R.N. (1981) Absenteeism When Workers Have A Voice: The Case of Employee Ownership. Journal of Applied Psychology, 66, 5, p561-572.

Hancock, D. (1990) Employee Perceptions of Corporate Fitness at Pannel Kerr Forster in Nottingham, Derby and Stoke. Loughborough University, Unpublished M.Sc. Dissertation.

Handy, C (1984) The Future of Work. A Guide to a Changing Society. Basil Blackwell, Oxford.

Handy, C. (1993) Understanding Organisations. 4th Edition, Penguin, London.

Health of the Nation (1992) The Health of the Nation, White Paper, Department of Health.

Heaseman, L. (1992) 'Man' Management. Training & Development, September, p19-21.

Heirich, M. Foote, J. and Erfurt, J. (1993) The cost effectiveness of worksite wellness programs for hypertension control, weight loss, smoking cessation and exercise. Personnel Psychology, Spring, 45, 1, p5-28.

Helmer, D.C. Dunn, L.M. and Eaton, K. (1995) Implementing Corporate Wellness Programs. AAOHN Journal, 43, 11, p558-563.

Hertzberg, E. (1985) Unhealthy Staff Can Seriously Damage Your Company. Chief Executive, July/August, p22-23.

Hicks, R. (1997) Health and Fitness, Human Resources, January/February, p57-58 & 61.

Hirst, P. and Thompson, G. (1996) Globalisation in Question. 2nd Edition, Polity Press, Oxford.

Hobbs, A. (1994) Healthy Profits From A Sound Business Proposition. Healthlines, March, 10, p14-16.

Hoffman, J.J. and Hobson, C.J. (1984) Physical Fitness & Employee Effectiveness. Personnel Administrator, 29, 4, p101-113 & 126.

Hofstede, G. (1993) Cultural Constraints in Management Theories, Academy of Management Executive, 7, 1, p81-94.

Holton, R.J. (1998) Globalisation and the Nation-State Macmillan-Press.

Howard, J.H. and Michalachki, A. (1979) Fitness and Employee Productivity. Cited in Opatz, J.P. (1994) The Economic Impact of Worksite Health Promotion. Human Kinetics, Champaign, Illinois.

Howe, C. (1983) Establishing Employee Recreation Programs. Journal of Physical Education, Recreation and Dance, October, 34, p52.

HSIB, (1987) Encouraging Health & Fitness at the Workplace, 139, p2-5.

Hubbard, A. (1973) Research Methods in Health, Physical Education and Recreation. Washington.

Hughes, D. (1995) Body Building. Health Club Management, September, p24-26.

Income Data Services Ltd. (IDS) (1994) Learning Opportunities. Study 546, January, Unwin Brothers Ltd.

Jackofsky, E. F. and Peters, L.H. (1983) The Hypothesized Effect Of Ability In The Turnover Process. Academy Of Management Review, 8, p46-49.

Johnson, G. and Scholes, K. (1999) Exploring Corporate Strategy. 5th Edition, Prentice Hall, Europe.

Kavanagh, D. (1987) Thatcherism and British Politics- The End of Consensus? Oxford University Press.

Keaton, P. and Semb, M. (1990) Shaping Up the Bottom Line, Human Resources Magazine, p81-84 & 86.

Keelor, R. (1985) The Fitness Edge in Business and Industry, Management Review, June, 53-56.

Kelly, S.P. (1980) Educational Research by Practitioners. New York.

Kirkaldy, B. Trimpop, R. Fischer, C. and Furnham, A. (1997) Leisure & Work Beliefs of British Senior Managers. Journal of Management Development, 16, 5, p392-404.

Kondrasuk, J. (1980) Company Physical Fitness Programs: Salvation or Fad? Personnel Administrator, November, p47-50.

Kogan, H. (1996) Weighing Up Fitness Programmes. Human Resources UK, 23, 67-68, 70.

Kossen, S. (1994) The Human Side of Organisations. 6th Edition, Harper Collins Publishers.

Kotler, P. (1983) Principles of Marketing, 2nd Edition. Prentice Hall International.

Kreitner, R. (1976) Employee Physical Fitness: Protecting an Investment in Human Resources. Human Resources, July, p340-344.

Kreuter and Green (1978) cited in Shephard, R.J. (1986) Fitness & Health in Industry. Karger, Switzerland.

Lancaster, G. and Massingham, L. (1993) Essential of Marketing, 2nd Edition. McGraw-Hill, London.

Lee, R. (1993) Doing Research on Sensitive Topics. Sage, London.

Leepson, M. (1983) An Executive Fitness Regime. Management Review, February, p19-22.

Lindahl, O. Lindwall, L. Malmgren, S. and Scherman, A. (1975) A frequency of sick leave in various types of exercise and athletics. Cited in Shephard, R.J. (1986) Fitness and Health in Industry, Karger, Switzerland.

Linden, V. (1969) Absence from work and physical fitness. Cited in Shephard, R.J. (1986) Fitness and Health in Industry. Karger, Switzerland.

Lloyd, N (1986) Work & Leisure in the 1980s. A Report to the Joint Panel on Leisure & Recreation Research. The Sports Council.

Lofland, J. and Lofland, L.H. (1984) Analyzing Social Settings: A Guide to Qualitative Observation And Analysis, Wadsworth Publishing Company, US.

Lynn, M. (1999) Can Nice Guys Finish First? Management Today, February, p48 & 50-51.

Macintosh, D. Skrien, T. and Shephard, R.J. (1972) Physical activity and injury. A study of sports injuries at the University of Toronto. Cited in Shephard, R.J. (1986) Fitness and Health in Industry, Karger, Switzerland.

Mack-Nava, T. (1992) An investigation into absence monitoring within the Chase Manhattan Bank. Open University Business School, September.

Marchington, M. (1995) Fairy Tales & Magic Wands: New Employement Practices In Perspective, Employee Relations, 17, 1, p51-66.

Maryk, M. (1982) Corporate Fitness and Sports in a Changing Society. Journal of Physical Education, Recreation and Dance, May, p64-65 & 67.

Marshall, C and Rossman G (1989) Designing Qualitative Research. Sage Publications.

Mason, E. (1996) Understanding and Conducting Research. New York.

McDonagh, J. (1984) Management of an Occupational Health Program within an Industrial Setting. Journal of Occupational Medicine, 26, 4, p263-268.

McDonald, M.H. (1990) Marketing Plans-How To Prepare Them & How To Use Them, 2nd Edition. Heinemann Publishing.

McKeown, S. (1996) Stress: No Quack Cures Just Sensible Management. Works Management, September, p60-62.

McIlwee, T. (1986) Personnel Management in Context. Elm Publications.

McNeil, M. (1990) Research Methods. Routledge, London.

McPartland, P.A. (1991) Promoting Health in the Workplace. Harwood Academic Publishers, Switzerland.

Megginson, L.C. Mosley, D.C. and Pietri, P.H. Jnr, (1989) Management Concepts And Applications, 3rd Edition, Harper & Row Publishers.

Midgley, S. (1997) Pressure. People Management, 10 July, p36 & 39.

Mills, M. (1996) Body and Soul. People Management, 26 September, p36-38.

Minnock, A. (1997) Fit for Business? Training Officer, 33, 3, p84-85.

Mintel International Group Ltd. (1999) The Health And Fitness Report, Mintel.

Mitchell, T.R. and Larson, J.R. (1987) People in Organisations. 3rd Edition, McGraw-Hill International Publishing.

Monnington, T. (1989) Industrial Recreation into the 1990's, in White, J. Leisure Studies Association Conference Papers, LSA Publications.

Mullins, L.J. (1996) Management & Organisational Behaviour. Fourth Edition, Pitman Publishing.

Murray-Bruce, D.J. (1990) Promoting Employee Health. Macmillan Press Ltd. Basingstoke.

Nash, T. (1987) Fighting Fit? Chief Executive, May, p60-61.

Nicholson, N. Brown, C. and Chadwick-Jones, J.K. (1976) Absence from work and job satisfaction. Journal of Applied Psychology, 61, 6, p728-737.

O'Donnell, M. and Ainsworth, T. (1984) Health Promotion in the Workplace. Cited in Dugdill, L. and Springett, J. (1994) Evaluation of Workplace Health Promotion: a review. Health Education Journal, September, 53, 3, p337-347.

Okada, K. (1991) Effects of long-term corporate fitness programs on employees' health. Journal of Nutritional Science and Vitaminology, (Tokyo) 37, 131-138.

O'Leary, L. (1994) Fitness at Work: Is it worth it? Occupational Review, March/April, p14-16.

Opatz, J (1994) The Economic Impact of Worksite Health Promotion. Human Kinetics.

Paffenbarger, R. and Hyde, R. (1984) Exercise in the prevention of coronary heart disease. Preventative Medicine, 13, p3-22.

Paffenbarger, R. (1977) Physical Activity and Fatal Heart Attacks: Protection or Selection? Cited in Shephard, R.J. (1986) Fitness and health in Industry, Karger, Switzerland.

Parkes, D. (1994) Fit for Business: does health and fitness have a role to play in business? Corporate Health and Fitness, 3, 1, p14-16 & 18.

Parks, D. (1994) Shaping Up: Corporate Fitness at Work. Human Resources, Autumn, p108-114.

Paulsen, K. (1994) Total Employee Involvement: Why are you Waiting? Industrial Engineering, February, p16-18.

Peters, T. (1989) Thriving On Chaos. Pan Books in association with Macmillan Publishing.

Peters, T. (1992) Liberation Management, Pan Books Ltd. London.

Pettigrew, A. Ferlie, E. and McKee, L. (1994) Shaping Strategic Change. Sage Publications.

Pettinger, R. (1997) Introduction to Management. 2nd Edition, Macmillan Press.

Pickard, J. (1994) Staff Health gets a New Check-Out. Plus Magazine, June, p16-17.

Price, G. and Rickards, G. (1983) Superfit for Business, London, Scope Books Ltd.

Polgar, S. (1991) Introduction to Research in the Health Sciences. Churchill Livingstone, London.

Polgar, S. and Thomas, S. (1994) Introduction to Research in the Health Sciences. London, Longman Group.

Pyle, R. (1979) Corporate Fitness Programs-How do they Shape Up? Personnel, January/February, p58-67.

Rainbow, P. (1991) The Foucault Reader. Penguin Books.

Renzetti, C. and Lee, R. (1993) Researching Sensitive Topics. Sage, London.

Robinson, M. (1984) Becoming Fitter at Work, Occupational Health, October, p456-461.

Robson, C. (1993) Real World Research: a resource for social scientists and practitioners. Blackwell, Oxford.

Rojek, C. (1985) Capitalism & Leisure Theory. Tavistock Publications, London.

Romney, A.K., Batchelder, W.H. and Weller, S.C. (1987) Recent applications of cultural consensus theory. American Behavioural Scientist, 31, p163-177.

Sattler, T. and Doniek, C. (1995) Worksite Wellness for the Health of it. Available: http://www.fitnessworld.com Accessed:31/01/00.

Sattler, T.P., and Mullen, J.E. (1997) Reducing Health Care Costs. Fitness Management Magazine, 13, 6, p20-21.

Seaward, B.L. (1988) From Corporate Fitness to Corporate Wellness. Fitness in Business, April, 3, p182-186.

Seaward, K. (1996) Hot Houses. Health Club Management, July, p21-22.

Sewart, J.J. (1981) Recent Corporate Involvement in the World of Sport. Arena Review, 5, 3, p33-35.

Shambrook, C.J. (1995) Adherence to mental skills training for sports performance. Unpublished Doctoral Dissertation, University of Brighton, UK.

Shephard, R.J. Cox, M. and Correy, P. (1981) Fitness Program Participation: Its Effect on Worker Performance. Journal of Occupational Medicine, 23, 5, p359-363.

Shephard, R.J. (1983) Employee Health & Fitness: The State of the Art. Preventative Medicine, September, 12, 5, p644-653.

Shephard, R.J. (1986) Fitness and Health in Industry, Karger, Switzerland.

Shephard, R.J. (1988) Sport, leisure and well-being: An ergonomics perspective. Ergonomics, 31, 11, p1501-1517.

Shephard, R. J. (1989) Current Perspectives on the Economics of Fitness and Sport with Particular Reference to Worksite Programmes.

Shephard, R.J. (1991) A short history of occupational fitness and health promotion. Preventative Medicine, 20, 3, 436-445.

Sigman, A. (1992) The State of Corporate Health. Personnel Management, February, p24-29.

Silverman, D. (1993) Interpreting Qualitative Data. Sage Publications.

Sime, W.E. (1984) Psychological Benefits of Exercise Training in the Healthy Individual, in: J.D. Matarazzo, Behavioural Health: a handbook of health enhancement and disease prevention, New York, Wiley, p488-508.

Sloan, R.P., Gruman, J.C. and Allegrante, J.P. (1987) Investing in Employee Health. San Francisco, CA, Josey-Bass Inc.

Smith, K.J. Haight, T. and Everly, G. (1986) Evaluating Corporate Wellness Investments. The Internal Auditor, February, p28-34.

Song, T. Shephard, R. and Cox, M. (1982) Absenteeism, Employee Turnover & Sustained Exercise Participation, Journal of Sports Medicine, 22, p392-399.

Sperryn, P. (1980) Executive Fitness. The Accountant, 3 July, p8-10.

Sperryn, J. (1995) Investigation into the Relationship Between the Use of Corporate Health & Fitness Facilities & Employee Absenteeism. Loughborough University M.Sc. Dissertation, Unpublished.

Spiers, C. (1997) All Stressed Up. The Leisure Manager, September, p31-33.

Storey, J. (1995) Human Resource Management- A Critical Text. Routledge

Strasser, A.L. (1989) Exercise should play an important role in corporate fitness. Occupational Health and Safety, 58, 11, p110.

Strauss, A. (1987) Qualitative Analysis For Social Scientists. Cambridge University Press, London.

Strauss, A. (1990) Basics of Qualitative Research: grounded theory procedures and techniques. Sage, London.

Szilagyi, A.D. and Wallace, M.J. (1990) Organizational Behaviour and Performance. 5th Edition, Harper Collins Publishers.

Thelwell, R. C. and Maynard, I.W. (2000) Professional Cricketers' Perceptions Of The Importance Of Antecedents Influencing Repeatable Good Performance. Perceptual And Motor Skills, 2000, 90, p649-658.

Torkildsen, G. (1986) Leisure and Recreation Management. 2nd Ed. Spon, London.

Torrington, D. and Hall, L. (1987) Personnel Management: a new approach. Englewood Cliffs, London, Prentice-Hall.

Tosi, H.L. Rizzo, J.R. and Carroll, S.J. (1994) Managing Organisational Behaviour. 3rd Edition, Blackwell Publishers.

Townsend, J. (1990) Optimal Performance. Training & Development, September, p28 & 30.

Tucker, L.A. Aldana, S.G. and Friedman, G.M. (1990) Cardiovascular fitness and absenteeism in employed adults. American Journal of Health Promotion, 5, 2, p140-145.

Twitchett, M. (1997) Fit for Life. Facilities Management UK, 1, 12, 2-3.

Tyson, S. (1995) Human Resource Strategy. Pitman Publishing.

Tyson, S. and Fell, N. (1995) A Focus On Skills, Not Organisations. People Management, 19 October, p42-43 & 45.

Van Raalte, J.L., Brewer, B.W., Brewer, D.D., Linder, D.E. (1992) NCAA division II college football players' perceptions of an athlete who consults a sport psychologist. Journal of Sport And Exercise Psychology, 14, p273-282.

Van Raalte, J.L., Brewer, B.W., Brewer, D.D. and Linder, D.E. (1993) Sports Psychologists' perceptions of sport and mental health practitioners. Journal of Applied Sports Psychology, 5, p222-223.

Veal, A. (1992) Research Methods for Leisure and Tourism. Longman/Ilam, Harlow, Essex.

Veal, A. (1994) Leisure Policy and Planning. Longman/Ilam.

Wallace, N. (1996) Business Studies. Health Club Management, January, p16-17.

Wallace, N. (1996) Doing the Figures. Health Club Management, March, p19-20.

Walsh, D.C. and Egdahl, R.H. (1989) Corporate perspectives on worksite wellness: a report on the seventh Pew Fellows Conference. Journal Occupational Medicine, 31, 6, p551-556.

Walters, M. (1994) Surveying the Scene, ER Consultants, September, p21-23.

Walvin, J (1978) Leisure And Society 1830-1950, Longman Group Ltd, London.

Walvin, J (1980) In Glyptis, S. (1980) Prospects for Leisure and Work. Leisure Studies Association, Conference Paper 12.

Wanzel, (1994) R.S. Decades of Worksite Fitness Programmes-Progress or Rhetoric? Sports Medicine, 17, 5, p324-337.

Watson, T.J. (1994) In Search Of Management, Culture, Chaos & Control In Managerial Work, Routledge.

West, M. and Patterson, M. (1998) Profitable Personnel. People Management, 8th January, p28-31.

Whiteman, M. (1990) Keeping the Company Fit. Executive Development, 3, 3, p22-23.

Wilson, S. (1995) On Your Bike. Human Resources UK, 16, p24,26 & 28.

Witte, K. (1993) Managerial Style and Health Promotion Programs. Social Science and Medicine, 36, p227-235.

Yeung, R. (1996) Work That Body To Improve The Bottom Line. The Professional Manager, July, p19-21.

Zechetmayr, M. (1986) Wellness Programs and Employee Assistance Programs in Industry. Arena Review, 10, 1, p28-42.

APPENDIX 1

User Questionnaire

Corporate Fitness: User Survey.

Your Corporate Fitness Provider and University College Chichester are currently conducting research examining the role of 'corporate fitness' within businesses. The concept of corporate fitness encapsulates the physical and mental state of employees in a company and the effect this has upon performance at both individual and company level. Corporate fitness programmes aim to develop and improve individual and company well-being. The concept is growing and appears to be encompassing a greater number of services. As part of our research, employee perceptions of the benefits gained through participating in an exercise programme are to be examined. It would be beneficial to our research if you could complete the following questionnaire and return it to the fitness centre. Thank you for your time.

The questionnaire is split into four sections and uses a mixture of closed questions to collate factual information and open questions giving you the opportunity to express your opinions. The first section is designed to collate personal details whilst the second section focuses upon your use of the fitness studio. The third section concerns the perceived benefits of exercise and the fourth section includes an opportunity for you to comment upon corporate fitness within your company. **All completed questionnaires are confidential.**

Section One
1. Are you male or female? (Please tick your answer.)

Male ☐ 01   Female ☐ 02

2. In which age category do you fall? (Please tick your answer.)

18-24 years ☐01   25-29 years ☐02   30-39 years ☐03

40-49 years ☐04   50 and over ☐05

3. For how long have you been working with the company? ....years.

4. What position do you hold within the company? (Please tick your answer.)

Senior Management ☐01   Middle Management ☐02

Junior Management ☐03   Clerical/Admin Based ☐04

Section Two
1. How often do you use the Fitness Centre? (Please tick your answer.)

3x a week or more ☐01   2x a week ☐02   1x a week ☐03

1x a fortnight ☐04   1x a month ☐05   Other (specify) ☐06

....

2. Why do you use these facilities? (Please tick one or more.)

Health ☐01   Convenience ☐02   Subsidised/Cheap ☐03

169

Level of Service □04   Social Aspect □05   Reduced Stress □06

Improve Fitness □07   Sport Specific □08   Other (specify) □08 ....

3. Do you belong to another sport, leisure or fitness facility?

Yes □01   No □02

4. If so, in which other activities do you participate?

....

5. Would you like to see more services/activities included in the company's corporate fitness programme?

Yes □01   No □02

6. If so, what services/activities would you like to see introduced?

....

....

7. How did you become aware of this facility? (Please tick your answer.)

internal marketing □01   friends/peers □02   line manager □03

word of mouth □04   other (specify) □05...................

8. What is the most common time for you to use the Fitness Centre? (Please tick your answer.)

Before Work □01   Mid Morning □02   Lunchtime □03

Mid Afternoon □04   After Work □05

9. With whom do you participate? (Please tick your answer.)

By Yourself □01   With Colleagues □02

10. Before participating in a workplace exercise programme were you as physically active as you are now?

Yes □01   No □02

11. If you were working with the company before the Fitness Centre was opened, how long after it opened did you join? (Please circle your answer.)

The Beginning □01   1 Month □02   3 Months □03

6 Months □04   1 Year □05   Other (specify) □06
....

12. If you joined the company when the Fitness Centre was already open, how long was it until you joined? (Please circle your answer.)

Straight Away ☐01   1 Month ☐02   3 Months ☐03

6 Months ☐04   1 Year ☐05   Other (specify) ☐06 ....

Section Three

1. Do you think *the company* benefits from providing a corporate fitness programme?

Yes ☐01   No ☐02

2. How do you think *the company* benefits from providing a corporate fitness facility?

....

....

....

3. How do you think *you* benefit from using the facilities?

....

....

....

4. Do you feel it is the company's responsibility to promote the adoption of a healthier lifestyle?

Yes ☐01   No ☐02

5. Do you consider corporate fitness to be an employee benefit/perk, part of an employee development scheme or neither? (Please tick one or two answers)

Benefit/Perk ☐01   Development ☐02   Neither ☐03

6. Do you think that by providing health and fitness facilities/programmes, companies will have a positive effect on individual employee work performance?

Yes ☐01   No ☐02

7. Do you think that by providing health and fitness facilities/programmes, companies will positively effect overall company performance?

Yes ☐01   No ☐02

171

8. Do you think staff morale is enhanced by the promotion and implementation of a corporate fitness scheme?

Yes ☐01   No ☐02

9. Do you feel that through the implementation of a corporate fitness scheme, internal company image is enhanced?

Yes ☐01   No ☐02

10. Do you feel that through the implementation of a corporate fitness scheme, external company image is enhanced?

Yes ☐01   No ☐02

11. By providing a corporate fitness facility, has your loyalty and commitment to the company been increased?

Yes ☐01   No ☐02

12. Do you feel less stressed as a result of participating in an exercise programme?

Yes ☐01   No ☐02

Section Four
1. Listed below are potential benefits of participating in an employee exercise programme. Please rank them in order of perceived benefit to _you_. (no. 1 representing the most important.)

Improved Confidence.......   Improved Work Performance.......   Higher Self Esteem......

Improved Health.......   Reduced Stress.......   Improved Physical
Fitness.......

Increased Work Motivation.......   Other (Please Specify)..............

2. Listed below are potential company benefits gained from providing a corporate fitness programme for employees. Please rank the following factors in order of perceived benefit to _the company_. (no. 1 representing the most important.)

Reduced Health Care Costs.......   Improved Employee Morale.......

Improved Work Performance.......   Reduced Absenteeism.......

Company Image (Internal & External).......   Improved Employee Recruitment.......

Improved Employee Loyalty.......   Reduced Employee Stress.......

Social Responsibility to Employees.......   Other (please specify).........................

3. Why should your company provide corporate fitness facilities?

....

....

....

4. Could the delivery of corporate fitness at your company be improved? If so, how?

....

....

....

5. Any other comments/recommendations about corporate fitness?

....

....

....

....

Thank you once again for your time and effort in completing this questionnaire.

APPENDIX 2

Non-User Questionnaire

Your corporate fitness provider and University College Chichester are currently conducting research into the role of corporate fitness within businesses. The concept of corporate fitness encapsulates the physical and mental state of employees in a company and the effect this has upon performance at both individual and company level. Corporate fitness programmes aim to develop and improve employee and company well-being. The concept is growing and appears to be encompassing a greater number of services. As part of our research, perceptions of employees currently not participating in corporate fitness programmes need to be collated to determine ways in which Tweedpark can improve their service. It would be beneficial to our research if you could complete this questionnaire and return it to the fitness centre. Thank you for your time.

The questionnaire is split into three sections and is a mixture of open and closed questions. The first section is designed to record personal details whilst the second section focuses upon why you do not use the fitness facilities. The third section explores your perceptions about exercise and corporate fitness in general. **All completed questionnaires are confidential.**

Section One
1. Are you male or female? (Please tick your answer.)

                    Male ☐01   Female ☐02

2. In which age category do you fall? (Please tick your answer.)

18-24 years ☐01   25-29 years ☐02   30-39 years ☐03

40-49 years ☐04   50 and over ☐05

3. For how long have you been working with the company? ....years.

4. What position do you hold within the company? ....

Senior Management ☐01   Middle Management ☐02

Junior Management ☐03   Clerical/Admin Based ☐04

Section Two
1. Have you visited the Fitness Centre?

                  Yes ☐01   No ☐02

2. How did you become aware of the fitness facility?

internal marketing ☐01   friends/peers ☐02   line manager ☐03

word of mouth ☐04   other (specify) ☐05 ....

3. Why do you not use the corporate fitness facilities? (Please tick one or more.)

lack of time □01   motivation □02

member elsewhere □03   emotional factors (e.g. find facility intimidating) □04

other (please specify) □05 ....

4. Have you had an induction in the fitness centre?

Yes □01   No □02

5. Have you joined and then left the fitness centre?

Yes □01   No □02

If so, why?

....

....

....

6. Would you consider using the facility if it provided other services/activities?

Yes □01   No □02

If so, which activities/services would you like to see offered?

....

....

....

7. Are you physically active? If so, how?

Yes □01   No □02

....

....

8. Are you a member of an external sports, leisure or fitness facility?

Yes □01   No □02

If so, in which activities do you participate?

....

Section Three
1. Do you think the concept of corporate fitness is a good one? Why?

Yes □01   No □02

....

....

....

2. Do you think individuals benefit from regular exercise? Why?

Yes □01   No □02

....

....

3. Do you think the company benefits from providing a fitness centre? Why?

Yes □01   No □02

....

....

4. Do you feel it is the company's responsibility to promote the adoption of a healthy lifestyle?

Yes □01   No □02

5. Do you consider corporate fitness to be an employee benefit/perk, part of employee development or neither? (Please tick one.)

Benefit/Perk □01   Development □02   Neither □03

6. Do you think that by maintaining a healthy workforce, an employee's work performance will improve?

177

Yes ☐01   No ☐02

7. Do you think that by maintaining a healthy workforce, overall company performance will improve?

Yes ☐01   No ☐02

8. Do you think employee morale is enhanced by the promotion and implementation of a corporate fitness scheme?

Yes ☐01   No ☐02

9. Do you feel that through the implementation of a corporate fitness scheme, internal company image is enhanced?

Yes ☐01   No ☐02

10. Do you feel that through the implementation of a corporate fitness scheme, external company image is enhanced?

Yes ☐01   No ☐02

11. Are there any activities/programmes that could be offered that you would find appealing and would be more likely to use? (Please specify below)

....
.
....
.

12. Any other comments about the issues raised in this questionnaire?

....
....
....
....

Thanks once again for your time and effort in completing this questionnaire.

APPENDIX 3

Examples Of Questions From The Qualitative Interviews

The Management And Development Of Corporate Fitness

1) What is corporate fitness?

2) What activities or schemes are most commonly associated with corporate fitness?

3) What facilities are most commonly associated with corporate fitness?

4) Why should companies implement corporate fitness policies?

5) What is the difference between corporate fitness and corporate wellness?

6) How do you think corporate fitness will develop in the future?

7) How has corporate fitness developed since its introduction?

8) Has the philosophy underlying the provision of corporate fitness altered since its introduction?

9) What are the main limitations of corporate fitness?

10) Is corporate fitness and employee development scheme or a perk?

11) Is corporate fitness driven by employers or employees?

12) Is senior management support necessary?

13) What's the most common way for companies to fund programmes?

14) Do the benefits substantiate the financial costs incurred?

15) Research suggests that the UK has been slow in implementing corporate fitness- in comparison with the US- why do you think this is?

16) What are the main difficulties in implementing programmes?

17) From and operational perspective, what are the main problems in managing a programme?

18) Is there a particular managerial culture that lends itself to the successful implementation of corporate fitness?

APPENDIX 4

Corporate Fitness Summit Documentation

7 September 2000

Dear

Invitation to the first Corporate Fitness Summit
at Leisure Industry Week, NEC Birmingham
Wednesday 27th September 2000

This is your chance to become involved in the first ever corporate fitness summit, to be held during Leisure Industry Week. This event will be hosted by the Fitness Industry Association (FIA), in conjunction with Health Club Management.

By way of introduction, I am currently in the process of finalizing my PhD thesis in corporate fitness. The main aims of my research are to examine employee attitudes towards corporate fitness and analyse corporate fitness development, implementation and operation in the UK.

Through discussions with Nigel Wallace at the FIA it became apparent that corporate fitness, despite its significant development in recent years, suffers from a lack of direct coordination and communication between providers. AWHP clearly work to address this issue but perhaps a focused group dedicated to working in one or two key areas may be able to improve upon this situation.

For example, there is currently a dearth of quality scientific UK research in corporate fitness and this is certainly a concern for all operators. Through working together it may be possible to establish a research template for future joint projects that will provide evidence to promote the value of corporate fitness. The benefit of this approach is self-evident.

This would seem an appropriate topic to kick off the summit and on behalf of the FIA and Health Club Management, it would be great to have your input. Please either fax (form attached), phone Tina on 020 7620 0700 or email (admin@fia.org.uk) your availability. I have attached an agenda for your information and should you wish to discuss any aspect of this event then please give Nigel a call at the FIA (020 7620 0700).

Kind regards

Keir Worth

Corporate Fitness Summit
Leisure Industry Week
Wednesday 27th September 2000, NEC Birmingham
Concourse Suite 30, 2pm

Agenda

1) How to approach the gathering of effective and valuable research to further the development of CF.

2) How departments in organisations (such as Occupational health and Personnel) link with corporate fitness providers to deliver effective programmes.

3) The standardisation of operation at corporate fitness sites and the possible development of a manual highlighting future codes of conduct.

4) The possible future of a corporate fitness forum and frequency and role of future meetings.

It is anticipated that the meeting will conclude no later than 3.45pm.

APPENDIX 5

Statistical Analysis- Cultural Consensus Analysis- Interviewees Perspectives On The Greatest Benefits To Companies Of Corporate Fitness

CONSENSUS ANALYSIS

Type: INTERVAL
Proximity data?   No
Input dataset: C: \AP\CONSULTANTS

Respondent Reliability = 0.064

EIGENVALUES

FACTOR	VALUE	PERCENT	CUM %	RATIO
1:	14.525	38.1	38.1	1.134
2:	12.804	33.6	71.8	1.191
3:	10.750	28.2	100.0	
=====	=====	======	=====	=====
	38.79	100.0		

Estimated Correct Answers for Each Question

	1	2	3	4	5	6	7	8	9
1 KEY	52.06	46.97	36.58	87.30	16.01	34.46	24.86	16.24	26.70

Knowledge saved as dataset C: \AP\COMP
Loadings on 2nd factor saved as dataset C: \AP\FACTOR2
Answer key saved as dataset C: \AP\AGREE

APPENDIX 6

Statistical Analysis- Cultural Consensus Analysis- Users Perspectives On The Greatest Benefits Of Corporate Fitness To Companies

Consensus Analysis

Type: INTERVAL
Proximity data?   No
Input Dataset: c: \AP\USERS2

Respondent Reliability = 0.989

EIGENVALUES

FACTOR	VALUE	PERCENT	CUM %	RATIO
1:	49.483	71.1	71.1	4.536
2:	10.908	15.7	86.8	1.191
3:	9.156	13.2	100.0	
=====	=====	======	=====	=====
	69.548	100.0		

Estimated Correct Answer For Each Question

	1	2	3	4	5	6	7	8	9
1 KEY	5.19	5.24	5.26	4.76	4.60	4.28	4.42	4.24	3.34

Knowledge saved as dataset C:\AP\COMP
Loadings on 2nd factor saved as dataset C: \AP\FACTOR2
Answer key saved as dataset C: \AP\KEY
Agreement matrix saved as dataset C: \AP\AGREE

APPENDIX 7

Statistical Analysis- Cultural Consensus Analysis- Users Perspectives On The Greatest Benefits Of Corporate Fitness To Employees

CONSENSUS ANALYSIS

Type: INTERVAL
Proximity?   No
Input dataset: C: \AP\USERS1

Respondent Reliability = 0.994

EIGENVALUES

FACTOR	VALUE	PERCENT	CUM %	RATIO
1:	68.818	76.6	76.6	5.534
2:	12.435	13.8	90.5	1.453
3:	8.558	9.5	100.0	
=====	=====	=====	=====	=====
	89.811	100.0		

Estimated Correct Answer for each Question

	1	2	3	4	5	6	7
1 KEY	2.90	3.72	4.35	3.44	3.10	5.63	3.26

Knowledge saved as dataset C: \AP\COMP
Loadings on 2nd factor saved as dataset C: \AP\KEY
Agreement matrix saved as dataset C: \AP\AGREE