

# Total Rewards and Employee Well-Being

A report by WorldatWork  
February 2012



research



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WorldatWork ([www.worldatwork.org](http://www.worldatwork.org)) is a not-for-profit organization providing education, conferences and research focused on global human resources issues including compensation, benefits, work-life and integrated total rewards to attract, motivate and retain a talented workforce. Founded in 1955, WorldatWork has nearly 30,000 members in more than 100 countries. Its affiliate organization, WorldatWork Society of Certified Professionals®, is the certifying body for the prestigious Certified Compensation Professional® (CCP®), Certified Benefits Professional® (CBP), Global Remuneration Professional (GRP®), Work-Life Certified Professional™ (WLCP®), Certified Sales Compensation Professional™ (CSCP™), and Certified Executive Compensation Professional™ (CECP™). WorldatWork has offices in Scottsdale, Arizona, and Washington, D.C.

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## Introduction & Methodology

This report summarizes the results of an October 2011 survey of WorldatWork members to gather information about current trends in well-being practices. The focus of this research is to construct a well-being research project that brings a unique perspective on comprehensive employee wellness programs and the benefits to practitioners.

On Oct. 19, 2011, survey invitations were sent electronically to 5,075 WorldatWork members. Members selected for participation specifically noted benefits or work-life in their title and/or area of responsibility, or were randomly selected members who self-classified as HR generalists. The survey was open to all members, domestic, Canadian and foreign meeting specific criteria.

The survey closed on Nov. 4, 2011, with 519 responses, a 10% response rate. The final dataset was cleaned, resulting in 479 responses.

In order to provide the most accurate data possible, data were cleaned and analyzed using statistical software. Any duplicate records were removed. Data comparisons with any relevant, statistically significant differences are noted with this report.

The demographics of the survey sample and the respondents are similar to the WorldatWork membership as a whole. The typical WorldatWork member works at the managerial level or higher in the headquarters of a large company in North America.

The frequencies or response distributions listed in the report show the number of times or percentage of times a value appears in a data set. Due to rounding, frequencies of data responses provided in this survey may not total exactly 100%.

## Executive Summary

Employers more and more are depending on health and wellness initiatives to build and foster a successful and productive workforce. This survey was conducted to identify traditional wellness plans and new trends in employee well-being. The objective was to gauge how many programs and initiatives organizations offered and how those offerings are expanding to include a more integrated well-being approach beyond one that is just health-related.

### Wellness or Well-being?

As health-care costs have risen dramatically during the past decade, U.S. employers have had little choice but to pay attention to the collective health of their employee population. The simple fact is that physically healthy workers are more productive and resilient, and don't incur the myriad costs associated with physically unhealthy workers. During the past decade, many employers have implemented so-called wellness programs. By definition, these programs have typically provided a reward based on an individual employee's ability to meet a specific standard for health promotion or disease prevention. At-work weight loss, exercise and disease management programs have become popular offerings in many organizations because of the multiple positive effects they can bring – to both the employee and the employer.

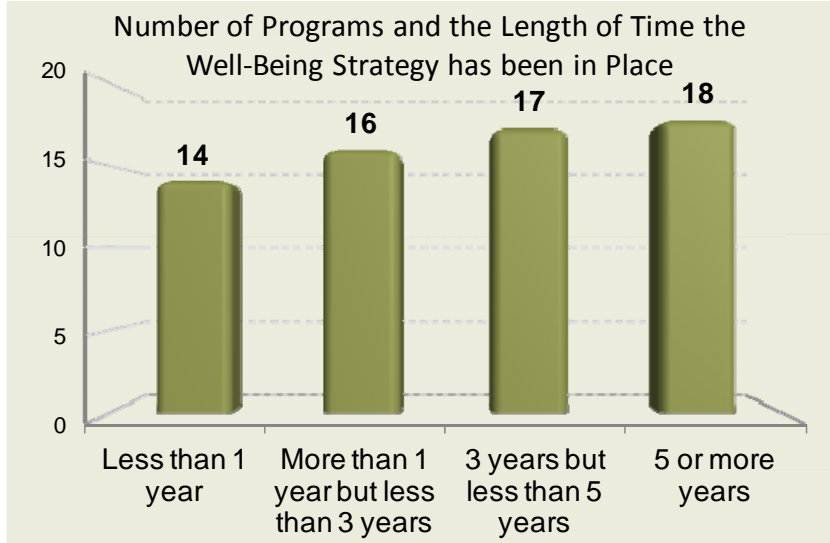
Today, the body of knowledge regarding wellness is evolving into a broader concept that includes but goes beyond simple physical health, to treating the whole individual. This integrated "well-being" approach typically includes several components:

- physical health (enhancing one's physical fitness);
- mental/emotional health (resources to balance one's self, situations and others);
- financial health (tools to attain financial freedom and success);
- and spiritual health (defined as one's strong sense of self or purpose through beliefs, principles, values and ethical judgments)

In addition to testing the broad concept of well-being, we also were interested in finding out if organizations strategized about their well-being programs and initiatives, whether they focused on manager support and how well-being was incorporated into their communication strategy and the culture of their organization. What we found was that all roads can lead to well-being; thinking in broader terms of what well-being should be and how it can be achieved reaps rewards for both employees and employers.

### Strategy

When deciding whether to implement well-being programs and initiatives in an organization, many factors come into play such as why to offer programs; what programs will be offered and to whom; and, finally, what success will look like. These types of questions imply some sort of strategy in place. In fact, 54% (Figure 5) of organizations do have a strategy in place, with 44% (Figure 6) of them having one in place for 3 or more years. And although this analysis was not able to correlate which programs were added as strategies continued to grow over the years, what we can say is that there is a correlation between the number of years a strategy has been in place and the number of programs offered.<sup>1</sup>



In fact, 54% (Figure 5) of organizations do have a strategy in place, with 44% (Figure 6) of them having one in place for 3 or more years. And although this analysis was not able to correlate which programs were added as strategies continued to grow over the years, what we can say is that there is a correlation between the number of years a strategy has been in place and the number of programs offered.<sup>1</sup>

### Programs and Initiatives Offered and Utilized

Of the 94% (Figure 1) of organizations that support well-being elements within their organization, half of them (50%) focus primarily on the traditional offerings. Three of the top 5 fall into the health-related category. The top 5 offerings included:

1. EAP resource and referral (stress-related)
2. Workplace safety (workplace environment)
3. Immunizations (health-related)
4. Physical fitness (health-related)
5. Mental-behavior health coverage (health-related)



<sup>1</sup> Organizations with a well-being strategy in place for less than 1 year offer an average number of well-being programs at significantly lower rates (14) than organizations with a strategy in place for 3 years but less than 5 years (17) and 5 or more years (18).

When asked about employee usage of programs (Figure 11), it is clear that employees, although interested in improving their health, are also very interested in the value of “time,” which may help in alleviating stress and promoting resiliency. This, in turn, could enhance engagement, satisfaction and productivity on the job. The top 5 utilized programs included:

1. Workplace safety (workplace environment)
2. HRAs (biometrics, physical fitness, etc.) (health-related)
3. Flexible schedules (work-life balance)
4. Physical fitness (health-related)
5. Encourage use of vacation time (work-life balance)

In organizations with existing programs already in place, a significant number, 77% (Figure 13), anticipate an increase or considerable increase to their well-being offerings while 21% indicate no change.



On an encouraging note, of those 6% (Figure 1) of organizations that currently offer no well-being programs or initiatives, 48% (Figure 3) are considering adding some in the next two years.

**Eligibility**

Studies have shown that the more support a person receives the higher the potential for success in changing behavior. Note that although support at work through these programs and initiatives is important and effective, opening up some of these programs to extended family could potentially provide that support with better results. And while 94% (Figure 8) of employers offer well-being programs to all their active employees, 29% also offer programs to spouses or domestic partners and 24% offer programs to immediate family members, increasing their odds for success.

**What Does Success Look Like?**

While organizations will set goals for their well-being programs and initiatives, it is equally as important to measure against those success factors to determine whether the programs are meeting the needs of the employees and the organization. This survey looked at the reasons for offering well-being programs (Figure 7) and then looked at measurements of effectiveness (Figure 15).

When traditional well-being programs were first put into place, participation was the means to measure success. So, it’s no surprise that the top measurement in these programs is participation rates at 58% (Figure 15). It’s also not surprising to see that 39% are measuring

health-care costs as the 2<sup>nd</sup> highest rated measure of effectiveness. This aligns with the reasons for offering well-being programs (Figure 7) with the top reason being improving employee health at 85% and the third top reason being decreasing medical premiums at 77%.

Reasons for Offering Well-Being		Measurement of Well-Being	
Improve employee health	85%	Participation rates	58%
Perceived value to employees	79%	Health-care costs	39%
Decrease medical premiums	77%	Employee satisfaction surveys	34%
Improve employee productivity	73%	Employee awareness of programs	27%

What is somewhat surprising is that 30% do not measure the effectiveness of their programs at all.

### Tied to Employer-Sponsored Health Care – Or Not

To a great degree in the United States, employer-sponsored health care is often tied to traditional wellness programs in order to lower costs. We wanted to know if the 96% (Figure 4) of organizations that currently do offer employer-sponsored health care were to no longer offer it, which programs would they keep or drop. Overall most organizations would keep their well-being programs (Figure 18).

It appears that the biggest programs being dropped are typically associated directly with employer-sponsored health care. 31% would drop their mental/behavioral health coverage, and 29% would drop their disease management programs.

Going back to the top reason for offering well-being programs (Figure 7), which is to improve employee health, if that is still the strategy, then dropping some of these programs will not help employers achieve some of their other reasons such as perceived value to employees (79%), improving employee productivity (73%) and increasing employee engagement (72%). It might be more effective for organizations to think broader about how various well-being programs can accomplish a company’s overall objectives. Broadening the scope into a more integrated well-being strategy with various programs and initiatives seems to be the key to success in many areas.



## How Traditional Compares to Integrated

Finally, a comparative analysis was done with a well-being scale that was developed based on answers to key questions throughout the survey. The intent was to analyze how organizations perceive employee well-being on an integrated level. By viewing well-being in a more integrated way, organizations may have a better understanding of what all of these programs and initiatives can do in creating an atmosphere of well-being for employees both at work and in their personal lives. Some significant findings emerged.

- 45% of organizations (Figure 24) fell into the more integrated well-being end of the continuum.
- 50% of the integrated organizations have had a well-being strategy in place 3 or more years, whereas in traditional wellness organizations 71% have had well-being strategies in place for less than 3 years.
- 68% of integrated well-being organizations (Figure 26) feature their well-being programs prominently in their attraction efforts, whereas only 29% of those in the traditional wellness organizations do so.
- Integrated well-being organizations are more likely to rate the measured effect on health-care costs extremely positive or positive (74%, Figure 27) compared to traditional wellness organizations (48%)\*(statistically significant).
- Integrated well-being organizations are more likely to rate the measured effect on employee satisfaction extremely positive or positive (89%, Figure 27) compared to traditional wellness organizations (73%)\*(statistically significant).
- Organizations with more than 10,000 employees are statistically more likely to be more integrated in their well-being initiatives (Figure 28).
- Organizations with a well-being strategy are statistically significantly more likely to communicate their well-being programs in a frequent and ongoing basis throughout the year (88%, Figure 32) over organizations without a well-being strategy in place (47%).
- Organizations where line managers and supervisors are empowered to and responsible for supporting employees in participating in the well-being programs are statistically significantly more likely to communicate their well-being programs in a frequent and ongoing basis throughout the year (80%, Figure 33) over organizations where line managers and supervisors are not empowered to support employees in well-being participation (55%).

## Opportunities

- Consider a more rounded approach to the well-being offerings listed in this survey:
  - Financial well-being may be an opportunity of focus for many organizations utilizing the traditional methods of financial education and going the extra step of financial counseling for employees and their families.
  - Often a low-cost but impactful addition to a well-being strategy can include skill-building education for employees on a variety of topics that can help in all of the 6 related categories.
- Expand eligibility for those programs that can involve all family members, domestic or otherwise. This will create a higher opportunity for success when trying to impact behavior modification.
- Develop an ongoing communication plan to keep programs and initiatives at top of mind for employees to utilize
- Involve managers and supervisors in helping to promote and support their employees' utilization of well-being programs.

## Results and Analysis

Figure 1: Elements of well-being, overall percentages

"What elements of well-being do you support within your organization? (Check all that apply.)" (n=479)

Health-Related		Work-Life Balance	
Immunizations	73%	Encourage use of vacation time	66%
Physical fitness (exercising)	70%	Flexible schedules	65%
Mental/behavioral health coverage	69%	Community involvement programs	56%
Diet and nutrition	62%	Child-care assistance	29%
Smoking cessation	60%	Elder-care assistance	23%
Disease management	57%	Caregiving assistance	14%
HRAs (biometrics, physical fitness, etc.)	44%	Work overload	9%
Behavioral/mental health-risk assessment	32%		
Retirement-Related		Workplace Environment	
Financial education	57%	Workplace safety	73%
Financial counseling	45%	Ergonomics	57%
Stress-Related			
EAP resource and referral			80%
Yoga			27%
Resiliency training			9%
Meditation			8%
Skill-Building Education			
Wellness coaching			41%
Stress management			38%
Time management			32%
Healthy workplace relationships			24%
Behavioral modification			18%
Healthy personal relationships			15%
Parenting skills			11%
Do Not Offer Well-Being Programs			
We do not offer any well-being programs			6%

**Figure 2: Number of well-being programs offered (n=479)**

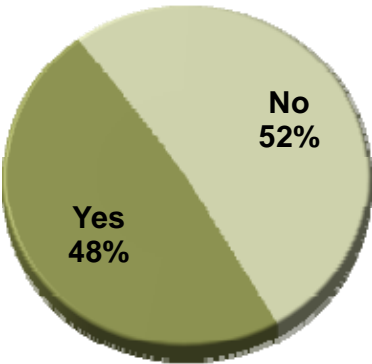
Total Programs Offered	
0	6%
1 to 9	29%
10 to 19	46%
20 to 30	23%

Average number of programs offered: 13

**Figure 3: Future of well-being**

**"Are you considering adding any well-being programs within the next two years?" (n=27)**

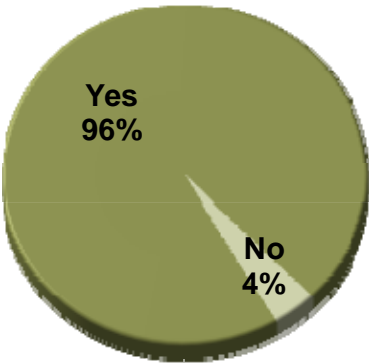
Only participants that did not offer at least 1 well-being program or element in Figure 1 received this question.



**Figure 4: Employer-sponsored health care**

**"Do you offer employer-sponsored health care?" (n=478)**

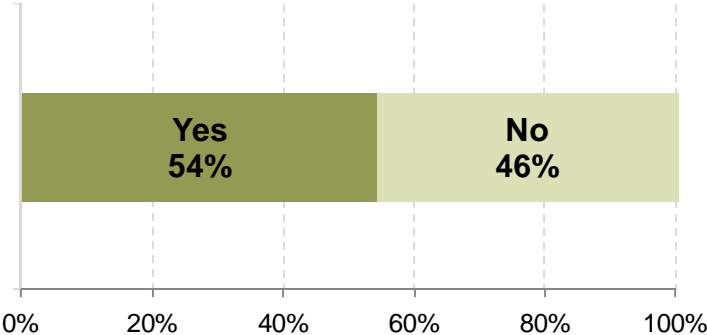
All participants received this question.



**Figure 5: Well-being strategy**

**"Does your organization have a strategy when it comes to employee well-being?"**  
(n=447)

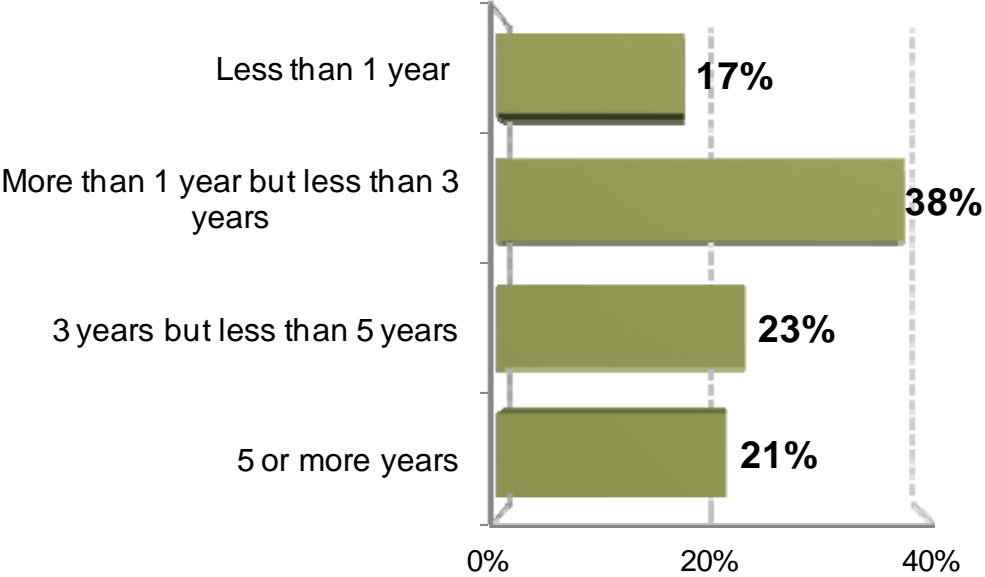
Only participants that offer at least 1 well-being program or element in Figure 1 received this question.



**Figure 6: Length of time well-being strategy has been in place**

**"How long have you had this well-being strategy in place?"** (n=242)

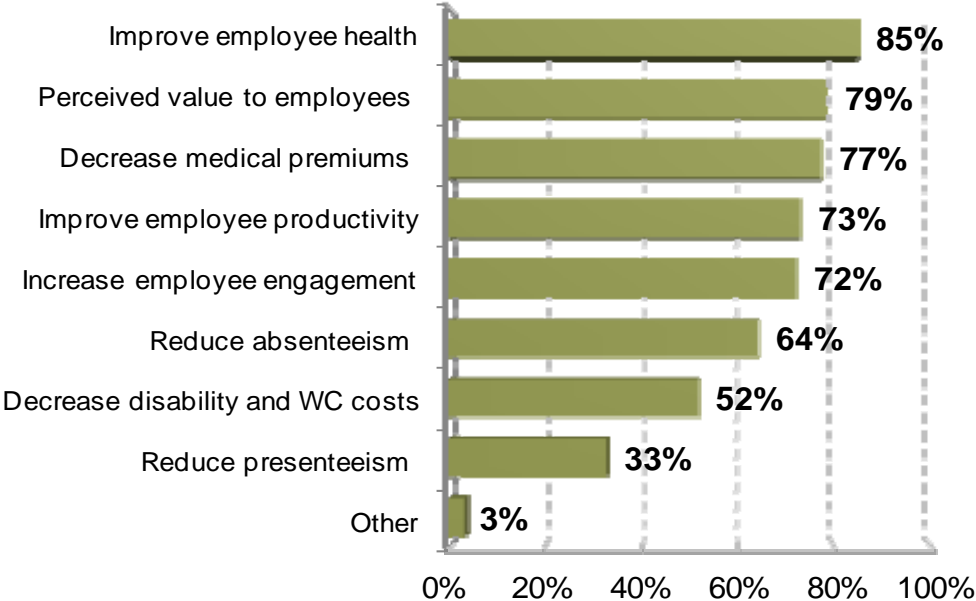
Only participants that answered yes in Figure 5 received this question.



**Figure 7: Reasons for offering well-being programs or initiatives**

"What are the reasons for offering well-being programs/initiatives to your employees? (Check all that apply.)" (n=442)

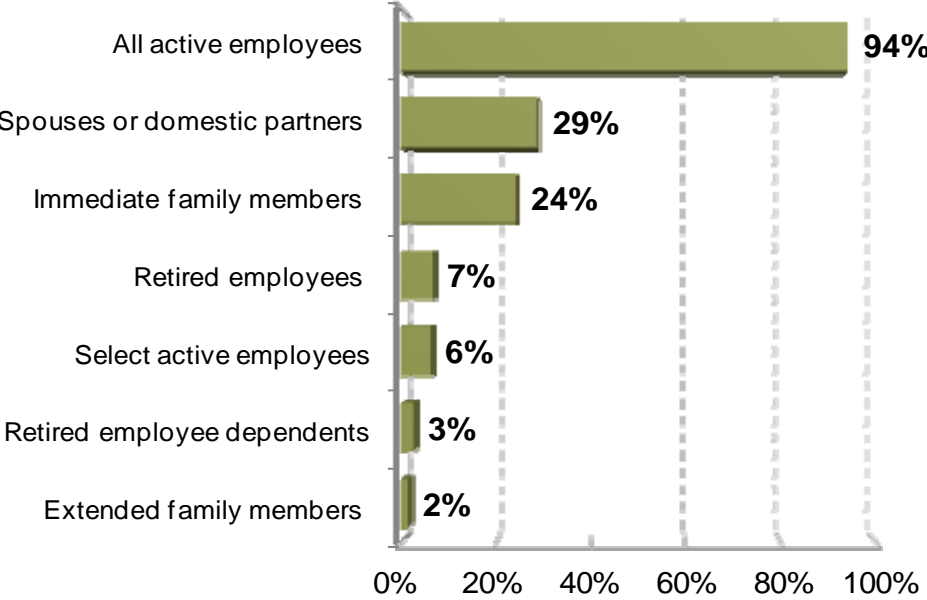
Only participants that offer at least 1 well-being program or element in Figure 1 received this question.



**Figure 8: Well-being eligibility**

"For the majority of your well-being programs, who is eligible to participate? (Check all that apply.)" (n=444)

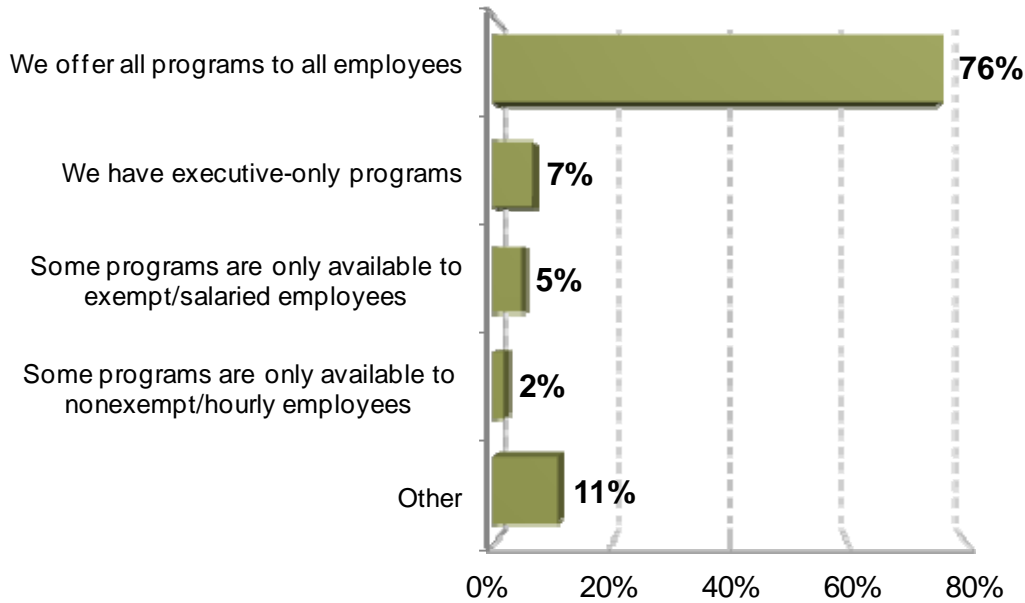
Only participants that offer at least 1 well-being program or element in Figure 1 received this question.



**Figure 9: Well-being eligibility and employee type**

"Are any of your well-being programs only available to select employees or groups? (Check all that apply.)" (n=425)

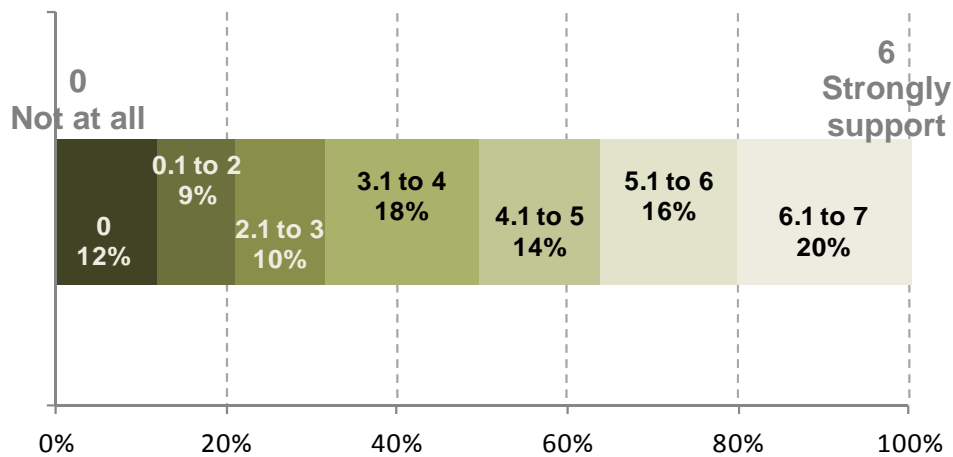
Only participants that offer at least 1 well-being program or element in Figure 1 received this question.



**Figure 10: Well-being and personal values**

"To what degree does your organization support your workforce in defining their strong sense of self or purpose through their beliefs, principles, values and ethical judgments?" (n=439)

Only participants that offer at least 1 well-being program or element in Figure 1 received this question.



Average value: 4.0

**Figure 11: Employee usage of programs**

**"Please rank the well-being programs your organization offers by employee usage. Click and drag programs to the top box with the most frequently used program showing at the top of the list. Please move programs that are difficult to rank to the bottom box."**

Only participants that offer at least 1 well-being program or element in Figure 1 received this question.

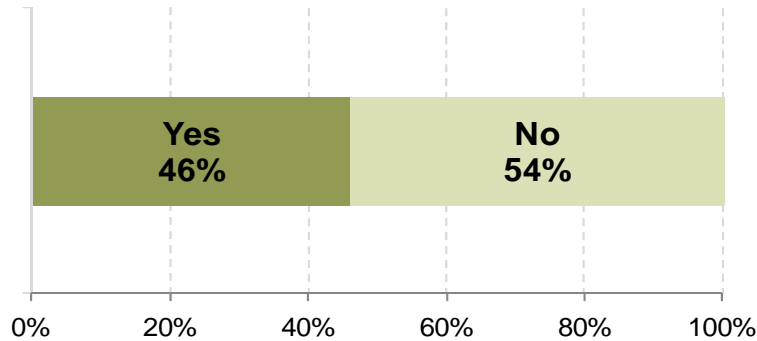
Health-Related		Work-Life Balance	
HRAs (biometrics, physical fitness, etc.) (n=156)	3.9	Flexible schedules (n=216)	3.9
Physical fitness (exercising) (n=226)	4.2	Encourage use of vacation time (n=249)	4.5
Immunizations (n=257)	4.6	Community involvement programs (n=174)	5.8
Disease management (n=134)	6.0	Child-care assistance (n=64)	6.6
Diet and nutrition (n=166)	6.2	Work overload (n=10)	7.7
Behavioral/mental health-risk assessment (n=42)	6.5	Caregiving assistance (n=20)	11.0
Mental/behavioral health coverage (n=132)	6.6	Elder-care assistance (n=31)	11.2
Smoking cessation (n=132)	7.8		
Retirement-Related		Workplace Environment	
Financial education (n=125)	6.7	Workplace safety (n=233)	3.7
Financial counseling (n=98)	6.9	Ergonomics (n=158)	5.8
Stress-Related			
EAP resource and referral (n=259)			5.1
Resiliency training (n=16)			8.1
Yoga (n=52)			8.3
Meditation (n=11)			9.6
Skill-Building Education			
Wellness coaching (n=113)			6.7
Healthy workplace relationships (n=51)			7.6
Stress management (n=89)			7.9
Time management (n=53)			8.0
Behavioral modification (n=21)			9.4
Healthy personal relationships (n=18)			10.3
Parenting skills (n=14)			12.1



**Figure 12: Attraction efforts**

**"Does your organization feature well-being programs prominently in your employee attraction efforts?" (n=427)**

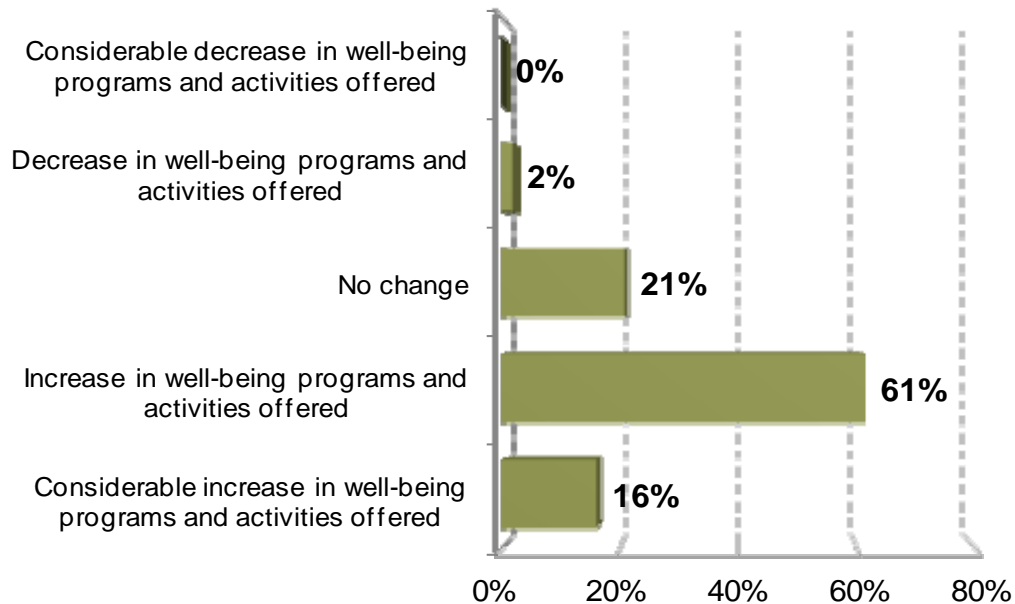
Only participants that offer at least 1 well-being program or element in Figure 1 received this question.



**Figure 13: Anticipated change**

**"In your opinion, how do you see the well-being program(s) changing within your organization in the next two years?" (n=428)**

Only participants that offer at least 1 well-being program or element in Figure 1 received this question.



**Figure 14: Reasons for increase in offerings**

"Please rank the following options from principal reason to least significant reason for this anticipated increase." (n=330)

Only participants that selected increase or considerable increase in Figure 13 received this question.

Ranking Average	
Impact on health-care costs	1.7
Competitive advantage	2.9
Demand from employees	3.2
Increased productivity	3.4
Lower absenteeism	3.7

**Figure 15: Measurement of effectiveness**

"How do you measure the effectiveness of the well-being programs offered at your organization? (Check all that apply.)" (n=426)

Only participants that offer at least 1 well-being program or element in Figure 1 received this question.



**Figure 16: Effect of well-being programs or initiatives**

**"What has the measured effect of the well-being programs been?"**

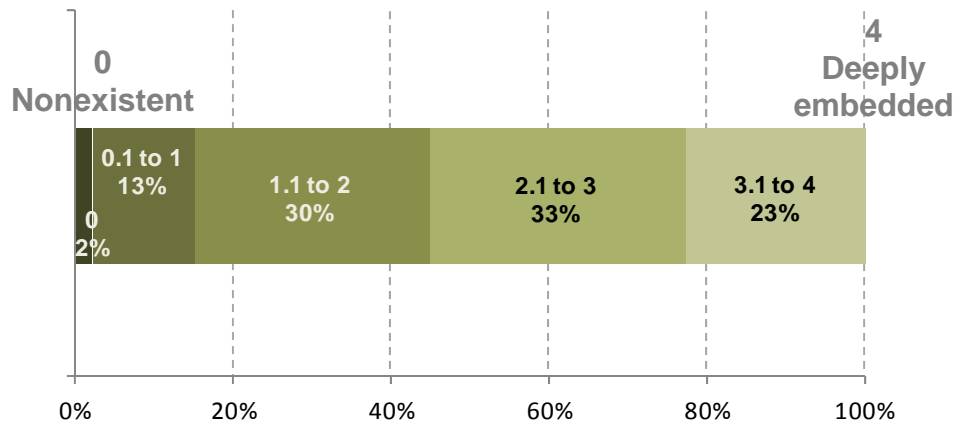
Only programs specifically measured in Figure 15 were included in this question.

	Extremely negative/negative effect	No effect or neutral	Extremely positive/positive effect
Employee engagement (n=97)	0%	13%	87%
Employee satisfaction (n=139)	1%	14%	84%
Productivity (n=33)	0%	21%	76%
Biometric screening (n=88)	0%	30%	71%
Health-care costs (n=162)	2%	33%	65%
Employee stress levels (n=25) <sup>2</sup>	4%	32%	64%
Absenteeism rates (n=84)	1%	38%	61%
Turnover rates (n=73)	1%	45%	53%
Disability costs (n=66)	3%	49%	49%

**Figure 17: Acceptance of well-being programs**

**"Using the rating scale below, how would you rate the overall acceptance and endorsement of employee well-being into the culture of your organization:" (n=418)**

Only participants that offer at least 1 well-being program or element in Figure 1 received this question.



Average value: 2.2.

<sup>2</sup> Count for select group is less than 30; data corresponding to larger sample sizes will have stronger statistical power and validity.

**Figure 18: Retention of programs**

**"If your organization were to no longer offer employer-sponsored health care, which well-being programs would you keep and which would you drop?"**

Only programs selected in Figure 1 were included in this question.

Health-Related	Keep program	Drop program	Don't know
Physical fitness (exercising) (n=304)	76%	9%	15%
Immunizations (n=315)	72%	14%	14%
Diet and nutrition (n=268)	67%	12%	21%
Smoking cessation (n=252)	62%	18%	20%
HRAs (biometrics, physical fitness, etc.) (n=289)	57%	20%	23%
Behavioral/mental health-risk assessment (n=131)	47%	24%	28%
Mental/behavioral health coverage (n=280)	46%	31%	23%
Disease management (n=236)	44%	29%	26%
Stress-Related	Keep program	Drop program	Don't know
EAP resource and referral (n=345)	85%	5%	10%
Resiliency training (n=37)	65%	19%	16%
Meditation (n=28) <sup>3</sup>	57%	29%	14%
Yoga (n=115)	54%	23%	23%
Retirement-Related	Keep program	Drop program	Don't know
Financial education (n=241)	76%	8%	16%
Financial counseling (n=189)	72%	11%	17%
Workplace Environment	Keep program	Drop program	Don't know
Workplace safety (n=317)	90%	2%	8%
Ergonomics (n=245)	87%	3%	11%

<sup>3</sup> Count for select group is less than 30; data corresponding to larger sample sizes will have stronger statistical power and validity.

**Figure 18: Retention of programs continued**

**"If your organization were to no longer offer employer-sponsored health care, which well-being programs would you keep and which would you drop?"**

Only programs selected in Figure 1 were included in this question.

Work-Life Balance	Keep program	Drop program	Don't know
Encourage use of vacation time (n=289)	88%	2%	9%
Flexible schedules (n=278)	86%	5%	9%
Community involvement programs (n=240)	80%	5%	15%
Child-care assistance (n=123)	70%	13%	17%
Caregiving assistance (n=62)	65%	13%	23%
Elder-care assistance (n=96)	61%	13%	26%
Work overload (n=36)	61%	6%	33%
Skill-Building Education	Keep program	Drop program	Don't know
Healthy workplace relationships (n=99)	70%	11%	19%
Stress management (n=165)	65%	10%	25%
Time management (n=135)	61%	15%	24%
Healthy personal relationships (n=99)	50%	23%	27%
Wellness coaching (n=174)	48%	20%	32%
Parenting skills (n=47)	47%	21%	32%
Behavioral modification (n=73)	41%	21%	38%

**Figure 19: Incentives and penalties for participation or nonparticipation**

**"For the following well-being programs/initiatives, does your organization offer an incentive for participation or penalties for nonparticipation to employees? (Note: If you incentivize and penalize for particular programs please select both the offer incentives and require penalties boxes.)"**

Only programs selected in Figure 1 were included in this question. Percentages may add up to greater than 100%. Participants could select multiple options; however, neither incentivize or penalize was an exclusive option. Programs have been sorted by the Require penalties column in descending order.

Health-Related	Offer incentives	Require penalties	Neither incentivize or penalize
Smoking cessation (n=255)	41%	11%	52%
HRAs (biometrics, physical fitness, etc.) (n=193)	70%	9%	26%
Behavioral/mental health-risk assessment (n=137)	23%	3%	75%
Physical fitness (exercising) (n=307)	42%	1%	57%
Disease management (n=246)	18%	1%	81%
Immunizations (n=315)	18%	1%	81%
Diet and nutrition (n=269)	29%	0%	71%
Mental/behavioral health coverage (n=290)	2%	0%	98%
Stress-Related	Offer incentives	Require penalties	Neither incentivize or penalize
Resiliency training (n=37)	16%	3%	81%
Yoga (n=114)	18%	1%	82%
EAP resource and referral (n=342)	3%	0%	97%
Meditation (n=35)	3%	0%	97%
Retirement-Related	Offer incentives	Require penalties	Neither incentivize or penalize
Financial counseling (n=194)	4%	0%	96%
Financial education (n=239)	5%	0%	95%
Workplace Environment	Offer incentives	Require penalties	Neither incentivize or penalize
Workplace safety (n=318)	10%	9%	82%
Ergonomics (n=246)	2%	1%	97%

**Figure 19: Incentives and penalties for participation or nonparticipation continued**

**"For the following well-being programs/initiatives, does your organization offer an incentive for participation or penalties for nonparticipation to employees? (Note: If you incentivize and penalize for particular programs please select both the offer incentives and require penalties boxes.)"**

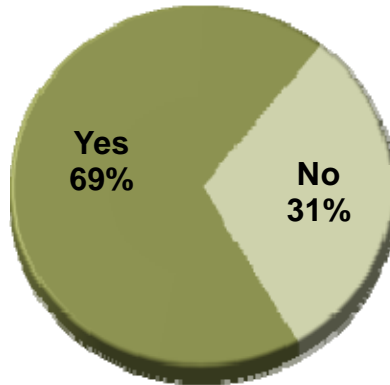
Only programs selected in Figure 1 were included in this question. Participants could select multiple options; however, neither incentivize or penalize was an exclusive option.

Work-Life Balance	Offer incentives	Require penalties	Neither incentivize or penalize
Encourage use of vacation time (n=285)	3%	10%	87%
Child-care assistance (n=124)	10%	0%	90%
Elder-care assistance (n=97)	4%	0%	96%
Caregiving assistance (n=62)	3%	0%	97%
Work overload (n=36)	0%	0%	1%
Community involvement programs (n=239)	22%	0%	78%
Flexible schedules (n=282)	2%	0%	98%
Skill-Building Education	Offer incentives	Require penalties	Neither incentivize or penalize
Healthy workplace relationships (n=98)	2%	2%	96%
Time management (n=137)	2%	2%	96%
Behavioral modification (n=74)	14%	1%	85%
Parenting skills (n=46)	0%	0%	100%
Healthy personal relationships (n=60)	0%	0%	100%
Wellness coaching (n=175)	29%	0%	71%
Stress management (n=165)	11%	0%	89%

**Figure 20: Communication of well-being programs or initiatives**

**"Do you communicate your well-being programs in a frequent and ongoing basis throughout the year?" (n=411)**

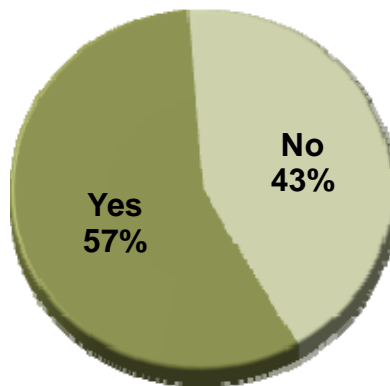
Only participants that offer at least 1 well-being program or element in Figure 1 received this question.



**Figure 21: Support from line managers and supervisors**

**"Are your line managers and supervisors empowered to and responsible for supporting employees in participating in the well-being programs offered?" (n=413)**

Only participants that offer at least 1 well-being program or element in Figure 1 received this question.

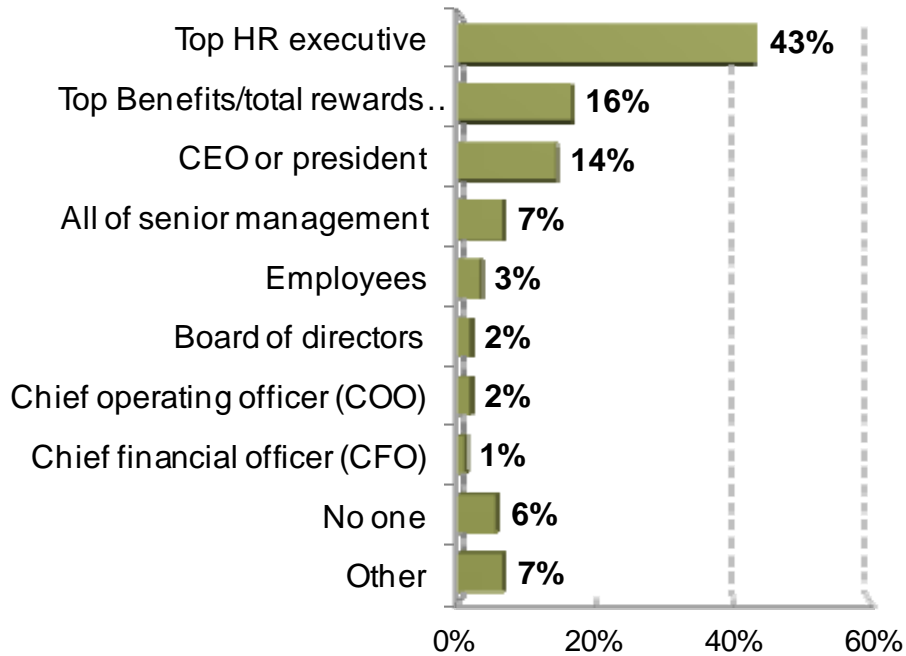




**Figure 22: Champion of well-being programs or initiatives**

"Who in your organization (if anyone) is the primary champion or driver of the idea that well-being is a strategic and important imperative to the organization?" (n=413)

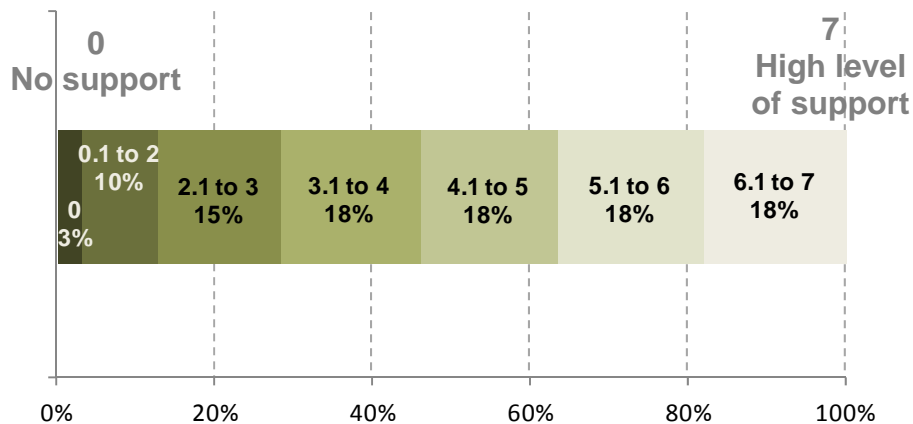
Only participants that offer at least 1 well-being program or element in Figure 1 received this question.



**Figure 23: Senior management and well-being**

"Which of the following best describes how senior management in your organization views employee well-being programs?" (n=417)

Only participants that offer at least 1 well-being program or element in Figure 1 received this question.



Average value: 4.3

## Comparative Analysis

### Well-Being Continuum

A well-being scale was developed based on answers to key questions in the survey. The intention is to analyze how organizations perceive employee well-being on a holistic level. By viewing well-being in a more holistic way, organizations may have a better understanding of what these programs and initiatives can do in creating an atmosphere of well-being for employees both at work and in their personal lives.

Supporting the employee both at work and beyond can have positive consequences for the organization in terms of increased productivity, increased engagement levels, increased employee satisfaction and positive changes in employee behaviors that differ from organizations that limit employee well-being to more traditional wellness offerings with the sole purpose of lowering health-care costs.

Critical issues considered in the continuum scoring are:

- Number and types of well-being programs offered (40 points possible; programs considered innovative were allotted additional points over some traditional programs)
- Balance of the programs offered (4 points possible)
- Organizational strategy when it comes to employee well-being (5 points possible)
- Who is eligible for well-being programs (6 points possible)
- Organizational support for employees when it comes to defining a strong sense of self or purpose through beliefs, principles, values and ethical judgments (3 points possible)
- The culture of well-being within the organization (4 points possible)
- Use of well-being in attraction of new employees (1 point possible)
- Senior management's view of well-being (3 points possible)
- Well-being communication (1 point possible)
- Line managers and supervisors authorized to support employees when participating in the well-being programs offered (1 point possible)

The maximum number of points possible is 68. Organizations scoring between 1 and 34 on the continuum are considered to have "traditional wellness" while those scoring between 35 and 68 are classified as having "integrated well-being."

Figure 24: Well-being continuum (n=418)

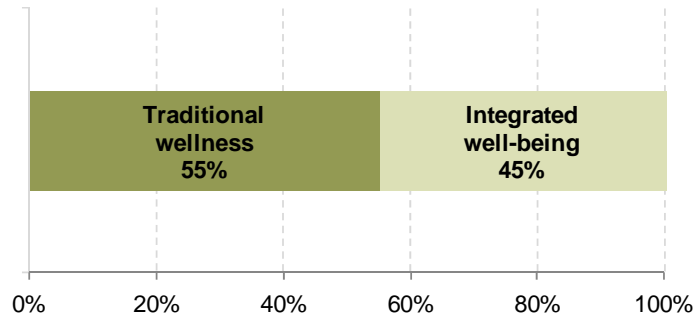


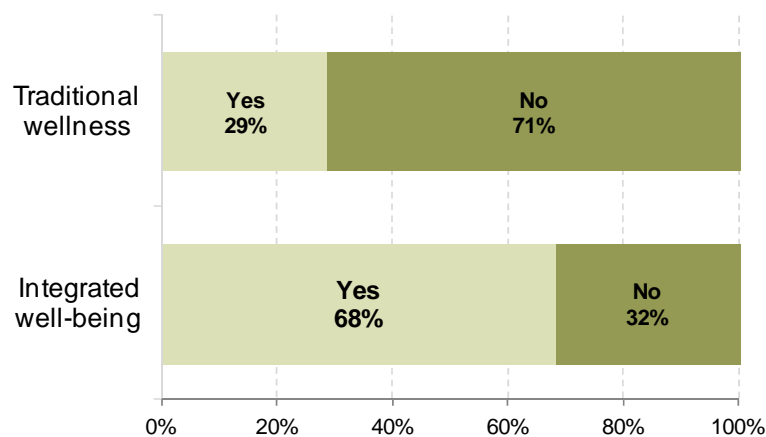
Figure 25: Well-being continuum and length of time a well-being strategy has been in place (n=417)

"How long have you had this well-being strategy in place?"

	Traditional wellness	Integrated well-being
Less than 1 year	30%	12%
More than 1 year but less than 3 years	41% <sup>4</sup>	37%
3 years but less than 5 years	14%	27%
5 or more years	16%	23%

Figure 26: Well-being continuum and featuring well-being programs prominently in employee attraction efforts (n=417)

"Does your organization feature well-being programs prominently in your employee attraction efforts?"<sup>5</sup>



<sup>4</sup> Traditional organizations are statistically significantly more likely to have a well-being strategy for 1 to 3 years (41%) while integrated organizations are statistically significantly more likely to have a well-being strategy for 3 years but less than 5 years (27%) or 5 years or more (23%).

<sup>5</sup> Organizations classified as integrated on the well-being spectrum feature well-being programs prominently in employee attraction (68%) at statistically significantly higher rates than traditional organizations (29%).

**Figure 27: Well-being continuum and the measured effect of the well-being programs and indicators**

Only programs specifically measured in Figure 15 were included in this question.

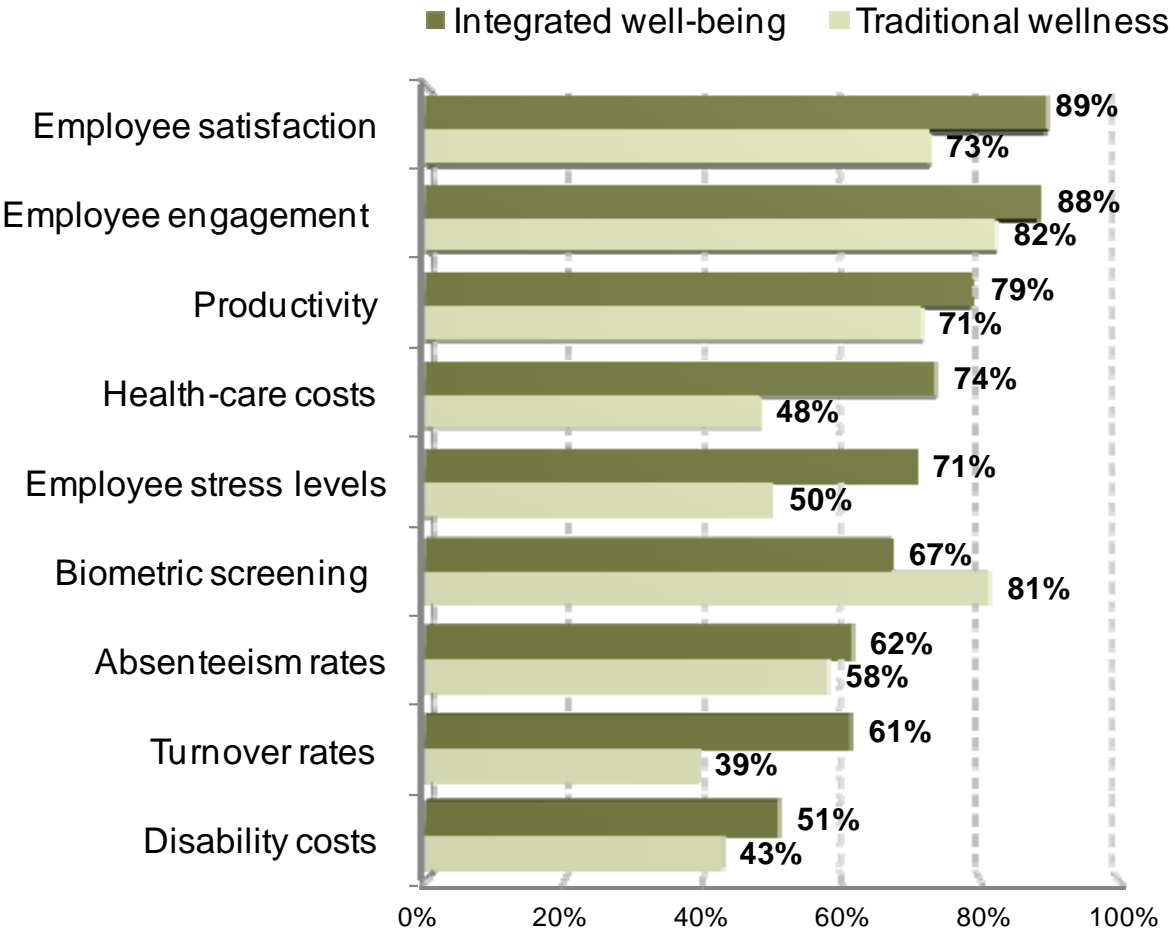
<b>Employee Engagement (n=97)</b>	<b>Extremely negative/ negative effect</b>	<b>No effect or neutral</b>	<b>Extremely positive/ positive effect</b>
Traditional wellness	0%	18%	82%
Integrated well-being	0%	12%	88%
<b>Health-Care Costs (n=158)</b>			
Traditional wellness	2%	50%	48%
Integrated well-being	2%	25%	74% <sup>6</sup>
<b>Disability Costs (n=66)</b>			
Traditional wellness	5%	52%	43%
Integrated well-being	2%	47%	51%
<b>Absenteeism Rates (n=83)</b>			
Traditional wellness	3%	39%	58%
Integrated well-being	0%	38%	62%
<b>Employee Satisfaction (n=135)</b>			
Traditional wellness	3%	25%	73%
Integrated well-being	1%	9%	89% <sup>7</sup>
<b>Productivity (n=33)</b>	<b>Extremely negative/ negative effect</b>	<b>No effect or neutral</b>	<b>Extremely positive/ positive effect</b>
Traditional wellness	0%	29%	71%
Integrated well-being	5%	16%	79%
<b>Biometric Screening (n=86)</b>			
Traditional wellness	0%	19%	81%
Integrated well-being	0%	33%	67%
<b>Turnover Rates (n=72)</b>			
Traditional wellness	4%	57%	39%
Integrated well-being	0%	39%	61%
<b>Employee Stress Levels (n=25)</b>			
Traditional wellness	0%	50%	50%
Integrated well-being	6%	24%	71%

<sup>6</sup> Integrated organizations are statistically significantly more likely to rate the measured effect on health-care costs extremely positive or positive (74%) compared to traditional organizations (48%).

<sup>7</sup> Integrated organizations are statistically significantly more likely to rate the measured effect on employee satisfaction extremely positive or positive (89%) compared to traditional organizations (73%).

**Figure 27a: Well-being continuum and the measured effect of the well-being programs and indicators, extremely positive or positive effect only**

Graph shows *only the extremely positive or positive* effect rating as applied to measured programs.<sup>8</sup>

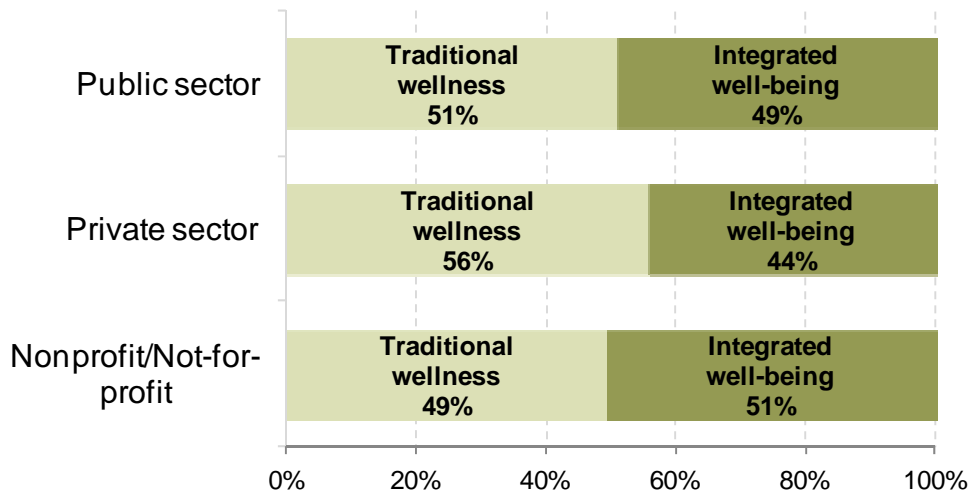


<sup>8</sup> Integrated organizations are statistically significantly more likely to rate the measured effect on health-care costs extremely positive or positive (74%) compared to traditional organizations (48%). Additionally, integrated organizations are statistically significantly more likely to rate the measured effect on employee satisfaction extremely positive or positive (89%) compared to traditional organizations (73%).

Figure 28: Continuum and organization size (n=412)

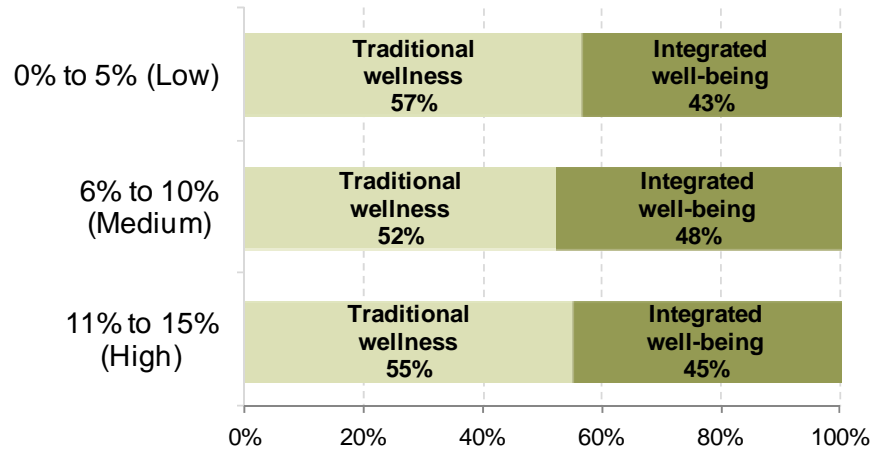
	Traditional wellness	Integrated well-being
Less than 100 employees	82% <sup>9</sup>	18%
100 to 499	61%	39%
500 to 999	56%	44%
1,000 to 2,499	64%	36%
2,500 to 4,999	47%	53%
5,000 to 9,999	50%	50%
10,000 to 19,999	29%	71% <sup>10</sup>
20,000 and over	28%	72% <sup>11</sup>

Figure 29: Continuum and organization type (n=409)



<sup>9</sup> Organizations with less than 100 employees are statistically significantly more likely to be in the traditional side of the well-being continuum (82%).  
<sup>10</sup> Organizations with between 10,000 and 19,000 employees are statistically significantly more likely to be in the integrated side of the well-being continuum (71%).  
<sup>11</sup> Organizations with between 20,000 or more employees are statistically significantly more likely to be in the integrated side of the well-being continuum (72%).

Figure 30: Continuum and voluntary turnover rates (n=409)



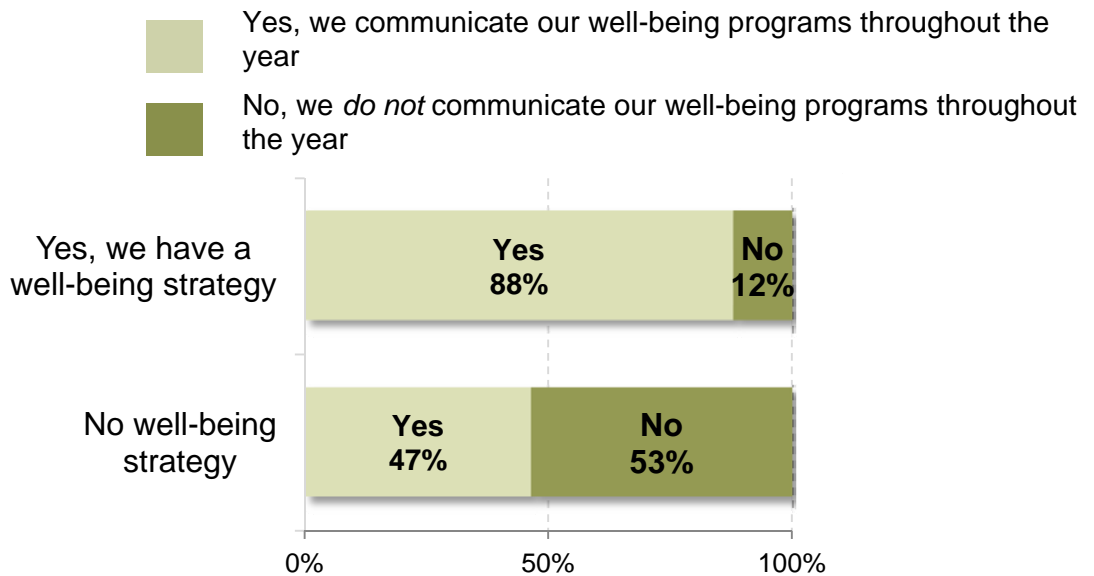
### Additional Comparisons

Figure 31: Number of programs offered and the length of time the well-being strategy has been in place (n=242)

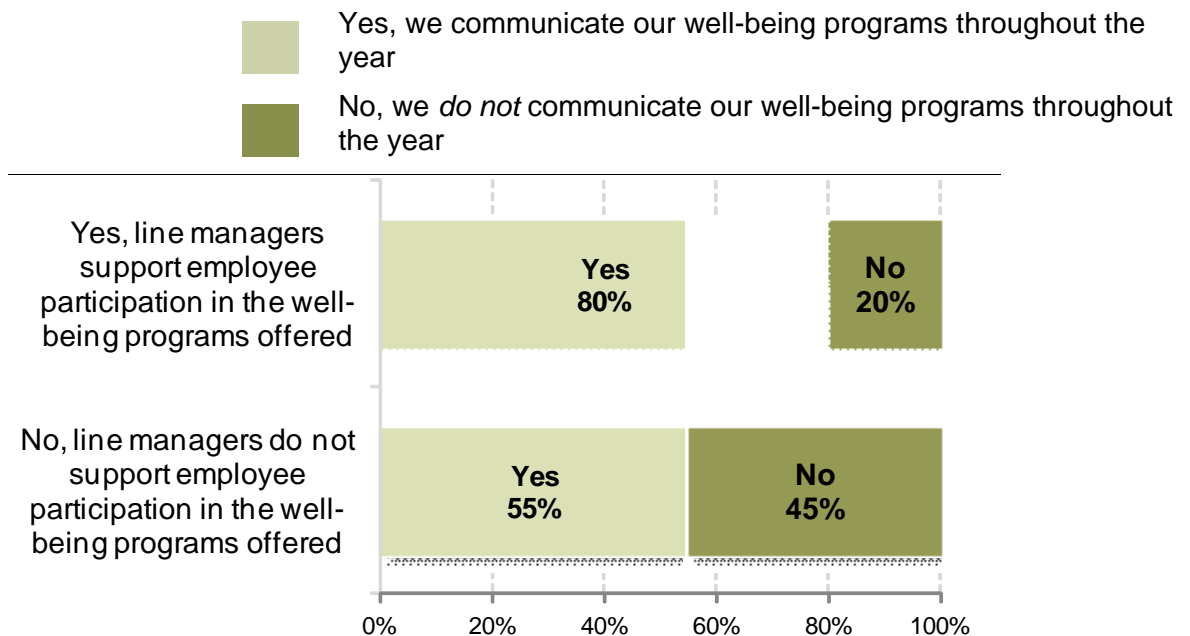
Length of Time	Average number of programs
Less than 1 year <sup>12</sup>	14
More than 1 year but less than 3 years	16
3 years but less than 5 years	17
5 or more years	18

<sup>12</sup> Organizations with a well-being strategy in place for less than 1 year offer an average number of well-being programs at significantly lower rates (14) than organizations with a strategy in place for 3 years but less than 5 years (17) and 5 or more years (18).

**Figure 32: Does your organization have a well-being strategy in place and do you communicate your well-being programs in a frequent and ongoing basis throughout the year (n=410)<sup>13</sup>**



**Figure 33: Are your line managers and supervisors empowered to and responsible for supporting employees in participating in the well-being programs offered and do you communicate your well-being programs in a frequent and ongoing basis throughout the year (n=409)<sup>14</sup>**



<sup>13</sup> Organizations with a well-being strategy in place are statistically significantly more likely to communicate their well-being programs in a frequent and ongoing basis throughout the year (88%) over organizations without a well-being strategy in place (47%).

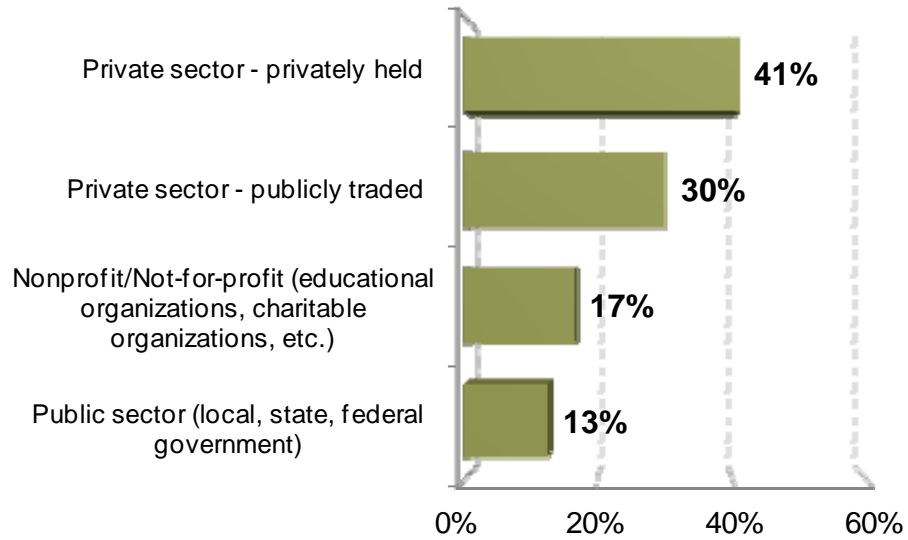
<sup>14</sup> Organizations where line managers and supervisors are empowered to and responsible for supporting employees in participating in the well-being programs are statistically significantly more likely to communicate their well-being programs in a frequent and ongoing basis throughout the year (80%) over organizations where line managers and supervisors are not empowered to support employees in well-being participation (55%).



## Demographics

**Figure 34: Organization type**

"Your organization is:" (n=436)



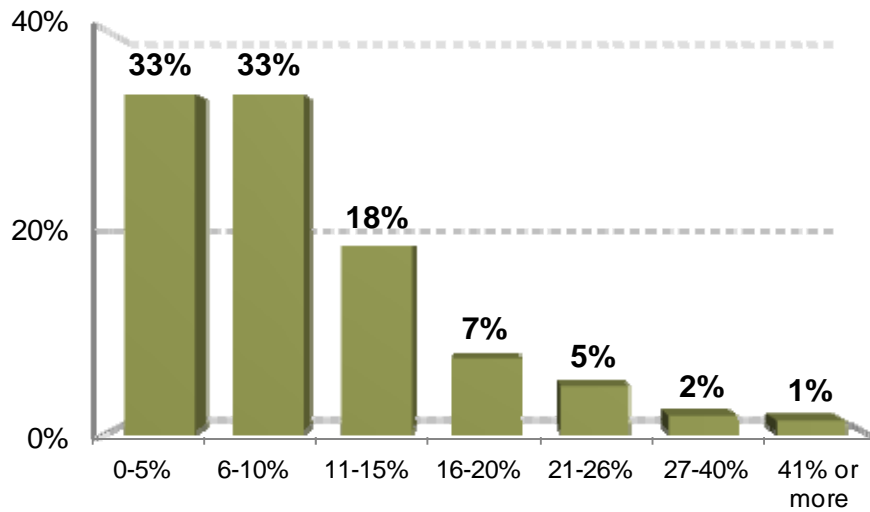
**Figure 35: Organization size**

"Please choose the total number of full-time employees (FTEs) your organization employs worldwide:" (n=439)

Options	Percentage
Less than 100 employees	13%
100 to 499	24%
500 to 999	13%
1,000 to 2,499	14%
2,500 to 4,999	9%
5,000 to 9,999	7%
10,000 to 19,999	9%
20,000 to 39,999	4%
40,000 to 99,999	4%
100,000 or more	3%

**Figure 36: Voluntary turnover**

"What is the approximate annual voluntary turnover for employees?" (n=436)



**Figure 37: Industry**

"What is your industry?" (n=438)

Options	Percentage
Finance & Insurance	13%
Consulting, Professional, Scientific & Technical Services	13%
All Other Manufacturing	12%
Healthcare & Social Assistance	9%
Utilities, Oil & Gas	6%
Retail Trade	5%
Information (includes Publishing, IT Technologies, etc.)	4%
Pharmaceuticals	4%
Public Administration	4%
Educational Services	3%
Other Services (except Public Administration)	3%
Computer and Electronic Manufacturing	3%
Construction	2%
Real Estate & Rental & Leasing	1%
Wholesale Trade	1%
Transportation	1%
Accommodations & Food Services	1%
Other	15%