Preliminary Results of a Workplace Health Promotion Program in Higher Education

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ABSTRACT

Background: Employees of higher education have an increased risk for stress, burnout, and turnover. Workplace Health Promotion (WHP) programs have been shown to improve quality of life, reduce individual health risks, improve morale, reduce health care costs, and increase employee retention.
Aim: The aim of this study was to determine the impact of a WHP initiative on employee intent to stay, life/work balance, and work-related quality of life.
Methods: This study employed a cross-sectional design at a Midwestern university. All faculty and staff were invited to participate in an Employee Wellness Hour, which allowed them to take an additional hour per day to participate in wellness-related activities. Those who chose to participate were required to track their wellness activity on a weekly basis in Qualtrics and invited to participate in a survey examining their intent to stay, life/work balance, and work-related quality of life. Analyses were conducted to determine whether participation in the Employee Wellness Hour had an impact on employee intent to stay, their life/work balance, and work-related quality of life.
Results: Results indicated that those who participated in the Employee Wellness Hour were more likely to stay with their current employer and rated their working conditions more positively.
Conclusions: The cost of employee turnover is immense, making it imperative that employers develop and implement innovative solutions to retain employees and improve working conditions. This study provided preliminary evidence that WHP programs can have a positive impact on retention and working conditions among those employed in institutions of higher education.

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BACKGROUND

In the United States, 60% of adults are living with at least one chronic disease. Four out of ten U.S. adults currently have more than two chronic diseases. The U.S. spends more than 4.1 trillion dollars on healthcare each year, with chronic diseases such as heart disease, cancer, chronic lung disease, stroke, Alzheimer's disease, diabetes, and chronic

kidney disease being the major causes of healthcare spending. Key behaviors like tobacco use, poor nutrition, lack of physical activity, and excessive alcohol use have strong links to the development of chronic diseases (Centers for Disease Control and Prevention [CDC], 2022).

Chronic stress can also lead to the development of chronic disease. It is well-documented that chronic stress and limited control over occupational stressors are strongly linked to the physical manifestations of illness and disease. Over time, the presence of stress responses with diminished coping abilities cause damage to the brain and other vital organs and tissues (Mariotti, 2015). Chronic stress can suppress the immune system, increase an inflammatory response, gastrointestinal symptoms, risk of diabetes mellitus, and the risk of developing atherosclerotic plaques. Additionally, chronic stress predisposes one to psychiatric illness such as depression. The pathophysiology of chronic stress on the body's systems leads to a continuum of development of chronic disease (Agorastos & Chrousos, 2022; Salleh, 2008).

Over the last three years, higher education employees have reported increased risks for stress, burnout, and turnover. The 2022 survey from the College and University Professional Association for Human Resources (CUPA-HR) found that 60% of the nearly 4,000 current employees surveyed reported they were likely to look for other employment within the year (Bichsel et al., 2022). Among the respondents, 32% reported that a flexible schedule was the primary reason for the anticipated change, behind increased pay (76%) and an opportunity to work remotely (43%). The survey also noted that 67% of full-time staff worked more hours than what is traditionally considered full time, with approximately two-thirds taking on additional responsibilities due to filling in for staff that left the institution or directly resulting from the COVID pandemic (Bichsel et al., 2022). A recent poll conducted in the United States found that faculty reported feeling stressed at rates almost 2.5 times those polled in 2019. Stress and burnout increased as faculty and staff were called upon to assume additional responsibilities, provide increased emotional support to students, and find new ways to engage students both in-person and in online settings (Gewin, 2021).

Additional stressors and limited autonomy are taking a toll on faculty and staff. Institutes of higher education must find ways to address the needs of employees and help promote their overall health. Yuen et. al (2021) found that among 3039 accredited institutions of higher education, only 36% offered an employee wellness program, while Hill-Mey et al. (2015) found that 13 of 48 (27%) participating community colleges offered a structured wellness program for their employees. These rates are lower than those reported by the RAND Employer Survey which found that over half of all U.S. employers offer wellness programs (Mattke et al, 2013) and the *Workplace Health in America* survey which found that among 2843 participating workplaces, 46% offered some aspect of workplace health promotion (WHP) (Linnan et al., 2019). Efforts to engage faculty and staff and allow them reasonable autonomy over their schedules are needed to increase retention and improve health through intentional policies and programming. WHP programs are organized strategies that support employees in initiating and sustaining healthy behaviors. WHP programs have been shown to improve quality of life, reduce individual health risks, improve morale, reduce health care costs, and increase employee retention (Berry & Mirabito, 2011; CDC, 2015; Mattke et al., 2013; Yuen et al., 2021).

The purpose of this paper is to assess the impact of the "Employee Wellness Hour" initiative on faculty and staff retention, life/work balance, and work-related quality of life among employees in one academic college at a regional university in the Midwest.

METHODS

Faculty and staff were invited to participate in the Employee Wellness Hour at the beginning of the 2022 academic year (i.e., August 2022). The Employee Wellness Hour was an initiative implemented in one college at a regional university in response to potential burnout and fatigue following the Covid-19 pandemic. All employees in the college were invited to spend one additional hour during their workday per day engaging in an activity related to one of the eight dimensions of wellness. They were then asked to track their activity over the course of the academic year, utilizing the Qualtrics survey platform, indicating what dimension of wellness their activity fell in and provided a brief description of the activity. The Employee Wellness Hour used the Social Ecological Model (SEM) as a conceptual framework. The SEM, developed by Uri Bronfenbrenner (1989), states that "health is affected by the interaction between characteristics of the individual, the community, and the environment that includes the physical, social and political components" (Kilanowski, 2017, p. 295). The SEM has been shown to be an effective model for promoting a range of healthy behaviors (Sallis et al., 2015). The CDC uses a four-level SEM made up of the individual, relationship, community, and societal levels. Utilizing this framework, the development of the Employee Wellness Hour explored how this college wide policy change impacted behavior at the individual, relationship, and organizational/societal levels. All employees within the college received a link to the Qualtrics survey and were asked to record their activity either daily or weekly. The data were collected anonymously as no identifying information was collected. Participants simply indicated the day in which they engaged in a wellness-related activity, selected the dimension of wellness they believed their activity fell in, and gave a brief description of the activity. Over the course of the Fall 2022 semester, there were 446 unique events logged by employees. This increased to 471 unique events logged during the Spring 2023 semester. Additionally, another survey went out to all employees in the college assessing their intent to stay, life/work balance, and work-related quality of life at the end of the academic year. These data were downloaded into the Statistical Package for the Social Sciences, Version 28 for analysis. Prior to data collection, approval was granted by the Institutional Review Board at the university.

There were three main outcome variables: (a) intent to stay; (b) life/work balance; and (c) work-related quality of life. *Intent to stay* was measured using four items taken from Price (2001): (1) "I would like to leave my present employer" (reverse coded); (2) "I plan to leave my present employer as soon as possible" (reverse coded); (3) "I play to stay with my present employer as long as possible;" and (4) "Under no circumstances will I voluntarily leave my present employer." Each item was rated on a scale of 1 (*strongly disagree*) to 5 (*strongly agree*), with higher scores being indicative of greater intent to stay (Price, 2001). While Price (2001) did not indicate reliability or validity in their study, the Cronbach's alpha for this study was 0.90. *Life/work balance* was measured using four items taken from Brough et al. (2014): (1) "I currently have a good balance between the time I spend at work and the time I have available for non-work activities" I have difficulty balancing my work and non-work activities" (reverse coded); (3) "I feel that the balance between my work demands and non-work activities is currently about right;" and (4) "Overall, I believe that my work and non-work life are balanced." Each item was rated on a scale of 1 (*strongly disagree*) to 5 (*strongly agree*), with higher scores being indicative of a greater level of life/work balance (Brough et al., 2014). Cronbach's alpha ranged from 0.84 to 0.94 (Brough et al., 2014). *Work-related quality of life* was measured using items from the Work-Related Quality of Life (WRQoL) Scale (Easton & Van Laar, 2013), with some items being modified to reflect the university environment. For example, the item, "My line manager actively promotes flexible working hours/patterns" was modified into two separate items as follows: (a) "My unit/department supervisor (e.g., department chair/director)

actively promotes flexible working hours/patterns;" and (b) "My dean actively promotes flexible working hours/patterns." The scale has been shown to be reliable with an overall reliability of 0.91, with subscale reliabilities ranging from 0.76 to 0.91 (Van Laar et al., 2007). There are six subscales of the WRQoL scale: (1) General Well-being (GWB); (2) Home-Work Interface (HWI); (3) Job-Career Satisfaction (JCS); (4) Control at Work (CAW); (5) Working Conditions (WCS); and (6) Stress at Work (SAW). The CAW was also modified from the original instrument. For example, the original item from the WRQoL was, "I feel able to voice opinions and influence changes in my area of work," and it was modified into two separate items: (a) "I feel able to voice opinions and influence changes in my unit/department;" and (b) "I feel able to voice opinions and influence changes in my college." In addition, there was one item used to assess participants' overall work-related quality of life (i.e., 'I am satisfied with the overall quality of my working life').

Data were downloaded and analyzed using the Statistical Package for the Social Sciences, Version 28. Descriptive analyses were conducted to determine sample characteristics and frequencies related to the aforementioned variables. In addition, independent samples *t*-tests were conducted to determine whether there was a statistically significant difference in intent to stay, life/work balance, and work-related quality of life between those who chose to participate in the Employee Wellness Hour and those who did not participate. A priori p-values were set at 0.05.

RESULTS

There were 78 individuals who completed the survey, with a majority (52.4%) identifying as staff (n = 33) and 47.6% as faculty (n = 30). Fifteen individuals did not disclose their role. Of those who responded, 47.8% indicated they participated in the Employee Wellness Hour (n = 33), 52.2% indicated they did not participate in the Employee Wellness Hour (n = 36), and 9 individuals did not disclose whether they participated. Staff were more likely to participate in the Employee Wellness Hour (n = 25, 75.8%) compared to faculty (n = 7, 23.3%). Of those who participated in the Employee Wellness Hour and answered the item, "If yes, please rate how frequently you participated in the Wellness Hour," (n = 29), 24.1% reported every day (5 times per week) (n = 7), 31.0% reported most of the time (3 times per week) (n = 9), 13.8% reported some of the time (1 time per week) (n = 4), 27.6% reported a few times over the semester (5-15 days) (n = 8), and 3.4% reported hardly at all (less than 5 days) (n = 1).

Intent to Stay

Scores ranged from 4–20 with respect to Intent to Stay, with a mean (M) of 14.2 (SD = 4.5). Table 1 displays frequency data on each of the four aforementioned items. Response categories were collapsed to "agree," "neutral," and "disagree." Using an independent samples *t*-test, there was a significant difference in intent to stay between faculty (M = 12.19, SD = 4.89) and staff (M = 15.62, SD = 3.50), with staff being significantly more likely to stay on average (t = -2.798, p = .008).

Life/Work Balance

Scores ranged from 6–20 on the Life/Work Balance scale, with a M = 13.31 (SD = 3.54). Table 1 displays frequency data on each of the four aforementioned items. Response categories were collapsed to "agree," "neutral,"

and "disagree." Using an independent samples *t*-test, there were no significant differences in life/work balance between faculty (M = 12.39, *SD* = 3.20) and staff (M = 13.77, *SD* = 3.59), with staff reporting slightly higher levels of life/work balance (*t* = -1.410, *p* = .165).

Table 1

Frequency of Intent to Stay and Life/Work Balance Items

Item	Disagree *f*(%)	Neutral *f*(%)	Agree *f*(%)
Intent to Stay			
I would like to leave my present employer.	21 (67.3%)	6 (12.2%)	10 (20.4%)
I plan to leave my present employer as soon as possible.	35 (71.4%)	7 (14.3%)	7 (14.3%)
I plan to stay with my present employer as long as possible.	12 (24.4%)	9 (18.4%)	28 (57.2%)
Under no circumstances will I voluntarily leave my present employer.	15 (30.6%)	19 (38.8%)	15 (30.6%)
Life/Work Balance			
I currently have a good balance between the time I spend at work and the time I have available for non-work activities.	14 (27.5%)	9 (17.6%)	28 (54.9%)
I have difficulty balancing my work and non-work activities.	22 (43.1%)	16 (31.4%)	13 (25.5%)
I feel that the balance between my work demands and non-work activities is currently about right.	11 (21.5%)	12 (23.5%)	28 (54.9%)
Overall, I believe that my work and non-work life are balanced.	10 (19.6%)	13 (25.5%)	28 (54.9%)

Work-Related Quality of Life

On the overall WRQoL , participant scores ranged from 1–5, with M = 3.56 (*SD* = 1.07) and a median of 4.0. Overall, a majority of participants indicated they were satisfied with the overall quality of their working life, which is indicated by 61.5% of participants either agreeing or strongly agreeing to this statement (*n* = 32). However, it is important to note that 19.2% of participants indicated they were not satisfied with the overall quality of their work life (*n* = 10) and 19.2% indicated they were neutral about their work-related quality of life (*n* = 10). Using an independent samples *t*-test, there were no significant differences in work-related quality of life between faculty (M = 3.29, *SD* = 1.30) and staff (M = 3.73, *SD* = 0.78), with staff reporting slightly higher levels of work-related quality of life (*t* = -1.462, *p* = .150).

General Well-Being

The GWB subscale was comprised of 6-items taken directly from the WRQoL scale. Possible scores could range from 6–30, with higher scores being indicative of higher levels of general well-being. Table 2 displays frequency data on each of the 6-items. Response categories were collapsed to "agree," "neutral," and "disagree." Using an independent

samples *t*-test, there were no significant differences in GWB between faculty (M = 21.57, *SD* = 5.32) and staff (M = 22.81, *SD* = 3.87), with staff reporting slightly higher levels of GWB (*t* = -0.942, *p* = 0.351).

Home-Work Interface

The HWI subscale was comprised of 4-items, which were slightly modified from the original instrument. Possible scores could range from 4–20, with higher scores being indicative of greater home-work interface. Table 2 displays frequency data on each of the four items. Response categories were collapsed to "agree," "neutral," and "disagree." Using an independent samples *t*-test, there were no significant differences in HWI between faculty (M = 14.57, *SD* = 3.76) and staff (M = 15.96, *SD* = 3.38), with staff reporting slightly higher levels of HWI (*t* = -1.369, *p* = .089).

Job-Career Satisfaction

The JCS subscale was comprised of 6-items taken directly from the WRQoL scale. Possible scores could range from 6–30, with higher scores being indicative of higher levels of job-career satisfaction. Table 2 displays frequency data on each of the six items. Response categories were collapsed to "agree," "neutral," and "disagree." Using an independent samples *t*-test, there were no significant differences in JCS between faculty (M = 21.17, *SD* = 5.08) and staff (M = 22.96, *SD* = 3.88), with staff reporting slightly higher levels of JCS (*t* = -1.393, *p* = 0.085).

Control at Work

The CAW subscale was comprised of 5-items, which were slightly modified from the original instrument. Possible scores could range from 5–25, with higher scores being indicative of higher levels of job-career satisfaction. Table 2 displays frequency data on each of the 5-items. Response categories were collapsed to "agree," "neutral," and "disagree." Using an independent samples *t*-test, there were no significant differences in CAW between faculty (M = 16.26, *SD* = 4.47) and staff (M = 16.50, *SD* = 4.44), with staff reporting slightly higher levels of CAW (*t* = -0.188, *p* = 0.426).

Working Conditions

WCS was assessed using 3-items taken directly from the WRQoL scale. Possible scores could range from 3–15, with higher scores being indicative of better perceived working conditions. Table 2 displays frequency data on each of the three items. Response categories were collapsed to "agree," "neutral," and "disagree." Using an independent samples *t*-test, there was a significant difference in WCS between faculty (M = 10.30, *SD* = 3.14) and staff (M = 12.42, *SD* = 1.55), with staff reporting significantly higher levels of WCS (*t* = -3.048, *p* = .004).

Stress at Work

SAW was assessed using one of the two items on the original WRQoL (i.e., I often feel under pressure at work). This item was recoded so lower scores were indicative of greater levels of stress at work. Table 2 displays frequency data

for this one item. Response categories were collapsed to "agree," "neutral," and "disagree." Using an independent samples *t*-test, there was a significant difference in SAW between faculty (M = 2.17, *SD* = 1.01) and staff (M = 3.08, *SD* = 1.06), with faculty scoring significantly lower on this subscale (t = -3.114, p = 0.003). This means that faculty reported significantly higher levels of stress at work.

Table 2

Frequency of Work-Related Quality of Life Items

Item	Disagree *f*(%)	Neutral *f*(%)	Agree *f*(%)
General Well-Being			
I feel well at the moment.	4 (7.8%)	9 (17.6%)	38 (74.6%)
Recently, I have been feeling unhappy and depressed.*	30 (57.7%)	15 (28.8%)	7 (13.4%)
I am satisfied with my life	4 (7.7%)	10 (19.2%)	38 (73.1%)
In most ways my life is close to ideal.	9 (17.3%)	17 (32.7%)	26 (50.0%)
Generally things work out well for me.	3 (5.8%)	8 (15.4%)	41 (78.9%)
Recently, I have been feeling reasonably happy all things considered	5 (9.6%)	16 (30.8%)	31 (59.6%)
Home-Work Interface			
My unit/department provides adequate facilities and flexibility for me to fit work in around my family life.	4 (7.8%)	7 (13.7%)	40 (78.5%)
My college provides adequate facilities and flexibility for me to fit work in around my family life.	6 (11.7%)	11 (21.6%)	34 (66.6%)
My unit/department supervisor (e.g., department chair/director) actively promotes flexible working hours/patterns.	6 (11.6%)	9 (17.3%)	37 (71.1%)
My dean actively promotes flexible working hours/patterns.	5 (9.6%)	14 (26.9%)	33 (63.5%)
Job-Career Satisfaction			
I have a clear set of goals and aims to enable me to do my job.	1 (2.0%)	5 (9.8%)	45 (88.3%)
I have the opportunity to use my abilities at work.	3 (5.9%)	0 (0.0%)	48 (94.2%)
When I have done a good job, it is acknowledged by my supervisor.	9 (17.3%)	15 (28.8%)	28 (53.8%)
I am encouraged to develop new skills.	9 (17.3%)	12 (23.1%)	31 (59.7%)
I am satisfied with the career opportunities available for me here.	12 (23.1%)	12 (23.1%)	28 (53.8%)
I am satisfied with the training I receive in order to perform my present job.	12 (23.1%)	13 (25.0%)	27 (51.9%)
Control at Work			
I feel able to voice opinions and influence changes in my unit/department.	7 (13.7%)	7 (13.7%)	37 (72.6%)

Item	Disagree *f*(%)	Neutral *f*(%)	Agree *f*(%)
I feel able to voice opinions and influence changes in my college.	18 (35.3%)	13 (25.5%)	20 (39.3%)
I am involved in decisions that affect me in my own unit/department.	9 (17.3%)	10 (19.2%)	33 (63.5%)
I am involved in decisions that affect colleagues in my unit/department.	12 (23.1%)	10 (19.2%)	30 (57.7%)
I am involved in decisions that affect colleagues in my college.	22 (42.3%)	18 (34.6%)	12 (23.1%)
Working Conditions			
My employer provides me with what I need to do my job effectively.	6 (11.7%)	8 (15.7%)	37 (72.6%)
I work in a safe environment.	3 (5.7%)	7 (13.5%)	42 (80.8%)
The working conditions are satisfactory.	9 (17.3%)	5 (9.6%)	38 (73.1%)
Stress at Work			
I often feel under pressure at work.*	17 (32.6%)	9 (17.3%)	26 (50.0%)

* Denotes item was reverse coded

It was important to determine whether there was a difference in each of the aforementioned items between those who participated in the wellness hour compared to those who did not participate in the wellness hour. Table 3 shows the M, SD, and *t*-statistic for each of the subscales discussed above for all respondents. As depicted in the table, those who participated in the wellness hour scored significantly higher on the intent to stay scale ($t = -2.631$, $p < 0.01$) as well as the working conditions subscale ($t = -2.110$, $p < 0.05$).

Table 3

Differences Based on Participation in Wellness Hour – All Respondents

Item	Non-Participants M (SD)	Participants M (SD)	t-stat
Intent to Stay	12.33 (4.40)	15.54 (4.08)	-2.631**
Life-Work Balance	13.05 (3.67)	13.52 (3.48)	-0.468
General Well-being	21.68 (4.86)	22.97 (4.48)	-0.977
Home-Work Interface	14.95 (3.14)	15.76 (3.91)	-0.790
Job-Career Satisfaction	22.09 (4.66)	22.48 (4.59)	-0.300
Control at Work	16.86 (4.13)	16.34 (4.80)	0.406
Working Conditions	10.64 (2.72)	12.14 (2.36)	-2.110*
Stress at Work	2.43 (1.20)	2.93 (1.10)	-1.553
Work-related Quality of Life	3.39 (1.20)	3.69 (0.97)	0.995

* $p < .05$; ** $p < .01$; *** $p < .001$

Participants were also invited to answer two open-ended questions: (1) "Please leave any comments" and (2) "In your opinion, was the Wellness Hour effective? Why or why not?" The most poignant response to the general comment item was, "Wellness hour is an incredible opportunity for me to rejuvenate myself by walking. I need to fit this activity in during the day. I appreciate that this organization cares about me as a person, not just an employee." In response to the effectiveness item, the general consensus was that it was effective. Some important comments were as follows:

- "I appreciate that [the Dean] provides relevant insights and the wellness hour is deeply appreciated. For me, when I take the hour, it is truly effective."
- "It has help tremendously. Unsure if I could've survived without the wellness hour initiative this year;" "The Wellness Hour is an amazing perk of working here. I use it when I have time, and it definitely improves my mood and focus when I return to work. When pay raises are difficult to come by, benefits like a Wellness Hour speak volumes of how valued employees are and how the Dean looks for unique ways to improve our overall wellness. I hope the Wellness Hour will continue within [the college], but also be adopted by other units on campus so more of [the university] can reap the benefits of expanded employee wellness."

DISCUSSION

Employee attrition has a significant impact on a workplace. It is estimated by the Society for Human Resource Management (n.d.) that it requires a company to invest six to nine months of an employee's salary in order to provide a replacement. Additionally, surveys (*Talent retention survey*, n.d.) have shown that 1 in 3 employees will leave a job within two years. Employee job searches, relocation costs, orientations, onboarding, and administering pre-employment tests all cost the institution. It takes approximately 8–12 weeks for a new employee to feel comfortable in a role, and an additional few months before the employee becomes productive. This transition typically means that other employees must take on additional job responsibilities in addition to their own tasks. This can lead to burnout and impact overall workplace morale. Therefore, the cost of replacing employees can have a significant impact on institutional finances and workplace culture (Society for Human Resource Management, n.d).

With high rates of dissatisfaction and intent to leave reported at workplaces, one must examine the impact of presenteeism at institutes of higher education. The CDC (2016) defines presenteeism as, "the measurable extent to which health symptoms, conditions, and diseases adversely affect the work productivity of individuals who choose to remain at work." It is estimated that presenteeism costs the U.S. economy more than $150 billion in lost productivity (Hemp, 2014). These findings show that policies and programs that promote health, allow for appropriate employee autonomy, and improve morale go a long way to retain employees while keeping them productive and engaged. This in turn has a positive impact on workplace culture and financial stability. Yet, there is a gap in the literature examining the impact of grassroots wellness initiatives at institutes of higher education (Yuen et al., 2021).

It is well documented that engaged and supportive faculty and staff are paramount to student success and retention (Roberts, 2018). WHP programs have been shown to provide mechanisms for health education and health behavior change. Additionally, college campuses provide environments that promote WHP by creating a culture of health, establishing peer support, gaining support from management, and establishing policies that promote health. Additionally, many college campuses have fitness centers that provide accessibility to ways to increase physical activity

(Hill-Mey et al., 2015). Yet, studies have shown that colleges and universities offer WHP programs at rates lower than other organizational sectors (Hill-Mey et al., 2015; Linnan et al., 2019; Mattke et al., 2013; Yuen et al., 2021). When focusing on student retention, most studies examine the personal factors that lead to students leaving higher education. However, there is evidence that the institutional culture of the college and university, especially the professional staff in the student's academic area of focus, play a vital role in retaining students and promoting their successes along the path to degree completion. In order to retain students effectively, there must be a commitment to a holistic approach that prioritizes valuing the roles of faculty and staff as it pertains to student engagement and matriculation (Farrell, 2009). While the value of WHP programs across of variety of organizations has been documented (CDC, 2015; Hill-Mey et al., 2015; Yuen et al., 2021), there is limited research examining the impact of WHP programs on college campuses (Hill-Mey et al, 2015). Though this research examined the impact of a specific WHP intervention and not a comprehensive WHP program, the findings add value to the limited body of work in this area.

Based on this information, it is essential that institutes of higher education find ways to retain employees, improve their morale, and help prevent chronic conditions. Although the best way to improve employee retention is through pay increases, this is not often feasible due to tighter budgets and other financial obligations. Findings from this study showed a significant difference between those that participated in the Employee Wellness Hour compared to those who did not participate on intent to stay and working conditions. Therefore, creative ways such as the Employee Wellness Hour which make faculty and staff feel valued may be utilized to promote retention, avoid presenteeism, and improve morale.

There are limitations to this study. As with any primarily descriptive research, results must be interpreted with caution. At the time of data collection, there were approximately 200 faculty and staff eligible to take part in the employee wellness hour. Less than half of the eligible employees took part in this study. Therefore, results should not be generalized to the larger population as the participants may not accurately represent the larger population of employees. Additionally, participants self-selected to participate in this study. Often when participants self-select, data is biased toward perceptions that have a particular interest in the intervention or feel strongly about the intervention, whether positively or negatively. Self-selection may mean that data may be skewed toward being more positive, as those who perceived the intervention more positively may have been more likely to participate in this study. Again, this can reduce the generalizability of the study as the participants that choose to take part may not be representative of the larger population. Additional studies should aim to increase the sample size to capture more of the eligible participants, and also reach out to eligible participants to inquire why they choose not to take part. These strategies may reduce bias and provide more generalizable results. Even with these limitations, the results of the current study are promising and should be replicated in order to build off of the findings presented here.

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