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Personal–Organizational Processes in Workplace Health Promotion: Understanding Wellness Program Participation in China

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Around the world, there has been a noticeable increase in demand for workplace health promotion (WHP). Research has demonstrated the beneficial outcomes of WHP program participation, yet scholars lack an all-encompassing framework that captures why employees do or do not participate in these initiatives, especially in non-Western contexts. To show the role of two personal–organizational processes—perceived organizational support and organizational identification—in predicting WHP program participation, we collected survey data from 204 employees at a Chinese company with a wellness program. Results suggest that organizational identification mediates the relationship between perceived organizational support and employees' participation in WHP programs. Besides contributing to the WHP literature in non-Western countries, this study opens up new opportunities to explore the relationship between other personal-organizational processes and their relationship to WHP.

Keywords: workplace health promotion, organizational identification, perceived organizational support, wellness program participation, non-Western context

China, as the world's second economic superpower, accounts for 15% of the global gross domestic product, and the rapid growth of its economies has exerted adverse consequences has exerted adverse consequences on employees' wellness and work-life balance (Graham, Zhou, & Zhang, 2017; Lu, Kao, Siu, & Lu, 2011). An increasing number of China's working population reports sitting at the computer throughout long workdays, feeling stress and pressure, and struggling to achieve work–life balance (Tsui, 2008). This leads to a range of health conditions, such as depression and anxiety, musculoskeletal pains, sleeping disorders, chronic diseases, and even fatality (Oster, 2014; Tsui, 2008). Thus, maintaining a healthy, highly productive workforce is a pressing challenge. Given the high demands of workplace wellness in China, employers are increasingly implementing workplace health promotion (WHP) programs to ameliorate work-generated health problems and enhance employees' health and well-being (Chu et al., 2000; Cigna, 2016; Rogers, 2016).

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Evidence supports that WHP programs improve the health and well-being of employees (Andersen et al., 2008; Goetzel et al., 2014; Proper et al., 2003) and organizational effectiveness (Aldana, Merrill, Price, Hardy, & Hager, 2005; Parks & Steelman, 2008) around the globe. However, scholars have also critically examined the role of health at work (Dale & Burrell, 2014; Ford & Scheinfeld, 2016; James & Zoller, 2017; Kirby, 2006). Many employers have adopted a "one size fits all" approach to corporate wellness, which disproportionately engages younger, healthier, more educated, non-Hispanic White males (Merrill, Aldana, Garrett, & Ross, 2011; see also Thompson, Smith, & Bybee, 2005; Yancey et al., 2006). Despite the positive effects that WHP can have when employees participate, it can be difficult for organizations to get workers involved.

Based on a systematic review, research found that employees' participation levels in WHP were typically below 50% (Robroek, van Lenthe, van Empelen, & Burdorf, 2009). These low participation levels greatly influence the positive effects of WHP programs (Glasgow, McKaul, & Fisher, 1993; Linnan, Sorensen, Colditz, Klar, & Emmons, 2001). When WHP participation is scant, employees and organizations do not reap the benefits of wellness programs. Amid the growing demand for and investment in workplace wellness programs in China, the antecedents of Chinese employees' involvement with WHP programs remain unclear.

To fill in this gap, we proposed and tested a theoretical framework for explaining WHP participation in China. More specifically, we examined how two personal–organizational processes—perceived organizational support and organizational identification—influence employees' participation in WHP. We investigate these mechanisms of WHP participation in a non-Western context because Chinese employees are accustomed to their work and personal lives being intertwined, in comparison with their Western counterparts (Xiao & Cooke, 2012). In the sections that follow, we review literature specifically related to WHP. Next, we explain how perceived organizational support and organizational identification might uniquely explain employees' participation in WHP programs, particularly in China.

Literature Review

There is a growing interest in and demand for workplace wellness from both domestic and international companies based in China. Employers have recognized the need to address the increasingly poor health of employees, both white- and blue collar (Li & Chen, 2012). Now more companies are offering WHP activities, such as on-site gyms, health prevention programs and screenings, and wellness education and training (e.g., guided meditation, and nutrition and weight management; MetLife, 2017; Rogers, 2016). As such, China represents a rich context in which to study workplace wellness and Western communication theories and concepts. With more employers establishing WHP programs, they can play a more critical role in the battle against stress, chronic illness, and rising healthcare costs (Cigna, 2016).

Workplaces serve as a fruitful setting for health promotion because of the presence of natural social networks, access to a large group of people, and the considerable amount of time employees spend interacting with one another (Hutchinson & Wilson, 2012). WHP programs, also referred to as worksite/workplace wellness programs, "include but are not limited to ergonomic assessments, fitness and nutrition classes, intramural sports programs, stress management courses, and employee assistance programs that offer services such as confidential counseling, life and family resources, and health referrals"

(Farrell & Geist-Martin, 2005, p. 544). Physical, psychological, spiritual, and social health are all part of WHP (Scarduzio & Geist-Martin, 2016).

Previous systematic reviews have shown that WHP helps employees reach their wellness goals and allows organizations to achieve objectives for profitability and productivity (Conn, Hafdahl, Cooper, Brown, & Lusk, 2009). However, employees who have salient health concerns are less likely to participate than those with low behavioral risks (Lewis, Huebner, & Yarborough, 1996). Overall, employees' participation rates are often relatively low (Linnan et al., 2001).

The Problem of WHP Participation

Further studies on employees' perceptions of WHP illustrate that they do not always participate in WHP for both personal and organizational reasons. First, various scholars have noted personal reasons that employees fail to join wellness programs. For example, some workers avoid WHP programs because of confidentiality concerns (Ford & Scheinfeld, 2016; Geist-Martin, Horsley, & Farrell, 2003) and embarrassment (Stainbrook & Green, 1989). Zoller's (2004) study also found that many workers failed to participate in a corporate health program because they lacked time to do so. Linnan and her colleagues (2001) discussed how intrapersonal (e.g., self-efficacy, perceived stress, age) and interpersonal (e.g., coworker support, personalized recruitment) factors determine employees' involvement in workplace wellness programs.

Second, the literature shows that there are organizational reasons that WHP participation remains low. Aspects like cultural diversity (Kreps & Thornton, 1992), internal communication (Nöhammer, Schusterschitz, & Stummer, 2010), and denser communication structures of the organization (Harrison et al., 2011) have been linked to decreased participation rates. In her study investigating employees' reactions to a WHP program, Zoller (2004) found that multiple factors led to low participation in the program, such as the failure to sufficiently target programs to employee needs, the development of divisive gender issues, and the overreliance on disciplinary models of health. Furthermore, problematic implementation, like the evangelic promotion and mandate of workplace wellness that James and Zoller (2017) demonstrated in their study, leads to multiple forms of resistance, such as nonparticipation, questioning, and complaining. Certain workplace wellness initiatives, like using wearable devices to collect employees' and their spouses' biometric data, can also violate organizational boundaries. As Ford and Scheinfeld (2016) noted, this "unsettling" corporate trend might also explain employee participation.

Although research has shown that personal and organizational factors separately influence participation, scholars understand little about how personal–organizational processes affect employees' involvement in WHP programs. Indeed, recent research has shown that employees talk about workplace wellness programs in "dual discourses"—as both personal and organizational (Dailey, Burke, & Carberry, 2018). Thus, we contend here that the relationship between employees and their organization is likely to affect program participation. In other words, involvement is not a function of personal or organizational factors alone, but rather of how an employee perceives his or her organization in relation to himself or herself. These variables, which we label *personal–organizational processes*, deal simultaneously with employees and their employers.

In this study, we explore WHP program participation through two personal–organizational processes: perceived organizational support and organizational identification. Again, these processes may provide a unique understanding of workers' involvement in wellness programs because they are both personal and organizational. In addition, we investigate these processes in China because Chinese employment relationships are strongly influenced by the view that the workplace is like a family (Fernandez & Underwood, 2006). In this patriarchal, non-Western organizational environment, where the workplace is a "second family" (Fernandez & Underwood, 2006), personal–organizational factors are likely to be more salient. Furthermore, studies of Chinese employees have found that long working hours and work intensification have resulted in high interdependence between personal and organizational life (Xiao & Cooke, 2012), which makes the Chinese workplace an ideal context for this study. Because Chinese workers are accustomed to their work and personal lives being intertwined, personal–organizational factors such as perceived organizational support and organizational identification should play an important role in Chinese workers' WHP participation.

Perceived Organizational Support

Perceived organizational support refers to employees' perception of the extent to which the organization values employees' contributions and cares about workers' well-being (Eisenberger, Huntington, Hutchison, & Sowa, 1986). Employee perceptions of organizational support are inherently communicative and usually emerge from day-to-day communication experiences (Leatham & Duck, 1990). More particularly, in their seminal article describing the concept of perceived organizational support, Eisenberger and colleagues (1986) posit that these perceptions of support are constructed through conversations regarding organizational support, positive job-related feedback, support-related messages, and decision-making input. That is, perceived organizational support is continuously shaped by employees' communication with others (e.g., top management, immediate supervisors, coworkers) and with the structures and systems within their work environment. For example, Allen (1995) found that perceived organizational support is strongly associated with dyadic and coworker organizational support-related conversations.

Perceived organizational support is commonly conceptualized as a reciprocal process: Employees who believe their employer is supportive tend to return the gesture with increased loyalty to and involvement with the organization (Cropanzano & Mitchell, 2005). Drawing on the reciprocity norm, numerous empirical studies have found that perceived organizational support leads to a range of positive outcomes favorable to both employees (e.g., job satisfaction and well-being; Rhoades & Eisenberger, 2002) and their organization (e.g., reduced turnover and withdrawal behavior; Saks, 2006). Further studies confirmed the generalizability of these findings to the Chinese employees of multinational enterprises (Newman, Thanacoody, & Hui, 2012).

In the context of WHP in China, employees—who highly value voluntary aids from the organization—may perceive an organization as supportive simply because their company offers a wellness program. In a recent study of employee perceptions of WHP, workers believed that by offering a wellness program, their organization showed how they cared for employees (Dailey et al., 2018). Because a wellness program might communicate that the organization cares, employees might reciprocate that perceived support by participating in WHP initiatives. The following hypothesis is therefore advanced:

H1: Perceived organizational support will be positively related to employees' participation in WHP programs.

However, scholars have argued that behavior is not simply based on reciprocity in the exchange relationship; some aspects of employee–employer relationship are better understood on the basis of self-definition and self-categorization (Eisenberger & Stinglhamber, 2011). Indeed, employees who perceive positive organizational support tend to incorporate organizational membership into their self-identity and perceive oneness between self and organization (Eisenberger, Fasolo, & Davis-LaMastro, 1990). Thus, it is equally important to account for the role of organizational identification—another critical component of organizational life—when investigating employees' perceived supportiveness and WHP programs. We now turn to explain this variable as an important personal–organizational factor in understanding WHP program involvement.

Organizational Identification

Mael and Ashforth (1992) define organizational identification as "the perception of oneness with or belongingness to an organization, where the individual defines him- or herself in terms of the organization to which he or she is a member" (p. 104). The idea behind organizational identification is that people form, transform, and modify their social identities in the process of adopting the norms, values, and behaviors of an organization (Scott, Corman, & Cheney, 1998). Importantly, communication is central to identification, as individuals negotiate their identity and express identification throughout organizational activities (Gossett, 2002; Scott, 2007). For example, employees express their identification through decision-making (Tompkins & Cheney, 1985) and organizational citizenship behaviors (Dukerich, Golden, & Shortell, 2002).

Increasingly, scholars have recognized that organizational identification holds great potential as a theoretical framework for understanding the dynamics within and among organizations, as well as the individuals, dyads, and groups that comprise them (Blader, Wrzesniewski, & Bartel, 2007). For example, studies have shown that when employees are more identified with their organizations, they (1) are inclined to trust others more (Kramer & Tyler, 1996), (2) communicate more effectively with coworkers (Postmes, Tanis, & de Wit, 2001), (3) are more influenced by the organization (Reicher, Haslam, & Hopkins, 2005), (4) take on more organizational social responsibilities (Dukerich et al., 2002), (5) tend to experience social support from other organizational members (van Dick & Haslam, 2012), and (6) are more willing to collaborate with coworkers in order to achieve shared goals (Tyler & Blader, 2003).

Employees who identify with organizations are also more likely to be persuaded of the value of organizational initiatives. As Cheney (1983) noted, "For the identifying employee the fact that his/her organization holds particular premises in high regard makes them more appealing" (p. 353). Thus, identified employees are more likely to "buy in" to WHP programs.

Furthermore, employees may communicate their sense of belongingness to organizations through participating in WHP programs. For example, researchers found that employees who identified with an organization intended to share health information with their coworkers during a WHP initiative (Stephens et al., 2015). Given the social nature of identification, people who strongly identify with their company are

more likely to engage in conversations with coworkers about health information and decisions. Thus, we pose the following hypothesis:

H2: Organizational identification will be positively related to employees' participation in WHP programs.

Additionally, it has been argued that perceived organizational support is an antecedent of organizational identification (Edwards, 2009; Sluss, Klimchak, & Holmes, 2008). Essentially, employees feel obligated to reciprocate organizations' socioemotional support with a socioemotional attachment to the organization. Organizations often fulfill socioemotional needs, such as positive self-esteem, approval, and affiliation (Lee & Peccei, 2007). When organizations fill these needs, they can bolster employees' organizational identification by leading employees to incorporate organizational membership and role status into their social identity (Rhoades & Eisenberger, 2002). This line of reasoning suggests that social identity and social exchange perspectives are not completely separate. Instead, they may be integrated to explain the employee–organization relationship, and hence also employee outcomes. Thus, we argue that organizational identification might intervene in the relationship between perceived organizational support and employees' involvement in WHP programs. The following mediation hypothesis is posed:

H3: Organizational identification will partially mediate the relationship between perceived organizational support and employees' participation in WHP programs.

Method

Participants and Procedure

The authors recruited participants from a pharmaceutical and chemical corporation in a large northern city in China. Similar to many U.S.-based WHP initiatives, the company recently launched a program offering free fitness classes and complimentary on-site gyms. The goal was to boost physical exercise, improve employees' health and well-being, and increase productivity (Society for Human Resource Management, 2016). Specifically, participation in this health initiative was completely voluntary. Employees in this study could visit the gym for 45 minutes in lieu of working, making this an ideal site to explore the role of perceived organizational support and organizational identification in affecting WHP program participation.

Following institutional review board approval, the researchers drafted an e-mail to participants with details about the study and a link to the online survey. A human resources representative forwarded this e-mail to 641 employees at the research center of the corporation's main campus, of whom 207 responded, representing a 32.3% response rate. Three responses were dropped because of nonrandom missing data (Harel, Zimmerman, & Dekhtyar, 2008), so 204 responses were accepted for data analysis.

The participants ranged in age from 24 to 46 (M = 33.35, SD = 5.42). About half (48%) of participants were female (n = 98), and 52% were male (n = 106). All participants were Chinese citizens who read and spoke English. Most respondents had college experience; 58.9% had a bachelor's degree (n = 122), 24.5% (n = 50) had taken some college courses, 18.3% (n = 19) had a master's degree or had taken graduate courses, and 12.5% (n = 13) had completed a PhD/MD. In light of organizational tenure, 48.5% (n = 99) had been at

the organization less than five years, 46.7% (*n* = 95) had between five and 10 years' tenure, and 4.8% (*n* = 10) had worked at the organization for more than 10 years. Although most of the sample's tenure was relatively short (i.e., under 10 years), this low tenure is representative of the Chinese workforce, which is known to have high turnover (Schmitz, Froese, & Bader, 2018; Zimmerman, Liu, & Buck, 2009).

Measures

All questionnaires were presented in English and measured on 7-point scales with the anchors *strongly disagree* (1) and *strongly agree* (7) unless otherwise noted. Larger values for a measure indicate a greater amount of the variable.

Organizational Identification

A six-item measure was adapted from Mael and Ashforth's (1992) organizational identification scale. This measure has been broadly used in prior identification research (e.g., Dailey & Zhu, 2016; Kreiner & Ashforth, 2004). An example item read, "When someone criticizes my organization, it feels like a personal insult." For these six items, *M* = 5.15, *SD* = 0.92, and Cronbach's α = .95.

Perceived Organizational Support

To measure perceived organizational support, a six-item measure was adapted from Eisenberger and colleagues' (1986) Survey of Perceived Organizational Support. A meta-analysis provided evidence for the high internal reliability and unidimensionality of Eisenberger and colleagues' scale (Rhoades & Eisenberger, 2002). Sample items from the scale included, "My organization values my contributions to its well-being" and "My organization strongly considers my goals and values." For these six items, *M* = 4.79, *SD* = 0.74, and Cronbach's α = .84.

Employees' Participation in Workplace Health Promotion Programs

A three-item measure was created for this study to ask specifically about employees' intention to participate in WHP programs. Two items asked participants how much they agreed with the following statements: "I tend to participate in every workplace health promotion program offered by the organization," and "I hope to participate in workplace health promotion programs offered by the organization." Additionally, participants were also asked how much they agreed with the statement, "I participate in health activities not offered by the organization" in order to capture health participation outside of the organization (such as working out in a local gym) instead of at work, and this item was reverse coded.

To ensure the validity of the instrument, we conducted exploratory factor analysis on the three items using principal components analysis with varimax rotation. The outcome showed that all items loaded onto one 3-item factor. Confirmatory factor analysis confirmed that the model including the three items was a good fit to the data: $\chi^2(2) = 91.31$, $p < .01$, CFI = .96, TLI = 0.95, SRMR = .05, RMSEA = .041 (CI: 0.039, 0.043). For these items, *M* = 5.43, *SD* = 0.89, and Cronbach's α = .89.

Control Variables

We controlled for several variables to rule out potential individual difference confounds, including participant age, gender, organizational tenure, education level, and job duties within the organization. Correlation analyses indicated that none of these variables significantly correlated directly or indirectly with the outcome variable (i.e., employees' participation in WHP programs). Thus, we excluded these variables from the mediation model for reasons of parsimony.

Results

Prior to the tests, descriptive and frequency analyses were performed to inspect skewness and kurtosis. The results indicated that all variables were normally distributed. Missing data were present in 12 of the 204 cases, and the variable means were imputed using mean substation to retain all cases (Harel et al., 2008).

H1 and H2 were tested using partial correlations. Table 1 contains descriptive statistics and correlation coefficients. As noted in the table, both perceived organizational support (r = .72, p < .01) and organizational identification (r = .77, p < .01) were positively related to employees' participation in WHP programs. Therefore, H1 and H2 were supported.

Table 1. Summary of Bivariate Correlations Among Main Study Variables.

Variable	1	2	3
1. Perceived organizational support			
2. Organizational identification	0.68*		
3. WHP program participation	0.72**	0.77**	
M	4.79	5.15	5.43
SD	0.74	0.92	0.89

*p ≤ .05. **p ≤ .01.

Test for the Mediation Model

H3 was tested using structural equation modeling (SEM) in Mplus (Version 7; Muthén & Muthén, 2012). Following the recommendations of Hayes (2009), mediation analyses for H3 were performed using SEM and bootstrapping methods. This method leverages resampling techniques to estimate confidence intervals around the magnitude of the indirect effects of the predictor variables on the outcomes (Preacher & Hayes, 2008). Also, this method does not assume normality of the indirect effect and is more powerful and valid than the traditional four-step and Sobel test procedure (Hayes, 2013).

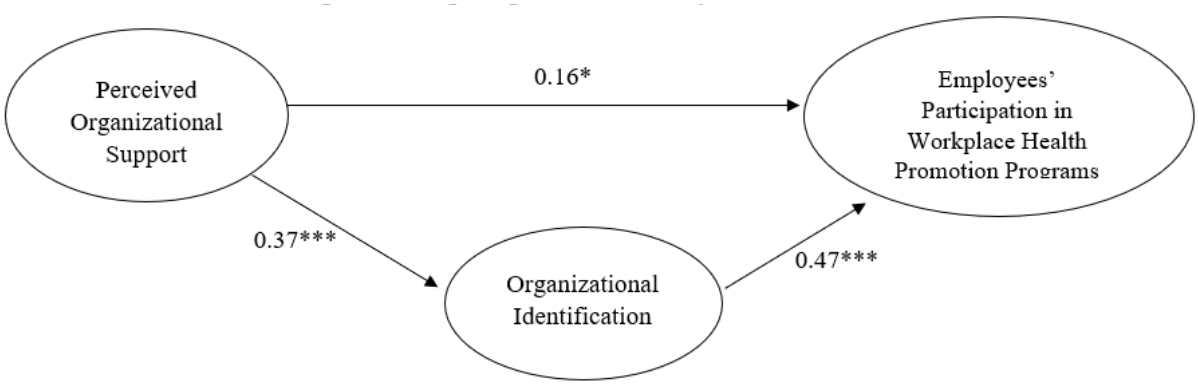
Based on the recommendations of good fit by Hu and Bentler (1999), model fit was assessed using the maximum likelihood chi-squared statistic, where a nonsignificant value indicates good fit of the model to the data. Other fit indices were also reported to show how well the specified model accounts for the data. RMSEA values less than .05 typically show good fit. CFI and TLI indices should range from 0 to 1.00, with

values of .90 and above representing good fit. SRMR and RMSEA have cutoff values of ≤ 0.08 and ≤ 0.05, respectively, which indicate a close model fit (Kline, 2015).

To validate the factor structure of the model in this data set, a confirmatory factor analysis (CFA) was first conducted (Hunter, 1980). Results (eigenvalues > 1.0, varimax rotation) indicated three clean factors (primary loadings = .77–.91; highest cross-loading = .16; variance explained = 47%). Moreover, we tested common method variance by loading all three variables as one single factor. If common method was present, the one-factor model would fit the data well (Harman, 1976). Results indicated that the one-factor model did not fit the data well, which had $\chi^2(5) = 12.01$, $p = .89$, CFI = .54, TLI= .61, SRMR = .31, and RMSEA = .28. Therefore, common method variance was not considered a threat.

Following CFA, results revealed that the structural model was a good fit to the data: $\chi^2(3) = 27.09$, $p < .01$, CFI = 0.96, TLI = .95, SRMR = .06, and RMSEA = .02. The complete model, shown in Figure 1, shows support for H3. A significant direct effect was found between perceived organizational support and organizational identification ($\beta = .37$, $p < .001$), organizational identification and WHP program participation ($\beta = .47$, $p < .001$), and perceived organizational support and WHP program participation ($\beta = .16$, $p < .05$). There was a significant indirect effect of perceived organizational support on employees' participation in WHP program through organizational identification ($b^* = 0.091$, BCa CI: .064, .102, $p < .01$).

In sum, correlations confirmed that perceived organizational support (H1) and organizational identification (H2) are positively related to employees' participation in WHP programs. SEM confirmed that organizational identification partially mediates the relationship between perceived organizational support and employees' participation in WHP programs (H3).



*Note. *p ≤ .05. ***p ≤ .01.*

Figure 1. Indirect effect of perceived organizational support on employees' participation in workplace health promotion programs through organizational identification.

Discussion

This study adds a novel contribution to existing literature by explaining how personal–organizational factors influence employees' participation in a non-Western WHP program. As predicted, perceived organizational support was positively related to organizational identification, and organizational identification was positively related to employees' participation in WHP programs. Furthermore, the model from this research demonstrates the mediating role of organizational identification in the relationship between perceived organizational support and employees' participation in WHP programs. Rooted in social exchange theory, when people feel that their organization cares about their welfare, they feel more connected to the organization and wish to behave in ways that benefit the organization. Furthermore, this study adds to research demonstrating the importance of organizational identification in changing health behaviors (Stephens et al., 2015). When people feel connected to a social group, they respond more positively to health information disseminated by that group. These findings contribute to both theory and practice.

Theoretical Contributions

This study fills a theoretical gap by showing the antecedents leading to involvement in WHP programs. Scholars had previously explained either personal (e.g., embarrassment; Stainbrook & Green, 1989) or organizational (e.g., problematic implementation; James & Zoller, 2017) reasons that employees might not participate in such programs. This study breaks new theoretical ground by exploring processes that are simultaneously personal and organizational, demonstrating that employees' perceived organizational support can promote organizational identification, which in turn may bolster participation in WHP initiatives. Our findings open the door for future work to explore other personal–organizational factors that might relate to WHP involvement, such as the role of organizational social media use or perceptions of work–life conflict.

Moreover, we explored these personal–organizational antecedents to WHP participation in a particularly salient context—a Chinese corporation—where a reciprocal employer–employee relationship is the dominant ideology: Employees who are committed to the organization are more likely to expect organizations to care about their well-being in relation to their job, their family, and their personal life. This is not a stand-alone case. Whereas Westerners often compartmentalize work, family, social interactions, and recreation, Chinese employees approach these as an "organic whole." The boundaries between work and life tend to be much less pronounced in China (Zhang, 2018), and Chinese workers intertwine their work and personal lives to a larger extent than do Western employees (Xiao & Cooke, 2012). Whereas the bulk of communication research surrounding WHP has been conducted in Western countries (e.g., Ford & Scheinfeld, 2016; James & Zoller, 2017; Stephens et al., 2015; Stephens & Zhu, 2016), this study adds to our understanding of how communicative processes shape WHP participation in a non-Western context.

This study also contributes to the understanding of people's intentions to change health-related behaviors (e.g., by attending WHP initiatives). A well-recognized problem in the planning and implementing of WHP programs is how to identify and apply appropriate behavioral change theories (e.g., health belief model, problematic integration theory, and the theory of planned behavior) to overcome behavior change obstacles (Slater, 1999). In addition, many health communication theories are grounded in people's

perceptions of the actual health behavior and how susceptible or vulnerable they feel. Through an organizational communication lens, however, we found that people's intentions toward changing health-related behaviors may not necessarily be associated with actual health concerns (i.e., health salience) as explained by health communication theories, but rather with employees' feelings of belongingness to and perceived support from their organizations—the disseminator of health information and the provider of health promotions (Sloan & Gruman, 1988). Communication researchers may benefit from this study's findings by exploring how supported people feel by those who are disseminating health information, rather than focusing on the health issue or threat itself.

Interestingly, our model of employees' participation in WHP programs also supports prior communication research that has taken an interpretive and critical perspective on WHP. Zoller (2003), for instance, whose research investigated the interrelationships between health promotion discourse and managerial ideology, showed that some respondents participated in a WHP initiative because they believed the company "wants to help employees not get injured" (p. 193). Although Zoller (2003) discussed this finding as a way that WHP operates hegemonically to promote corporate efficiency, her findings align with our model: Employees felt supported by the organization, which strengthened their identification with and participation in the WHP program. For employees who did not participate in the WHP initiative, Zoller (2004) found that employees felt alienated from WHP efforts when they could not provide input into the design, equipment, or location. Thus, the WHP program "led to cynicism and mistrust of management rather than appreciation . . . employees created distinctions between the needs of management and the needs of workers, thus reducing organizational identification" (pp. 288–289). In support of our model, employees did not feel supported by their organization, which decreased their identification with and participation in the WHP program. In sum, not only does this research make a unique contribution to the WHP literature by using organizational communication theory to encourage employees' involvement, but our findings shed new light on prior WHP studies that have problematized this area of research.

Practical Contributions

In addition to these theoretical implications, the current study also holds noteworthy recommendations for managers and practitioners. First, organizational leaders wishing to increase participation in WHP initiatives should be aware of the relationship among perceived organizational support, organizational identification, and involvement in WHP programs. Companies that currently promote health initiatives may operate in a very removed role, simply disseminating information (e.g., "Remember: flu shot Fridays") without pronouns or agency. Our research, however, shows that organizations may achieve greater participation rates if they show employees how they care (e.g., "We're here to help: flu shot Fridays"), because employees will more likely reciprocate this feeling of support.

Second, organizations might take caution when using third-party providers to coordinate WHP efforts. The American Council on Exercise (2012) has reported the new trend of outsourcing workplace wellness programs, primarily for financial benefits. Despite the ease of using a third-party provider, our study shows that there might be danger in contracting WHP services because outsourcing may muddy employees' perceptions of organizational support. Employees might think that instead of dedicating the time

and resources to their workforce, their company is handing off the WHP "burden" to an external firm. Although our study did not specifically explore third-party providers, it stands to reason that employees might not feel as supported by their organization if their organization is not the entity providing wellness. Without feeling a reciprocal relationship of support and care, our data suggest that employees might not be as apt to participate in outsourced WHP initiatives. Thus, despite the cost savings, organizations should carefully consider using third-party wellness programs. We also challenge organizations to consider their organizational practices, like overwork, that might be contributing to health problems and take a more proactive approach toward strengthening employees' health.

Limitations and Conclusion

While the current study holds several implications for theory and practice, there are also limitations that must be mentioned. First, this study is based primarily on surveys and may be subject to common method bias (Conway & Lance, 2010). By relying on these self-report measures, participants may have failed to report their attitudes and health-related behaviors accurately, due in part to social desirability effects (Ganster, Hennessey, & Luthans, 1983). Social desirability tendencies are known to act as a precipitating agent of common-method bias (Podsakoff, MacKenzie, Lee, & Podsakoff, 2003). Individuals tend to overreport positive descriptions of their thoughts and behaviors and underreport any thoughts and behaviors that could lead them to be perceived more negatively by others. Therefore, more vigorous approach of data collection should be used, such as mixed methods (Greene, 2007). For example, additional work in this area should incorporate qualitative data that contextualize these results regarding the mediating influence of organizational identification on the relationship between perceived organizational support and WHP program participation. Future studies should also measure these variables longitudinally and experimentally to investigate interactive patterns in communication, identification, and employees' participation as WHP programs are implemented.

Second, it is important to note that SEM cannot predict direction and confirm causal dependencies between endogenous and exogenous variables (Hoyle & Smith, 1994). Relevant variables can also exert reciprocal influence rather than expecting causality to flow exclusively in one direction. It is possible, for example, that WHP program involvement increases employees' positive beliefs and attitudes about the organization. Future research should experimentally test predictors of wellness program participation.

Third, we collected data from only one organization in China. Thus, generalizing the findings to other contexts may be problematic. Future research should use a broader sampling frame and consider different cultures and workforces, particularly those with more variable work–life interrelationships. Our sample primarily consisted of knowledge workers. Other workforce settings, like manufacturing, face different occupational health issues that may be associated with other reasons for WHP program participation.

In conclusion, this study fills a gap in the research by theoretically investigating the personal–organizational factors that predict employees' WHP participation in China. By relying on social identity theory and social exchange theory, findings demonstrate the mediating role of organizational identification. This model is among the first to explain how both personal and organizational factors explain WHP program

participation and therefore serves as a useful framework for future health promotion research exploring the growing trend of WHP.

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