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Employees' experiences of participating in a workplace supported weight management service: A qualitative inquiry

Abstract

Purpose: This study explored Public Health employees experiences of participating in a commercial weight management programme funded through their employers over a 12 week period.

Design/methodology/approach: Semi-structured interviews were conducted with 28 employees who had participated in the programme (group-based or online).

Findings: The main motivators for enquiring about and attending the programme were: the offer to attend the programme free of charge, the opportunity to kick start their weight loss efforts, to take part in an academic research study, and the opportunity for 'shared experience's' with their colleagues.

Practical Implications: Employers should facilitate their employees efforts to lead a healthier lifestyle in the long-term creating employer health and safety policies that actively encourage healthy living and weight management. Improving employee health can contribute to increasing productivity, reducing stress and absenteeism.

Originality/value: This paper presents a novel approach to facilitating employees weight management. Employees perceived their employer supported participation in a commercial weight management programme outside of their work setting as a positive experience that assisted their weight management efforts suggesting the acceptability and feasibility of this approach to addressing weight in the workplace.

Keywords: *Weight management, workplace, qualitative inquiry, employee health promotion*

Introduction

The Health Survey for England (HSE) results for 2016 showed that 26% of men and 27% of women aged 16 and over in England were obese, and a further 40% of men and 30% of women were overweight (HSE, 2016). Obesity is a serious and increasing public health issue both in the UK and across the world (Widhalm and Fussenegger, 2005). Not only is it associated with numerous comorbidities (Must et al., 1999), but it is also related to negative emotional and psychological consequences such as depression and low self-esteem (Santoncini et al., 2012; Wright et al., 2013). Recent work with obese adults has shown that as well as providing positive health benefits, significant weight loss is associated with improved emotional wellbeing and health related quality of life (Wright et al., 2013).

The current UK government aims to achieve a sustained downward trend in the number of people who are obese by 2020 (Department of Health, 2011). Being obese has an impact not only on an individual basis but also in the wider community and economy. The estimated NHS cost attributed to overweight and obesity in 2014-2015 was £6.1 billion and is projected to rise to £9.7 billion by 2050. The estimated costs of overweight and obesity to wider society is estimated to reach £49.9 billion by 2050 (PHE, 2017).

It has been suggested that employers play a key role in addressing obesity and should attempt to address this in the workplace given the potential financial implications (Heinen and Darling, 2009). The workplace is an important setting for promoting health-related opportunities to employees (Academy of Medical Royal Colleges, 2013; DoH, 2011; Gortmaker et al., 2011). Obesity can contribute to a number of long-term health conditions and evidence reported in the recent DWP green paper 'Work, health and disability – Improving Lives' (DWP, 2016;

<https://www.gov.uk/government/consultations/work-health-and-disability-improving-lives>) suggests sickness absences' cost employers £9 billion a year. Supporting employees with chronic health conditions is important for workplaces. Addressing weight management (WM) should be a key consideration when addressing long-term health conditions given that overweight employees are more likely to have higher absenteeism; encounter difficulties with using equipment or seating; and be less able to cope with the physical demands of their employment (HSE, 2012).

A small amount of evidence suggests that WM interventions in the workplace involving education and counselling, elements of dietary and physical activity behaviour, can produce short-term (Benedict and Arterburn, 2008; Verweij et al., 2011) and long-term improvements in body weight (Scroggins et al., 2011). One study more recently suggested the value of using an evidence-based, commercial WM programme in the workplace as a viable approach to promote employee WM. The 12 week programme resulted in positive weight loss and psycho-social outcomes (Barber et al., 2015). A systematic review evaluating randomised controlled trials of workplace WM interventions supported their potential identifying a small number of interventions that produced clinically significant changes in up to 12 month follow-up periods (Weerasekara et al., 2016). This review went on to suggest further research is needed to establish key features of effective workplace WM interventions, to evaluate success in different workplace settings, different areas of the world and employing different types of interventions (Weerasekara et al., 2016).

There is little known about the value of workplace assisted WM whereby employees are funded to attend existing WM outside of work. There is a need for further exploration of workplace supported WM and health promotion interventions

to allow for the identification and development of best practice (Quintiliani *et al.*, 2010). Further exploration of workplace supported attendance at external WM programmes will allow consideration of whether this is an acceptable, feasible and efficacious approach.

A commercial provider was commissioned to provide the WM programme that employees in the current study were referred to after successfully winning an open tender. Evidence supports the short-term (i.e. 3 month positive weight related outcomes: Stubbs *et al.*, 2015) and long-term effectiveness of this WM programme provider (i.e. weight loss persisting in the 12 month follow-up: Lavin *et al.*, 2013). Given the need to consider other approaches to WM interventions in the workplace (Weerasekara *et al.*, 2016) the current study explored employees' perspectives towards their workplace funding their participation in an online or group-based WM programme for a 12 week period. This qualitative study inquired about participants views towards being referred to the WM programme through their workplace, participation in the programme and long-term outcomes following their participation in the programme.

Method

Participants and Recruitment

A purposive sampling method was used to recruit employees who participated in the WM programme supported by their workplace. Participants were recruited who consented to be contacted to complete an interview regarding their experiences of either the online or group-based version of the commercial, external WM programme over a 12 week period. Employees had the choice from their workplace whether they wanted their employees to support their attendance at the group-based or online WM

programme for the 12 week period. Recruitment continued until no further themes were emerging in the data analysis process and it was decided data saturation was reached. A total of 28 employees were recruited, 20 who participated in the group-based version of the WM programme and eight participated in the online version of the programme.

Procedure

Full ethical approval was obtained from Leeds Beckett University (LBU) Ethics Committee. Interviews were conducted 6-12 months after participants had completed the group-based or online programme. Enrolment vouchers were supplied to participants covering the costs of standard group or online membership for 12 weeks (employees chose which option they wanted to participate in). Participants who consented to be contacted by a LBU researcher were contacted via email post-attendance of the programme, and a time was arranged that was convenient for them to complete a short telephone interview. Interviews lasted between 15-30 minutes. Upon verbal consent of the participants' all telephone interviews were recorded with a digital voice recorder.

A semi-structured interview guide was designed to consider the acceptability of the WM intervention to employees'. Questions explored participants views towards the role of employers in facilitating employees WM efforts, the referral process; why participants engaged in the work supported WM programme; their experiences of the programme (i.e. the group-based or online that they personally opted for); what they gained from their participation in the programme; and whether they continued their WM efforts post attendance. The flexibility in the semi-structured interview guide allowed for issues that were brought up by participants related to their experiences of attending the commercial WM programme funded by their workplace (i.e. for 12

weeks) to be further explored in order to gain a greater depth of knowledge (Sparkes and Smith, 2014).

Analysis

Interviews were transcribed verbatim. All transcripts were imported into NVivo (Version 10, QSR International, Melbourne, Australia) to facilitate the coding and analysis process. Thematic analysis was carried out following the framework approach (Ritchie and Spencer, 1994). The five distinct, yet inter-related, stages of this approach are:

1. Familiarisation – immersion in the raw data, reading transcripts and listening to recordings to allow emerging themes to be identified.
2. Identifying a thematic framework – identify key themes and concepts that relate to the aims and objectives of the research. In line with the framework approach an initial framework was developed and organised around broad categories of why participants engaged, the strengths and weaknesses of the approach, what they gained from participation, and whether they continued their WM efforts and health behaviour changes.
3. Indexing – applying the thematic framework to the transcripts.
4. Charting – rearranging the data according to the appropriate part of the thematic framework to which they relate, and forming charts.
5. Mapping and Interpretation – using the charts to define concepts, map the range and nature of phenomena and find associations between themes with a view to providing explanations for the findings.

Results

Semi-structured interviews were conducted with 28 participants. Eight participants took part in the online intervention (29%) and 20 attended the group intervention

(71%). Twelve participants went on to complete a further 12 weeks that they funded themselves and left after this period. Out of the 28 participants interviewed, 24 completed the 12-weeks funded by their workplace – the four participants who dropped out were all participants of the online version of the programme. Of the participants' interviewed 25 were white females (89%) and three were white males (11%). No male participants opted to take part in a group intervention and instead opted for the online programme.

A synthesis of the key themes and sub themes related to the online programme are displayed in Table 1 and to the group-based programme in Table 2. Key themes and sub themes are supported by example quotes and n values to display how frequently each emerged.

<INSERT TABLE 1 HERE>

Strengths of online WM programmes for employees

Convenience and flexibility of completing WM programmes online

The major reason participants voiced for choosing the online WM approach was that it was convenient and they could fit it around their other commitments e.g. children, work schedule. Participants liked the flexibility that the online programme offered. It meant they could complete their weigh-ins and access the information such as recipes on the site at suitable times for them,

“I didn’t want to feel restricted as everything is unpredictable in my world... with kids you never know what’s happening from one evening to the next so the flexibility of doing it online worked perfectly for me.” (Participant 3).

Complete online WM programmes autonomously

Participants who opted to complete the online WM programme perceived a weight loss journey as 'a personal experience'. They suggested they were not keen to speak about their weight loss journey with other people. Online participants perceived this option allowed them to complete the WM programme autonomously and have complete control over when, where and how they engaged with the programme. This online option accommodated for individuals who communicated they did not feel comfortable in a group context,

"It's quite a personal thing for me, trying to lose weight... I like to just do it on my own, get in a zone and get on with it." (Participant 1).

Self-monitoring and visual tracking of food intake and weight changes

Participants suggested the strength of monitoring their daily food intake online was that it allowed them to keep on track and make conscious decisions over their food choices,

"Monitoring your food and recording it immediately just makes you more aware and conscious of what you are putting in your mouth." (Participant 5).

Participants felt the plotting and visually seeing weight changes on their graph was useful to see their progress. They suggested they used this self-monitoring of their weight changes as a motivational tool,

"Visually seeing my weight go down just motivated me to want to try harder." (Participant 3).

Emails as a prompt for weekly weigh-ins

Participants suggested it is a helpful prompt to receive encouraging emails and reminders for their weekly weigh-ins,

“The little emails were good they just helped to remind me to keep focussed.”

(Participant 8).

Negatives of online based WM for employees

No familiarisation/induction process

Participants felt online support for WM should include a consultant or mentor who could have initially guided them through the content and familiarise them with the online programme. They suggested it took time to navigate around the website making it more time consuming than they had anticipated. Participants voiced this as a contributing factor to them disengaging before the end of the 12 weeks that their employer had paid for. Participants emphasised an induction process familiarising them with the content and navigating themselves through the online WM programme would have helped to overcome this,

“It wasn’t simple to find what you wanted so it took time to get use to really it would have been a help to have someone to get you started and go to with issues related to using the online site.” (Participant 6).

Lack of content promoting Physical Activity

Participants perceived that the content of the online WM programme focussed largely on the eating plan and that there was little content that encouraged and motivated them to increase their physical activity levels. Participants emphasised PA education, promotion and motivation for PA was a key feature missing from this commercial online WM programme,

“I would have liked more in the way of content to give me ideas and motivate me to get more active. I think this is just as important as the eating plan.” (Participant 1).

Impersonal feeling to online WM

Participants of the online programme felt the reminder to re-log in after a period of disengagement from their online programme was negative and felt quite threatening. Participants perceived this as demotivating and did not encourage them to re-engage. They believed a positive framed message would have been more successful at re-engaging them. For example, an online mentor could have expressed concern over them not logging in and encouraging them to comeback. Participants’ perceived this approach would have been more motivational and led to them wanting to continue,

“I think the messages to encourage you to log back on need to be more positive as I thought they were quite negative and think they can put you off logging back on cause you feel a bit guilty.” (Participant 2).

No point of contact

Participants of the online WM programme perceived it would have been useful to have a real life mentor and personal contact with a WM provider who could be contacted with any queries and to re-motivate them when they were suffering from low motivation. They perceived this absence of a personal element, a physical support network made it difficult to maintain motivation in the long-term,

“I do think some type of personal contact would help push you more, you know get the best out of yourself and keep your motivation up more than just being online.” (Participant 1).

As part of the online WM programme participants suggested an online support group might have been a solution to address feelings of a lack of support. This could have

offered the personal support they suggested was needed in periods they were struggling for motivation. Participants emphasised 'similar others' on the same journey of trying to lose weight could provide advice and inspiration to keep going,

"I think being able to chat to other members online would really help and be convenient just in those times when you might be feeling like you can't be bothered..." (Participant 5).

Need for content detailing psychological behaviour change strategies/skills

Participants felt more content around the 'how to' element of making health behaviour changes would have been useful actually gaining knowledge around 'how to' go about making and sticking to health behaviour changes. These views parallel those of participants who attended the group sessions. They felt that rather than group discussion around members' personal experiences of weight loss it would have been beneficial talking about behavioural skills/strategies that could have helped in the process of making behaviour changes,

"It's the 'how' to make and stick to the change that I struggle with (laugh)... I think a lot of people are the same so giving some tips on that would have been really good." (Participant 8).

<INSERT TABLE 2 HERE>

Strengths of group-based WM programmes for employees

Easy and quick referral process to group-based programmes

All participants' emphasised that the process of getting referred to their local group from their employer was quick and simple. Participants identified that from the point they initially expressed their interest in taking part to a contact at work, to then being

put in contact with their local group leader and attending their first session was a very smooth and efficient process,

“It was very easy to get a referral onto it it all happened so quickly which was good as these things usually take forever so there was good links.” (Participant 16).

Options to attend different group sessions

Participants’ expressed flexibility as key in that if they could not make their usual group session one week they did have the opportunity to attend numerous other group sessions in their local area. This was recognised as a positive as other commitments can crop up and there needs to be a degree of flexibility given people’s busy lives,

“I think you need flexibility in groups like this as when you have a busy work and family life you need other options if you can’t make your regular session. “ (Participant 17).

Employer WM provision provided a cue to action weight loss intentions

Participants suggested hearing from another employee of the opportunity to get involved in a WM programme for free was their cue to take action. They suggested ‘wanting to lose weight’ was something they already had in their minds and this incentive prompted them to take action,

“I think this is the way it should be I mean your workplace is where you spend a lot of time so it should be encouraging and helping you to be healthier.” (Participant 9).

Positive perceptions of Facebook support forums for WM programmes

Participants deemed it a positive where the group leader had set up a Facebook group page. Participants perceived this provided the opportunity to discuss their progress during the week between classes. They suggested it was particularly useful tool to ‘seek out support’ on days when they were struggling to stick to their healthy eating

as they could chat to other members who offered words of encouragement to 'stick with it',

"It's nice to have that added extra cause sometimes you just need a pick me up you know someone to say keep going and most of us have our phones and facebook apps available to us all the time so why not use it to help." (Participant 21).

Perceptions of the WM facilitator key factor

Across participants, they perceived that a WM facilitator who was positive, approachable and did not make them feel judged facilitated their attempts to lose weight. Participants suggested these traits of the leader made it easy to build up a trust and rapport and lifted their motivation when they were having a down day,

"You could always rely on her for some words of encouragement if you were struggling. She was very giving and you could tell she cared like she would check up if I hadn't been the week before because of work commitments... that matters though cause I didn't want to let her down." (Participant 24).

Positive outcomes aside from weight loss

All participants expressed that they had achieved other outcomes they valued equally to weight loss including developing a new friendship network supportive of health behaviour changes and coming closer to colleagues that also got involved. Participants valued these extended outcomes over and above their weight losses given that they now socialised outside of the group with friends they had made and had developed a strong friendship network that enhanced their social life,

"I joined as I was in a new area and thought it might be a good way to meet people and lose a bit of weight... and I now have friends who I made there despite the weight loss not being as I might have wanted (laughs)." (Participant 19).

Ongoing members provide useful tips to new members

Participants' felt tips they gained from existing members facilitated their weight loss efforts. The feelings of this 'shared experience' and 'being in this together' were communicated as highly motivating in times they were struggling in their personal weight loss journey,

"We all spurred each other on you know we are going through the same thing so we all helped each other and sometimes particularly if someone had been there longer it was always good to get a few tips off them (laughter)." (Participant 13).

Changed perceptions of what is healthy eating

Participants' expressed they reset their idea of what healthy eating is and altered their attitudes towards what they perceived healthy eating to be. Prior to attending the programme they perceived the key to weight loss was to try and consume as little food and as small portions as possible. Whereas attending the WM programme highlighted to participants for long-term and realistic changes it is important to feel satisfied through eating more of the right foods to provide the vitamins and minerals your body needs,

"It made me rethink eating healthy... like I no longer think I need to starve but its more about feeling satisfied with what you eat and that it is healthy foods and fresh.. I'm cooking a lot more from fresh." (Participant 17).

Availability of WM resources

Magazines provide motivational success stories

Participants perceived magazines as a useful source of motivation. All participants emphasised that the stories of 'real' people achieving their target weights and maintaining this in the long-term were a strong source of motivation and inspiration,

“Seeing someone else’s weight loss keeps you motivated, you think that could be me.”

(Participant 11).

Positive receipt of recipe books

Participants spoke positively about the recipes being tasty and easy to cook whilst not being too costly. A key strength of the recipes was that the whole family enjoyed the recipes so it fitted in with their family lifestyle. Participants’ bought the recipe books and used these regularly even after they completed the programme,

“The recipes were great and the whole family ate them so no need to cook different meals for myself.” (Participant 13).

Weaknesses of group-based WM programmes for employees

Negative perceptions towards group discussion – repetitive nature

Participants felt the group discussion section of their weekly WM session often was dominated by more vocal members who would go off tangent and tell stories that were not relevant or helpful which was deemed as time wasted to the other group members. To overcome this, participants felt focussed discussions each week would have been more useful, example topics voiced included psychological techniques to enhance motivation, physical activity focussed, overcoming barriers to weight loss,

“Sometimes I felt like the louder people just dominated it and they weren’t even talking about losing weight some of the time, just venting (laughter)... it did feel like it was a bit of a waste of time.” (Participant 13).

Perceptions of the group atmosphere influential to participant engagement

Participants who expressed negative experiences of the group setting also identified they did not engage whole-heartedly with the programme. Participants who witnessed

members being negative towards another group member and/or groups being 'cliquey' with existing members made them feel like an outsider,

"I felt a bit like the group was a bit cliquey so I never really felt involved so I did choose to leave after the 12 weeks." (Participant 15).

Initial session perceived as intimidating

Participants felt anxious and like an outsider going to the first session. They expressed that having an induction session that first week could have reduced these feelings whereby a WM consultant or existing member is assigned to meet you and walk you through the first session and what will happen,

"I didn't really know what to do when I first went or who to speak to and I was a bit nervous ... I think someone just being there to meet you and accompany you for that first session would help." (Participant 15).

Limited support for members post achievement of target weight loss

Participants' expressed disappointment in the absence of a long-term support plan from their workplace and in the group once a target/goal weight was achieved,

"I think you need to have more support when you reach your target weight cause you still need to have support to stay motivated as it is difficult you know with all the temptations around us to revert to unhealthy eating or habits again" (Participant 18).

Group comparison element can be a demotivating factor

Participants perceived it to be demotivating when comparing themselves to others who lost larger amounts of weight. Participants described feelings of failure in comparing themselves to other members who were losing weight at a quicker rate,

“I did feel a bit deflated when there were others losing like over 3 pounds in the week and mine was only one or half a pound ... I was like wondering maybe this isn’t for me.” (Participant 17).

Little focus on Physical Activity and its role in WM

It was a common feeling across participants that there should be an equal focus placed on increasing PA behaviours as was on healthy eating. Participants valued PA not just from a weight management perspective but for promoting general good health given the other potential positive health benefits e.g. improve mood, reduce stress, reduction in blood pressure,

“There was a bit more they could have done to promote being active or giving you tips because I think that’s important for your health even if you don’t lose weight.” (Participant 10).

Importance of the WM facilitator’s personality and qualities for members’ commitment and success

Participants emphasised the importance of certain qualities of the WM leaders that facilitated their weight loss including being firm but fair, friendly, approachable, genuine in their passion for their members to do well and non-judgemental,

“The leader was great I didn’t feel like I was being judged and felt comfortable to approach her if I had any questions which was a big thing for me... I think she had the right balance of being friendly and not being too serious but serious enough you trusted she knew what she was talking about.” (Participant 14).

Learnings for workplace supported WM programmes

Work site based WM programmes set up

Participants emphasised WM and health behaviour change interventions run in their work environment would be a positive step. They suggested this would offer an inbuilt strong support network in the form of other colleagues. Participants felt this would have removed the barriers of trying to fit WM attendance in around work as it could have been conveniently run in a lunch hour for example,

“I would have liked some kind of weight loss programme at our work site... I mean I think a few of us would have liked that as I think there is a lot of us who would have made the effort to go maybe at lunchtimes and that would also make it convenient for people who could not attend a programme outside of work or work hours.” (Participant 12).

Need for personalised goals

All participants joined the programme with the primary aim to lose weight. Yet once engaging in the process they perceived having health-focussed goals was more conducive to sustaining their motivation towards WM in the long-term.

Option for one to one support

Participants felt the option for one to one sessions on weight loss and health behaviour changes in work places would be useful for employees, particularly those who are not comfortable in a group WM programme setting. Participants perceived this would have provided an opportunity to receive more personalised guidance,

“I think a mentor would be useful to motivate you to be healthier and to keep trying as sometimes you do just feel like giving up.” (Participant 11).

Positive reinforcement messages online/via text as motivational cues

Participants suggested texts, emails or online motivational reminders and positive reinforcements for health behaviours would have been useful prompts/cues to keep

you focussed on the long-term goal in motivational dips during the week or when they missed a week,

“Everyone is always on their phones so why not use it as part of the weight loss programme just to motivate people to keep going little messages could just be little reminders and make the difference of you having that extra piece of cake (laughter)”
(Participant 1).

Provision of WM through the workplace

Workplaces should offer sustained, incentivised access to employee WM and healthy lifestyle related activities via similar schemes

Participants emphasised that as public health staff they should be role models to the general population for ‘healthy lifestyles and healthy weight’. Participants highlighted that employers have a role in providing continual support for healthy living initiatives (e.g. incentives to get involved in WM & healthy lifestyle initiatives’),

“We need to be role models if we are working in public health so I think public health do need weight management or health promotion offers for staff to engage with so we can provide role models to other organisations.” (Participant 12).

Participants felt public health employers could lead by example for other companies creating workplaces that provide long-term support for the health and wellbeing of their employees,

“I think it would be an idea to give us incentives to attend health promotion events and programmes I think you would get more people involved that way... I don’t even think they would need to be huge incentives even for example flexible starting time and finishing times and things like that would make people more enthusiastic.” (Participant 5).

Use of the Intranet is a positive approach to health promotion initiatives

Participants were made aware of the opportunity to get involved in the WM programme through the organisation's intranet facility. This was deemed as a positive promotion medium for such activities as all staff frequently visit the intranet site for staff news and updates,

"I found it really easy to sign up on the intranet so I think we all do look at it regularly and it's a good way to advertise it... they should use it more to promote healthy lifestyle events and activities for staff as I think it's the best way to get interest." (Participant 1).

Promotes 'togetherness' among employees

Participants recognised the positives of getting involved in the WM programme together as they could all push each other. Participants suggested an unintended outcome could be a positive influence on team moral as staff feel closer together having this shared weight loss experience,

"I think a more work based weight management programme would have had added value as it would have brought us together more as a team which can only be a positive." (Participant 14).

Discussion

The present study explored employees experiences of participating in a workplace assisted WM programme. Participants described it as a positive WM experience that they felt employers, particularly in the public health workplace should commit to support in the long term. They believe this would facilitate employees to act as positive role models for healthy living and WM to their family, friends and the general public thus having wider implications for public health.

The participants perceived WM as a lifelong journey and challenge they would constantly face as it has been described in previous qualitative research (Rogerson et al., 2016). Ideally, they felt they needed the sustained support of a WM programme to maintain their efforts. However, the cost of attending weekly sessions was perceived as a barrier to remaining in the group beyond the 12 weeks that had been funded through their employer. Participants perceived they could not justify the cost over the long-term given other financial priorities.

A recent systematic review of adult lifestyle WM approaches conducted on behalf of the Department of Health identified a number of factors associated with weight loss and maintenance (Sutcliffe et al., 2016). A key factor contributing to successful WM is considered to be developing supportive relationships with the providers of WM. Findings in the current research are in line with this suggestion given that participants who attended the group-based programme felt the non-judgemental and friendly approach of the WM facilitator was motivational and enhanced their weight loss efforts. Furthermore NICE (2016) WM guidelines state the need for a non-judgmental and respectful approach to WM.

Alongside the importance of the support from the WM facilitators, support from similar others was seen as a consistent motivator for successful weight loss parallel to previous research findings (Herriot et al., 2008). The social bonds formed with other participants was voiced as a reason for participants' sustained engagement and perceived success on the programme. Previous research has continually emphasised the importance of the support mechanisms provided by WM Programmes over educational components in contributing to participants' success (Ahern et al., 2013). In line with these previous research findings participants emphasised the support offered by the group context and sharing similar

experiences over the programme content that was the major contributor to their success. Evidence here suggests creating a network of support for WM and health behaviours would be a useful strategy to make the workplace more supportive of health behaviours.

Regular weight monitoring has been reported in previous qualitative studies as a highly motivating element of attending a WM Programmes (Doyle and Shaw, 2012, Hunt et al., 2013). Participants' views here support this finding as they suggested the knowledge of having a weekly weigh-in acted as a motivating factor to maintain their efforts to eat healthily throughout the week. In line with previous research findings participants felt that the self-monitoring of their food intake was another key factor contributing to their successful weight loss efforts (Rogerson et al., 2016).

Previous research has identified the perceived negatives of group-based WM programmes as the potential embarrassment of group weigh-ins and raising sensitive issues in the group discussions (Ahern et al., 2013, Atkinson et al., 2010). A small number of participants did suggest this had been an issue for them and that they would have preferred the option of one to one sessions with the WM facilitator to allow them to raise any issues they did not feel comfortable discussing in the group situation. Attending WM programmes can be a daunting experience thus it is important to create safe, non-judgemental environments so participants feel safe to divulge information (NICE, 2016). This learning should extend to employers who should aim to create workplace environments that are non-judgemental and support employees in their WM efforts and to make health behaviour changes.

In relation to using online WM programmes, participants' were drawn to the ease, convenience and flexibility of access. Participants felt with their busy lifestyles that having the option to log on 24 hours a day at your own convenience to access the

content, report weekly weigh-ins and record food intake were all key to allowing flexible participation given their other commitments. However, it was clear that participants missed that personal element and contact that they would have got from attending a group. This could explain why the majority of participants' disengaged from the online programme prior to completion of the free 12 weeks. Participants suggested having a small amount of support from a leader might have improved their success and engagement with the programme content. Research concurs with participants' views suggesting that a small amount of professional support can improve associated outcomes of e-health interventions (Kodama et al., 2012).

Implications for Practice

Employers should consider options for enabling overweight employees to attend WM programmes outside of work. They should assess the potential for different strategies that support employees to maintain contact with WM programmes over the long-term. This could assist employees in their sustained efforts to manage their weight and adhere to health behaviour change efforts. This could have positive implications for employers due to the associated benefits of improving employee health and wellbeing outcomes i.e. increased productivity, reduced absenteeism, increased presenteeism associated with improved health and wellbeing outcomes.

Workplace policies should openly encourage healthy lifestyles and facilitate employees to lead healthier lifestyles in order to accelerate change in work place organisations and help employees manage their weight and health (Heinen and Darling, 2009). Public organisations can serve their own benefits by encouraging WM. Health care employers should particularly aim to encourage healthy living and WM initiatives given the potential they have to act as role models to the general public (Heinen and Darling, 2009). Workplaces need to consider WM options that

attract a more diverse employee population as offering a commercial WM programme seems to particularly appeal more to white females. Workplaces should explore alternative methods to promote WM in the work place. Online platforms promoting weight loss in the workplace should be considered given employers clear engagement with the staff intranet facility in the current study to gain referral onto the WM programme. Initial guidance and support is likely to be key to engage participants alongside being theory based, personalised WM support and advice, self-monitoring tools for PA and dietary behaviours and the option for a peer support group forum to increase the likelihood of success of an online-based programme.

Implications for Research

Further research is needed with diverse populations to see if similar findings are reported in different population groups and to assess what type of WM and health promotion interventions appeal to different demographic groups e.g. males. Further research is warranted to uncover the type of support (e.g. financial support/incentives to attend WM programmes), on site WM support, organised health activities for staff (e.g. exercise classes) it would be most cost-effective for workplaces to invest assistance in in terms of return (i.e. improved health outcomes of employees, reduced sickness absences, improved productivity). Research needs to explore the value of online programmes and how they can be improved to enhance the users' experiences and engagement.

Limitations

This study cannot explore the reasons why some overweight employees choose not to take up the opportunity to attend. Future qualitative research with non-engagers

would allow us to explore why employees might not engage in free access to WM programmes support and consider alternative strategies to promote WM.

A limitation of this qualitative study was that the majority of participants interviewed completed the group-based programme. Therefore, themes that emerged in relation to the online-based programme are a reflection of only eight participants' views.

Furthermore, the key themes that emerged reflect the views of largely white females who formed the majority of the sample thus are not reflective of a diverse sample.

This again raises concerns about whether commercial WM Programmes are acceptable to men, as they are generally run by and attended by women (Jebb et al., 2011). As with other weight loss studies (Counterweight Project Team, 2008; Jebb et al., 2011, Truby et al., 2006), the present study had more female participants and the only male participants' who participated in the qualitative interviews had opted to complete the online programme.

Participants were all interviewed 6-12 months after completion of the WM programme to allow inquiry about whether they felt participation in the WM programme had resulted in any long-term outcomes. However, it is recognised this might have affected their memory and recall of their experiences that may not have been as clear as if they had been interviewed immediately at the end of the programme. However, the positive of this delay in interview time is that it offered the opportunity to consider whether participants had been successful in maintaining their weight loss post attendance.

Conclusion

This qualitative exploration uncovers largely positive experiences of employees in an employer assisted WM programme suggesting the acceptability and feasibility of

workplace supported and inscentivised (i.e. funded attendance for a short-term time period) participation in WM programmes outside of the work context. Thus this approach to WM in the workplace should be considered as a potentially efficacious option to facilitate employees in WM efforts. Employees suggested there should be continual WM support offered through work places particularly in the public health context. This would allow them to commit to WM in the long-term and provide positive healthy role models to the public.

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