

# For Better or For Work: Dual Discourses in a Workplace Wellness Program

Management Communication Quarterly  
2018, Vol. 32(4) 612–626  
© The Author(s) 2017  
Article reuse guidelines:  
sagepub.com/journals-permissions  
DOI: 10.1177/0893318917746018  
journals.sagepub.com/home/mcq



**Stephanie L. Dailey<sup>1</sup>, Tricia J. Burke<sup>1</sup>,  
and Emmalene G. Carberry<sup>1</sup>**

## Abstract

Despite the ubiquity of workplace health promotion (WHP) programs, research has yet to address how employees make sense of the various meanings surrounding free wellness time at work. Through interviews with 30 participants of a workplace wellness program, this study uncovered organizational and employee discourses surrounding health at work. In sharing their health narratives, employees drew on dual discourses, expressing multiple meanings in the program's rationale, workers' participation, and the results of workplace health initiatives. Our findings contribute to WHP literature by proposing workplace wellness programs as a site of struggle, drawing attention to the role of agency in WHP participation, extending managerialism in WHP outside the corporate setting, and connecting workplace wellness scholarship to the meaning of work and work–family policy research.

## Keywords

workplace health promotion, organizational wellness, paid wellness leave, organizational communication, employee perspectives on health, health narratives, discourse

---

<sup>1</sup>Texas State University, San Marcos, TX, USA

### Corresponding Author:

Stephanie L. Dailey, Texas State University, 601 University Drive, San Marcos, TX 78666, USA.  
Email: Dailey@txstate.edu

Approximately half of U.S. employers offer wellness initiatives (Mattke et al., 2013), which include diet and exercise classes, health information screening and education, and employee assistance programs. Researchers have approached the subject of workplace health promotion (WHP) from various perspectives, revealing multiple benefits (e.g., Parks & Steelman, 2008) and problems (e.g., James & Zoller, 2017) with wellness programs. Because WHP activities are now a common feature in the organizational landscape, scholars must not only praise and critique programs' effectiveness, but also recognize how employees communicatively experience and make sense of WHP. Unfortunately, we know relatively little about workers' perspectives concerning workplace wellness.

Of the work exploring workers' perspectives toward WHP initiatives, studies have revealed that employees view wellness programs differently than management when WHP initiatives take place outside of work (Farrell & Geist-Martin, 2005; Zoller, 2004). As such, the bulk of WHP scholarship explores workplace wellness programs that occur after work hours. Research has yet to explain how employees make sense of the various meanings surrounding free wellness time at work. Thus, we have a limited understanding of workers' perceptions of the purpose or value of these different programs, which present a more complicated relationship with work, and how such perceptions influence WHP participation. Through interviews with 30 participants of a wellness program, our research shows how employees use dual discourses to make sense of new WHP practices.

## **WHP**

The prevalence of workplace wellness programs has produced scholarship in WHP, defined as the "use of effective workplace programs and policies [that] can reduce health risks and improve the quality of life for American workers" (Centers for Disease Control and Prevention, 2017, para. 1). WHP involves a wide range of activities, including physical exercise programs, fitness and nutrition assessment and training, health information screening and education, and employee assistance programs (Farrell & Geist-Martin, 2005; Geist-Martin, Horsley, & Farrell, 2003; Zoller, 2003). Studies in this area make sense of WHP in different ways, offering various perspectives on the meaning of organizational wellness initiatives. Research has addressed WHP through three different lenses: cost-savings, critical, and complimentary perspectives.

First, many scholars have adopted a cost-savings perspective on WHP. Extensive WHP research contends that organizational wellness initiatives help employers save money, reducing health risks and absenteeism (Hamar,

Coberley, Pope, & Rula, 2015; Parks & Steelman, 2008). Because these studies are often conducted by paid researchers, they frequently tout the financial and operational benefits of health initiatives in the workplace (e.g., Mattke et al., 2013). From this lens, wellness programs are encouraged because they make sense for an organization's bottom line.

Second, scholars have interpreted WHP from a critical perspective. Critical research has considered the ideological ramifications of WHP. Organizational scholars in communication and management have acknowledged the potential conflicts between employee and managerial interests, concluding that WHP benefits organizations, not employees. For example, Dale and Burrell (2014) suggested WHP "operates as a rhetorical device which masks contradictory power relations" (p. 159), and Ford and Scheinfeld (2016) argued that wellness initiatives violate employees' cultural, privacy, confidentiality, and ethical boundaries. Empirical research has supported such claims. Zoller's (2003) Foucauldian analysis of a WHP program concluded that the wellness initiative served the organization's interest. Furthermore, James and Zoller (2017) demonstrated how a mandatory WHP CrossFit program, endorsed as a "healthy cult," produced deleterious effects on people and organizations.

Third, scholars have assumed a complimentary perspective on WHP, praising health initiatives for helping employees (beyond saving organizations money). For example, Quick, Jones, Spengler, and Rugsaken (2015) reported that workers who participated in a university's take-the-stairs campaign requested to "continue the campaign in the future because of the social aspects of enjoying the interaction with other employees, the incentive of team competition, and sense of accomplishment" (Quick et al., 2015, p. 235). Similarly, a meta-analysis showed that WHP was associated with increased job satisfaction (Parks & Steelman, 2008), and Conrad (1987) asserted that wellness programs improve employee cohesion. Dailey and Zhu (2016) also demonstrated how employees' participation in wellness benefited workers by helping them bridge their personal and work identities.

In sum, researchers have advanced various meanings of WHP, through cost-savings, critical, and complimentary perspectives; yet, we have a limited understanding of the lens(es) through which *employees* make sense of workplace wellness.

### *Employees' Perspectives on WHP*

The handful of studies surrounding workers' perspectives toward workplace wellness demonstrates that employees often define health differently than management. For example, Farrell and Geist-Martin (2005) identified

inconsistencies in how a technology company and its workers defined health. The organization's wellness program, "TLife," offered seminars and fitness classes to provide employees the opportunity to maintain their health. To organizational leaders, health consisted of two components: physical and mental health. However, participant stories elucidated that employees also experienced social health, defined as "the quality of an individual's network of professional and personal relationships" (Farrell & Geist-Martin, 2005, p. 549). The authors noted that camaraderie with peers, supervisors, and family contributed to employees' social health, and that these relationships often flourished in "informal situations" (p. 559) outside of work. Similarly, in her ethnographic work at an automotive plant, Zoller (2004) observed and spoke with workers who felt a disconnect between their definition of health (e.g., as a release, motivated by enjoyment) and the organization's (e.g., as self-control, motivated by discipline).

Both of these studies explored employees' participation in WHP programs outside of work hours; thus, it makes sense that employees defined health in personal ways—as "social" (Farrell & Geist-Martin, 2005) and "as a release" (Zoller, 2004). Because these health programs took place afterhours, participants associated well-being with personal time. For example, workers had issues with TLife because "they are not willing to sacrifice time spent interacting with family for time spent without them" (Farrell & Geist-Martin, 2005, p. 571). Furthermore, Zoller's (2004) study showed how workers, like Vera, did not participate in the wellness program because they did not have the time outside of work: "When I get off work, I'm tired, I wanna go home, and you know, I've got that 45-minute drive to look forward to" (p. 287).

However, within the last decade, more organizations have implemented WHP programs that occur *during work hours* and are *free* to employees (Kohll, 2017), which might change how employees make sense of WHP. For example, when workers do not have to sacrifice personal time outside of the office or their hard-earned money to take part in wellness activities, they might interpret WHP differently. Thus, we investigate employees' narratives to explore the effects of offering work time to participate in wellness initiatives. Through narratives, we cognitively process social information and make sense of life (Taylor & Van Every, 2000). To learn how workers explain their experiences in a free wellness program during work hours, we ask the following research question:

**Research Question 1:** What do employees' narratives reveal about the various meanings of a WHP program during work hours?

## Method

### Data Collection

We investigated wellness narratives from faculty and staff who participated in a free employer-sponsored wellness program at a large southwestern university. With supervisor consent, the University allowed employees to take 30 minutes per day of paid release time to attend wellness program activities. The program offered on-site group fitness classes, monthly diet and nutrition information sessions, complimentary wellness and body composition checks, and group health behavior change meetings.

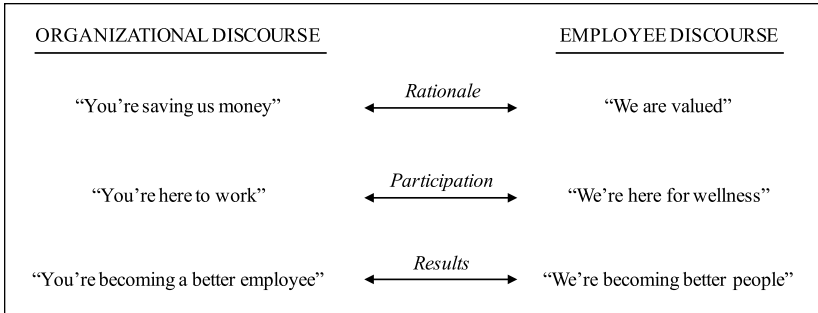
With institutional review board (IRB) and the wellness directors' approval, the authors recruited participants by attaching a flyer to the weekly wellness e-newsletter and making announcements in group fitness classes. Researchers invited workers to come talk about their experiences in exchange for a US\$20 Amazon eGift Card. Interested faculty and staff emailed the authors, who scheduled interviews in their private offices on campus.

Thirty employees participated in the study, most of whom had worked in the organization for over 6 years ( $M = 6.36$  years,  $SD = 5.00$  years). All but one employee worked full-time. The sample consisted of 24 women and six men with an average age of 43 years ( $SD = 11.18$ ). Participants were ensured anonymity, and all names reported here are pseudonyms.

We collected data via semistructured interviews (Kvale, 1996) that included questions about why employees joined the wellness program, their participation, and what they got out of the program. We also asked participants about their connection to and support from their coworkers, work group, and employer as a whole. Interviews lasted approximately 38 min, were audio-recorded, and transcribed verbatim, resulting in 488 pages of single-spaced text.

### Data Analysis

Interviews were analyzed using an iterative approach (Tracy, 2013) using NVivo, a software for qualitative data analysis. The third author began by assigning words, phrases, and sentences to initial emergent codes using the constant comparative method (Corbin & Strauss, 2008), which resulted in 204 open codes that are italicized in our findings. Throughout the coding process, the third author collapsed open codes, integrating categories to form broader themes (Glaser & Strauss, 1967). For example, themes such as "program rationale," "perceived support," and "participation impact" were axial codes that spanned across categories. This step of coding resulted in 60



**Figure 1.** Dual discourses in a workplace wellness program.

axial codes. Next, the research team read through the axial codes and discussed the noticeable contrast between organizational and employee discourses throughout workers’ narratives. As a group, we decided on the final data structure—rationale, participation, and results discourses—that best explained the study’s goal of elucidating employees’ meanings of WHP (Glaser & Strauss, 1967).

### Dual Discourses in the Wellness Program

Both organizational and employee discourses arose from the data surrounding (a) the program’s rationale, (b) employees’ participation, and (c) the results of being part of the wellness program. Within each of these themes, employees not only recognized the organization’s discourse but also voiced their own meanings of the wellness program (see Figure 1).

#### *Rationale Discourses*

“*You’re saving us money.*” When asked why they thought the wellness program began, participants conjectured about their employer’s rationale in very calculated, monetary ways. Over half of our interviewees adopted this organizational discourse and expressed how their employer implemented the program to help the organization, not its workers. For example, participants suggested that their organization was merely interested in health prevention initiatives because of the *direct cost-savings* associated with a workplace wellness program. Joey imagined the organization “saw certain statistical data, whether it was insurance claims, or whether it was medical data, surgery data, medical leave, sick leave” that could be reduced through a wellness program. Participants also thought their organization gave them wellness

time to increase *attendance* at work. Employees, like Sean, referenced data that drove this organizational decision, "I think there are probably studies that have been done that they looked at that showed that people who exercise more miss less work." Other employees, like Kristine and Marie, suggested that their employer offered wellness time because such a program makes workers more *productive*. For example, Raesha explained her employer's rationale for wellness time in this way: "Investing in your employees and making sure that they're healthy is gonna return longer life and more productive work life."

"*We are valued.*" Although many employees acknowledged the cost-savings associated with a wellness program, all but four participants in the study said that their employer provided wellness time because they cared about faculty and staff members. Similar to Kirby's (2006) assertion, employees felt that their employer was taking on a *family-like role*. Amy noted, "It does feel like they are concerned of my well-being," and many workers believed the University genuinely "cared" about their health. Participants felt valued because of the *personal investment* the wellness program symbolized. Adele likened the organization's investment in health to other opportunities and benefits provided, and Kelly suggested, "I think that them agreeing to cover the cost . . . showed that they really support us and that they want us to be healthy."

### Participation Discourses

"*You're here to work.*" When describing their participation in the wellness program, employees consistently referenced the importance of performing their job duties while also being allowed to take 30 minutes of time from their workdays for wellness. For example, when participants approached their managers to ask them to approve their wellness time, many supervisors expressed that employees still had to *get work done*. Workers knew they could only take wellness leave if their productivity did not suffer, like Leslie, whose supervisor warned, "You need to still be producing as much work as if you didn't take the time." Beyond supervisors, coworkers contributed to the organizational discourse of work in the pursuit of wellness. Some employees discussed how they perceived jealous or *resentful coworkers* who were left to work while faculty and staff members took their wellness time. Rene speculated, "My two other [coworkers] are like [audible sigh] she's leaving, you know, or kind of feel abandoned or like I'm copping out." Because of these pressures, employees felt they had to *work harder* if they were going to take wellness time. For example, Raesha explained, "Taking wellness makes me want to make sure that I have everything done before I leave for the end of the day."

"We're here for wellness." Contradictory to the organizational discourse of being at work to do their jobs, employee discourses about participation in the wellness program unanimously highlighted employees' enthusiasm for WHP. Almost all workers talked about how they *looked forward to wellness* time, referring to it as "playtime" (Jamie) or their "break" (Kelly, Lacey, and Suzanne) from work. Yasmine admitted, "There's a joke that we look forward to coming to work only because we look forward to our workouts. That's kind of the highlight of everybody's day." Employees said what they loved about the workplace wellness program was that it provided a *physical and mental escape*. Workers appreciated being able to "walk away" (Bill and Destiny), "let my mind go" (Raesha), and "be away from everybody" (Melinda).

### Results Discourses

"You're becoming a better employee." When asked about the difference their participation in wellness made, every worker drew upon organizational discourse to suggest that the program made them a better employee. Participants talked about how much more *efficient* they were at work because of their participation in WHP. Sadie reminisced, "I was typically, you know, by the time after lunch, dragging, tired, back hurting and just not getting not being as efficient with my time." However, she felt "even more energized in the afternoon than I am in the morning" when she went to kickboxing and cardio-based weight classes. Workers also talked about how much more *relaxed* they were, like Bill, who felt that yoga helped reduce his stress so he could better perform the emotional labor of smiling at work. Furthermore, workers who participated in wellness time were more *connected to organizational networks*. Twenty-three workers described networking with employees across other departments through the wellness program, which helped them accomplish their work. Networking was particularly useful for staff working in administrative roles, Shelly explained, "because you have to tap into so many resources . . . the more networking you do, the better your role is at the university."

"We're becoming better people." At the same time that employees used organizational discourse to share how the wellness program was benefiting their work, they also shared how their involvement made them better people. About half of the participants noted changes in their *nutrition*, like Amy, who confessed, "Before I would eat, like seriously, I could eat a pint of ice cream in ten minutes. It was that bad. And I don't do that anymore." In addition, participants talked about changes to their *physical ability and appearance*. Sean, Traci, and Sadie lost between 15 and 20 pounds. Lacey felt more toned



and stronger from the wellness program, sharing a story about assembling her artificial Christmas tree: "I was like, this was so hard last year . . . because you're lifting heavier weights . . . I pulled it out and I was like badda-bing, badda-boom, you're strong now!" Furthermore, almost all participants' narratives highlighted the *friendships* forged through the wellness program. Participating in WHP initiatives created bonds that extended beyond the wellness program. Linda explained,

There's that social component and that group feeling . . . you know we're all Facebook friends, we all invite each other to the same 5Ks. We know each other's kids' names, worry for each other, and get to enjoy each other's successes. It's a group of friends.

## Discussion

Through interviews with 30 participants of a subsidized organizational health initiative during work hours, this study uncovered the various meanings of WHP. Whereas previous research on WHP, which focused on health activities taking place outside of work hours, concluded that employees defined health differently than management (Farrell & Geist-Martin, 2005; Zoller, 2004), our study of a WHP program during the workday found that workers use dual discourses to make sense of WHP. Employees understood the program's rationale, workers' participation, and the results of WHP through both organizational and employee discourses.

In many ways, participants' narratives showed the value of offering work time to participate in WHP initiatives. In addition to experiencing physiological benefits like better nutrition and strengthening their physical abilities, workers reported how being offered wellness time during the workday made them feel valued, and that they looked forward to participating in the WHP program. Although many studies have critiqued WHP initiatives (e.g., Ford & Scheinfeld, 2016; James & Zoller, 2017; Zoller, 2003), this study shows several positive outcomes of wellness programs during work time.

At the same time, even with those benefits, WHP participation still has to be negotiated, and participants struggled with balancing wellness time with work demands. As such, this study contributes to theory by advancing workplace wellness programs as a site of struggle, where organizations and employees compete to shape social reality in ways that serve their own interests (Mumby & Clair, 1997). Whether unconsciously or consciously, employees' narratives reflected the relationship of control between organizational and employee discourses. In some cases, these dual discourses were in direct

opposition (e.g., about two thirds of participants specifically mentioned instances of conflict between work and wellness time); however, most organizational and employee discourses were not necessarily contradictions, dialectics, or paradoxes (as described by Putnam, Fairhurst, & Banghart, 2016). Rather, in the context of a free wellness program during work hours, employees' perceptions of WHP describe a nuanced relationship between discourses of work, health, control, and resistance.

In this way, these findings serve as an empirical example of Geist-Martin and colleagues' (2003) discussion of the constitutive role of communication in the wellness process. Through dual discourses, employees' meanings of WHP influence the construction and enactment of the wellness program. For example, Joey's boss reacted to his request to join the wellness program by saying, "Do what you want . . . but let's focus and make sure we take care of our work." This dual organizational ("take care of work") and employee ("do what you want") discourse allowed Joey to construct and negotiate meanings of wellness for himself and others. Employees adopted a critical view, accepting WHP initiatives as a form of managerial control, yet participants also felt emancipated, enjoying the personal "playtime" afforded by the wellness program. Through communication, workers simultaneously reinforced and contested organizational power. This dialectical view of power as control and resistance draws attention to the role of agency in WHP participation. To date, the critical perspective of WHP has focused primarily on how wellness programs control employees, and studies have primarily demonstrated how employees resist power through nonparticipation in WHP initiatives (e.g., James & Zoller, 2017). The current study's findings show that through dual discourses, employees can exercise agency while still participating in wellness programs.

In addition, the fact that employees could engage in WHP activities for free and during work hours might have contributed to their use of these dual discourses. For example, employees seemed to rationalize leaving work for a Zumba class with the organizational discourse that participation in wellness increased their organizational networks, and justified their afternoon walk because it reduced work stress. Whereas employees in previous WHP studies viewed health as a personal endeavor—as "social" (Farrell & Geist-Martin, 2005) and "as a release" (Zoller, 2004)—participants of a free wellness program during work hours emphasize both the personal and organizational meanings of health.

This research also has interesting implications for managerial ideologies outside the corporate setting. Even though this study was not conducted in a corporate setting, we still see corporate logics expressed in both how employees should achieve health and in thinking about the relationship between

work and wellness. All of the organizational discourses found here (e.g., becoming a better employee) epitomize Zoller's (2003) idea of managerialism, focused on control, instrumental logics, efficiency, and profits, and reinforce Deetz's (1992) point that these logics take over other areas of life. Thus, like previous studies of organizational wellness, our findings exemplify corporations' colonization of employees' health perceptions (James & Zoller, 2017) and use of regulatory practices that control health and fitness (Johansson, Tienari, & Valtonen, 2017). However, results of our study extend the notion of managerialism in WHP by showing how this form of control extends beyond the corporation and into universities. These findings demonstrate another way in which the spread of corporate control has extended into nonprofit institutions.

Finally, this study makes a unique contribution by building a bridge between WHP literature and the meaning of work. Similar to prior research, some workers in the current study, like facilities personnel and accountants, were engaged in physically demanding (Zoller, 2003, 2004) and stressful work (Geist-Martin et al., 2003), which necessitates WHP. However, many employees' narratives showed that wellness initiatives helped them combat boredom at work, an idea that WHP literature has yet to address. The idea that participants in the current study looked forward to wellness time so much elucidates interesting findings about their perception of work. For example, Victoria said,

In a weird way, leaving the office helped me stay connected to my job . . . I'm able to do things [through wellness] that make me happy, which reinforces my real beliefs of true excellence in the work that I do.

Several participants went as far to say that the wellness program kept them from quitting or moving to another institution. Scholars must continue to critically consider how wellness initiatives influence assumptions about the nature of work and happiness in this way.

### *Practical Implications*

The findings of this study elucidate several practical implications surrounding the role of communication in WHP initiatives. In the context of a free wellness program during work hours, employees must negotiate participation through their supervisors. In the same way that work–family studies (e.g., Kirby, 2000; Kirby & Krone, 2002) have shown that supervisors send mixed messages regarding work–family policies, wellness programs participants also receive mixed messages from superiors regarding wellness time. Similar

to work–family issues, like maternity leave, managers must recognize that participation in WHP programs “does not occur in a social vacuum” (Miller, Jablin, Casey, Lamphear-Van Horn, & Ethington, 1996, p. 302) and must be negotiated through communication with supervisors and coworkers. If organizations do not thoughtfully consider the complexities of the communication process surrounding wellness time, WHP participation may generate explicit or perceived resentment from other employees.

Employees’ participation levels in workplace wellness programs are typically below 50% (Robroek, van Lenthe, van Empelen, & Burdorf, 2009), with research citing “lack of employee interest” as the largest barrier to participation (Linnan et al., 2008, p. 1504). Geist-Martin and colleagues (2003) note that these statistics, however, “do little to explain what forms of communication influence individuals’ decision about whether or not to utilize health benefits and services offered by the company” and called for more research surrounding “communication issues” surrounding participation (p. 432). Our study addresses this call and contributes to practice by suggesting that dual discourses could explain low participation rates. This might be especially true for employees, like some in this study, who felt that their coworkers resented them or that their managers were not supportive about their participation in the wellness program. Future studies, therefore, should explore narratives of employees who forego their wellness time to understand how they make sense of workplace wellness.

### *Limitations and Future Research*

Despite the contributions of the narratives examined in this study, there are also some areas for improvement that should be mentioned. First, this study was limited to a sample of participants from one university in the southwestern United States. Given the increase in implementation of wellness programs, it would be beneficial to understand dual discourses from a broader segment of workplace wellness participants. Future work should also seek to understand why employees refrain from participating in workplace wellness, seeking to understand nonparticipants’ perceptions of WHP. Nevertheless, our study revealed the dual discourses that employees perceive with regard to participation in a subsidized WHP program during the workday.

### **Declaration of Conflicting Interests**

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

## Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This research was funded in part by a Texas State University Research Enhancement Program Grant.

## References

- Centers for Disease Control and Prevention. (2017). *Workplace health promotion*. Retrieved from <http://www.cdc.gov/workplacehealthpromotion/>
- Conrad, P. (1987). Wellness in the work place: Potentials and pitfalls of work-site health promotion. *The Milbank Quarterly*, 65, 255-275. Retrieved from <http://www.jstor.org/stable/3350022>
- Corbin, J., & Strauss, A. (2008). *Basics of qualitative research: Techniques and procedures for developing grounded theory*. Thousand Oaks, CA: SAGE.
- Dailey, S. L., & Zhu, Y. (2016). Communicating health at work: Organizational wellness programs as identity bridges. *Health Communication*, 32, 261-268. doi:10.1080/10410236.2015.1120698
- Dale, K., & Burrell, G. (2014). Being occupied: An embodied re-reading of organizational "wellness." *Organization*, 21, 159-177. doi:10.1177/1350508412473865
- Deetz, S. A. (1992). *Democracy in an age of corporate colonization: Developments in communication and the politics of everyday life*. New York: State University of New York Press.
- Farrell, A., & Geist-Martin, P. (2005). Communicating social health: Perceptions of wellness at work. *Management Communication Quarterly*, 18, 543-592. doi:10.1177/0893318904273691
- Ford, J., & Scheinfeld, E. (2016). Exploring the effects of workplace health promotions: A critical examination of a familiar organizational practice. In E. L. Cohen (Ed.), *Communication yearbook* (pp. 277-305). New York, NY: Routledge.
- Geist-Martin, P., Horsley, K., & Farrell, A. (2003). Working well: Communicating individual and collective wellness initiatives. In T. L. Thompson, A. Dorsey, K. I. Miller, & R. Parrott (Eds.), *Handbook of health communication* (pp. 423-443). Mahwah, NJ: Lawrence Erlbaum.
- Glaser, B., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Chicago, IL: Aldine.
- Hamar, B., Coberley, C., Pope, J. E., & Rula, E. Y. (2015). Well-being improvement in a midsize employer: Changes in well-being, productivity, health risk, and perceived employer support after implementation of a well-being improvement strategy. *Journal of Occupational and Environmental Medicine*, 57, 367-373. doi:10.1097/JOM.0000000000000433
- James, E. P., & Zoller, H. M. (2017). Resistance training: (Re)shaping extreme forms of workplace health promotion. *Management Communication Quarterly*, 32, 60-89.

- Johansson, J., Tienari, J., & Valtonen, A. (2017). The body, identity and gender in managerial athleticism. *Human Relations, 70*, 1141-1167. doi:10.1177/0018726716685161
- Kirby, E. L. (2000). Should I do as you say or do as you do? Mixed messages about work and family. *Electronic Journal of Communication, 10*. Retrieved from <http://www.cios.org/EJCPUBLIC/010/3/010313.html>
- Kirby, E. L. (2006). "Helping you make room in your life for your needs": When organizations appropriate family roles. *Communication Monographs, 73*, 474-480. doi:10.1080/03637750601061208
- Kirby, E. L., & Krone, K. J. (2002). "The policy exists but you can't really use it": Communication and the structuration of work-family policies. *Journal of Applied Communication Research, 30*, 50-77. doi:10.1080/00909880216577
- Kohll, A. (2017). How you can nurture a culture of wellness. *Forbes*. Retrieved from <https://www.forbes.com/sites/alankohll/2017/04/06/how-you-can-nurture-a-culture-of-wellness/2/#46981a19524c>
- Kvale, S. (1996). *InterViews: An introduction to qualitative research interviewing*. Thousand Oaks, CA: SAGE.
- Linnan, L., Bowling, M., Childress, J., Lindsay, G., Blakey, C., Pronk, S., . . . Royall, P. (2008). Results of the 2004 national worksite health promotion survey. *American Journal of Public Health, 98*, 1503-1509. doi:10.2105/AJPH.2006.100313
- Mattke, S., Liu, H., Caloyeras, J. P., Huang, C. Y., Van Busum, K. R., Khodyakov, D., & Shier, V. (2013). *Workplace wellness programs study*. Retrieved from [https://www.rand.org/content/dam/rand/pubs/research\\_reports/RR200/RR254/RAND\\_RR254.sum.pdf](https://www.rand.org/content/dam/rand/pubs/research_reports/RR200/RR254/RAND_RR254.sum.pdf)
- Miller, V. D., Jablin, F. M., Casey, M. K., Lamphear-Van Horn, M., & Ethington, C. (1996). The maternity leave as a role negotiation process. *Journal of Managerial Issues, 8*, 286-309. Retrieved from <http://www.jstor.org/stable/40604108>
- Mumby, D., & Clair, R. (1997). Organizational discourse. In T. van Dijk (Ed.), *Discourse as social interaction* (pp. 181-205). London, England: SAGE.
- Parks, K. M., & Steelman, L. A. (2008). Organizational wellness programs: A meta-analysis. *Journal of Occupational Health Psychology, 13*, 58-68. doi:10.1037/1076-8998.13.1.58
- Putnam, L. L., Fairhurst, G. T., & Banghart, S. (2016). Contradictions, dialectics, and paradoxes in organizations: A constitutive approach. *Academy of Management Annals, 10*, 65-171. doi:10.1080/19416520.2016.1162421
- Quick, M., Jones, R., Spengler, E., & Rugsaken, D. (2015). Transforming elevator riders into stair climbers: Impact of a "take-the-stairs" campaign. *Academy of Educational Leadership Journal, 19*, 235-247. Retrieved from <http://www.alliedacademies.org/academy-of-educational-leadership-journal/volume-selector.php>
- Robroek, S. J., van Lenthe, F. J., van Empelen, P., & Burdorf, A. (2009). Determinants of participation in worksite health promotion programmes: A systematic review. *International Journal of Behavioral Nutrition and Physical Activity, 6*, Article 26. doi:10.1186/1479-5868-6-26

- Taylor, J. R., & Van Every, E. J. (2000). *The emergent organization: Communication as its site and surface*. Mahwah, NJ: Lawrence Erlbaum.
- Tracy, S. J. (2013). *Qualitative research methods: Collecting evidence, crafting analysis, communicating impact*. Malden, MA: John Wiley.
- Zoller, H. M. (2003). Working out: Managerialism in workplace health promotion. *Management Communication Quarterly*, 17, 171-205. doi:10.1177/0893318903253003
- Zoller, H. M. (2004). Manufacturing health: Employee perspectives on problematic outcomes in a workplace health promotion initiative. *Western Journal of Communication*, 68, 278-301. doi:10.1080/10570310409374802

### Author Biographies

**Stephanie L. Dailey** (PhD, The University of Texas at Austin) is an assistant professor in the Department of Communication Studies at Texas State University. Her research examines issues of membership and identity across various contexts, including health, social media, and training.

**Tricia J. Burke** (PhD, University of Arizona) is an assistant professor in the Department of Communication Studies at Texas State University. Her research examines issues at the intersection of interpersonal and health communication, including social influence, social support, and worksite wellness.

**Emmalene G. Carberry** (MA, Texas State University) is a student development specialist II in the Department of Retention Management & Planning at Texas State University. Her research interests surround the development, maintenance and dissolution of close relationships. In her present role in student affairs, Emmalene applies her interest in interpersonal communication through student development and campus outreach.