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Program Evaluation of the Employee Health and Wellbeing Program

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This is to certify that the doctoral study by

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and that any and all revisions required by
the review committee have been made.

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2019

Abstract

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MSN, Walden University, 2013

BSN, Shepherd University, 2006

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

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Abstract

Health promotion and disease prevention are a focus of population health management. Without ongoing and rigorous evaluation, these programs may be in jeopardy of continuing. The purpose of this project was to conduct a descriptive population health-focused evaluation of a large-scale health system's employee health and wellbeing program. Guided by the Center for Disease Control and Prevention (CDC) framework for program evaluation in public health and National Center for Organization Development guidelines, a nurse-led evaluation was conducted using 5 specific data sets emphasizing organizational structure, employee health offerings, employee surveys, Pathway to Excellence survey, and program contributions. A descriptive analysis was applied towards interpreting the organizational structure, and identifying all contributions to employee wellness. Inferential analysis was applied to identify correlations between survey results. The findings of the evaluation were mixed. The organizational structure of the program complied with CDC wellness program guidelines; of the 97 service departments surveyed, results revealed an 83.51% improvement in engagement, disengagement, satisfaction, best places to work, and customer satisfaction. The Pathway to Excellence survey results revealed a supportive organizational structure for a culture of wellness. The program contribution analysis showed that the health system provided accessible wellness and health promotion opportunities. Positive social change may result from this evaluation as the program is reinforced and the focus on employee wellness, health promotion, and disease prevention services are continued. As a result, the lives of employees, their families, and communities might be improved.

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Dedication

In memory of my father, Adalberto M. Perez, who undeniably provided me with the mentality to chase my dreams without inhibition, follow my heart with full intention, and rise to expectations. You live on in my achievements whether they be magnificent or miniscule, and I am proud to have called you my father.

Acknowledgments

Throughout my nursing career, there have been several mentors leading me through the journey of education and to my completion of the Doctor of Nursing Practice degree. I would like to personally thank Dr. Denise Chaney who has nurtured my desire for ongoing education since I was a new graduate registered nurse, and who has provided emotional, professional, and scientific support in all my endeavors. Her dedication to education is beyond anything I have witnessed in this profession and is evident in the passion for learning she still demonstrates today even after completing two doctoral degrees herself. She has provided continuous support over the last 10 years of my life and I am eternally grateful for her existence and encouraging presence in achieving my goals.

To my mother, Lisa L. Lushbaugh, who aided me in my personal health struggles and not once told me to give up the desire to complete this degree.

Though not listed, there are numerous individuals that have helped me get this far. Thank you all.

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Section 1: Nature of the Project

Introduction

Organizational level wellness programs are adaptive to organizational needs and have a common goal of improving the wellbeing or wellness of employees. From a business perspective, employee wellness program development is considered an investment opportunity and has been found to "support employee health, reduce costs, increase productivity, and enhance the attractiveness of their organizations" (Pomeranz, Garcia, Vesprey, & Davey, 2016, p. 1028). From a public health standpoint, employee wellness programs align with Healthy People 2020 federal prevention initiatives for occupational health and safety that encourage health promotion and early intervention in the workplace (Office of Disease Prevention and Health Promotion [ODPHP], 2015). Healthy People 2020 is the federal government's objective to identify threats to public health and set goals to reduce them. It is imperative for organizations to provide ongoing evaluations of such programs that have a potentially large impact on the physical and economic health of the United States. A thorough review of multiple professional agencies was completed to provide in-depth analysis of wellness program requirements and evaluation strategies. Section 1 will cover the problem statement, purpose, nature of the DNP project, significance, and a summary.

Problem Statement

Organizational design and systems level thinking is a crucial contribution to public health and wellness program evaluation that is rooted in evidence-based practice and health promotion. Health promotion and prevention remain a main focus of population health initiatives throughout the United States government. The Affordable Care Act (ACA) was signed into law in 2010 and emphasized health promotion and population health to decrease expenditures related to preventable chronic diseases (Anderko et al., 2012). Wellness program preventative measures included: oversight from the Centers for Disease Control and Prevention (CDC) for wellness program evaluations, effectiveness and impact reporting to the Department of Health and Human Services (DHHS), financial incentives for small businesses, and chronic disease management via health promotion (Chait, & Glied, 2018). Without ongoing program evaluation, population health outcomes are at risk; population health outcomes and patterns of health are linked to both individual and group outcomes (Kindig & Stoddart, 2003). Grossmier (2015) explained the following benefits of evaluation, including: (a) fostering continuous program improvement, (b) demonstrating program outcomes of corporate leadership, (c) understanding financial impacts generated from the wellness program, and (d) understanding the impact of wellness programs on employee health, engagement, and satisfaction. The organizational benefits of evaluation are worth the investment towards the development of quality evaluation strategies.

Walden University's Doctor of Nursing Practice (DNP) education track provided a unique opportunity to address the ACA's health promotion and disease prevention-driven concept. There is room for further application of such concepts in wellness program evaluations (Lathrop & Hodnicki, 2014). This project emphasized a population health perspective on wellness program evaluation, highlighted potential population health influences, and provided significant insight into employee wellness program evaluations in the future.

Purpose

According to Health Resources and Services Administration (HRSA, 2016), one of the main gaps in population health nursing includes an unprepared workforce in population health research. Institutions can greatly benefit by adding both skilled and novice nurses to evaluation teams of programs aimed to improve organizational and population health outcomes. Measuring the outcomes of population health management strategies such as the implementation of employee wellness programs is difficult, as many variables affect program analytics (HRSA, 2016). Additionally, evaluation methodologies have been found to lack consistency in terms of wellness program development, implementation, and return on investment tracking, which negatively affects outcome reporting and ongoing management and funding of such programs (Chapman, 2012). Both health promotion and population health outcomes are key aspects to employee wellness programs and require ongoing evaluative practices.

With the goal of health promotion and wellness, the ACA supports the development of organizational health and wellness programs. Accordingly, a large multisite health system has contributed to the growth of such programs. The National Center for Organization Development (NCOD) recommended the following components of evaluation to be investigated in program evaluation: outputs (how much did the program achieve?), outcomes (what was the impact of the program on the intended population?), and cost-benefit (what is the benefit or financial return from this program? (NCOD, 2017).

This project used a descriptive research model and process evaluation to analyze program outputs. In process evaluations, research questions are used to determine if the program is reaching the targeted population (employees) and if offered services coincide with the program design (Rossi, Lipsey, & Freeman, n. d.). Rio, Ye and Thebane (2010) explained that the use of population, intervention, comparison, outcomes, and time frame (PICOT) project question format is linked to improved quality in reporting outcomes. When approaching the Employee Health and Wellbeing Program evaluation, the following question was used: Does the implemented Employee Health and Wellbeing Program correlate with recommendations of the CDC through providing employees with accessibility and opportunity to improve health and wellness? Additional targeted questions included the following: What is the organizational structure of the program?, What are the program contributions (activities)?, How is employee engagement measured?, What components of the employee survey reflect employee engagement within the wellness program?, How do Pathway to Excellence survey results reflect the current state of the wellness program? This program evaluation provided the opportunity to address the identified gaps in nursing practice in terms of incorporating population health perspectives into evaluating employee wellness programs.

Nature of the DNP Project

This project used methods of program evaluation to meet specific needs of a large multisite health system based on federal and institutional regulations. Insights into CDC and NCOD evaluation strategies, the role of the nurse evaluator, organizational structure, employee engagement, and the potential impact on population health outcomes were key aspects of the evaluation. A literature review was conducted to evaluate quality assurance and adherence to recommended methodologies and strategic planning for evaluation practices as well as methods of approaching process evaluations, improvement initiatives, and dissemination of findings. Federal government databases and websites were accessed to provide supportive evidence for wellness program design, implementation, and evaluation in addition to a review of operational data that included organizational structure, wellness program contributions, and published survey results from both the All Employee Survey and Pathway to Excellence Survey.

Lastly, recommendations for ongoing evaluations have been provided to understand program impacts on the organization and improve population health outcomes, organizational stability, and quality assurance compliance. Descriptive statistics were applied to analyze and describe the Employee Health and Wellbeing Program implementation compared to the established guidelines, the relationship between employee survey results, established program organizational structure, and accessibility. The evaluation process of the Employee Health and Wellbeing Program was considered a quality improvement contribution with the generalized population being represented as the employee population. In the literature review, the role of the nurse in population health and program evaluation was discussed to support the roles of both novice and experienced nurses into ongoing program evaluation research.

Program evaluation is a never-ending process that impacts success within an organization. The purpose of this project was to complete an evaluation of the Employee Health and Wellbeing Program in a health system that is associated with a large multisite health system, provide evidence-based foundation for evaluation, apply theories and frameworks into the evaluation design, and explain future implications of evaluative assessments. This evaluation aimed to address the following areas of wellness program evaluation: methods of evaluating wellness programs now and in the future, employee engagement, impact of nurses in the role of program evaluators to improve population health outcomes, and the wellness of the employee population as a public health improvement opportunity.

Significance

The health system strives to promote an environment of excellence including the care of both patient and employee populations. This program evaluation aligned with the American Nurses Credentialing Center's (ANCC) Pathway to Excellence designation. The Employee Health and Wellbeing Program directly impacted this designation as successful wellness programs align with the Pathway to Excellence's six standards: shared decision making, leadership, safety, quality, wellbeing, and professional development (ANCC, n. d.). The following factors contribute to meeting standard 5 requirements: staff wellbeing, health assessment for staff, population health management, and culture of health initiative (Dans, Pabico, Tate, & Hume, 2017). The program evaluation process involved reviewing organizational structures within the health system to identify key stakeholders.

Current identified stakeholders of the program evaluation involved key contributors in the Employee Wellness Committee which included representatives from each of the following specialties: education/learning resources, occupational health, nutrition and food, recreation therapy, employees' association, and behavioral health. The evaluation processes analysis aligned with the mission statement that included advocacy for a drug-free workplace and ongoing education and training to reduce incidence of illness, injury, and impairment among employees (United States Department of Veteran Affairs [USDVA], 2016a). Additionally, the Code of Federal Regulations (CFR) Standards for program evaluation (2005) recommended the following: (a) program effectiveness is to be evaluated on a continuing basis by employees other than program administrators, (b) programs must be within intents of the law, (c) programs must identify goals and objectives, (d) evaluations must contain methods to evaluate established goals, (e) must objectively report key findings and shortcomings, (f) and the evaluation design should include clear rationale, relevancy, validity, and reliability. Program engagement and use are biproducts of program effectiveness that impacts the organization in ways that positively affect organizational growth, improve population health outcomes, decrease institutional costs, improve employee satisfaction scores, and improve organizational retention rates (Dans, Pabico, Tate, & Hume, 2017).

Summary

The Employee Health and Wellbeing Program evaluation conducted in this nurse-led project complied with CFR regulations for ongoing program evaluation to provide analysis of the health system specific organizational structure, identify potential areas of improvement, and assess employee engagement. Federal organizations that regulate program evaluation include the CDC, Healthy People 2020, CFR, and United States Government Accountability Office (USGAO). Through gathering organizational data, compiling a literature review, and providing descriptive statistical analysis, this DNP project aimed to provide useful and applicable insight into further development of the existing Employee Health and Wellbeing Program. Section 2 will introduce the practice problem, provide information about the model that guided the evaluation, and supportive evidence for the Employee Health and Wellbeing Program evaluation used towards evaluation completion. Terminology used within the project has been defined for purposes of clarity, and strategic planning towards evaluation completion is also discussed with careful consideration regarding the organizational structure of the program itself and the health system in which the program operates. Program evaluation, its impact on the nursing profession, and identified gaps in the field are further elaborated on to support the evaluation process and implications.

Section 2: Background and Context

Introduction

Currently there is a large amount of government-regulated flexibility in terms of wellness program development and participation requirements, resulting in employer fear that too much flexibility will not yield enough enrollment, and conversely, too much regulation will lead to less participation of employers (Pomeranz et al., 2016). Generally, systematic program evaluation is lacking. No state legislature addresses wellness program evaluation for public employers (Pomeranz et al., 2016).

Practice Problem, Practice-Focused Questions, and Purpose

The following program question was used for this focused assessment: Does the implemented Employee Health and Wellbeing Program meet the recommendations of the CDC through providing employees with accessibility and opportunity to improve health and wellness? The purpose of this project was to evaluate the Employee Health and Wellbeing Program to identify potential gaps in program design and implementation in order to meet the expectations set forth through CDC established wellness program guidelines, and assess employee engagement/withdrawal as well as program accessibility. Section 2 will cover concepts, models, theories, relevance to nursing practice, local background and context, role of the DNP student, and a summary.

Concepts, Models, and Theories

National Center for Organization Development

NCOD provides guidelines that covered the following aspects of evaluation: process, outputs, outcomes, and return on investment (ROI)/cost-benefit (NCOD, 2017).

This descriptive program evaluation provided an analysis of program description, process, and outputs. Additionally, the CDC's Framework for Program Evaluation in Public Health was used. Figure 1 depicts the evaluation process as outlined by the CDC (1999).

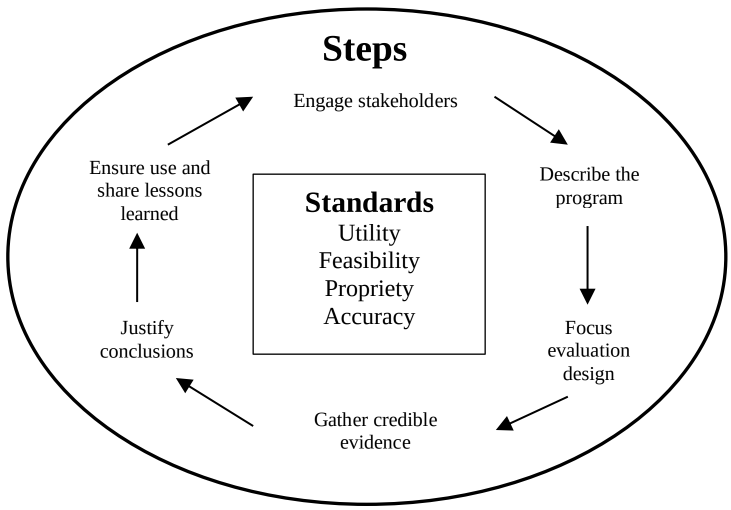

Figure 1. Recommended framework for program evaluation.

According to the CDC (2017), use of the framework provided organizations the opportunity to "summarize essential evaluation elements, provide framework for conducting evaluation, clarify steps in program evaluation, review standards for effective evaluation, and address misconception regarding the purpose and methods of program evaluation" (para. 4). This project incorporated the standards of the CDC framework through ensuring the evaluation tool/process met the needs of the organization. The approach of evaluation was realistic, completed in a diplomatic way, and was done within the financial means of the organization. NCOD guidelines also consider finances in their model of evaluation with a focus on return investments and a cost/benefit analysis (NCOD, 2017). This descriptive evaluation has excluded both return of investment and cost/benefit analyses due to the length of time required to investigate them; however, it would be beneficial to further investigate these areas using output data results provided to correlate employee engagement to cost/benefit analysis and maximize program success. The program evaluation proposal was approved by the health system's Institutional Review Board (IRB), Walden University's IRB, and ethics review board. The standard of accuracy was maintained during the research process through compiling a literature review, complying with the organization's policies for research, and reviewing legislative aspects of the evaluation process of employee health programs. A key aspect of the CDC framework was the engagement of stakeholders during ongoing evaluative efforts subsequent to the initial evaluation, which is also in line with the CFR and the mission of the health system.

CDC's Framework for Program Evaluation in Public Health

This evaluation also emphasized public health nursing theory with the population identified as the entire employee population of a health system linked to a large multisite health system. According to the Quad Council Coalition Competency Review Task Force (2018), the core functions of public health nursing involve assessment, policy development, and assurance. Public health nursing involves eight domains of practice guidelines to include: assessment and analytic skills, policy development/ program planning, communication, cultural competency, community dimensions of practice, public health sciences, financial planning, evaluation and management, and leadership and systems thinking. This program evaluation emphasized a population health perspective and incorporated all domains of population health nursing theory into the wellness program evaluation throughout the evaluation design, data collection, communication, research, and analysis of the evaluation. Through the use of population health nursing theory and the CDC guided framework, this evaluation has met the standards of reliable evaluation research in the field of program evaluation and nursing.

For the purpose of this project, the term "wellbeing" needed to be defined as the term has no single conceptual definition. The CDC (2018) described that, "well-being includes the presence of positive emotions and moods (e.g., contentment, happiness), the absence of negative emotions (e.g., depression, anxiety), satisfaction with life, fulfillment and positive functioning" (para. 6). The terms wellbeing and wellness are often interchanged though wellness represents physical health versus wellbeing representing an existential health experience. Interventions of the Employee Health and Wellbeing Programs are structured to address both wellness and wellbeing of the employee population. According to the United States Office of Personnel Management (OPM, n.d.), wellness program interventions include: health education, nutrition services, lactation support, physical activity promotion, screenings, vaccinations, traditional occupational health and safety, disease management, and linkages to related employee services.

In this project, wellness/wellbeing interventions were referred to as program contributions. As this project incorporated a public health perspective into the evaluation process, understanding that public health and wellbeing are deeply rooted in the history of nursing practices is imperative. Public health nursing addresses issues of social justice through community application of theory and commitment to reaching the highest level of health (American Public Health Association [APHA], 2013).

Relevance to Nursing Practice

Applying public health nursing theory to the evaluation of the Employee Health and Wellbeing Program exemplifies the role of public health nurses. Furthermore, the American Nurses Association (ANA, 1995) provided a position statement which explained the need for an increase of nursing presence in health promotion and disease prevention interventions, and that such strategies are impacted by community participation in the development of the interventions. Evaluating the Employee Health and Wellbeing Program directly impacts the health system and the insights gained from the evaluation have potential to impact the employee population within the entire multisite health system. The potential social impact of improving health outcomes in the workplace influences the community in the form of wellness based social and behavioral changes.

Program evaluation provides an opportunity for nurse leaders to address concerns with population health by investing time and critical analysis into systematic frameworks and healthcare promotion and design. Population health management (PHM) principles can be implemented into wellness programs across the country and nurse leaders are in the position to be a change agent through advocacy within organizations. Watson-Dillon and Mahoney (2015), discussed the influence potential of nurse executives in leading community health needs assessments for population health improvement initiatives. Nurse leader competencies could be expanded to include: "community assessment skills, epidemiological data interpretation, language and cultural considerations, and social determinants of health, environmental influences, community-based partnerships, education and community participation" (Watson-Dillon & Mahoney, 2015, p. 32). This evaluation effort provided the opportunity to assess the current program, identify areas of weakness as well as opportunities of improvement to impact the health of a population and community.

The American Organization of Nurse Executives (AONE, 2015) provided guidance and expectations of nurse leader roles in community wellness to include the role of representing a community perspective in decision making processes. With healthcare reform a top concern in our nation's policies, Salmond and Echevarria (2017) discussed how the political changes bring forth an opportunity for nurses to lead health promotion initiatives, to influence patient care outcomes, population focused outcomes, and cost of healthcare. They further mentioned "these shifts require a new or enhanced set of knowledge, skills, attitudes around wellness and population care with a renewed focus on patient-centered care, care coordination, data analytics, and quality improvement" (Salmond & Echevarria, 2017, p. 12). The cost of healthcare in the United States is estimated as 4.3 times greater than the amount spent on the national defense; additionally, money wasted is estimated at 30 cents of every dollar spent on medical care (Salmond & Echevarria, 2017). Aside from cost and analytics, there are still issues arising with standardization of insurance organizations, pharmaceuticals, and autonomy of healthcare providers. The lapse further affects standardized evaluation practices. Though the resources are abundant with strategies to evaluate programs, and it is required by the CFR to conduct program evaluations, there remains room for improvement as the large multisite health system lacks a delineated process for program evaluations. (US GAO, 2016).

Under the ACA, the CDC (2016) provided guidelines to wellness program development including the following phases: assessment, program planning, implementation, and evaluation (CDC, 2015). Specifically, the evaluation design is rooted in quality improvement assessment and reassessment to improve program structure, identify gaps in program contributions, and describe the efficiency and effectiveness of the program. The ACA requires a report describing the effectiveness and impact of wellness programs within 3 years of program implementation (Kaiser Family Foundation, 2013). As program evaluation continues to evolve, the role of the nurse leader involvement is in high demand due to the level of expertise obtained in population health and safety. Nurses are now being recognized for leading active roles to shape the future of healthcare including the arena of evaluation, data analysis, and leadership (Salmond & Echevarria, 2017).

Cambell and Burns (2015) discussed the Total Worker Health (TWH) strategy for population health improvements within the workplace. TWH combines occupational health with safety to prevent work-related injuries in addition to promote individual health and wellbeing. Several employee wellness initiatives such as tobacco cessation, stress management, and occupational hazard training contributed to improved employee health, and decreased cost for employers (Campbell & Burns, 2015). The implications on the nursing world come with the shift of focus from worker and workplace centered program development to population health and community centered program development.

Carlson and Murphy (2010) provided an example of a financial institution in Chicago in 2009, which implemented nurses in providing health risk assessments and coupled with in person counseling to the individuals. Through program initiative evaluation, it was found that 68% of workers found services “useful” or “extremely useful”; only 21% reported no change in their health-related behaviors after counseling sessions (Carlson & Murphy, 2010). This is only one example of potential nursing interventions in wellness programs. Through completing a descriptive program evaluation of the Employee Health and Wellness program, aspects of the existing program will be compared to the program design and goals.

Local Background and Context

The Office of Public Health and Environmental Hazards provided funding for the Employee Health Promotion Disease Program (EHPDP). As a result of program development and implementation, the EHPDP identified a need to develop standardized employee health services with ongoing evaluation guidance to assess effectiveness (Center for Engineering & Occupational Safety and Health [CEOSH], 2011). The US GAO (2016) mentioned that there are no delineated processes to ensure the evaluation of organizational structure changes and further recommended the development of processes to ensure evaluations of structural changes, implementations, and effectiveness of such implementations be established (GAO, 2016).

An additional factor that aligned with the large multisite health system standards of program development, implementation, and evaluation included the Preserving Employee Wellness Act (House of Representatives [H. R.] 1313). This Act was introduced to the H.R. March 2nd, 2015, to preserve employee wellness programs by providing guidance on the use of incentives for engagement and ensuring compliance with the Americans With Disabilities Act of 1990 (H. R. 1189). By assessing fidelity of the wellness program with both legislative and CDC guidelines, the evaluation held significant value to the health system.

In general, organizations require ongoing evaluation of all services rendered in order to adhere to regulations, improve business operations, enhance productivity, and impact growth as well as sustainability. The strategic plan of the large multisite health system for 2018-2024 is primarily focused on services rendered to the patient population however, there is one area of focus specified to transforming business operations. Strategic objectives for business operations involved focusing on 4 categories: agility, human capital management modernization and transformation, cyber security, and data driven decision-making. The goal of improving employee engagement in both participation in and evaluation practices of wellness programs aligns with the established strategic plan objectives in business systems transformation.

Role of the DNP Student

As an employee in this health system for 12 years, I have experienced many levels of stress in the workplace. Stress is not limited to the nursing profession, and can reflect health and wellbeing of employees and become a financial burden of an organization. Many institutions invest in their employee population to help decrease stress while increasing morale, productivity, and satisfaction. According to the CDC, absenteeism results in decreased productivity and could cost as much as $1,685 per employee (CDC, n.d.). The health system conducts yearly employee satisfaction surveys which gives insight into employee demographics, health statistics, work habits and more. This data collection is then used to improve the organization (Ostauke, et.al., 2012).

The interest in this project is to focus on provided resources as well as resource utilization specifically relating to employee health and wellness. There are resources in place for employees that may be underutilized simply due to a lack of accessibility, and or awareness of program offerings. One of the most powerful uses as a nurse is to know your resources and share them among the population. As a long-term employee, I realized that the length of my service poorly reflected my knowledge of the programs in existence to help the employee population.

Through participating in clinical rotations, it was even more evident that fellow employees were also unaware of, or unengaged in employer-provided services. I then began to ask myself several questions. First, why after twelve years I did not know where to direct new employees who were struggling to manage their stress. Then I questioned where to find this information, and why it was so difficult to navigate the resources that existed. It is like going to a library without a database of books, and of which are not placed in any kind of classification. There had to be a reason that I was unaware of the programs offered, and there had to be some level of participation or programs might cease to exist. Thus, the DNP project was formed to evaluate the current state of the Employee Health and Wellbeing Program and assess if systematic improvements might be warranted.

My motivation to further explore the Employee Health and Wellbeing Program is rooted in my dedication to serve the veteran population. In order to provide excellent care, the entire institution needed to be functioning adequately. All employees are linked to patient outcomes and not just direct care staff. Therefore, the wellness of all employees affects the patient experience and in turn affects public health. It is comparable to case management of a patient population in a way that referrals are made, resources are identified, and services are provided. In fact, all employees are patients as well outside of the workplace (Friedman, & Starfield, 2003). A perspective shift of *including all employees as a community within a population*, could positively impact the institution and create a cultural shift into health awareness, maintenance and improvement (Grossmier, 2015).

Though my emphasis was to evaluate a program and offer improvement initiatives, the evaluation process could easily include differing levels of bias. The programs in existence for patients whom are also employees can lead to terminology confusion, and what an employee may believe is only available to the patient population may be incorrect and is available to all employees instead.

Summary

Program evaluation practice involves many aspects of an organization and is regulated by numerous governing bodies. In the mass of regulation oversight, evaluation strategies are open to a multitude of interpretations, which result in a lack of consistency in the development, implementation, and ongoing evaluation of employee wellness programs. Evaluation is not limited to direct input and output data of the actual program and can also be influenced by the perspective of said evaluation. Introducing a public health perspective towards an employee population wellness program evaluation has the potential to impact the organization as a whole, the surrounding community, future generations, and provides great opportunity for nursing leaders in both public health and evaluation professions to maximize their influence in population health outcomes all while improving organization wellness programs. Section 3 will cover the practiced-focused questions, sources of evidence, published outcomes and research, archival and operational data, and analysis and synthesis.

Section 3: Collection and Analysis of Evidence

Introduction

Employee wellness programs can have a lasting impression on population health outcomes. Evaluation of such programs is imperative for organizations, as the existence of wellness programs represents an investment of the organization into its employee population. This investment has been found to improve employee engagement, impact organizational successes, and link population health promotion and prevention. The purpose of this project was to complete an evaluation of the Employee Health and Wellbeing Program while emphasizing a public health perspective.

The evaluation design followed the CDC's *Framework for Program Evaluation in Public Health*. In addition, the NCOD's guidelines for program evaluation were specifically considered during evaluation of program processes and outputs. Further emphasis on organizational structure and strategic planning were incorporated into the evaluation analysis. In the following section, the practice-focused question will be reintroduced in relation to the local problem and the identified gap in practice. Sources of evidence are reviewed, and data collection and analysis techniques are discussed.

Practiced-Focused Question

Program evaluations of public health programs in general address inevitable changes that occur in established programs and the populations in which they serve. By looking closely at program implementation, effectiveness, and accountability, public health programs can reach the intended goal of decreased health disparities and improved health outcomes. Providing a public health perspective on program evaluation of employee wellness programs only emphasizes the reach of the potential impact on population health outcomes. When approaching Employee Health and Wellbeing Program evaluation, the following question was used: Does the implemented Employee Health and Wellbeing Program correlate with recommendations of the CDC through providing employees with accessibility and opportunity to improve health and wellness?

As health promotion continues to be supported by government agencies to improve population health of the United States of America, ongoing evaluations of employee wellness programs are warranted. This evaluation provided an explanation of wellness program implementation guidelines, regulations, and ongoing evaluation strategies; additionally, insight was obtained regarding the organizational structure in place to support such a program, program-specific goals related to accessibility, and employee engagement considerations. The CEOSH (2011) said,

> "accessibility means that people of all ages and abilities have reasonable access to programs and materials, and have the opportunity to participate. Physical accessibility refers to the design and layout of a facility, and communication accessibility focuses on the way information is delivered through signage, materials, technology, and interpersonal exchanges" (p. 38).

Sources of Evidence

The CDC framework initially calls for the engagement of stakeholders for program evaluation. To complete this task, the organizational structure needed to be evaluated for program accountability purposes. Once the organizational structure was mapped out, online and intranet searches were completed to obtain a description of the program along with its stated vision, mission, and goals statements. Since one of the main issues with wellness program evaluation involves lack of consistency in evaluation techniques, this evaluation was designed based on organizational guidelines locally, and through federal government agency recommendations. Figure 2 depicts the output data included in the Employee Health and Wellbeing Program evaluation.

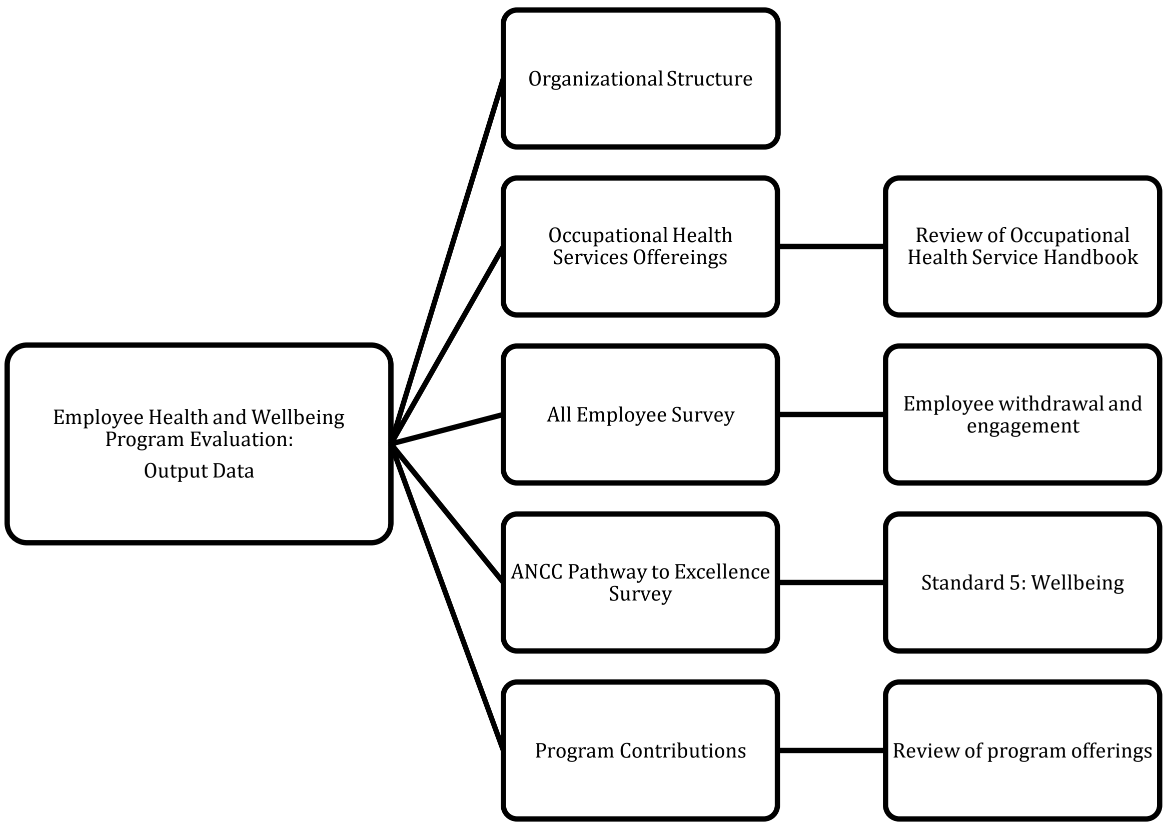

Figure 2. Program evaluation: output data organization chart.

To obtain output data, the following five categories of archival/operational program data were reviewed: organizational structure pertaining to the employee wellness program, employee health services operational offerings/requirements, survey results from the all employee survey emphasizing employee withdrawal (burnout) and engagement, ANCC Pathway to Excellence Survey results of the wellbeing category, and program-specific contributions. The *wellbeing* category of the Pathway to Excellence designation is Standard 5 of six core standards and is focused on providing employees the opportunity to enhance work-life balance and effectiveness (ANCC, n.d.). The term program contribution refers to all employee offerings that the Employee Health and Wellbeing Program provided to the employee population.

These five data sets were chosen to represent a thorough understanding of the current state of the Employee Health and Wellbeing Program. The first data set, organizational structure, represented the organization's culture which wellness programs contributed directly to. According to the CDC (2015), a culture of health contributes to the prioritization of health promotion through wellness program development that further impacts employee engagement, workplace attractiveness, and retention. The second data set, Occupational Health Services (OHS) offerings, also contributed directly to employee population health outcomes as it shared a similar vision compared to the existing employee health and wellness program, including "Empowering employees with knowledge, skills, and tools in order to embrace and sustain a personal and organizational culture of health and wellness, and inspire employees to live healthier lifestyles" (CEOSH, 2011, p. 1). The third data set, the All Employee Survey (AES), also contributed to an understanding of organizational climate and its impact on employees (Osatuke et. al, 2012). From the AES, employee engagement and burnout were specifically used as they both are directly linked to the goals set forth by the Employee Health and Wellbeing Program.

By understanding the organizational structure and strategic plan of the organization, the evaluation was able to provide recommendations for ongoing evaluation strategies as well as provide quality reporting on employee engagement while linking public health perspectives to employee wellness programs in general. The third step of the CDC's framework for program evaluation involves identifying the focus and design of the evaluation. By reviewing output data, project questions were used to determine the current state of the program and employee engagement. This specific output data was used to answer the additional targeted questions including: What is the organizational structure of the program?, What are the program contributions (activities)?, How is employee engagement measured?, What components of the Employee Survey reflected employee engagement within the wellness program?, How did Pathway to Excellence survey results reflect the current state of the wellness program? The gathered information was analyzed and applied to answer concerns of design, implementation, and accessibility of the Employee Health and Wellbeing Program. Additional insight was gained through conducting a literature review pertaining to program evaluation, employee wellness program evaluation, and the application of public health perspectives.

Published Outcomes and Research

Evaluation research is a large contributor for organizational success and sustainability. According to McDavid, House and Hawthorn (2018) evaluation can be viewed as formative and or summative in nature. To meet the needs of this descriptive evaluation project, a formative evaluation was completed with intentions of providing advice and or ways to improve the existing program (McDavid, House, & Hawthron, 2018). A literature review was conducted to plan this project by reviewing online resources, as well as onsite intranet services. Online resources included government agency websites, public domains, CINHAL database, and Ebsco host database from the years 2002-2018. Historical information was used predated from 2010 to provide pertinent descriptive information. Key search terms included: wellness programs, program evaluation, descriptive research, employee wellness, employee wellness programs, and wellness program evaluation.

Since employee wellness programs are highly adaptive to the organizations in which they exist, it is difficult to reliably compare one program and subsequent evaluations to another without having identical organizational structures and needs. Pollitz and Rea (2016) provided a synopsis of the United States Federal Government contracted Research and Development Corporation (RAND corporation) analysis of employee health and wellness programs. In their content analysis, an average cost savings per person/participant was approximately $30 dollars a month, but they additionally mentioned, "…fewer than half of employers engage in formal evaluation of wellness program impacts" (Pollitz & Rae, 2016, p. 9). The RAND study involved an evaluation of why or why not employees participated in wellness programs. Financial incentives to join programs were found to have a lower reported impact on employee willingness to participate compounded by additional factors including lack of time and availability, inconvenient location, and fear of employer learning of health conditions (Pollitz & Rae, 2016). Conversely, a higher percentage of employees expressed a desire to participate due to the convenience of the program being at work Pollitz & Rae, 2016).

Pomeranz et al. (2016) also supported the finding of the RAND study alluding that wellness program evaluation is lacking. Relying on the CDC framework for program evaluation, and federal guidelines, this evaluation still holds significant merit in terms of program evaluation and potential population health impacts. The literature reviewed has provided insight into the need/demand for ongoing evaluation, importance of organizational structure and support, evaluation practices, wellness program design, and potential impacts on both employees and the organization. The scope of this study has implicated that program evaluation of wellness programs specifically could benefit from consistent approaches to evaluation with emphasis on population health management theory and involvement of advanced practiced nurses in incorporating such concepts into the development, implementation, and ongoing evaluation of wellness programs.

Archival and Operational Data

Of the five data sets identified, the following involved utilization of preexisting operational data including the review of Human Resource Service handbook, AES results in the focus area of employee engagement/burnout, Pathway to Excellence Survey results in the focus are of wellbeing, and program contributions. OHS provides several health specific services that are available to all employees. This data was included as the Employee Health and Wellbeing Program has oversight from OHS, which has oversight from HR as depicted in Figure 3. The first step of the CDC framework for program evaluation was to engage stakeholders. It is through stakeholder engagement that information contributing to the evaluation was found.

First, to identify the organizational structure of the health system the Intranet service was used to search health system policies and procedures which are viewable to any employee onsite. The OHS handbook is available to the general public via Internet as well. Both AES and Pathway to Excellence survey results are available to the public in generalizations only; data specific to the evaluation location site was obtained via the Intranet within the health system. These survey results were also made available to all staff from a health system wide email sent from the director who was identified as a stakeholder in the beginning phases of the evaluation. The AES results represent the employee population and thus provided insight into the population health aspect of the evaluation. As mentioned by Osatuke et al. (2011), items on this survey have been thoroughly tested and continue to evolve to meet the needs of the organization. Reliability is measured using Cronbach alpha reliability scores for unidimensional AES scales (Osatuke et al., 2011). Validity of AES is maximized by being straightforward in what is being asked (Osatuke et al., 2011). Both surveys are administered online featuring flexible accessibility for all employees, and are advertised through employee email servers. The organization tracks participation and also utilizes email to update staff of the number of participants and how many more they aim to have participate. A limitation to the AES includes the recent change in survey questions to address survey fatigue. According to the National Research Center (2016) lower participation rates can occur due to overwhelmingly long surveys. With the change, the number of questions was decreased and the focus was shifted to a more generalized approach in order to gain more participants without losing valuable insight. A shorter survey means less information to analyze. The Pathway to Excellence survey was developed by the ANCC and represents the nursing culture of an organization. The limitation of this data set it that only employees of nursing are able to participate. Pathway to Excellence designation does contribute to the organizational health culture however, does not represent the employee population as a whole. The information yielded from the Pathway to Excellence Survey involves the Employee Health and Wellbeing Program as accessibility to work life balance is a key theme in standard 5, or wellness. By reviewing both surveys insight into the wellness in terms of employee reported burnout, engagement, and accessibility was gained.

The fifth data set of program contributions was compiled through direct communication with Recreation Services, Education department, and through health system Intranet searches. Program contribution data collection provided a look into what sort of activities were being made available and accessible to employees. There was no single location to see all health promotion activities taking place and each program contribution was separately managed.

Analysis and Synthesis

In order to conduct the program evaluation, the fourth section of the CDC's framework for program evaluation involved gathering evidence. To gather evidence, a literature review was completed to demonstrate the need for an evaluation and approach population health nursing concepts in evaluation. Secondly, to proceed with the evaluation, permission to conduct research within the large multisite health system through contacting the Research and Development Department was obtained. Supportive documents and the research proposal were sent to both internal Research and Development team as well as the health system's Research and Development Department for Internal Review Board approval. The evaluation proposed met requirements to be classified as a quality improvement initiative and was signed off by the health system's Chief of Staff to proceed with data collection.

Data collection involved going to recreation services, and OHS to discuss the wellness program. Additionally, the AES and Pathway to Excellence Survey results were reviewed through the shared results from the organization to its employees. When reviewing the AES, the Employee Engagement Index section included the following focus areas: turnover intentions, exhaustion, depersonalization, reduced personal achievement, and burnout. The following description was derived from NCOD's AES snapshot (2018):

> *Employee engagement* is described as a summarization measure of the group's engagement, as informed by internal (self) and external (organizational) motivations to be engaged at work. *Burnout* is a summarization measure of the group's experience of physical, emotional, and cognitive burnout. It is computed as a roll-up score from the turnover intention, exhaustion, and depersonalization score. The *Burned Out Percent Profile* is a summarization measure of the group's burnout, or percent of staff who are feeling burned out. It is computed as the

> frequency (0-100%) of respondents who reported all three burnout items as high or frequent with lower frequencies more favorable (p.4).

When reviewing the Pathway to Excellence survey results, there were 431 respondents, which represented 70% of the nursing population. Results of four specific survey questions related to employee wellness were included into this evaluation. Items reviewed included a percentage of favorable responses to the survey item that correlated employee attitudinal data on wellness activity accessibility. When reviewing program contributions, a chart was created to represent all offerings to employees that fit into the concept of wellness as defined in this paper, and within the Employee Health and Wellbeing Program. Descriptive statistics reporting was utilized to summarize the survey data in both narrative and chart forms.

Summary

Section 3 covered the practice-focused questions, sources of evidence, published outcomes and research, archival and operational data, and analysis and synthesis. This section involved gathering credible data for the evaluation, which aligns with the fourth step of the CDC Framework for program evaluation. Data collection involved engaging stakeholders, compiling both Intranet and Internet searches, reviewing policies and procedures, and reviewing preexisting survey results pertaining to the concept of employee wellness. Section 4 will discuss the fifth step of the Framework, which involved justifying the conclusion through analyzing all datasets.

Section 4: Findings and Recommendations

Introduction

Program development and implementation are critical elements of organizational growth. Ongoing program evaluations support financial investment into programs and help to contribute to continued success of employees and the organization as a whole. Without ongoing evaluation, programs can be ineffective and unsuccessful in meeting the direct needs and goals of the organization.

This program evaluation specifically assessed the Employee Health and Wellbeing Program in terms of organizational structure, accessibility, and attitudinal data of employees. The following question was used: Does the implemented Employee Health and Wellbeing Program correlate with recommendations of the CDC through providing employees with accessibility and opportunity to improve health and wellness? The purpose of this project was to provide an initial evaluation of the Employee Health and Wellbeing Program while focusing on organizational structure, OHS offerings, AES and Pathway to Excellence survey results, and program contributions.

To conduct the evaluation, a literature review was completed, organizational structure and occupational health service offerings were identified, survey results were reviewed, and program contributions were compiled via both Intranet and Internet searches. OHS provided an employee handbook detailing all employee offerings related to wellness and was incorporated into a narrative. Survey results were chosen based on relevance to wellness and applied through descriptive statistical explanations of employee attitudinal data which reflected program effectiveness and answered the project-focused question. With each completed data set, this project provided an in-depth evaluation of the Employee Health and Wellbeing Program while using the CDC framework for program evaluation of public health programs, and the NCOD guidelines to program evaluation emphasizing program outputs. Further discussion will be provided for ongoing evaluative efforts, including outcomes of the program and recommendations for cost-benefit analysis.

Findings and Implications

Program Description

The Employee Health and Wellbeing Program was implemented in October 2003 in response to an organizational effort to address the United States' government call for health promotion and disease prevention by providing wellness programs in the workplace. An employee wellness committee was formed to provide oversight to the program. The following specific responsibilities of the wellness committee included acting as a liaison between clinical and administrative services, coordinating and promoting wellness activities, and providing recognition of successful participation of employees. As of 2019, there are potentially 2,027 employees that could participate in program offerings.

The infrastructure of the wellness program was built in a way that the committee relies on all members in order to effectively operate. By design, the program called for monthly meetings. Policies and procedures are currently in place for the program with revision dates within the last 3 years or less. The Employee Health and Wellbeing Program involved recreation services oversight of the fitness center to provide equipment and facilities for employee use. Employees are required to complete an enrollment form disclosing current health status.

Organizational Structure

Intranet searches of the organizational structure resulted in a detailed breakdown of organizational support for the Employee Health and Wellbeing Program. The Employee Health and Wellbeing Program is a part of OHS, which is overseen by human resources. In addition to the Employee Health and Wellbeing Program, OHS cover the following specialty groups: employee occupational health and infection control, safe patient handling and mobility, workers compensation, behavioral threat management, and violence prevention. The organizational structure of the Employee Health and Wellbeing Program is set up so that the program directly reports to the governing board (GB). The GB holds the ultimate responsibility and authority for strategic planning, designing, budgeting, directing, and integrating services to maintain quality of care. More specifically, the employee wellness committee manages the Employee Health and Wellbeing Program. The employee wellness committee reports to the Workforce Development Council, which involves "oversight of initiatives to improve employee satisfaction and retention through key human resource practices. Figure 3 provides a visual representation of the organizational structure of councils, committees, and subcommittees. The image represents only a portion of the responsibilities of the GB that can be linked to the Employee Health and Wellbeing Program.

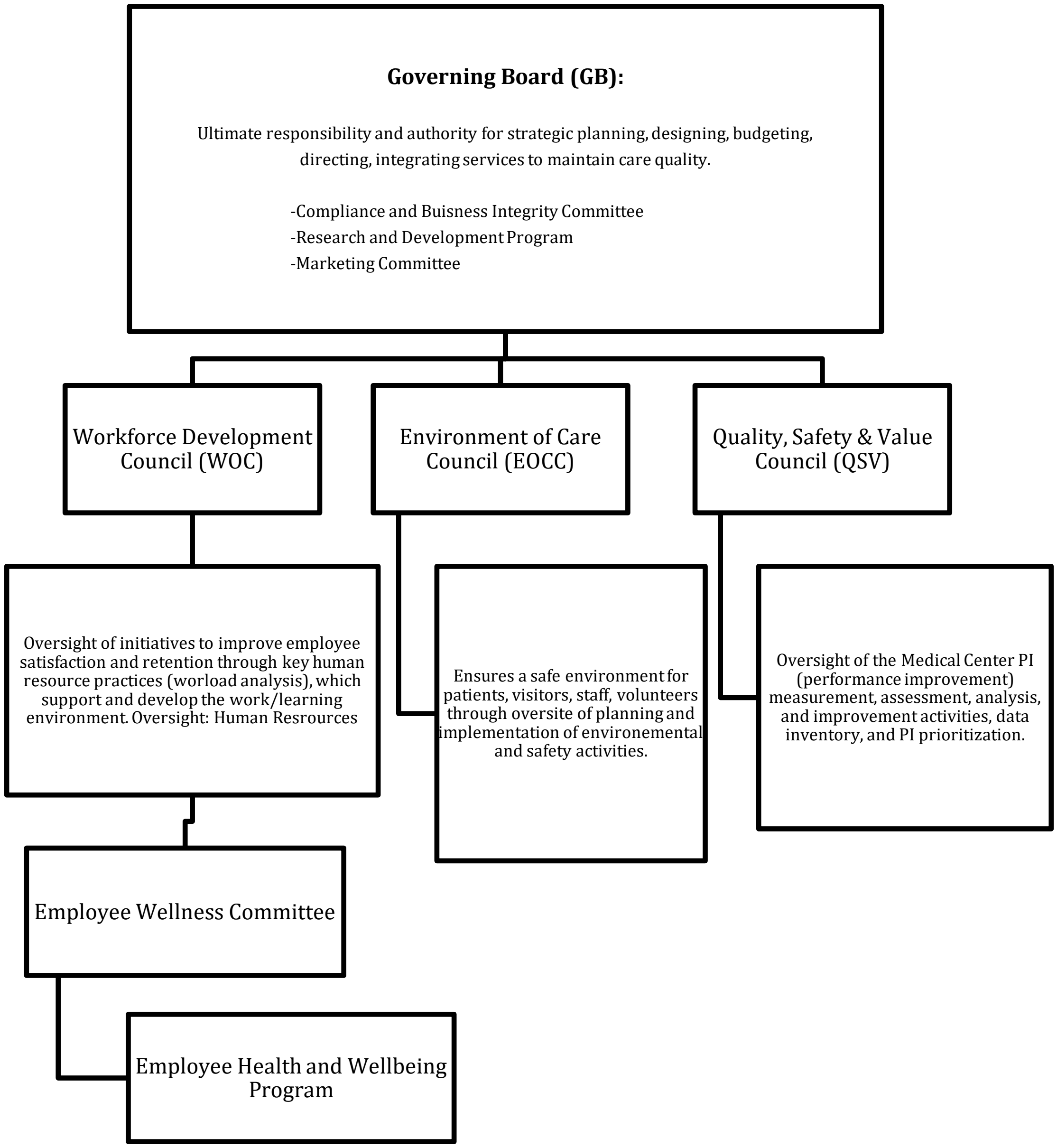

Figure 3. Organizational structure as it pertains to the Employee Health and Wellbeing Program.

The organizational structure review represented the organizational level of support in place to have a successful wellness program. The United States Office of Personnel Management (OPM, n.d.) describes a worksite health and wellness program as "a set of programs, policies, and environmental supports designed to help meet the health and wellness needs to maximize organizational performance" (para 1). Additionally, according to CEOSH (2011), the following components make up a comprehensive worksite wellness program: health education, supportive environments, integration of worksite wellness programs into the organizational structure, linkages with related programs, and screening programs (p. ii). It is evident that there is both structural and organizational level support for the Employee Health and Wellbeing Program.

Occupational Health Offerings

OHS offerings include all aspects of health promotion and disease prevention offered by the organization to support the employee population in demonstrating a culture of health within the workplace. There are a multitude of programs in place to promote workforce wellness. As mentioned previously, OHS cover the following specialty groups: employee occupational health and infection control, safe patient handling and mobility, workers compensation, behavioral threat management and violence prevention which all directly correlate to the desired overall health impact of the employee wellness program (USDVA, 2016b).

The offerings of OHS as it pertains to employee wellness in the Employee Occupational Health Service Handbook have been categorized into three main sections: employee assistance program (EAP), health maintenance program (HMP), and infectious disease management (USDVA, 2015a). OHS aims to make the EAP available to all employees. According to OPM (n.d.) "EAP is a voluntary, work-based program that offers free and confidential assessments, short-term counseling, referrals, and follow-up services to employees who have personal and/or work-related problems" (para 1). Table

1 represents the services provided to employees adapted from the OHS offerings pertaining to wellness.

Table 1. Services Provided to Employees from OHS

Services provided to employees from OHS	
Services	**Service Description**
Employee Assistance Program	"EAP is a voluntary, work-based program that offers free and confidential assessments, short-term counseling, referrals, and follow-up services to employees who have personal and/or work-related problems" (OPM, n.d.).
Agency offered psychiatric exams	Exams can be offered if management requires information to make an informed decision regarding the employees abilities to complete job duties and or the employee is requesting reasonable accommodations based on medical need. Note** Different than Agency ordered psychiatric exam.
Domestic Violence, Sexual Assault, and Stalking in the workplace.	Provides employees with resources to deal with these issues in the workplace to include taking disciplinary action against the offender.
Alcohol and drug abuse	Provides employees with confidential counseling services to cease use of drug.
Health Maintenance Programs	Health promotional evaluation offerings to support healthier federal workers.
Annual health promotion evaluation	Annual exams are encouraged, voluntary and provided at the request of the employee. Evaluations follow US Preventive Services Task Force and the CDC Community Guide to Preventive Services.
Screening for tobacco usage	Employees are able to receive free nicotine replacement therapy over the counter medications if they seek assistance. Employee Health Office provides these interventions to the employees.
Blood pressure screening	Blood pressure screening with annual exam and as needed is recorded in employee medical record via CPRS.
Fecal Occult Blood testing /age 50 and up	Screening occurs during annual exam.
Screening for diabetes	Screening occurs during annual exam.
Lipid profile	Screening occurs during annual exam.
Acetylsalicylic Acid recommendations	Screening occurs during annual exam.
Calculation of Body Mass Index and or abdominal girth	Screening occurs during annual exam.
Alcohol use and depression screening	Screening occurs during annual exam.
High risk Appraisal	Screening occurs during annual exam.
Vaccinations	Influenza vaccinations are provided to employees.
Infection Disease Management Program	Tuberculosis surveillance with appropriate tuberculosis screening frequencies based on CDC and American Thoracic Society guidelines.
Tuberculosis screening	Annual or biannual ppd screening/chest x ray based on need is provided.
Medical Surveillance	Fit testing with N 95 Respirators as needed. Additional surveillance can be done depending on exposure of the employee.
Screening tests	All employees have a pre screening prior to employment. Covers additional screening, exposures and treatment protocols as needed.

Adapted from information provided in the Employee Occupational Health Services Handbook (2015).

The management of work-related injuries and illnesses service was not included into the evaluation. This portion was excluded as it involves workman's compensation processes outside of the scope of the Employee Health and Wellbeing Program.

Additionally, the EAP offers voluntary psychiatric exams, however maintain the right to make psychiatric exams mandatory, or *agency ordered*, based on the specific employee issue. Under the HMP, it is important to mention that employees working for motor vehicle operators, police services, firefighting services and boiler plant services are required to have physical exams yearly to determine fit for duty status which is not a requirement of other employees (USDVA, 2015b). Despite job specific requirements that could be linked to health and wellness, all services listed are available to all employees and are voluntary to participate in.

It is evident that OHS provided a large amount of health promotional activities that could impact the utilization and influence of the Employee Health and Wellbeing Program which addresses the project focused question regarding availability and accessibility to the wellness program. As the program stands, there is involvement from OHS in the Employee Health and Wellbeing Program committee, design and function, however there is a great potential to further combine the services for ongoing evaluative purposes particularly. For example, all information obtained by OHS is maintained within the employees confidential medical file or health record in the Computerized Patient Record System (CPRS). Improving employee engagement in the Employee Health and Wellbeing Program could also improve employee participation in the voluntary services provided by OHS. Not only would the employee be participating in wellness program offerings, but their progress could be tracked in CPRS for wellness program effectiveness evaluative data. With such data, program improvements could be made, engagement measured, and a health profile for participants could be compiled to further support the goal of establishing a culture of wellness and impacting population health outcomes. This also provides valuable information that could be utilized in meeting organizational standards for wellness, contribute to positive All Employee Survey results and continued Pathway to Excellence designations.

All Employee Survey

Every year the organization advertises for participation in the AES. Since participation is voluntary, there have been numerous changes to the survey to meet the needs of the employees to ensure that participation numbers are adequate for statistical significance in result analysis. In 2018, the AES was merged with the Federal Employee Viewpoint Survey (FEVS) to "help decrease survey fatigue, eliminate redundancy and expand the data access" (NCOD, 2018, para 1). The specific results reviewed from this survey represent attitudinal data pertaining to wellness in the areas of Employee Engagement Index, and Employee Withdrawal as identified by the survey instrument. The AES utilized the response scales listed in Table 2 (NCOD, 2018, p. 2, 3).

Table 2. Response Scales Utilized in the All Employee Survey

Response Scales Utilized in the All Employee Survey

Satisfaction Scale	Agreement Scale	Feeling Scale	Burnout Scale	Yes/no scale
1 = Very Dissatisfied	1 = Strongly Disagree	1 = Very Poor	1 = Never	1 = Yes
2 = Dissatisfied	2 = Disagree	2 = Poor	2 = A few times a year or less	2 = no
3 = Neutral	3 = Neutral	3 = Fair	3 = A few times a month	3 =Do Not Know
4 = Satisfied	4 = Agree	4 = Good	4 = Once a week	
5 = Very Satisfied	5 = Strongly Agree	5 = Very Good	5 = A few times a week	
6 = Not Applicable	6 = Do Not Know	6 = Do Not Know	6 = Every day	

Information obtained from 2018 All Employee Survey

Survey results reviewed represented 97 departments and were distributed to the total employee population of 2,027 employees. There were 1, 379 responses making the health system wide response rate 64%. The Employee Engagement Index was based on responses to the following categories demonstrated in Table 3.

Table 3. Employee Engagement Index

Employee Engagement Index

Category	Question
Connection to mission	I feel a strong personal connection to the mission of the facility.
Organizational support	The facility cares about my general satisfaction at work.
Recommend my organization	I recommend my organization as a good place to work.
Organizational pride	I would be happy for my friends and family to use this organizations products/services.
Work motivation	This organization really inspires the very best in me in the way of job performance.
Extra work effort	I always do more than is actually required.
Work energy	I devote a lot of energy to my job.
More than paycheck	My job is more than just a paycheck to me.

These responses were additionally rolled into 6 subcategories including mixed percentage, best places to work, engaged percentage, satisfaction and customer satisfaction. Of the 97 services surveyed, the Employee Engagement Index was measured in terms of worse, similar and better based on the previous year's evaluation in the 6 subcategories. Services rendering results of at least one indicator in the category of *worse* engagement index represented 16.49% of the total amount of services and are included in Table 4. Table 4 also provides a visual representation where x represents the subcategory explaining a service's decrease in scores from the previous year's AES in the particular subcategory. Only services with a comparative *worse* performance were included.

Table 4. Employee Engagement Work Environment

Employee Engagement Index: Work Environment

Service	Subcategories				
	Engaged	Disengaged	Satisfaction	Best Places to Work	Customer Satisfaction
001 MISC. SVC Roll Up	x	x	x		x
EMS Housekeeping Team 1	x		x	x	
Environmental Management Service Roll Up	x	x			
Facility Management Service Roll Up					x
Medical Administration Services		x	x	x	x
Mental Health CBOC HBPC PCMHI	x		x		
Mental Health Dom Health Techs		x		x	x
Nursing 4A	x			x	
Nursing 5A					x
Nursing CBOCS	x		x		
Nutrition and Food Service Clinical					x
Nutrition and Food Service Production			x		
Nutrition and Food Service Staff	x	x			
Police Service	x	x	x	x	x
Primary Care CBOC Employees			x	x	
Primary Care CPCs Well Women Transition Care Management	x		x		
Primary Care Roll up			x	x	

Note: "x" indicates the specific area(s) of deficit.

As a whole, the organization had reached the category *Better* in the areas of engagement, disengaged, satisfaction, best places to work and customer satisfaction. Though 16.49% is a relatively small representation of the whole, it still provides insight into improvement initiatives geared towards employee engagement. Employee engagement also correlates to the employee's use of services offered by the organization to improve both employee satisfaction, customer satisfaction, and workplace environment. This provides evidence to support ongoing engagement strategies for the Employee Health and Wellness Program utilization.

In addition to employee engagement, the category of employee withdrawal was evaluated. There were 5 subcategories identified to include: high burnout, reduced turnover, reduced personal achievement, exhaustion, and depersonalization. Of the 97 services, only services falling in the *worse* category in at least one subcategory of withdrawal as indicated by the survey instrument was included representing 22.31% of the total services. In Table 5, x represents the subcategory explaining a decrease in scores from the previous year's AES in the particular subcategory.

Table 5. Employee withdrawal

Employee Withdrawal

Services	Subcategory				
	High Burnout	Reduced Turnover Intent	Reduced Personal Achievement	Exhaustion	Depersonalization
Miscellaneous SVC Roll Up		x	x		
Primary Care Roll Up				x	x
Primary Care CBOC Employees					x
Police Service		x	x	x	
Pharmacy Service					x
Nutrition and Food Service Clinical			x	x	
Nursing OR GI Interventional Radiology			x		
Nursing Medical Clinics					x
Nursing LTC Administration			x		
Nursing ER Infusion Clinic Occupational Health			x		
Nursing CBOCS			x		
Nursing ADPCS		x		x	
Nursing 6A			x		
Nursing 4C Telemetry Techs			x		
Nursing 4A		x		x	
Nurs Exec Misc SVC Roll UP			x		
Mental Health Dom Health Techs		x			
Mental Health CBOC HBPC PCMI				x	
Mental Health PTSD				x	
Medical Service Subspecialties				x	
Medical Administration Service		x		x	x
Customer Service		x		x	x
Associate Director Staff		x			

Note: "x" indicates the specific area(s) of deficit.

The organizations combined Employee Withdrawal measurement yielded similar results in comparison to the previous year except in the categories of exhaustion and depersonalization. These sub categories are actually decreasing which represents room for intervention in both areas. Improving engagement in the Employee Health and Wellness Program particularly in work life balance could positively impact the decreasing scores in both exhaustion and depersonalization. The subcategory of *Reduced* *turnover intent* represents service areas where employees reported an intention to leave their job. These areas involve two nursing services, two technician services, police services, medical administration, customer service, and associate director staff. These are critical areas of service in the health system which would benefit from further investigation as to why employees are wanting to leave.

In comparison to engagement scores, there is a link between Dom Health techs, police service and medical administration showing both decreased Engagement Indexes and turnover intent. Additionally, it is important to mention that not only did police services and medical administration services have a correlation to decreased engagement and increased turnover intent, they were two of three services who showed a decrease in 4 or more subcategories of the entire Employee Engagement Index. The third service to have a decrease in 4 Employee Engagement Index subcategories included the Miscellaneous services group. Another significant finding related to employee withdrawal included that 7 of 10 identified nursing services reported a decrease in personal achievement. The subcategory of personal achievement answers the question "my work gives me a feeling of personal accomplishment" and is considered employee attitudinal data of working environment. In reference to the Employee Health and Wellbeing Program, the workplace environment contributes to employee wellness in areas of stress management with the goal of creating a positive culture of health in the health system. The targeted questions on the evaluation involved: how is employee engagement measured, and what components of the All Employee survey reflected employee engagement within the wellness program. This analysis provides some insight into employee engagement within the organization measured through the Engagement Index generally, but requires more research to identify a link between employee engagement in the organization compared to specific engagement in the wellness program.

The highest amount of services that resulted in employee withdrawal reports involved 10 total services that showed a decrease in personal achievement, and 10 services that showed higher levels of exhaustion. Interestingly exhaustion and reduced personal achievement only occurred simultaneously in reports from Police services, and Nutrition and Food Services. Similarly, both services reported a decrease in job satisfaction.

This analysis shows correlations between engagement and withdraw that could aid in improvement efforts of the health system to improve the organizational culture. Furthermore, the improvements could link in the program contributions of the Employee Wellness Program to address problem areas with engagement and withdrawal throughout the health system. Overall the subcategories in both Employee Work Environment and Employee Withdrawal could be positively impacted by utilizing employee engagement tactics and emphasizing the understanding of the utilization of existing programs geared toward employee health as a population health improvement initiative. As the AES is completed annually, this provides the ongoing opportunity to assess the comparison of Employee Work Environment results and Employee Withdrawal results to Employee Health and Wellbeing Program outputs emphasizing health related outcomes.

ANCC Pathway to Excellence

The organizational focus on employee health and wellness and creating a work culture of health helped to meet Standard IV of the Pathway to Excellence designation. According to the ANCC, "Pathway to Excellence Program recognizes a health care organization's commitment to creating a positive practice environment that empowers and engages staff" (ANCC, n.d., para 1). This is yet another measurement in the organization that correlates directly to employee engagement and that is also linkable to the Employee Health and Wellbeing Program. In order to meet Standard IV, the organization must have programs in place to affect the following: staffs' personal wellbeing, health assessment for staff, population health management, and a culture of health initiative (Dans, Pabico, Tate & Hume, 2017). This evaluation of the Employee Health and Wellbeing Program demonstrates that the organization meets these needs through having a supportive organizational structure for a culture of wellness, employee OHS, AES analysis and action plans, as well as through the program contributions directly providing and promoting wellness initiatives throughout the organization affecting population health outcomes.

The organization met the needs for Standard IV by providing specific examples of staffs' personal wellbeing, to include flexible scheduling features promoting work life balance, and through sponsoring free annual events including a 5K fitness run, community open house, health system grounds that accommodate running, walking and playing softball, and access to the onsite gym with free exercise classes. The component of organizational activities and programs for staff included the following examples:

nursing service councils, education and recruitment and retention councils, and the AES to provided valuable attitudinal data. The example provided for PHM involved community health impact through offering a community residential care home for patients who cannot live independently. Lastly the culture of health initiative example featured both the annual *Go Red for Heart Health Fair* and breakout sessions with healthy cooking topics and chair yoga demonstrations. Further employee engagement highlights involved scholarships and tuition assistance programs, and monetary awards for obtaining national certifications. Figure 4 provides a visual representation of the Pathway to Excellence Survey contributions included to meet Standard IV.

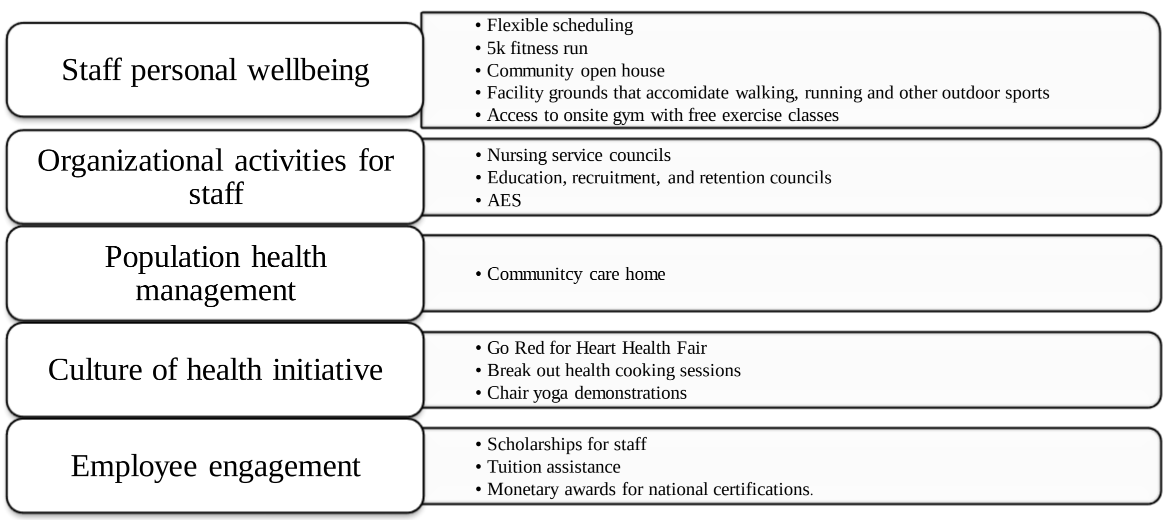

Figure 4. Pathway to Excellence examples provided for standard IV.

The Pathway to Excellence survey review provided insight into the last targeted research question: how did Pathway to Excellence survey results reflect the current state of the wellness program. From the information provided from the health system, it is evident that there are more examples of program contributions of the Employee Health and Wellness Program that could be utilized in future Pathway to Excellence designations. Though the categories were adequately represented, the health system has much more to offer than what was represented in this description. The following section provides more specific insight into program contributions that could better represent the current state of the Employee Health and Wellness Program in the future.

One limitation of utilizing the Pathway to Excellence Survey is that it represents only nursing services within the organization. There are 426 full time nurses including 378 direct care nurses, 23 intermittent registered nurse staff, and 9 intermittent licensed practical staff compared to the 2,027 total employee count within the organization. The AES provides data collectively though both surveys are undeniably connected through employee engagement evaluation. As AES continues to evolve to meet the needs of the organization, perhaps emphasizing wellness/wellness programs in the AES or through creating a new survey instrument would yield valuable insight to wellness program success and or resource utilization from the employee population health perspective and not solely from the nursing perspective. Comparatively, utilizing the AES survey presents the limitation of assessing more general aspects of wellness in terms of engagement and withdrawal but doesn’t address the rationale of the organizational cause to high and or low scores. The last data set will cover what the Employee Health and Wellbeing Program specifically offers to employees to contribute to the culture of health within the organization.

Program Contributions

The Employee Health and Wellbeing Program encourages employees to participate in wellness program contributions in order to affect the health outcomes of employees and to create a supportive culture of health within the organization. There are numerous programs in place under the Employee Health and Wellbeing Program that provide employees with educational opportunities, and wellness focused activities. In this evaluation, 7 different program contributions were found to have been implemented. Figure 5 represents program contributions followed by the description and promotional methods of the contribution.

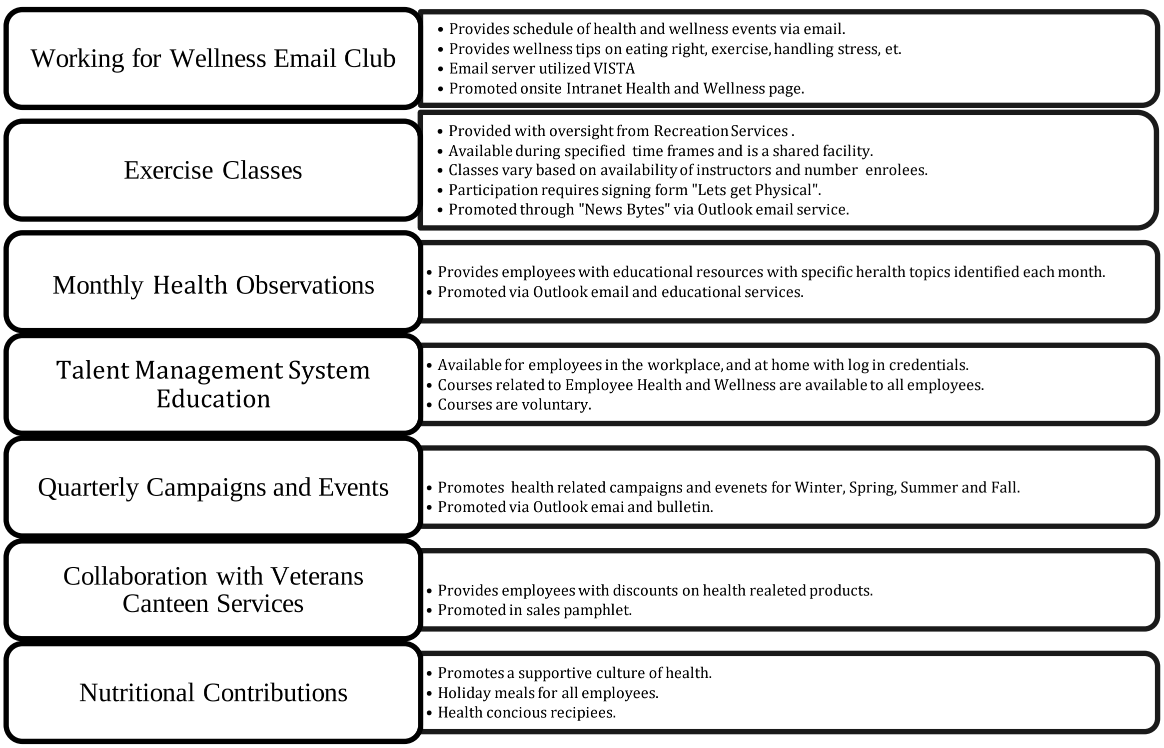

Figure 5. Employee health and wellness program contributions.

The *Working for Wellness Email Club* is a tool utilized to provide email updates to keep employees informed of the latest health and wellness related offerings in the health system. Employees have to enroll into the email club utilizing VISTA email service. Currently there are two email services available to staff including both VISTA and Microsoft Outlook. The health system has been fading its use of VISTA services over time, and the majority of services and employee communication occur in Microsoft Outlook. To reach a larger audience in the future, this email club could be transferred to Microsoft Outlook services, and emailed to all employees rather than utilizing subscription or enrollment email process.

Exercise facilities and classes are made available to both the patient and the employee population. There are established *employee only* hours for facility access that includes Monday through Friday from 4-6 pm, and 24 hours a day with entry from an access card which is obtained by the employee after the completed *Let's Get Physical* form is submitted to recreation services representative. Exercise classes are promoted through the utilization of Microsoft Outlook email service and are combined with other health system information distributed as *News Bytes*. Activity in the fitness center is monitored by sign-in sheets, access card usage, surveillance cameras, and police service safety inspections. Employees participating in a class are required to sign in on a sheet. This information is not added to the employee's individual health record in CPRS however there is potential to utilize this established feature to track employee health related trends and improvements. The health system also provides monthly health observations as a way to target an educational topic related to health. For example, figure 6 represents the highlighted health topics observed in 2018.

January	• Glaucoma awareness
February	• American heart
March	• Brain injury awareness
April	• Parkinsons's disease awareness
May	• Mental health awareness
June	• PTSD awareness
July	• UV safety awareness
August	• Immunization awareness
September	• Suicide prevention awareness
October	• Breast cancer awareness
November	• Diabetes awareness
December	• HIV/AIDS awareness

Figure 6. Monthly health observations.

Monthly health observances are promoted through Microsoft Outlook email service and distributed throughout the health system. Employee education specific to health and wellness is not only provided through monthly health observances, but also through the Talent Management System (TMS). Employees have access to TMS from both place of employment and at home. TMS education programs not only provide the employee with education but also provide associated continuing education units that are needed to maintain some professional licenses. Table 6 represents the available employee health and wellness related courses in TMS.

Table 6. TMS Courses Related to Health and Wellness

TMS courses related to health and wellness
Steps to a healthier you
Tips, tools, and techniques to boost your wellness effort
Executive excellence and wellness through strategic leadership
Stress management overview
Conflict, stress and time management
Resilience: From stress to success

TMS educational models offer a convenient educational platform with accessibility options that appeal to employees. These recommended health related courses are voluntary to complete; however, they could easily be assigned by management in order to provide proof of health and wellness education among the employee population. In addition to TMS educational opportunities, the organization provides quarterly campaigns and events emphasizing health and wellness.

The quarterly campaigns and events are promoted through both a bulletin style in house publication and Microsoft Outlook email. Both are released in winter, summer, spring and fall. Examples of quarterly events include wellness fairs, 2K walk/run, employee wellness book club, 30 days of gratefulness challenge, and *step*tober fall fitness campaigns (USDVA, 2016a). In addition to the quarterly campaigns, the organization provides employee discounts on health-related merchandise available at the store located on site.

Lastly the Employee Health and Wellbeing program incorporates nutrition services in order to address population health needs by assuring employees accessibility to healthy food, and through providing holiday meals for all employees. Holiday meals are promoted through *News Bytes* via Outlook email, flyers and word of mouth from direct supervisory staff.

Recommendations

Employee health and wellness programs require a cohesive organizational structure and active representation of many services to maximize potential impact. From reviewing the five data sets in Section 4, it is evident that this organization not only has the organizational structure, but also the organizational support for successful wellness programs. When specifically reviewing the Occupational Health Services employee offerings linked to health and wellness, there was an identified gap in cohesion in relation to the Employee Health and Wellbeing Program contributions. Both programs are organizationally connected through structure and professional representation, however are running separately in the organization. The output data of OHS explains what health and wellness related programs are made available to all employees, as does the output data of program contributions. By emphasizing the combined potential impact of a more cohesive representation of OHS and the Employee Health and Wellbeing Program could greatly affect employee engagement.

Employees have access to their personal medical record that is documented in the CPRS system. OHS services encourages employees to receive annual physical exams and offer basic labs and blood pressure monitoring for all employees. If an employee is actively participating in the Employee Health and Wellbeing Program, this annual exam could be used to track their individual progress and improvements. Tracking both individual and organizational progress in reaching health goals could become a valuable evaluative tool for ongoing wellness program improvement initiatives. The current organizational structure and computerized systems could structurally support this recommendation as there currently there is no evaluative link between employees who utilize OHS services and participate in Employee Health and Wellbeing program contributions.

Employee engagement and withdrawal data was also reviewed. The AES results generally depicted the picture that the organization had improved in their Employee Engagement Index as compared to the previous year. This evaluation provided service specific Engagement Index survey results to demonstrate services that could be targeted for employee engagement strategies in order to encourage participation in the Employee Health and Wellbeing Program aside from generalized organizational level program promotion. Comparatively, the Employee Withdrawal Index represented an organizational increase in sub categories of reported exhaustion and depersonalization. The Employee Health and Wellbeing Program offers programs specific to stress management and mindfulness which could impact the AES results if more participation occurred; OHS also offers the EAP with services available for psychiatric examinations and counseling services. Participation in either OHS and the Employee Health and Wellbeing Program is not comparatively evaluated by the organization. Through evaluating utilization of both services, more appropriate action plans could be made to address the categories of exhaustion and depersonalization among the employee population.

Additionally, the Pathway to Excellence survey was incorporated into the evaluation to obtain attitudinal data related specifically to wellness in the workplace. This evaluation has provided numerous examples that could be included in the Standard IV category for gaining future Pathway to Excellence designations. The ongoing evaluation of employee engagement and resource utilization in the Employee Health and Wellbeing Program ensures the organizational structure and culture positively affects the employee population, and general population health impact over time. Further longitudinal research into employee engagement specific to wellness program utilization, AES results, and use of OHS service has the potential to improve the culture of health within the organization and has implications in population health management and improved health outcomes.

The Employee Health and Wellbeing Program contributions section, reviewed program offerings, and explained promotional activities linked to each. From this evaluation it can be concluded that there is a strong infrastructure in place for a successful wellness program. The level of success of the program is the next evaluative step of this research. The organization would benefit from the development of a combined evaluative effort of program utilization and attitudinal data of both Employee Health and Wellbeing Programs and OHS.

In 2017, OPM administered the first Governmentwide Federal Work Life Survey Federal Work Life Survey that was geared towards evaluating the relationship between work life programs and federal employee’s needs (OPM, 2017). This survey provided valuable insight into the federal workforce’s satisfaction towards scheduling, telework, employee assistance programs, wellness programs, and dependent care programs (OPM, 2017). In the federal workforce, 64,474 participants from numerous federal organizations responded to the survey. One key finding related to wellness programs was that only 38% of employees were satisfied in their organization's wellness program. It was also identified that the largest barrier to program participation was a lack of awareness of programs offered and additional potential explanation of lack of supervisory support of participation in such programs (OPM, 2017). This survey could be utilized on an individual health system bases to gain more focused program results related to wellness program satisfaction and employee needs since each wellness program is designed to meet the needs of the population in which it serves. Section 4 provided detailed evaluation of the organizational structure of the Employee Health and Wellbeing Program, employee engagement index review, review of nurses' attitudinal data related to wellness, program contributions, and recommendations for ongoing evaluative strategies. Section 5 will discuss the dissemination plan, analysis of self and provide a summary of this evaluation.

Section 5: Dissemination Plan

Employee wellness programs incorporate many professional services in any organization. It is imperative to reach as many key stakeholders as possible when expressing wellness program evaluation findings. The evaluated organization offers several platforms for ongoing employee educational opportunities at both individual service and organizational levels. The completed evaluation would meet the requirements to present at the annual National Research Fair in 2020. Annually during National Research Week, staff members are invited to submit abstracts in order to become a presenter during day long educational seminars. Additionally, results will be shared with all services involved in the employee health and wellness program as identified in the organizational structure. As wellness programs across the United States continue to grow in terms of structure, implementation, and evaluation, so do opportunities to influence success. An additional professional networking opportunity to promote evaluation outside of the organizational level is during the 2020 Corporate Health and Wellness Summit in Scottsdale, Arizona, where wellness program strategies for success will be presented over a 4-day conference focusing on improving and maximizing the impact of wellness programs on organizations.

Analysis of Self

In approaching an evaluation of a large organization, my initial thought was that it was too large of an undertaking. After careful guidance from many mentors, I was able to turn something that seemed unfeasible into a workable reality. The most difficult yet most important aspect of project completion involved the engagement of stakeholders to obtain a solid foundation of information to build on. I have grown tremendously in my ability to present my ideas to leadership and administration in a way that gains interest and support. In my past experience, gaining an audience was the most challenging aspect of promoting quality improvement initiatives in the organization.

Through this project, my communication skills and articulation of complex ideas has greatly improved. I was able to effectively gather data over a longer period of time than anticipated due to several road blocks related to approval and loss of stakeholders during several steps of the evaluation. The stakeholder loss involved a service manager who moved to another position. I was able to communicate via email with this individual who gladly gave me names of people to contact until his position was refilled. Not only is stakeholder identification paramount to success, but so is establishing a supportive relationship with the stakeholder. Through perseverance and ongoing support from fellow colleagues, students, and professors, I was able to complete a program evaluation that is applicable to organizational success.

As I have separated from service of the organization, this was my last impactful contribution that hopefully will be used to serve as a basis for future evaluative practices related to the Employee Health and Wellbeing Program. Through the completion of this evaluation, my professional career has more opportunities in terms of public health promotion and evaluation research. I now realize how program evaluation is a specialty among professionals, and not one that many nurses are involved within the organization currently. With this experience, I feel my knowledge base has grown tremendously in terms of evaluation, public health, and broadening beyond the nursing profession. My long-term professional goal has been to become a nurse educator for advanced practice nursing degrees. In my career, I obtained a master's degree in Leadership and Management, and worked as faculty for 2 years in an associate's degree program while completing the DNP degree and working as a staff nurse in a mental health unit. I feel that I have continued reaching my personal educational goals while maintaining my connection to direct care nursing challenges and providing solutions based on my education all along the way. I believe that I have had a successful and impactful career in nursing, with plenty of future contributions yet to come.

Summary

The evaluation of the Employee Health and Wellbeing Program has shown that the organizational structure in place follows recommendations for wellness program development and implementation. Additionally, the evaluation emphasized the potential population health impact of program use. This evaluation further explained that both OHS and the Employee Health and Wellbeing Program contribute to an organizational culture of health, yet are not monitored as a unified contributor to employee health outcomes. The organizational need for a combined evaluative effort to establish resource utilization of both OHS and the Employee Health and Wellbeing Program was identified. Additionally, utilization impacts on both the individual and the population as a whole is a focus area to further improve the design of the program and ongoing evaluation strategies. The organization has existing documentation practices for services rendered by OHS that could be incorporated into wellness program use and effectiveness over time. Ultimately, ongoing evaluations of the wellness program are warranted to identify trends involving employee engagement, withdrawal, and health and wellness within the employee population. Results of such evaluations can be used to contribute to a more desirable place to work, decreased organizational costs, and maximized returns on investment, all while impacting population health outcomes.

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