

The role of decision-makers' motivations in the implementation of corporate health programs

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Abstract

This study examines the leadership motivations underlying the implementation of workplace health promotion programs, applying Hassard's (2012) nine-category framework. The research is based on four semi-structured interviews conducted with two large-enterprise leaders and two SME leaders from the retail, telecommunications, and IT sectors. The findings suggest that while classical economic motivations (e.g., increased productivity, reduced absenteeism, and decreased presenteeism) remain present, their emphasis is considerably weaker than what is indicated in the 2012 literature. Today, WHP programs are primarily legitimized through narratives of the "caring workplace," the "happy company," and strong sense of community, rather than through formal financial return-on-investment indicators.

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1 Introduction

Workplace health promotion programs (WHP) have become one of the most dynamically expanding tools within employer benefits systems in recent decades. The strategic perspective that the integration of such programs into organizations - through improving employees' physical and mental well-being - can contribute indirectly, or even directly, to increasing corporate efficiency is becoming increasingly widely accepted. [10] These programs can improve employee engagement and morale, as well as community cohesion within just a few months, while strengthening individual health awareness. Within 1-2 years after implementation, these initiatives typically result in increased productivity, higher employee satisfaction, and a strengthened attractiveness and retention capacity of the workplace. In the longer term, over a 3–5-year period, the effects of WHP programs become even more visible: workplace injuries decrease, the occurrence of illnesses and absences declines, presenteeism falls, and the return on organizational resources devoted to training also improves. [4] The rapid increase in the popularity of health-promoting and health-educational programs is also supported by the fast-changing general work environment. Globalization and digitalization have created working conditions that increase the risk of chronic diseases and mental disorders. [8] The success of each health program is influenced by numerous factors. Beyond essential resource requirements and the professional quality of the programs, it is becoming increasingly evident that one of the most decisive elements of effectiveness is the motivation of leaders and management. Specifically, it concerns the extent to which decision-makers consider improving employee health a priority. [3,10] The topic is particularly important in the Hungarian context, as domestic companies still lag behind the commonly observed Western management culture. Globally, the prevalence of WHP programs among multinational companies has steadily increased: in 2008, 34% of companies implemented such programs. The figure rose to 56% by 2014 and 69% by 2016. In contrast, according to 2010 study examining 709 companies in the region (approximately one-third were Hungarian) the most frequently implemented (32%) programs were limited only to ergonomic

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improvements, while 40% of the companies had not implemented any such initiatives. [9] Research by Molnár and Müller (2021) examining Hungarian companies shows that, although health awareness is evident in most organizations, the prevalence of effectively implemented WHP programs and the level of commitment associated with them remain low. Moreover, a dominant element of understanding is that maintaining and promoting health is primarily and continues to be regarded as an individual responsibility. [6]

2 Materials and Methods

Our research is based on a series of in-depth interviews. We conducted semi-structured interviews with competent decision-makers from companies operating in the large enterprise sector and in the small and medium-sized enterprise (SME) sector. This study focuses on one, yet significant, sub-area of a comprehensive research project currently in progress. Using relevant segments of the data already available, and linking them with corresponding scholarly literature, it presents the defining characteristics of leadership motivations and their practical manifestations. A continuously expanding interview corpus is available for conducting the research; however, the focus and length constraints of this paper justify the inclusion of only a smaller (N=4), yet well-representative sample. The sample used here includes the leaders of a retail and a telecommunications large enterprise, a software development SME, and a telecommunications SME. All four organizations have advanced workplace health promotion practices and thus may be considered “positive deviants” rather than reflections of the industry average. The interviews took place online in the autumn of 2025, in online form.

3 Main Dimensions of Leadership Motivation

The motivations for implementing workplace health programs are systematized by Hassard’s (2012) comprehensive literature review. The report, prepared on behalf of EU OSHA (Occupational Safety and Health Administration), identifies several motivational factors that encourage leaders to introduce WHP programs from the perspectives of organizational performance, human resource management, safety and well-being. The following section presents these nine dimensions. The titles of the subsections correspond to the category names used in the Hassard report.

3.1 Improved production and productivity rates

One of the most common reasons for integrating WHP programs is the expectation of increased productivity. Employers hope that interventions will lead to higher performance and more stable, efficient work. Higher health risks are closely linked to decreases in productivity, while complex, multi-component programs — such as personalized health promotion, training, and fitness opportunities — have been proven to reduce absenteeism and improve performance. Programs based on holistic approaches generate the greatest organizational benefits by improving employees’ overall health, thereby enhancing organizational resilience. According to the report, productivity improvement is therefore one of the most prominent components of employer motivation, especially in large-enterprise contexts. [5]

3.2 Decreased sickness absenteeism

The research highlights that the reduction in sick leave provides a directly measurable economic benefit for employers. Thanks to preventive and health promotion programs, companies can expect lower absenteeism rates and more consistent workforce capacity. This factor is closely related to motivations aimed at cost reduction. [5]

3.3 Presenteeism and impaired working efficiency

In connection with the above, Hassard also points out that employees being present at work but performing with reduced efficiency (presenteeism) results in greater losses for many organizations than absenteeism. Mental health-related issues can generate significant losses, often multiple times higher than the costs of absence. [5] Employees in poor health or experiencing stress

are significantly less productive, and each additional health risk factor results in identifiable performance decline. The phenomenon is especially problematic in developed countries, where maintaining a healthy and productive workforce is increasingly difficult among an aging labor force struggling with chronic health deterioration. [2] Well-implemented workplace health promotion programs (especially those targeting long-term, chronic health risks) can reduce presenteeism and improve work performance, thus providing significant economic benefits to employers. [5]

3.4 Improved job satisfaction and organizational commitment

Health programs also bring psychosocial benefits. According to Hassard, research clearly indicates that workplace health promotion programs not only have positive effects on physical and mental well-being, but also on job satisfaction and organizational commitment. Employees in better health are more satisfied with their work, more motivated, absent less frequently, and are less likely to consider changing jobs. Well designed and fairly implemented WHP programs increase employees' self-efficacy, improve workplace relationships, reduce turnover, and strengthen employees' loyalty toward the organization. [5]

3.5 Decreased intention to quit and turnover

Well-structured WHP programs reduce turnover. Increased satisfaction and organizational commitment strongly decrease the intention to quit, while stress, role conflict, and weak managerial support increase it. According to a survey by Optum Health and GFK Roper Public Affairs, following the introduction of workplace wellness programs, 73% of employees felt that their employer cared more about their health and well-being. Furthermore, 87% of respondents believe that the employer should actively play a role in promoting a healthy lifestyle. [5]

3.6 Improved morale and employee loyalty

Workplace health programs improve overall morale, which is the complex combination of job satisfaction, intrinsic motivation, a sense of meaningful work, commitment, and pride in one's work. Managerial support plays a key role in strengthening morale, and wellness programs are particularly effective in signaling employer care. [5]

3.7 Enhanced organizational culture and employee retention

The report also points out that there is a significant gap between employees' expectations regarding health education and health promotion and employers' actual practices. Although a substantial proportion of employees (as noted above) expect their companies to invest in supporting their well-being, only 16% feel that this is actually happening. In addition, significant differences can be observed when the issue is approached from the perspective of company size. Large enterprises implement health promotion initiatives far more frequently than small and medium-sized enterprises. Only 15% of employees believe that health and well-being are an integral part of their organizational culture, while 40% report that their employer does not actively encourage a healthier lifestyle at all. [5]

3.8 Enhanced organizational culture and employee retention

Poor employee health and psychosocial risks - such as high job and emotional demands, or conflicts with supervisors and colleagues - increase the risk of workplace accidents. For employers, such incidents represent not only legal burdens but also direct financial costs. [5] Therefore, the approach of implementing mandatory occupational safety measures together with workplace health education and promotion actions, in a coordinated way, is becoming increasingly common. [1]

3.9 Cost-effectiveness: return on investment in WHP programs

Hassard's research clearly shows that workplace health promotion programs are cost-effective and typically yield a positive return: for every dollar invested, an average return of 3 to 6 dollars can be expected, and in some cases even higher, with ROI ratios of up to 1:8.8. WHP programs not only reduce medical and health insurance costs but also generate significant savings by decreasing absenteeism and presenteeism. [5]

4 Analysis of the interviews along Hassard's dimensions

The four interviews were analyzed using a two-stage coding process. First, we applied open coding. In this phase, we identified the meanings appearing in the interviews using low-level, descriptive codes (such as leadership role modeling, employee fears, willingness to participate). The second level of coding was not conducted inductively but followed by a theory-driven approach: the open codes were organized into categories based on Hassard's (2012) nine motivational dimensions. Since these dimensions represent a theoretically stable framework over time, they functioned as a priori thematic categories in the research. The purpose of the coding process was therefore not to develop categories according to Grounded Theory principles, but to examine how leadership narratives align with the structure described by Hassard. Considering that Hassard's publication is nearly one and a half decades old, an important aspect of the research is to determine the extent to which the content elements identified in 2012 and used to elaborate the categories are reflected in the experiences and motivational patterns expressed by leaders today.

Table 1. Codes used in the analysis. Source: author's own compilation based on Hassard (2012)

<i>A priori category (Hassard, 2012)</i>	<i>Data-driven codes (from interviews)</i>	<i>Sectors involved*</i>
<i>Improved production and productivity rates</i>	more efficient work; energy level; stable performance	RET, TEL-LE, IT-SME
<i>Decreased sickness absenteeism</i>	low sickness absence; prevention; utilization of screenings	RET, TEL-SME
<i>Presenteeism and impaired working efficiency</i>	performance decline due to stress; mental fatigue; burnout	TEL-LE, IT-SME
<i>Improved job satisfaction and organisational commitment</i>	loyalty; caring organization; satisfaction; positive experiences	IT-SME, TEL-SME
<i>Decreased intention to quit and turnover</i>	retention; rejection of counter-offers; motivation to stay	TEL-SME
<i>Improved morale and employee loyalty</i>	increased morale; positive feedback; commitment	RET, TEL-SME
<i>Enhanced organisational culture and employee retention</i>	cultural-level integration; leadership role modeling; changes in norms	RET, IT-SME, TEL-SME
<i>Reduced costs of accidents and occupational risks</i>	fewer errors due to stress; safer working conditions	TEL-LE, IT-SME
<i>Cost-effectiveness: return on investment</i>	cost savings; return-on-investment expectations; higher utilization rate	RET, TEL-SME

*The third column indicates the organizational source of the coded statements (retail, telecommunications - large enterprise/SME, IT), allowing for comparison between sectors and for identifying potential patterns.

5 Results

The classic economic motives (Improved production and productivity rates, Decreased sickness absenteeism, and Presenteeism and impaired working efficiency) are identifiable in all four organizations, but they appear less prominently than in Hassard's summary. The leaders of both the retail and telecommunications large enterprises speak about the improved atmosphere, more focused work, more conscious time management, and the resulting improvement in work quality associated with health programs; however, neither refers to formal efficiency or performance measurements. At the telecommunications large enterprise, the significance of the Decreased sickness absenteeism category is explicitly relativized: due to hybrid work, the "number of sick leave days" is not considered a good indicator, as employees with mild symptoms (e.g., a slight cold) often continue working from home. In the two SMEs, the performance dimension is even more strongly embedded within ethical and HR considerations: they primarily talk about wanting to operate a "good workplace" where people are well, and they believe that better performance "naturally follows" from this. All four leaders clearly perceive the phenomenon of Presenteeism and impaired working efficiency. While they do not use the term itself, they all mention workplace stress as a strong risk factor; moreover, the interventions they implement (stress management training, office exercise, resilience programs, soft skills development) precisely target what Hassard describes under this category. From this, we may conclude that the leaders in this sample approach the issue more intuitively than empirically, yet thanks to their decades of experience and general attitude, they still integrate effective stress management programs into their organizations. By contrast, the psychosocial dimensions (Improved job satisfaction and organizational commitment, Decreased intention to quit and turnover, Improved morale and employee loyalty, and Enhanced organizational culture and employee retention) have become significantly more prominent in contemporary managerial narratives, showing more systematically measured, more focused, and in some cases empirically supported actions. In all four organizations, a key motive is that health promotion programs strengthen job satisfaction, loyalty, and the intention to stay. At the retail enterprise, the self-image of a "caring workplace" emerges, where it is natural to attend screening tests or educational sessions during working hours, and where leaders themselves become the "faces" of health consciousness through their role modeling. At the telecommunications large enterprise, leadership role modeling and cultural empowerment are emphasized: it is fully accepted that someone goes to train in the morning or attends a lecture as long as they complete their tasks adequately. The interviewee also raises a particularly important aspect: acceptance is not only essential in the superior-subordinate relationship but also within peer relationships: "The fact that someone fits in [a midday workout], while someone else cannot because of a deadline - it has never, in my experience, (...) led to any kind of judgment. Rather, it's like: so, tell me, how was it?"

At the software development SME and the telecommunications SME, decreased intention to quit and turnover is explicitly central. Both leaders illustrate through multiple examples that caring, health-oriented operations create strong retention power, and one reports a turnover rate of 2% for the year. This latter figure is particularly strong, given that, according to Pózner and Kozák (2024), the 2024 turnover average for SMEs ranged around 15%. [7] The fact that the leader can support the effectiveness of well-being efforts with measurable data provides further confidence in a business environment where the measurability of investments is critical. It is important to note, however, that the interviewee emphasized: "(...) it's not just these health benefits or community things, but also that we have a training plan and performance evaluations, so this consists of many elements, and one slice of this is the health block. (...) And yes, the turnover is 2%, so very minimal, but I wouldn't dare say it's only because of this." Exit interviews repeatedly highlight that departing employees speak positively about management's attitude and the organizational culture. In this sense, the mechanism described by Hassard in 2012 - that WHP programs increase satisfaction and commitment while reducing turnover - not only holds but becomes one of the primary legitimizing

narratives within the examined organizations. It is also clear that the dimensions Improved morale and employee loyalty and Enhanced organizational culture and employee retention intertwine with employer branding: in both large enterprises and SMEs, leaders explicitly state that these programs are indispensable elements of the “attractive employer” position and the “happy company” vision. The category of accidents and occupational risks (Reduced costs of accidents and occupational risks) is less marginal in this sample, primarily because this dimension is highly industry dependent. The four organizations in this study predominantly carry out white-collar, service-oriented activities, where the risk of classic workplace accidents is lower than in the industrial, production-focused environments often examined by Hassard. In the present sample, it is more appropriate to speak of occupational hazards and their management. Spinal and musculoskeletal screenings, ergonomic developments, and infrastructural investments supporting screen-based work (e.g., monitor replacement in the IT sector) implicitly address the risks of long-term health deterioration and reduced work capacity, but managers – understandably - do not connect these actions to the classic logic of reducing accident-related costs. The large retail enterprise is a notable exception: in logistics, an increase in workplace accidents is detectable during peak periods, and among field managers, traffic accident risk also increases. These experiences already lead to concrete work-organization measures, targeted screenings, and immediate medical interventions. Apart from this, a “blind spot” is observable here: the dimension is not refuted but receives less thematic emphasis in the service context.

The category Cost-effectiveness: return on investment in WHP programs shows the most significant shift compared to the 2012 descriptions. While Hassard cites detailed studies showing financial returns of 1:3-6 or even 1:8.8, none of the four leaders refer to formal ROI calculations (with the exception of the 2% turnover figure mentioned earlier, which the leader explicitly stated cannot be linked solely or definitively to WHP programs). Still, all of them are aware of the financial implications of turnover, recruitment and onboarding costs, and long-term health risks. At the software development SME, for instance, it was stated explicitly that replacing and onboarding an employee “takes time and (...) money,” making low turnover essential. At the retail large enterprise and the telecommunications SME, leaders highlight that several employees chose not to switch jobs despite receiving higher salary offers elsewhere, partly due to the health and wellbeing programs. Thus, the notion of return on investment is present in their thinking, but not in the form of economic metrics - rather, in the form of HR-strategic indicators.

6 Summary

Hassard’s (2012) nine motivational categories offer a structurally useful framework for analyzing leadership motivations, but the emphasis within these categories has shifted considerably. The “hard” economic logic of productivity, absenteeism, and accident risks has become less central - partly due to hybrid work and the characteristics of the service sector - while the dimensions of employee satisfaction, commitment, loyalty, retention, and culture have gained striking prominence. Instead of the categorical, numerical legitimization represented by Improved productivity rates and Cost-effectiveness, return on investment in WHP programs, today the narratives of the “happy company,” the “caring workplace,” and the “good community” dominate - describing the same mechanisms, but in a different language and motivational hierarchy than in the 2012 publication.

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