

Likeliness to participate in workplace health promotion activities

A vignette study measuring to what workplace health promotion activities trigger likeliness to participate considering barriers and facilitators to participation, as well as the moderating role of perceived work ability.

Master Thesis Strategic Human Resources and Leadership



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Abstract

Increasingly organizations have started to offer workplace health promotion (WHP) activities, however, participation in these activities has often been found low which reduces the effectiveness. Participation in WHP is necessary as this can lead to the enhancement of personal health and resources contributing to a good work ability. It is often found that employees who do participate in WHP already have a good work ability while the people with a low work ability perceive more barrier to participate which leads to nonparticipation. It is however important for employees with a low work ability to participate to improve their health and ability to cope with work demands. From a Conservation of Resources theory perspective, participation in WHP activities can protect and enhance personal resources which can result in a gain spiral of personal resources.

With the use of a policy capturing vignette study, this studies' aim was to find out what type of health promotion activities trigger participation. Taking into consideration the perceived work ability of individuals. In total N=173 respondents indicated how likely they were to participate in nine vignettes representing different workplace health promotion activities, clustered in three overarching categories, nutrition, physical fitness and stress prevention, manipulating three known influencers of participation namely, costs, time of the activity and frequency being a personal choice.

Multi-level analysis has been performed on the variable likeliness to participate to measure the within person variance. Multi-level analysis showed that nutrition, physical fitness and stress prevention all had a significant effect on likeliness to participate. The most important finding of this study however, is that compared to people with a high perceived work ability, people with a low perceived work ability are more likely to participate in WHP activities aimed at the prevention of stress. This would implicate that this type of activity has the lowest perceived barriers and can play an important role in the engagement of people with a low work ability in WHP.

Key words: Work place health promotion; Participation; Work Ability; Nutrition; Physical fitness; Stress prevention; COR theory

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1. Introduction

The fast-changing economic environment creates challenges for organizations, societies, and individuals in regard to maintaining a healthy workforce with a high work ability (Tuomi et al., 2001; Merrill et al., 2013). Workplace health promotion (WHP) has the potential to help with these challenges (Grigsby, 2013) as it has been shown that WHP can have considerable psychological, behavioral and work benefits (Toker et al., 2014). WHP can be defined as the combined efforts of employers, employees and society with the goal to improve the health and well-being of workers (Andersen et al., 2015). Participation in WHP activities, however, is often low which reduces the effectiveness (Robroek et al., 2009; Rongen et al., 2013; Ilmarinen, 2019). The importance of participation is twofold, in terms of employee health, as participation in WHP has been found a significant predictor of healthy behavior (Hoert et al., 2016), as well as for cost-effectiveness of WHP for organizations (Rongen et al., 2014; Verra et al., 2019). Hence, research on participation in WHP and the factors influencing participation is necessary in order to increase effectiveness (Robroek et al., 2009; Rongen et al., 2014; Ilmarinen, 2019).

In the past, company health policies had a more traditional perspective focused on safety and the prevention of harm (Berkel et al., 2014). While it is important to protect employees from harm, Verra et al., (2019) explain that WHP should complement workplace safety programs, shifting the focus to the promotion of health in the workplace. Common examples for WHP include; eating at the workplace (Roos et al., 2004) which has been found to increase job performance (Merrill et al., 2013), stimulating physical activity at the workplace (Verra et al., 2019) which has been found to positively affect productivity (Pronk & Kottke, 2009), and stress prevention training which has been found to decrease employee stress levels over time, giving employees better resources to cope with job demands (McCraty et al., 2003; Broeck et al., 2017). The shift towards these types of WHP is necessary for the current changing work environment where organizational results depend on the health and work ability of employees (Tuomi et al., 2001; Ilmarinen, 2009).

Work ability is defined as “*a working individual’s job-related functional capacity or the ability to continue working in one’s current job, given the challenge and demands of the work and personal resources*” (McGonagle et al., 2015. p.1). Work ability can be promoted through WHP as target areas of work ability include a worker’s competence, health and functional capacity (Tuomi et al., 2001). The construct of work ability has often been researched in combination with the Job Demands-Resources (JD-R) model (Demerouti et al., 2001). The JD-R model assumes that an employee’s health and well-being result from a balance between positive (resources) and negative (demands) job characteristics (Schaufeli & Taris, 2014). Personal resources, such as lifestyle habits

and job resources have been researched as a predictor of work ability (Mcgonagle et al., 2015; Brady et al., 2020) and can be enhanced with effective WHP policies (Tetrick & Winslow, 2015).

For WHP activities to become effective participation is key, according to Toker et al. (2014) participation can be seen as a behavioral response with nonparticipation a reasoned withdrawal due to perceived barriers (Toker et al., 2014). The Conservation of Resources (COR) theory is often used in behavioral research (Halbesleben et al., 2014) and suggests that individuals are motivated to obtain, retain and protect their resources, such as their health, time and energy (Hobfoll & Shirom, 2000). The threatening, losing, or not replenishing of resources can lead to a behavioral reaction of protecting what is left which can lead to nonparticipation in WHP (Hobfoll, 2001). Therefore, the role of individual's perceived work ability is important as certain WHP activities are likely to trigger participation from people with a higher perceived work ability than low perceived work ability (Ilmarinen, 2019). Which from a COR theory perspective would be the individuals who have more resources are more likely to participate (Hobfoll et al., 1995; Toker et al., 2014).

Likelihood to participate in WHP activities aimed at nutrition, physical fitness and stress prevention will be measured to see which activity respondents are most likely to participate in, perceived work ability is measured to moderate this effect and visualize the differences in likelihood to participate between employees with a high and low perceived work ability.

The research question that will be answered in this study is;

To what extent do employees indicate to participate in workplace health promotion activities aimed at nutrition, physical fitness and stress prevention and how is this moderated by their perceived work ability?

While research has shown that nutrition, physical fitness, and stress are important indicators for work ability and can be considered an important personal resource (e.g., Hobfoll, 2001; Demerouti et al., 2001; Ilmarinen, 2006; Ilmarinen, 2019), research on workplace health promotion activities showed hardly any significant impact on the work ability of employees (Kuoppala et al., 2008; Ilmarinen, 2019; Van den Berg et al., 2008). This could be due to methodological difficulties in these studies, for example, the achievability of the interventions in the workplace it is being studied (Rongen et al., 2013). Additionally, interventions are often guided by practical considerations rather than theoretical considerations (Macik-Frey et al., 2007).

This research contributes to the existing literature on participation in WHP activities as likelihood to participate is not often studied especially not outside of an organizational setting. Moreover, through a policy-capturing approach (Aguinis & Bradley, 2014) the aim is to overcome past methodological difficulties faced with an intervention study to examine the effects of WHP activities on an individual's likelihood to participate in WHP activities taking into consideration their

perceived work ability. The WHP activities presented to participants in this study will be guided by theoretical considerations based on literature. A vignette study is an experimental research design that allows researchers to independently manipulate the independent variables, which is very difficult to achieve with physical workplace intervention studies (Hanscom & Cleveland, 2018; Aguinis & Bradley, 2014).

Moreover, this research also has practical relevance as information on what WHP activities are most likely to trigger participation is derived. Furthermore, as the role of perceived work ability is part of this study results can indicate what type of health promotion is most likely to trigger participation in participants with a low work ability, which is important as these individuals often withdraw from participation due to perceived barriers (Toker et al., 2014). From a COR perspective, the participation of individuals with a low perceived work ability is essential as WHP can create a resource for individuals and once a resource is established people are motivated to protect and enhance this resource which motivates participation in other WHP activities as well (Hobfoll & Shirom, 2000). Additionally, when participation increases effectiveness of WHP could also be influenced creating more support for WHP activities in general.

2. Literature Review

2.1. Workplace health promotion

Workplace Health Promotion (WHP) programs, are initiatives of an employer directed at improving the health and well-being of employees (European Agency for Safety and Health at Work, 1994; Goetzel & Ozminkowski, 2008). The workplace has been identified to have a key role in the promotion of a healthy lifestyle and prevention of physical decline as workplaces have the ability to reach a lot of people (*OSH management in the context of an ageing workforce*, z.d.; Dishman et al., 1998; Grigsby, 2013; Rongen et al., 2014). However, while WHP and its importance are increasingly recognized, different approaches to health promotion exist, which has led to uncertainty within organization to invest in such initiatives as they are not sure what the best approach is (Grawitch et al., 2009).

Examples of workplace health promotion include eating at the workplace (Roos et al., 2004) stimulating physical activity at the workplace (Verra et al., 2019), job-enrichment by increasing employee autonomy (Dellve & Eriksson, 2017), working time policies and stress reduction strategies (Verra et al., 2019). These activities can be regarded as an opportunity for an employee to enhance job and personal resources, which can, in line with the JD-R model (Demerouti et al., 2001) lead to increased work ability (Ilmarinen, 2009; Tetrick & Winslow, 2015).

The JD-R model was originally established by Demerouti et al. (2001) and assumes that any sort of demand or any sort of resource can disturb the balance that is necessary for well-being. Job resources were defined by Demerouti et al. (2001) as *“the physical, social, or organizational aspects of the job that may do any of the following: (a) be functional in achieving work goals; (b) reduce job demands and the associated physiological and psychological costs; (c) stimulate personal growth and development”* (p.501).

Critical reviews on the JD-R model however have caused conflicting views on this model. Schaufeli and Taris (2014) found the ability to include all sorts of demands and resources a positive implication of the JD-R model as it increased flexibility making it possible to tailor JD-R to a broad variety of work settings. On the other hand, the researchers criticize this flexibility because it decreases conceptual clarity and leaving the definitions of this model rather vague (van Vegchel et al., 2001; Schaufeli & Taris, 2014). JD-R can be seen as a descriptive model that has the ability to specify relationships between variables such as job demands or resources, but it is in need of a more explanatory framework to explain why particular demands interact with particular resources (Schaufeli & Taris, 2014). Conservation Of Resources (COR) theory can support JD-R as it is more explanatory and often used in behavioral research (Halbesleben et al., 2014).

COR theory recognizes the critical role of individual motivation and how employees acquire maintain and foster the necessary resources to cope with work demands and guard further depletion of resources (Hobfoll, 2000; Wright & Hobfoll, 2014; Halbesleben et al., 2014). From a COR theory perspective, health is a key resource that people want to protect (Toker et al., 2014) this motivation to protect personal health could lead to more participation in health promotion since individuals have a basic motivation to accumulate resources that are important to protect the resources they have (Demerouti & Bakker, 2014; Hobfoll, 2001).

2.2.Participation in workplace health promotion

Low participation diminishes the effectiveness of WHP in terms of employee health as well as cost effectiveness for organizations (Robroek et al., 2009; Rongen et al., 2014; Ilmarinen, 2019). This in combination with the fact that WHP is not required by law leads to doubts to invest in workplace health promotion all together (Rosenstock et al., 2006; Kilfedder & Lichfield, 2014; Rongen et al., 2014; Verra et al., 2019).

According to Rongen et al. (2014) employees have a higher intention to participate when they have a positive view on WHP, have social support and when health status is less than ‘good’. Having a ‘less than good’ health status influences participation intentions as ‘I am already healthy’ was found to be a barrier for participation (Rongen et al., 2014). However, a discrepancy between

intention to participate and actual participation is still observed, a possible explanation for this discrepancy could be the set-up of the health promotion programs (Rongen et al., 2014). For example, group vs. individual programs (Rongen et al., 2014), whether a program takes place within or outside of work hours (Kruger et al., 2007; Ilvig et al., 2018) and, intensity and content of the training program (Ilvig et al., 2018).

Frequently, WHP activities are created top-down as traditionally the focus of health promotion has been on outcome measures such as costs or employee health (van Berkel et al., 2014). This top-down approach leads to a barrier to participate as it decreases employee autonomy which is considered a facilitator for participation in WHP (Allender et al., 2006; Van Berkel et al., 2014). Additionally, the intention to participate can be positively influenced through the involvement of employees, using so called employee voice, in the formation of health promotion schemes (Lassen et al., 2007; Meershoek et al., 2010).

Furthermore, Managerial and organizational support have been found important facilitators for participation (Dellve & Eriksson, 2017). Rongen et al. (2014) found that amongst employees who perceived participation in health promotion as important, and expected from them by managers and colleagues higher participation rates were found (Rongen et al., 2014). Additionally, Hoert et al. (2016) found that employees who reported higher levels of leadership support also reported higher levels of participation in WHP. Still, in establishing WHP programs it is important for employers to consider whether it is ethical to get involved in the health of employees, as employees might perceive their nutrition and overall health as private which can act as a barrier to participate (Lassen et al., 2007; Robroek et al., 2009). The involvement of employees in the creation of WHP programs might help to overcome this ethical question, as well as broadening the scope of WHP looking at workers concerns and needs could lead to more effective WHP programs and can be seen as a form of organizational support (Sorensen et al., 1996).

2.3.WHP activities

WHP activities related to nutrition, physical fitness and stress prevention are common subjects of WHP (Sparks et al., 2001; Roos et al., 2004; Verra et al.,2019). Participation in any of these types of activities can, according to the JD-R model, be seen as an opportunity to create or sustain resources for an individual (Demerouti et al., 2001; Schaufeli & Taris, 2014). However, each type of WHP has to consider certain barriers and facilitators that influence participation in WHP activities.

2.3.1. WHP activities aimed at Nutrition

A form of WHP central to this study is the promotion of healthy diets. This is one of the most common forms of workplace health promotion (Verra et al., 2019). A study by Merrill et al.

(2013) indicated the importance of a healthy diet stating that participants who ate healthy were 25% more likely to indicate a high job-performance. Furthermore, poor nutrition has been researched to affect productivity in the workplace which is costly for organizations (e.g., Robroek et al., 2010; Robroek et al., 2013).

Besides loss in productivity, there is an economic burden to food-related ill health with high costs for organizations and societies, with overweight and obesity being most common (Robertson, 2001; Rayner & Scarborough, 2005; Mhurchu et al., 2010; Robroek et al., 2010). Therefore, achieving a healthy workforce, stimulating proper nutrition is not only contributing to better health and work ability for individuals, it is also beneficial to organizations and society (Black, 2008).

The workplace is a fruitful setting for the promotion of health as employees spend a large amount of time at the workplace. Therefore, interventions aimed at nutrition in the workplace can lead to improved individual dietary behavior (Dishman et al., 1998; Mhurchu et al., 2010) as well as improvements in secondary dietary behaviors in employee's lifestyles and that of their families (Mhurchu et al., 2010; Backman et al., 2011). These secondary improvements have the potential to increase an individual's work ability as people are happier when their family is healthy (Ilmarinen, 2006).

Blackford et al., (2013) conducted research into the barriers and enablers of workplace health promotion, and the methods preferred by employees. The study found that the most common barriers for nutrition were 'unhealthy food available in the office' and 'a lack of healthy options near the office'. Moreover, younger respondents also indicated 'healthy food more expensive than unhealthy food' to be a barrier. The costs of healthy food has also been found to influence fruit and vegetable intake (Backman et al., 2011). An enabler of nutrition in health promotion was found to be 'nutrition knowledge' here the researchers did not find differences between age groups (Blackford et al., 2013). Nutrition knowledge and its role in health promotion has been researched under the term 'health literacy' (Nutbeam, 2000). Important is that health literacy is about improving access to health information as well as the ability to use this information effectively (Nutbeam, 2000). Health literacy can thus be seen as a personal resource for employees as it provides the ability to make healthier choices.

Though, it has been questioned whether it is ethical for employers to interfere in employees' nutrition (Robroek et al., 2009) a study by Rongen et al. (2014) found that only 19% of participants view workplace involvement in regards to their health to be a violation of their privacy. Moreover, the Food Work Intervention study by Lassen et al. (2007) found that 71% of their respondents indicated that health activities aimed at nutrition make them feel appreciated. Supporting a well-balanced diet, providing healthy foods and knowledge on nutrition regularly can create a 'healthy

environment' consisting of environmental, economic and social conditions that can support healthy lifestyles (Nutbeam, 2000). Staff canteens, for example, can be of importance to provide and promote a healthy and well-balanced diet (Roos et al., 2004). A study in Finland showed that eating lunch in the office canteen can improve food habits and the food served at the canteen can aid as a model for a well-balanced nutritional diet (Mäkelä, 1996).

From a JD-R perspective, individual nutritional health is considered a resource (Demerouti et al., 2001). Thus, a healthy environment for the promotion of nutrition can have positive effects on this resource. Consequently, from a COR theory perspective, health is a resource people often want to protect, and creating awareness for nutrition can influence the perceived importance of improving this resource. COR theory suggests that high levels of perceived importance can lead to higher motivation to sustain and increase a resource which could lead to more participation in WHP activities (Toker, 2014). This leads to the following hypothesis;

H1: Workplace health promotion activities aimed at nutrition have a positive effect on likeliness to participate.

2.3.2. WHP activities aimed at physical fitness

Another form of WHP that is commonly researched is physical activity (Verra et al., 2019). Advantages of physical activity are widespread, including positive health outcomes, overall wellbeing and productivity (Pronk & Kottke, 2009), lower absenteeism, increased job satisfaction and increased employee retention rates (Wyatt et al., 2006; Parks & Steelman, 2008). And with physical health being increasingly challenged in the current work environment as jobs are becoming more sedentary in nature due to technological developments (Pronk & Kottke, 2009; Scherrer et al., 2010), many organizations have started to recognize the importance of physical activity (Schwetschenau et al., 2008).

Yet, not all empirical evidence on physical fitness programs have been conclusive, for example Erfurt et al. (1992) found that health promotion programs offering fitness facilities were not successful in all cases. A reason for this could be that people feel embarrassed to work out with colleagues and therefore do not participate (Schwetschenau et al., 2008). This could potentially be fixed or reduced by creating separate exercise classes for managers and employees, male and female employees and removing mirrors from the gym (Schwetschenau et al., 2008).

A study by Phonen and Ranta (2001) showed significance of physical fitness activities on the work ability of employees, as in their intervention study the decline of work ability was three times faster in the group who did not receive the intervention to improve physical resource. From a COR perspective, this decline, or threatening of personal resources can lead to withdrawal and nonparticipation in activities as the main focus for the individual is on protecting what is left

(Hobfoll et al., 2000; Toker et al., 2014). This implicates the importance of maintaining personal resources through participation in WHP activities, as well as for organizations to support participation.

To better understand effectiveness and participation of workplace health promotion programs aimed at physical fitness, Kim et al. (2015) draw on the COR theory (Hobfoll et al., 2000) and emphasize that individuals who hold greater resources are more likely to enrich these resources generating 'gain spirals' (Hobfoll, et al., 2000; Hobfoll, 2001; Westman et al., 2004). When considering physical activity, higher participation levels are found among individuals who are already fit, as they experience less barriers to participate (Ilmarinen, 2006; Rongen, 2014). In line with the COR theory, this implicates that when you consider your personal level of physical fitness to be a resource an individual is more likely to participate in WHP activities to improve this resource. This leads to the following hypothesis.

H2: Workplace health promotion activities aimed at physical fitness have a positive effect on likeliness to participate.

2.3.3. WHP activities aimed at stress prevention

The last WHP concept this research includes is stress prevention training for workers, as economic, organizational, and technological developments have led to more work pressure (Ilmarinen, 2006). And, over the years, this resulted in an increase in stress and stress related disorders such as burn-outs, which is now considered one of the most common work-related health issues (*Factsheet 22 - Work-Related Stress - Safety and Health at Work - EU-OSHA, 2002*; Kelloway et al., 2008; Hassard et al., 2018).

From a JD-R perspective, chronic high job demands will lead to burn-out (Demerouti et al., 2001). While many job demands are specific to a context or occupation (for example healthcare workers have high emotional demands while factory workers have high physical demands) workload is a common stressor present in many occupations that can have a depleting effect on employee overall health and ability to make healthy choices (Hoert et al., 2016; Padilla et al., 2021).

Work pressure and stress are considered job demands (Broeck et al., 2017) which negatively impact one's work ability (Ilmarinen, 2006). WHP activities aimed at the prevention of stress and coping with work pressure have the ability to improve work-life balance, acting as a job resource. These job resources are crucial, as the JD-R model explains that job resources can act as a buffer for the job demands (Mcgonagle et al., 2015).

Kelloway et al. (2008), describes three different types of interventions that can be performed to reduce stress for employees. First, primary interventions aimed at completely eliminating the source of stress for the employee through for example job crafting. Next, secondary interventions

meant to help employees cope with their stress, these interventions are often focused on a group at risk for stress or work pressure (Tetrick & Winslow, 2015). Last, tertiary interventions; these are aimed to help employees deal with stressful trauma's and are more individually focused (Kelloway et al., 2008; Tetrick & Winslow, 2015). For this study, the focus will be on primary interventions as these are commonly part of workplace health promotion programs and are focused on stress prevention and coping (Tetrick & Winslow, 2015). Moreover, these primary interventions, related to health promoting activities, have been shown to be effective in reducing individual strain (Kelloway et al., 2008; Lamontagne et al., 2007).

An intervention study by McCraty et al. (2003) on the impact of workplace stress reduction training revealed that employees who participated in the training showed improvements in their emotional health, had reduced feelings of stress and depression, had an increased positive perspective and work satisfaction. Moreover, training on coping with, and preventing stress are considered as an opportunity for (personal) development at work which is an important resource in stimulating individual health (Tetrick & Winslow, 2015).

Nevertheless, for these primary interventions participation is a prerequisite for its success, providing employees with the reasoning for the intervention may facilitate participation (Nielsen et al., 2007). This can stimulate the positive judgement of the intervention that can lead to a more positive perspective. Additionally, employees consider an intervention good and relevant if they feel like it will help them in their personal situation, it is therefore important that employees feel a certain level of autonomy and control over the content before participation (Nielsen et al., 2007). In line with COR theory, autonomy, positive judgement, control and participation in decision making are considered resources (Hobfoll, 1989). COR theory recognizes individual motivation in the prevention of burn-out, however, key to employee motivation is the way to acquire, maintain and protect resources to handle the work demands (Wright & Hobfoll, 2004).

WHP activities can serve as a means to acquire and maintain resources. It is yet expected that when employees participate in training activities aimed at helping them be more able to cope with stress and pressure of work, the balance between job demands and resources will be improved leading to increased motivation to enhance resources (Broeck et al., 2017). This leads to the following hypothesis;

H3: Workplace health promotion activities aimed at stress prevention have a positive effect on likeliness to participate.

2.4. Barriers and facilitators to participation in WHP

After discussing three overarching themes at which workplace health promotion activities are aimed (nutrition, physical fitness and stress prevention) all types of WHP activities can, according to JD-R be seen as a potential resource (Schaufeli & Taris, 2014). In line with the COR theory, people are motivated to protect or gain this resource, which could have a positive effect on participation (Hobfoll, 1989).

For each type of WHP, however, barriers and facilitators for participation have been found. Such as; frequency and duration of physical activity (e.g. Bozionelos & Bennett, 1999; King et al., 2000; Payne et al., 2002; Salmon et al., 2003; Guillot et al., 2004), the format of the activity (Schwetschenau et al., 2008), availability and costs (Blackford et al., 2013), time the activity is taking place (Kruger et al., 2007; Toker et al., 2014; Ilvig et al., 2018) and intentions and fit (Nielsen et al., 2007).

As research on workplace health promotion is not conclusive on what determines likeliness to participate and what types of health promotion are most effective this study will include one barrier and two facilitators that could play a role in each WHP promotion activity derived from the literature. This leads to the following hypothesis;

H4: Having to pay for health promotion activities is negatively related to likeliness to participate in health promotion activities.

H5: Training during work hours is positively related to likeliness to participate in health promotion activities.

H6: Frequency of training as a personal choice is positively related to likeliness to participate in health promotion activities.

2.5. Perceived Work Ability

The concept of perceived work ability originates in the individual's experience of multiple work factors, along with the degree to which he or she has personal resources that support positive work ability perception (McGonagle et al., 2015). According to McGonagle et al, (2015) Perceived Work Ability is defined as “*an individual's self-perception or evaluation of his or her ability to continue working in his or her job*”(p.3). Research into work ability started around the 1980's at the Finnish Institute of Occupational Health due to observed ageing of the population and workforce leading to early retirement. As a result, the 60-item work ability index was created (e.g., Gould et al., 2008; Tuomi et al., 1998; Ilmarinen, 2019).

Work ability can be seen as an employee's physical, psychological and social capacity to work (Kuoppala et al., 2008). Thus, it depends on the health of an employee as well as the content of

one's job, and the balance between these two is a constant search (Kuoppala et al., 2008; Ilmarinen, 2019). Due to this constant search for balance, work ability has often been researched in combination with the Job Demands- Resources (JD-R) model (Demerouti et al., 2001), which assumes that employee health and well-being results from a balance between positive (resources) and negative (demands) job characteristics (Schaufeli & Taris, 2014). Research has shown that personal resources, lifestyle habits and job resources are a predictor of work ability and are important to maintain work ability (Mcgonagle et al., 2015; Brady et al., 2020).

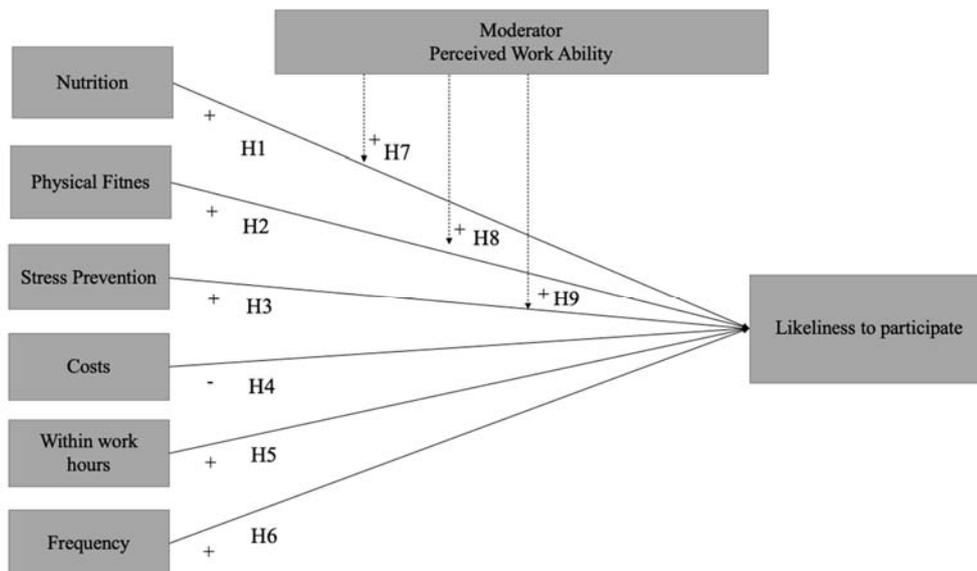
This study will focus on the perceived work ability of employees as generally researching perceived work ability is more practical as it allows participants to be assessed on their work ability without diagnosis from doctors regarding for example health issues (Mcgonagle et al., 2015). In line with the JD-R model (Demerouti et al., 2001) and the COR theory (Hobfoll et al., 2000) when employees have a high perceived work ability this can be seen as a resource. When an individual's resources are high this can lead to a 'gain spiral' (Kim et al., 2015) as individuals who have a good work ability are more likely to protect or improve this resource (Toker et al., 2014). Therefore, it is expected that when an individuals' perceived work ability is high, this individual will be more likely to participate in health promotion as he/she perceives less barriers or inhibitions for participation and is motivated to protect and gain resources. This leads to the following hypothesis;

H7: perceived work ability influences the relationship between nutrition and likeliness to participate in such a way that the positive relationship between nutrition and likeliness to participate is strengthened when perceived work ability is high.

H8: perceived work ability influences the relationship between corporate fitness and likeliness to participate in such a way that the positive relationship between physical fitness and likeliness to participate is strengthened when perceived work ability is high.

H9: perceived work ability influences the relationship between stress prevention training and likeliness to participate in such a way that the positive relationship between stress prevention training and likeliness to participate is weakened when perceived work ability is high.

FIGURE 1: CONCEPTUAL MODEL OF THEORETICAL RELATIONSHIP



3. Methodology

3.1. Study Design

This research will be in the form of a policy capturing vignette methodology. Through the utilization of this policy-capturing vignette methodology, it was possible to analyze to what extent the independent variables nutrition, physical fitness, stress prevention, costs, activity taking place within work hours and frequency of activity play a role on likelihood to participate. As well as how an individual perceives work ability moderates the likelihood to participate in nutrition, physical fitness and stress prevention activities. This is a similar approach as used in the vignette study by Rauvola et al. (2019) as they also use a policy capturing approach in their within subject vignette study. A within-subject experimental design means that each respondent has been presented with exactly the same set of vignettes (Atzmüller & Steiner, 2010; Pizarro et al., 2003). A within subject design was chosen as this provides the ability to show the effects of a manipulation within an individual and is helpful in the uncovering of judgement towards the WHP activities which is more valuable for this type of research question than a between-subject design which would only measure the differences between groups (Aguines & Bradley, 2014).

Vignette methodology offers the opportunity to independently manipulate independent variables (Hanscom & Cleveland, 2018) and is therefore a suitable approach for this study and type of research question as it allows for control over the independent variables providing the opportunity

to check for causation (Cavanaugh & Fritzsche, 1985). This is very useful in this research as the aim is to measure how likely it is that respondents will participate in health promotion practices which would be very difficult to test with an intervention study. Vignette studies use short descriptions of, in this case, health promotion activities to provoke the judgment of participants about these situations (Atzmüller & Steiner, 2010). These descriptions are realistic and easy to imagine which enhances experimental realism (Aguinis & Bradley, 2014). Moreover, the variables in the vignettes have been chosen based on so called “actual derived cases” (Shepherd & Zacharakis, 1999), meaning that the vignettes are based on WHP activities part of previous intervention studies. Through designing the vignettes based on “actual derived cases” the aim is to minimize the risk of omitted variables which is the risk of not including important factors in the vignettes (Shepherd & Zacharakis, 1999; Aguinis & Bradley, 2014).

In total, 9 vignettes have been created describing WHP activities for the categories nutrition, physical fitness and stress prevention. For nutrition, the first WHP activity is a healthy lunch provided by the office as benefits of this activity have been found (e.g. Roos et al., 2004; Merrill et al., 2013). Second activity was a discount at a local healthy restaurant, personal costs were part of this activity (Blackford et al., 2013). Last for this category, a class on nutrition was offered to see whether participants want to improve their health literacy (Nutbeam, 2000; Blackford et al., 2013)

Physical fitness’ first activity was a budget to spend at a gym of personal choice, for which the aim was to see if personal choice and flexibility matters (Verra et al., 2019; Meershoek et al., 2010). Second, a fitness facility at the office for which the aim was to find out whether people participate as it is very accessible and requires no extra travelling time (Erfurt et al., 1992; Schwetsenau et al., 2008). Last activity, a group exercise for which you would have to register, having to register would give insight into who you are working-out with making it less uncomfortable to work out with colleagues (Schwetsenau et al., 2008; Rongen et al., 2014).

The stress prevention WHP activities can all be considered primary interventions (Kelloway et al., 2008), and were created based on the findings of the intervention study by McCraty et al. (2003), and focused on time management, personal coaching and coping with stress and work pressure, in which the aim was to find out what activity has the lowest perceived barriers and if the time and set-up of the activity contribute to participation (Kruger et al., 2007; Rongen et al., 2013; Ilvig et al., 2018; Verra et al., 2019).

3.2. participants

All respondents must work in the Netherlands due to cultural differences and country specific policies which could play a role in the interpretations and expectations of WHP and work

ability. Participants have been recruited via LinkedIn and within the network of the researcher. The number of participants is calculated with the G*power with a desired level of power of .80 an alpha of 0.01, and effect size $F=20$. Determined is that the minimum recommended sample size for this study is 156 respondents, which is similar to the sample size in the vignette study by Hanscom and Cleveland (2015). In total 228 participants completed the survey; however, 3 respondents did not give permission to use their answers for academic purposes, these respondents have been deleted from the data. Additionally, 11 respondents left every question in the survey blank, potentially this is the same person as the IP address was the same, these answers have been deleted from the data. 7 participants did not complete two or more questions from the perceived work ability scale. These participants have been deleted from the survey.

Participants were presented with three attention checks throughout the survey in order to make sure that they have read the vignettes properly to provide an answer. Attention checks are commonly used in vignette studies (see for example; Hanscom & Cleveland 2017; Rauvola et al., 2020). An example of such an attention check is; “*What type of activity was just presented to you?*”. Wrong answers on this check were entered as missing, respondents who incorrectly answered an attention check were deleted from the survey. After running frequencies, it can be seen that the first attention check has been wrongly answered by 10 respondents, the second by 4 and the third by 8 respondents. In total, 15 respondents have been deleted due to incorrectly answering the attention check questions. After the deletion of the respondents who answered the attention check incorrect a total of 173 respondents is left.

In Table 1 an overview of respondent characteristics is presented, the average age of respondents was 38.29 (SD=9.72), the majority 53,1% of the respondents were female, most respondents completed university of applied sciences (HBO in Dutch) 50.8%, followed by university (WO in Dutch) 28.9%. 78% of respondents had a full-time contract and the average tenure in current position in years varied with an average tenure 7.8 (SD=9.72).

Table 1: Characteristics of Participants

	<i>Characteristics</i>	total (N=173)
<i>Gender</i>	Male (0)	(N=81) 46.8%
	female (1)	(N=92) 53.1%
<i>Contract Type</i>	Full-time	(N=135) 78%
	Part-time	(N=37) 21.4%
	Student with side-job	(N=1) 0.6%
<i>Job Type</i>	Physical	(N=7) 4%
	Sedentary	(N=140) 80.9%
	Combination	(N=26) 15%
<i>Education</i>	High School	(N=11) 6.4%
	MBO	(N=24) 13.9%
	HBO	(N=88) 50.8%
	University (WO)	(N=50) 28.9%
<i>Hours working per week</i>		39.19 (SD= 8.545)
<i>Age (in Years)</i>		38.29 (SD=12.83)
<i>Tenure (Curent position in years)</i>		7.849 (SD=9.72)

3.3.Procedure

Before the vignette study was distributed, a pre-test was performed to evaluate if the manipulations of the independent variables are clear and understood well. Using a pre-test for vignettes is also used in other studies (e.g. Hanscom & Cleveland, 2015; Rauvola et al., 2020). The pre-test is done with 8 students from the Radboud University in April 2021. The students completed and analyzed the survey and judged the understandability of the survey, in particular the Dutch work ability definition, the translation of perceived work ability questions and the vignettes. The students who participated in the pre-test had been personally contacted by the researcher and were part of the personal student network of the researcher. The reason for this approach as part of the pre-test was that students within the network of the researcher are more likely to give qualitative feedback on the survey. With the feedback derived from the pre-test, the formulation of vignettes, the work ability scale, and the answering format for some questions has been adjusted. An example of such an adjustment is for the stress prevention vignette it was unclear whether the training was as a group or the work pressure was as a group. To clear this up the flow and wording of the vignette was

adjusted, making the distinction clearer. A full overview of the pre-test feedback and adjustments to the survey can be found in appendix 1.

The final survey, including the vignettes, created in Qualtrics can be found in appendix 3. For the independent variables nutrition, physical fitness and stress prevention three vignettes have been created which include different types of manipulations representing the costs, duration, frequency and time of the activities presented in the vignettes. Before the vignettes respondents were asked questions regarding their perceived work ability.

3.4. Ethical Considerations

Before starting the survey, participants were explained that this research and their answers will be confidential and anonymous, and only used for academic purposes. Moreover, participants had to give permission to use their results for this research. Before the start of the survey respondents were provided with a short description of the study as well as the approximate duration of the survey. Additionally, the contact details of the researcher were provided in case respondents had any questions.

Throughout the survey none of the questions were validated using ‘force response’ in Qualtrics so participants could skip a question if they felt uncomfortable to answer or stop the questionnaire without consequences. After the data is collected the data has been transferred to SPSS for analyzing, where variables such as location and IP address, are deleted to ensure anonymity.

Moreover, by measuring likeliness to participate in health promotion no direct health effects were measured thus, participants did not have to share possible sensitive information on their health which avoids an ethical dilemma (Aguinis & Bradley, 2014).

3.5. Measurement instruments

Nutrition (independent variable); Respondents indicated how likely they are to participate in the nutrition WHP activity presented to them in the vignette on a 5-point Likert scale ranging from 1 (very likely to participate) to 5 (very unlikely to participate). For analyzing, this variable is transformed so a higher score indicates higher likeliness to participate. The manipulation of the independent variable nutrition will be WHP activities as discussed in the literature review (e.g. Blackford et al., 2013). An example of the vignette is: *Type of activity: healthy lunch provided by the employer: Costs: small costs included in your paycheck. Frequency: during the 30-minute lunch break*

Physical fitness (Independent variable); Respondents indicated how likely they are to participate in a physical fitness activity as part of a WHP program that is presented to the

respondents in the vignette on a 5-point Likert scale ranging from 1 (very likely to participate) to 5 (very unlikely to participate). For analyzing, this variable is transformed so a higher score indicates higher likeliness to participate. The manipulations in the vignettes will be based on WHP activities that are considered to be enablers of physical fitness as discussed in the literature (Schwetschenau et al., 2008). An example of a vignette is: *Type of activity: fitness facility in the office building available to all employees. Costs: free. Frequency: personal choice. Activity takes place outside of work hours.*

Stress prevention training (Independent variable); Respondents indicated how likely they are to participate in WHP activities related to stress prevention on a 5-point Likert scale ranging from 1 (very likely to participate) to 5 (very unlikely to participate). For analyzing, this variable is transformed so a higher score indicates higher likeliness to participate. The manipulations of stress prevention or coping training activities are presented to the respondents in the vignettes. The manipulations are based on primary level interventions as explained in the literature by Kelloway et al. (2008) and McCraty et al. (2003). An example of such a vignette is: *Type of activity: time management training with a group. Costs: free. Duration and frequency: 1 hour, 1 time per month. Activity takes place during work hours.*

Perceived level of work ability (moderator variable); is measured using the 4-item scale from McGonagle et al., 2015. This 4-item scale is preferred in this study over the original 60-item work ability index (Tuomi et al., 1998) as the 60-item scale would make the survey extensive especially in combination with the nine vignettes. Moreover, 60-item scale is comprised of 7 different constructs of self-measured health and has been challenged for its reliability (de Zwart, 2002). The 4-item scale from McGonagle et al. (2015), has been found to strongly correlate with the 60 item scale by Tuomi et al. (1998) $r = .75$ ($p < .01$) meaning that the 4-item scale is validated as a good measure for perceived work ability. An example of the 4-item scale is; *thinking about the physical demands of your job how do you rate your current ability to meet those demands?* Respondents will answer these questions on a scale from 0 (*cannot currently work at all*) to 10 (*work ability at its lifetime best*). Cronbach's Alpha for the 4-item perceived workability scale is $\alpha = .823$ indicating a good scale reliability.

Lastly, control variables are added to the questionnaire and presented to all respondents. These control variables are; *age*, because age can influence an individual's work ability as well as likelihood to participate in health promotion activities (Blackford et al., 2013; Ylikoski, 2006; Ilmarinen, 2006; Ilmarinen, 2019). *Gender* as studies have shown that women are more likely to participate in certain health promotion programs than men (e.g. Dodson, 2007; Robroek et al., 2009). *Highest level of education completed* as research on work ability and participation in

different trainings has shown that individuals with higher education are more likely to have high work ability and are more likely to participate in training (Nutbeam, 2000; Tuomi et al., 2001). *Employment type (part-time/ full-time)* is controlled for as research has shown that the type of employment can influence the perceived work ability as well as intention to participate in health promotion. *Nature of work (physical/sedentary)* as research has shown that jobs are becoming more sedentary in nature which could influence an individual's work ability (e.g. Pronk & Kottke, 2009; Scherrer et al., 2010). As well as people performing physical work (such as healthcare workers) can also have different needs regarding health promotion activities (e.g. McCraty et al., 2003). *Hours working per week* is as participants might be less likely to participate if they work a lot of (over)hours. A frequency analysis was performed in which a couple of outliers are observed for hours working per week. As a result, hours per week ranging from 200-400 hours have been declared as missing which led to N=5 missing values.

3.6.Data Analysis

After closing the survey in Qualtrics the data has been exported to SPSS 26 for analyses. First, dummy variables have been created representing all the independent variables that were manipulated in the vignettes. Next, the dataset was transformed from wide to long format in SPSS, resulting in a data file where each person is now represented in 9 rows standing for each vignette. Moreover, perceived work ability, age, tenure in current position and hours working per week have been grand mean centered, as this allows for easier interpretation in a multilevel analysis (Field, 2017).

Because of the within-person design of this study, it is assumed that the data is nested within participants, this nesting creates hierarchy, therefore, multilevel modelling is performed as this is the appropriate analysis for hierarchical data (Field, 2017). Multilevel analysis was performed on the dependent variable likeliness to participate in health promotion activities to test to what extent between person predictors (Perceived Work Ability) and within person predictors (vignette manipulations) have the ability to explain meaningful variance in the likeliness to participate in health promotion, creating a two-level data structure; on the vignette level and respondent level (Atzmüller & Steiner, 2010).

To start, a no predictors model is run for the dependent variable to evaluate the variance within group and between group variance. Additionally, the Intraclass correlation (ICC) is calculated to estimate the dependency between participants on the dependent variable. The no predictors model is run with the subject ID and the dependent variable likeliness of participation. The estimates of covariance parameters are significant on level 1 ($p < .001$) and level 2 ($p < .001$) for this model meaning that there is significant variation to be explained. The ICC is then calculated manually with

the method by Muthén (1994), using the maximum likelihood estimates of the intercept and residuals. ICC values below .05 might indicate that multilevel modelling is not the appropriate analysis (Dyer et al., 2005). An ICC of .229 was computed which suggests that an considerable amount of variation in likeliness to participate occurred within-person (76.9%). Moreover, with the ICC being above the .05 level multilevel analysis is appropriate to use (Dyer et al., 2005).

Secondly, the specific characteristics of each respondent are added as the covariates in the analysis of the vignette data (Atzmüller & Steiner, 2010). Moreover, the perceived work ability was included as a level 1 variable. In model 1 the main effects of between person perceived work ability and the vignette manipulations were added, this model serves as the formal test for hypothesis 1- 6. Second, cross-level interactions are created between the vignette manipulations and perceived work ability (model 2) to test for hypothesis 7,8 and 9. Table 4 provides the parameter estimates on both these models as well as the model including the control variables part of this study.

To evaluate the model fit Maximum likelihood was used and the likelihood ratio test was performed to measure whether a more complex model fits better with the data than a simpler model (Heck et al., 2010).

4. Results

4.1. Statistical analysis

Table 2 visualizes the means, standard deviations (SD) and correlation of all variables part of this study. Having to pay for the activity yourself was negatively correlated to participation ($r = -.13$, $p < .01$) as well as frequency as a personal choice ($r = -.11$, $p < .01$). Contrary to expectations, activity taking place during work hours is not correlated to likeliness to participate ($r = .03$, $p > .05$).

Other observed significant negative correlations found were age ($r = -.23$, $p < .01$), tenure in current position ($r = -.10$, $p < .01$) and having combination work ($r = -.06$, $p < .05$). Positively significant correlations to likeliness to participate are, gender ($r = .06$, $p < .05$) and having a full-time contract ($r = .08$, $p < .01$). However, these correlations are only an initial image of the variables and need to be investigated further.

Table 3 shows the means and standard deviations for the likelihood to participate in each type of WHP activity. Looking at the means the activities scoring highest on likeliness to participate are per WHP category are; healthy lunch provided by the office (nutrition), the mean difference for this activity compared to the other nutrition WHP activities is significant as can be seen in table 4. Having a budget to spend at a gym of choice (physical activity), the mean of this activity is also significantly different compared to other physical fitness activities (table 4). For the stress prevention category time management training in group setting scored highest on likeliness to

participate however, the mean difference was not significant between this activity and the personal training activity $t(172) = 1.31, p = .192$, but did differ significantly compared to training on how to deal with work pressure $t(172) = 3.776, p = <.00$.

Table 2: Means, Standard Deviations and Cross-Correlations

	Mean	SD	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
1 Participation	3.39	1.27																					
2 Nutrition	.33	.47	.00																				
3 Physical fitness	.33	.47	.04	-.50**																			
4 Stress	.33	.47	-.04	.50**	-.50**																		
5 Payyourself	.11	.32	.13**	-.48**	-.25**	-.23**																	
6 duringworkhours	.44	.50	.03	.32**	.63**	.32**	.39**																
7 Frepperschoice	.55	.50	.11**	.16**	.63**	.79**	.29**	.55**															
8 female	.53	.50	.06*	.00	.00	.00	.00	.00	.00														
9 Physicalwork	.04	.20	.02	.00	.00	.00	.03	.00	.00	.10**													
10 Sedentarywork	.81	.39	.05	.00	.00	.00	-.01	.00	.00	.13**	.42**												
11 Combinationwork	.15	.36	-.06*	.00	.00	.00	-.01	.00	.00	.09**	.09**	.87**											
12 FullTime	.78	.41	.08**	.00	.00	.00	.01	.00	.00	.36**	-.03	.17**	.17**										
13 Highschool	.06	.24	.01	.00	.00	.00	.00	.00	.00	.05*	-.05*	-.05*	.09**	.21**									
14 MBO	.14	.35	.03	.00	.00	.00	.01	.00	.00	.09**	.09**	.15**	.11**	.05*	.10**								
15 HBO	.51	.50	-.02	.00	.00	.00	.00	.00	.00	-.04	.03	-.01	-.01	.01	.27**	.41**							
16 universiteit	.29	.45	-.01	.00	.00	.00	-.01	.00	.00	.09**	.07**	.15**	.13**	.06*	.17**	.26**	.65**						
17 Perceived work ability	.00	1.07	-.04	.00	.00	.00	.00	.00	.00	.04	.09**	-.03	.08**	.09**	.09**	.07**	.09**	-.01					
18 Age	.00	12.83	.23**	.00	.00	.00	.00	.00	.00	.18**	-.05	-.07*	.10**	.20**	.24**	.08**	.10**	.08**	.16**				
19 Hours work per week	.00	8.55	.04	.00	.00	.00	.00	.00	.00	.39**	-.03	.16**	.16**	.59**	.11**	-.06*	.09**	.01	.11**	.03			
20 Tenure position	.00	9.70	.10**	.00	.00	.00	.00	.00	.00	.07**	.10**	.16**	.12**	.08**	.22**	.13**	.20**	.00	.06*	.64**	.10**		

Note: ** correlation is significant at the .01 level / * correlation is significant at the .05 level

Table 3: Mean and standard deviation of likeliness to participate per activity

Vignette	Mean	SD	
Nutrition	1	4.23	1.024
	2	2.90	1.172
	3	3.03	1.298
Physical Fitness	4	3.92	1.246
	5	3.54	1.314
	6	2.96	1.231
Stress Prevention	7	3.46	1.123
	8	3.36	1.191
	9	3.13	1.218

Table 4: Paired Sample T-test WHP activities for each category

		<i>Paired Differences</i>					
		<i>Mean</i>	<i>SD</i>	<i>SE Mean</i>			
<i>between vignette</i>					<i>t</i>	<i>df</i>	<i>Sig. (2-tailed)</i>
	<i>1 & 2</i>	1.329	1.334	.101	13.105	172	.000
<i>Nutrition</i>	<i>1 & 3</i>	1.191	1.557	.118	10.062	172	.000
	<i>2 & 3</i>	-.139	1.571	.119	-1.161	172	.247
	<i>4 & 5</i>	.382	1.273	.097	3.941	172	.000
<i>Physical Fitness</i>	<i>4 & 6</i>	.960	1.424	.108	8.864	172	.000
	<i>5 & 6</i>	.578	1.244	.095	6.111	172	.000
	<i>7 & 8</i>	.098	.986	.075	1.310	172	.192
<i>stress prevention</i>	<i>7 & 9</i>	.335	1.168	.089	3.776	172	.000
	<i>8 & 9</i>	.237	1.060	.081	2.941	172	.004

As can be seen in table 5, model 1, main effects for nutrition ($b = .931$, $SE = .098$, $p = <.001$) and physical fitness ($b = 1.380$, $SE = .134$, $p = <.001$) are positive and significant compared to the reference category ‘stress’ on likeliness to participate. This means that respondents are more likely to participate in nutrition and physical fitness activities than stress prevention activities. Thus, nutrition and physical fitness have a positive effect on likeliness to participate which confirms hypothesis 1 and 2. The main effect for stress is negatively significant ($b = -1.380$, $SE = .134$, $p = <.001$) compared to the reference category physical fitness, which indicates that respondents are less likely to participate in stress prevention activities compared to physical fitness activities. This results in the rejection of hypothesis 3, as a positive relation between stress prevention and likeliness to participate was expected. Moreover, no significant effects were observed for having to pay for an activity yourself and the activity taking place during work hours, which led to the rejection of hypothesis 4 and 5. Frequency of the activity being a personal choice does have a significant effect but is found negative ($b = -1.283$, $SE = .051$, $p = <.001$). As a result, hypothesis 6 is rejected as well since a positive effect was expected.

For model 2, a positive significant interaction effect was found between nutrition and Perceived Work Ability ($b = .243$, $SE = .092$, $p = <.05$) and between physical fitness and Perceived Work Ability ($b = .278$, $SE = .126$, $p = <.05$) compared to the reference category stress prevention on likeliness to participate. This confirms hypothesis 7 and 8 that Perceived Work Ability positively moderates the likeliness to participate in WHP activities. For stress prevention a negative interaction effect was found when compared to the reference category physical ($b = -.278$, $SE = .126$, $p = <.05$), thus hypothesis 9 is rejected. Moreover, frequency as a personal choice had a significant main effect, however, no significant interaction effect was found.

The significant interaction effects have been plotted in figure 2, 3 and 4. Plots for nutrition and physical fitness (figure 2 & 3) visualize that people with a higher Perceived Work Ability are more likely to participate in WHP activities. The plot for stress prevention however (figure 4), visualizes that people with a lower Perceived Work Ability are more likely to participate. Adding the interaction effect does increase model fit with Log likelihood decreasing to = 4823.708, however a chi-square test indicated that the increase of fit was not significant $\chi^2(5, N=173) = 8.09, p > .05$.

Model 3 provides the parameter estimates when including the control variables. Model fit increases significantly $\chi^2(21, N=173) = 459.729, p < .001$, when adding the control variables with Loglikelihood decreasing to 4363.749. From all control variables only two are found to be significant; Age is negatively significant ($b = -.027, SE = .006, p < .001$) indicating that when people get older they are less likely to participate in health promotion activities. Also, a small significant effect was found for education, where high school was positively significant ($b = .454, SE = .229, p < .05$) compared to the reference category University. This would indicate that compared to people who have completed university people who completed high school are more likely to participate in health promotion activities.

Table 5: Parameter Estimates model 1, 2 & 3

<i>Estimates of Fixed Effects</i> <i>Parameter</i>	<i>Model 1</i>			<i>model 2</i>			<i>Model 3</i>			
	<i>b</i>	<i>SE</i>	<i>p.</i>	<i>b</i>	<i>SE</i>	<i>p</i>	<i>b</i>	<i>SE</i>	<i>p</i>	
<i>Intercept</i>	3.376	.091	<.001	3.377	.091	<.001	3.149	.227	<.001	
<i>Nutrition</i>	.931	.098	<.001	.933	.098	<.001	.897	.103	<.001	
<i>Physical Fitness</i>	1.380	.134	<.001	1.383	.134	<.001	1.409	.140	<.001	
<i>Stress Prevention</i>	-1.380	.134	<.001	-1.383	.134	<.001	-1.409	.140	<.001	
<i>Payyourself</i>	-.033	.143	.818	-.028	.142	.845	.032	.149	.831	
<i>duringworkhours</i>	-.086	.096	.371	-.088	.096	.357	-.083	.101	.408	
<i>Frequency personal choice</i>	-1.284	.146	<.001	-	1.289	.145	<.001	-1.320	.153	<.001
<i>Perceived work ability</i>	-.043	.051	.398	-.067	.086	.439	-.026	.087	.766	
<i>Nutrition * perceived work ability</i>				.243	.092	<.05	.177	.095	.063	
<i>Physical Fitness * perceived work ability</i>				.278	.126	<.05	.198	.130	.129	
<i>Stress * perceived work ability</i>				-.278	.126	<.05	-.198	.130	.129	
<i>Payyourself * perceived work ability</i>				.158	.138	.252	.156	.143	.276	
<i>duringworkhours * perceived work ability</i>				-.074	.091	.420	-.055	.094	.562	
<i>Freqperschoice * perceived work ability</i>				-.243	.139	.079	-.200	.144	.165	
<i>female</i>							.137	.118	.248	
<i>Physicalwork</i>							.142	.272	.601	
<i>Sedentarywork</i>							.214	.148	.150	
<i>Combinationwork</i>							-.142	.272	.395	
<i>FullTime</i>							-.056	.173	.746	
<i>Highschool</i>							.454	.229	<.05	
<i>MBO</i>							.245	.164	.138	
<i>HBO</i>							.001	.118	.993	
<i>Age</i>							-.027	.006	<.001	
<i>Hours working per week</i>							.009	.008	.269	
<i>Tenure in current position</i>							.009	.007	.193	

Figure 2: Plot interaction effect nutrition with Perceived Work Ability on likeliness to participate

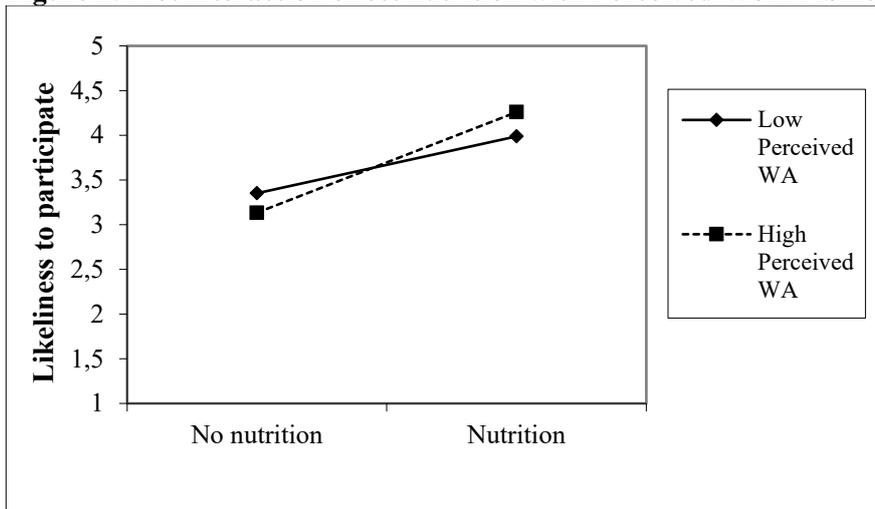


Figure 3: Plot interaction effect physical fitness with Perceived Work Ability on likeliness to participate

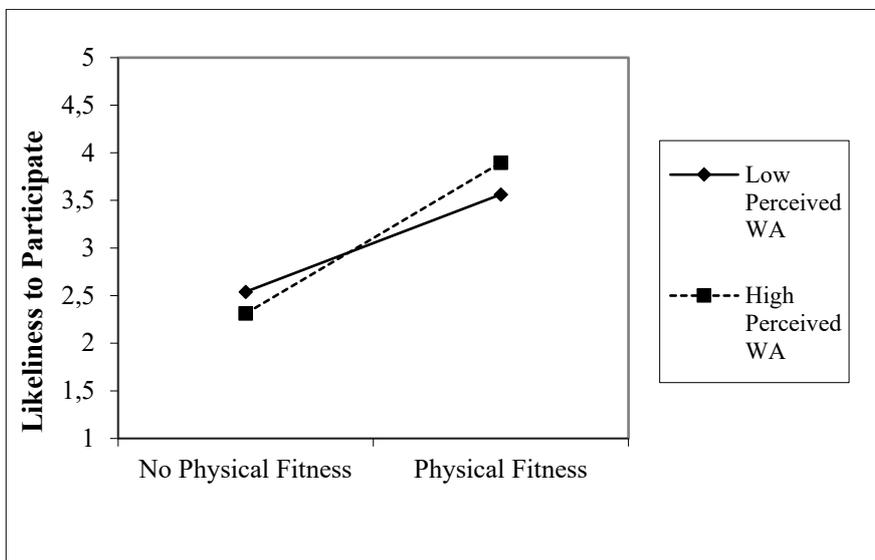
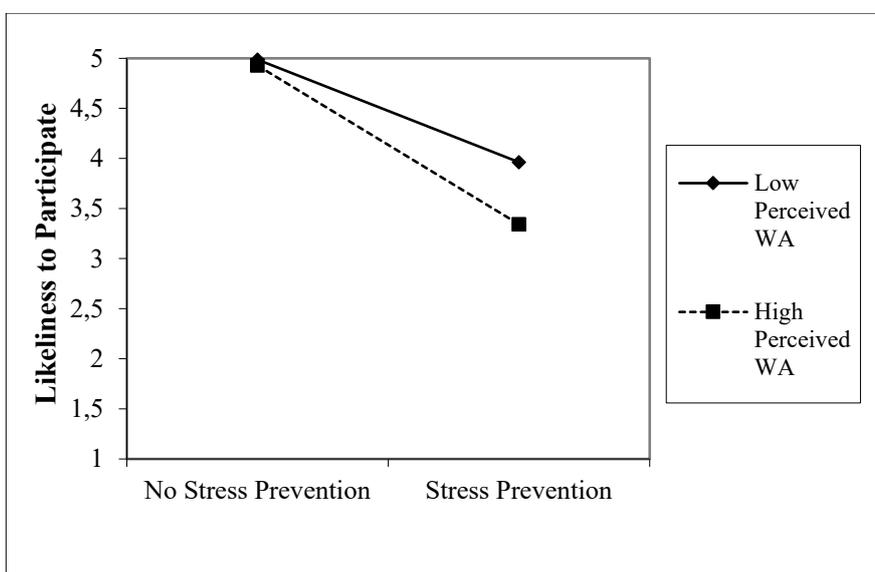


Figure 4: Plot interaction effect stress prevention with Perceived Work Ability on likeliness to participate



4.2. Analysis of respondent elaborations on vignettes

After each vignette participants were asked to elaborate on the activity and their indication on likeliness to participate. As this was an optional item during the survey not all respondents completed this question, however, many respondents did give additional comments which created an opportunity to get more information on factors that influence likeliness to participate.

4.2.1. Nutrition vignettes.

Frequent observed arguments for healthy lunch provided by the office were; healthy lunch is important for energy during the day (N=16), easy and time saving (N=10), great opportunity to network with coworkers (N=8) and becoming more mindful about taking a break (N=4). Contrary, the most common reason for not wanting to participate is not having time to take breaks or wanting to go outside/for a walk during the lunchbreak. Going outside/ for a walk during lunch would be possible to combine with going to a restaurant where you have an employee discount. While this activity scored low on likeliness to participate, N= 45 respondents indicated costs as a barrier for participation in this activity. Nevertheless, regarding the costs, people mentioned to use this discount once or twice per week, this shows that frequency of the activity being a personal choice might influence participation. Other arguments are that this activity is too time consuming (N= 18) or do not want to go outside of the office (N= 5). Contrary to this is that N= 7 respondents argued that it is nice to get outside of the office and being social with colleagues (N=8). For the vignette promoting a course on nutrition responses are mixed. N= 24 stated to already know enough while N=28 found it helpful to learn and become more conscious about nutrition. N=17 were not interested or think it is a private matter. Which is interesting as other WHP activities triggered little to no arguments regarding privacy (N=2). Moreover, N=9 motivated content had to be interesting and N=6 respondents motivated that the activity had to fit their personal and work schedule.

4.2.2. Physical activity vignettes.

Having a budget to spend at a gym of choice triggered the highest likeliness to participate. Respondents' arguments for this activity were, that not having to pay yourself creates one less barrier to go (N=18), which is in line with the hypothesis that costs can influence participation. Moreover, physical exercise was considered important (N=18). However, respondents also mentioned this activity does not motivate actually going to the gym (N=9). Common barriers for physical activities were fitness or gym is not the preferred method of exercise (N= 31). Participants would like to be able to spend the fitness budget in a sport of choice (N=16). Moreover, a barrier found was people do not prefer working out with colleagues (N=25), or not being able to switch off from work when the gym is in the office (N=6). For the fitness budget only N=1 participant

mentioned time as a barrier, for the office gym facility N=9 respondents motivated time as a barrier, while for this same activity N=21 respondents motivated that this stimulated physical activity without too many planning issues.

Moreover, for the group activity, fun and good for group building was mentioned (N=12), even for respondents unlikely to participate N=4 would participate for group building. This could implicate that the format of an activity has an impact on participation. Moreover, required registration beforehand was considered by N=6 respondents to make it less accessible, while type/content of activity and who are participating is considered important for N=6 respondents.

4.3. Stress prevention vignettes.

In regard to the two health promotion activities taking place in a group setting, in total only N=2 stated it to be harder to open up in a group setting, N=3 finding it useless when doing this with a group and N= 4 found it awkward with colleagues. However, N=34 motivated educational and good for personal development and N=12 motivated necessary and valuable. Additionally, respondents indicated this activity in group format to be great for teambuilding (N=8) one respondent stating *“gives the opportunity to find out what your colleagues are struggling with and how you can help them”* (female, 25, sales).

Nevertheless, the frequency of the activities was mentioned as a barrier by N=12 respondents where one respondent explained why; *“especially when your work pressure is high it is difficult to make time for these activities”* (female, 28, attorney). Moreover, having the activity once per month was too much for N=9 respondents.

Other common reasons for not participating for all three activities were, I am already good at time management/can do this alone (N=12), I do not feel stress (N=28), just not interested (N= 15).

Additionally, N=2 respondents are hesitant because they feel that the employer must then also be open to make a change in response to what is discussed during (personal) training.

5. Discussion & Conclusion

The reason for this study was to explore which type of WHP activities trigger likeliness to participate and whether this participation is moderated by an individual's perceived work ability. This research aimed to answer the research question with a quantitative vignette study in which nine WHP activities were presented to in total 173 participants. These participants also completed questions to measure their perceived work ability and for each respondent the perceived work ability was calculated. Subsequently, with the score on likeliness to participate in each WHP activity and the perceived work ability multilevel analysis was performed.

Results of this study showed that WHP activities related to nutrition and physical fitness have a positive effect on likeliness to participate, but that this participation is higher for participants with a high perceived work ability. This is in accordance with earlier research by Ilmarinen (2019). While WHP activities related to the prevention of stress did not show a positive significant effect it was found that people with a lower perceived work ability are more likely to participate in these activities which is an interesting finding as past research found that it is harder to include participants with low resources and a lower work ability (Hobfoll, 2000; Ilmarinen, 2019).

5.1. Discussion main effects

Results of the three main categories for the vignettes, nutrition, physical fitness and stress prevention showed that WHP activities aimed nutrition had a positive effect on likeliness to participate. This confirms the outcome of earlier research as more people acknowledge the importance of a healthy diet and having an employer facilitate this makes employees feel appreciated (Lassen et al., 2007). Also, WHP activities aimed at physical fitness were found to have a positive effect on likeliness to participate which was expected based on earlier research and with the increasing importance of physical activity with jobs becoming more sedentary due to technological developments (Pronk & Kottke, 2009; Scherrer et al., 2010; Ilmarinen, 2019). Moreover, people want to preserve their physical fitness as a personal resource which is likely to influence their participation (Demerouti et al., 2001; Kim et al., 2015). WHP aimed at stress prevention was found to have a negative effect on likeliness to participate compared to the reference category physical fitness. This was contrary to expectations as burn-out rates and stress related illness are increasing, highlighting the importance of stress prevention training (Kelloway et al., 2008). Possible explanation could be that the participants in this study do currently not feel stressed, hence not feeling the need to participate in these activities. This is in line with a barrier found in the research on nutrition that 'I am already healthy' acts as a barrier to participation (Rongen et al., 2014). Which is not in line with the COR theory that expects that being healthy is a resource an individual wants to protect which would lead to participation (Toker et al., 2014).

For the variables that were manipulated within the vignettes, having to pay for an activity yourself was expected to be negatively related to participation. Yet no significant effects were found. However, only one health promotion activity included personal costs for employees and looking at the means and standard deviations per activity (table 3), the activity that included personal costs was rated least likely to participate in comparison to other activities. Also, the additional analysis of participants elaborations indicated that the costs played a role in the participation which is in line with the findings from Blackford et al. (2013). Moreover, whether an activity takes place during work hours, no significant effects were found which is contrary to

expectations and not in line with other research (Kruger et al., 2007; Ilvig et al., 2018). This might indicate that people are willing to work on their personal health and work ability in their personal time as well to. Nevertheless, the qualitative analysis did show several comments regarding the time the activity took place, for example only participating when work and personal schedule allows time for this. Which is in line with the findings by Kruger et al. (2007) and Ilvig et al. (2018). Lastly, frequency being a personal choice was found significant, however, contrary to expectations this effect was negative. This was an unexpected finding based on the research on employee voice and autonomy in health promotion which stated that freedom and personal choice is important to consider to create effective WHP (Meershoek et al., 2010; Dellve & Erriksson, 2017). A possible explanation for the negative effect of frequency being a personal choice is that participants find it hard to make time for WHP activities especially when also having other personal demands such as a family. This might highlight the importance of managerial and organizational support to promote participation in WHP as previous research found higher levels of participation when employees thought participation was expected of them (Rongen et al., 2014).

5.2. Discussion interaction effects

Results of the interactions effects with the level of perceived work ability as a moderator showed a significant positive moderation of perceived work ability on likeliness to participate in health promotion activities aimed at nutrition. The plot of the interaction effect (figure 2), however, visualized higher likeliness to participate for individuals with a high perceived work ability. While this result is in line with expectations based on the COR theory (Hobfoll, 2000), results do contradict findings from Rongen et al. (2014) who found that personal health being 'less than good' acts as a facilitator towards participation as employees feel that participation is more necessary for their personal health. Moreover, the interaction of physical fitness and perceived work ability a significant positive moderation was found as well. The plot (figure 3) showed that individuals with a higher perceived work ability were more likely to participate in physical activities. This is in line with findings by Ilmarinen (2009), as people with a higher work ability perceive less barriers to participate. As well as Kim et al., (2015), who studied participation in physical activity from a COR theory perspective indicating that people who are already active are more likely to participate to protect and increase this resource. Lastly, results showed a significant negative interaction effect between perceived work ability and stress prevention activities. Interestingly however, the plot of this interaction effect (figure 4) does show that participants with a lower perceived work ability are more likely to participate. This is an important finding as this indicates that people with a lower perceived work ability, who are usually less likely to participate want to improve their personal resource to prevent stress. The finding that participants found activities regarding stress prevention

necessary and good for personal development is in line with research on the JD-R model as coping skills and time management skills can act as a resource which potentially increases work-life balance (Demerouti et al., 2001; Tetrick & Winslow, 2015) which is necessary in the current epidemic of stress (Kelloway et al., 2008).

5.3.Limitations & Future Research

While this research does show significant results and interesting outcomes for participation in WHP work some limitations exist and are discussed below with possibilities for future research.

A concern with policy capturing vignette methodologies is the external validity of the described scenario's, as this is an experimental research design the critique that experiments are often separated from the 'real world' threatening internal validity applies for this study as well (Rauvola et al., 2019). Even though the WHP activities presented to participants were derived from actual cases to minimize this risk, it is still important to consider, especially since WHP activities in the real world have to be adjusted to a specific organization, office facilities and company culture (Hopkins et al., 2012). Future research could study whether the same effects would be observed when a company and its culture are manipulated in a vignette or in a real-life situation as part of an intervention study. Additionally, this study did not have a full factorial design. Future research could use a full factorial research design to make sure each manipulation is represented equally to better measure for example the influence of whether an activity takes places within work hours on participation (Atzmüller & Steiner, 2010). A full factorial design could then either perform a within-subject vignette study using a sub-set of all possible vignettes or use between-subject design where one group can act as a control group. Furthermore, the order in which the vignettes have been presented to participants were not randomized. Future research could randomize the order of vignettes to minimize presentation order effects (Rauvola et al., 2019).

It should also be considered that no actual health measurements are taken or asked from respondents besides the perceived work ability scale from McGonagle et al. (2015). No questions, on allergies, injuries, have a health condition such as diabetes or have had a stress related condition such as a burn-out that prevent from participation in WHP activities. Moreover, no other scales were part of the vignette study. While this was an ethical consideration and practical consideration for this study, future research could take personal resources and the personal environment of participants more into considerations as from a COR and JD-R perspective, these resources could influence employee decisions towards what resources they are motivated to improve or protect (Hobfoll, 2000; Demerouti et al., 2001; Wright & Hobfoll, 2004). As well as socioeconomic status and perceived self-efficacy as these have been associated with physical activity behavior (Trost et al., 2002).

For this study, employee voice and autonomy was found an influential factor to likeliness to participate based on the fact frequency being a personal choice was significant and wanting to have a say in course content was mentioned in the additional qualitative analysis. Future vignette studies could put more focus on employee voice, manipulating the amount of influence an employee has in, for example, the set-up of WHP activities to measure to what extent voice and autonomy is a factor on participation (Meershoek et al., 2010). Moreover, future vignette studies could also manipulate different course contents in regard to improving health literacy (Nutbeam, 2000) to see what type of knowledge employees are looking for. As Aguiñes & Bradley (2014) described, policy capturing vignette methodologies can shed light on employee decision making processes that engage in for example health literacy and people who choose not to engage. This study did that on a more general level for WHP activities, but future studies could thus focus more on specific courses and formats of one type of health promotion (e.g. nutrition and health literacy).

In regard to the data sample, the majority of participants had a job that is sedentary in nature, opposed to a physical job. This would implicate that when the majority of participants had a physical job results might have been different. The nature of one's job could influence the motivation to participate as Sorensen et al. (1996) explained being exposed to certain risks or hazards increases motivation to adopt healthier behavior. Moreover, most participants were employed full time, it might be that when the majority of participants were employed part-time results would differ. Hence future research could focus more on certain respondent characteristics and what WHP they are most likely to participate in.

It should also be considered that the survey was completed by participants while the Netherlands was in the second Covid-19 lockdown. This might have made it harder to visualize the WHP activities presented in the vignettes as participants may have been working from home. Moreover, Covid -19 could also have an effect on an individual's perceived work ability as it has affected work and personal demands for a lot of people (Kniffin et al., 2021). Future research could include questions on whether a participant is working from home as this might be more common after Covid-19 and could affect likeliness to participate in WHP activities, especially those taking place at the office.

5.4.practical implications

The most important practical implication this study found was that people with a lower perceived work ability indicated a higher likeliness to participation in stress prevention activities. This is important because people with a low perceived work ability often have low personal resources as well and as a result are hesitant to participate in WHP due to high perceived barriers (Toker et al., 2014). Stress prevention activities could thus serve as an activity with low perceived

barriers and a first step to the creation and development of a personal resource. From a COR theory perspective this is important as having a personal resource leads to the motivation to protect and develop these resources as well as create other personal resources (Hobfoll, 1989; Kim et al., 2015) which could lead to more active participation in other WHP activities.

For organizations this is an important finding as well as this could indicate that WHP activities aimed at stress prevention are a worthwhile investment leading to health improvements for employees who need it the most. Especially, since occupational stress is known to be a considered risk factor for many health outcomes (Limm et al., 2010), the reduction of stress through WHP activities can have positive effects for other health aspects as well.

Moreover, the results of this study could help organizations with the creation of a WHP scheme such as investing in a health lunch at the office which creates a healthier environment making it possible for employees to make healthier choices (Nutbeam, 2000). The healthy lunch scored highest on likeliness to participate, and even though participants with a higher work ability indicated to be more likely to participate, establishing a health environment engages people with a lower work ability as well supporting them to make healthier choices (Mäkelä, 1996; Nutbeam, 2000).

All WHP activities triggered comments such as, 'I do not need this', 'I am already healthy', 'am already fit' or 'I have no stress'. This was also a response for nonparticipation found in the research by Rongen et al. (2014). One possible way to overcome this would be to involve employees in the creation of their health promotion programs as suggested by Meershoek et al. (2010). Letting employees use their voice, express their needs in regard to their health and the development of their health is important as this could motivate to further participation in WHP and more personal resources leading to gain spirals (Sorensen et al., 1996; Toker et al., 2014; Kim et al., 2015). Lastly, this study showed significant effects on likeliness to participate in WHP activities. This is positive and should encourage employers to invest in WHP activities as it has the potential to reach large amounts of people and have potential positive health effects on individuals and their families (Dishman et al., 1998; Mhurchu et al., 2010; Backman et al., 2011).

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Appendix

1. Overview feedback Pre-Test

<i>Student</i>	<i>Feedback</i>	<i>Changes made to survey</i>
1	Social demands in the WAS might be too vague for people Attention check questions made me pay more attention but also felt like you were checking me	reformulate social demands
2	Different options in the vignettes were explained well and easy to imagine	
3	Sportklasje' in the vignette might sound a bit childish Attention checks made me pay more attention but maybe it was too much	Changed name to 'groeple's'
4	Formulation of the questions; how many points would you give your current ability to work is wrong In the vignette stress, is the training as a group or is the work pressure as a group	Changed the flow of the sentence so it is easier to read Changed the flow of the vignette so it is more clear as to where the pressure is manipulated
5	For the question about job tenure it is not possible to specify months and years	changed the validation of the question in qualtrics so people can write.
6	Sportklasje' in the vignette might sound a bit childish Attention check questions were nice in the survey Noticed that with the last vignette a bit of attention was lost and felt like more effort to read to whole vignette	
7	For the question about job tenure it is not possible to specify months and years	changed the validation of the question in qualtrics so people can write.
8	Survey is clear and easy to read, it also does not take too long to complete The attention check questions are making me more alert which is nice	

2. Full Survey

Beste respondent,

Hartelijk dank voor het meewerken aan dit onderzoek voor mijn master thesis.

De vragenlijst bestaat uit drie delen. Het eerste deel bestaat uit een aantal vragen over uw huidige vermogen om te werken. In het tweede deel worden een aantal activiteiten aan u gepresenteerd, aan u de vraag om in te vullen hoe waarschijnlijk het is dat u hieraan deel zult nemen. Als laatste een aantal algemene vragen.

Uw antwoorden blijven anoniem en zullen uitsluitend voor dit onderzoek gebruikt worden.

Indien u vragen of opmerkingen heeft kunt u contact met mij opnemen via Eline.Ligthart@student.ru.nl

Ik geef toestemming om mijn antwoorden te gebruiken voor academische doeleinden

Ja (1)

Nee (2)

End of Block: Introduction

Start of Block: Werkvermogen

De volgende vragen gaan over werkvermogen.

Werkvermogen is de mate waarin u fysiek en mentaal in staat bent om uw werk goed uit te voeren.

Beantwoord de volgende vragen op een schaal van 1-10.

1 betekent dat u op dit moment helemaal niet kan werken, 10 betekent dat uw vermogen om te werken beter is dan ooit.

	1- Ik kan op dit moment niet werken (1)	2 (2)	3 (3)	4 (4)	5 (5)	6 (6)	7 (7)	8 (8)	9 (9)	10 - Mijn werkvermogen is beter dan ooit (10)
Hoeveel punten geeft u uw huidige werkvermogen op dit moment? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Als u nadenkt over de fysieke eisen van uw baan, hoe beoordeelt u uw huidige vermogen om aan die eisen te voldoen? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Als u nadenkt over de mentale eisen van uw baan, hoe beoordeelt u uw huidige vermogen om aan die eisen te voldoen? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Als u nadenkt over de sociale eisen van uw baan, hoe beoordeelt u uw huidige vermogen om aan die eisen te voldoen? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Werkvermogen

Start of Block: Vignettes

Denk voor deze volgende vragen aan uw eigen werksituatie en werkvermogen. Hieronder volgen verschillende beschrijvingen van activiteiten die een werkgever kan aanbieden om gezondheid te promoten. Geef aan bij alle activiteiten hoe waarschijnlijk het is dat u hieraan actief mee zal doen als uw werkgever dit zou aanbieden.

Soort activiteit: gezonde lunch verzorgd door kantoor

Persoonlijke kosten voor activiteit: klein bedrag al opgenomen in uw salaris strook

Duur en frequentie van activiteit: 30 minuten elke dag

Activiteit vindt plaats binnen of buiten werktijd: lunch pauze

	Heel erg waarschijnlijk (1)	Waarschijnlijk (2)	Niet waarschijnlijk maar ook niet onwaarschijnlijk (3)	Onwaarschijnlijk (4)	Heel erg onwaarschijnlijk (5)
Hoe waarschijnlijk is het dat u actief meedoet aan deze activiteit? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Licht hier uw antwoord toe (optioneel)

Soort activiteit: werknemers korting bij een restaurant gespecialiseerd in gezond eten in de buurt van kantoor

Persoonlijke kosten voor activiteit: gemiddeld 10 euro per keer

Duur en frequentie van activiteit: 30 minuten, frequentie eigen keuze

Activiteit vindt plaats binnen of buiten werktijd: lunch pauze

	Heel erg waarschijnlijk (1)	Waarschijnlijk (2)	Niet waarschijnlijk maar ook niet onwaarschijnlijk (3)	Onwaarschijnlijk (4)	Heel erg onwaarschijnlijk (5)
Hoe waarschijnlijk is het dat u actief meedoet aan deze activiteit? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Licht hier uw antwoord toe (optioneel)

Wat voor soort activiteit werd er zojuist aangeboden in de tekst?

- Sporten op werk (1)
- Werknemers korting bij een restaurant gespecialiseerd in gezond eten in de buurt van kantoor (2)
- Fruit op werk (3)

Soort activiteit: cursus over gezond eten en voeding

Persoonlijke kosten voor activiteit: gratis

Duur en frequentie van activiteit: 1 uur, frequentie eigen keuze

Activiteit vindt plaats binnen of buiten werktijd: buiten werktijd

	Heel erg waarschijnlijk (1)	Waarschijnlijk (2)	Niet waarschijnlijk maar ook niet onwaarschijnlijk (3)	Onwaarschijnlijk (4)	Heel erg onwaarschijnlijk (5)
Hoe waarschijnlijk is het dat u actief meedoet aan deze activiteit? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Licht hier uw antwoord toe (optioneel)

Soort activiteit: fitness budget om te gebruiken bij sportschool naar keuze

Persoonlijke kosten voor activiteit: gratis

Duur en frequentie van activiteit: duur en frequentie eigen keuze

Activiteit vindt plaats binnen of buiten werktijd: buiten werktijd

	Heel erg waarschijnlijk (1)	Waarschijnlijk (2)	Niet waarschijnlijk maar ook niet onwaarschijnlijk (3)	Onwaarschijnlijk (4)	Heel erg onwaarschijnlijk (5)
Hoe waarschijnlijk is het dat u actief meedoet aan deze activiteit? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Licht hier uw antwoord toe (optioneel)

Soort activiteit: sportschool in het kantoor gebouw te gebruiken voor alle medewerkers

Persoonlijke kosten voor activiteit: gratis

Duur en frequentie van activiteit: duur en frequentie eigen keuze

Activiteit vindt plaats binnen of buiten werktijd: buiten werktijd

	Heel erg waarschijnlijk (1)	waarschijnlijk (2)	Niet waarschijnlijk maar ook niet onwaarschijnlijk (3)	onwaarschijnlijk (4)	Heel erg onwaarschijnlijk (5)
Hoe waarschijnlijk is het dat u actief meedoet aan deze activiteit? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Licht hier uw antwoord toe (optioneel)

Soort activiteit: sport groepslessen georganiseerd door kantoor waar u zich voor moet inschrijven

Persoonlijke kosten voor activiteit: gratis

Duur en frequentie van activiteit: 1 uur, frequentie eigen keuze

Activiteit vindt plaats binnen of buiten werktijd: buiten werktijd

	Heel erg waarschijnlijk (1)	Waarschijnlijk (2)	Niet waarschijnlijk maar ook niet onwaarschijnlijk (3)	Onwaarschijnlijk (4)	Heel erg onwaarschijnlijk (5)
Hoe waarschijnlijk is het dat u actief meedoet aan deze activiteit? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Licht hier uw antwoord toe (optioneel)

Wat voor activiteit werd er zojuist aangeboden in de tekst?

- Sport groepslessen georganiseerd door kantoor op basis van inschrijving (1)
- Training over tijd management (2)
- Een gezonde lunch verzorgd door kantoor (3)

Soort activiteit: tijd management training in groepsverband

Persoonlijke kosten voor activiteit: gratis

Duur en frequentie van activiteit: 1 uur, 1 keer per maand

Activiteit vindt plaats binnen of buiten werktijd: binnen werktijd

	Heel erg waarschijnlijk (1)	Waarschijnlijk (2)	Niet waarschijnlijk maar ook niet onwaarschijnlijk (3)	Onwaarschijnlijk (4)	Heel erg onwaarschijnlijk (5)
Hoe waarschijnlijk is het dat u actief meedoet aan deze activiteit? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Licht hier uw antwoord toe (optioneel)

Soort activiteit: personal coaching over tijd management en stress

Persoonlijke kosten voor activiteit: gratis

Duur en frequentie van activiteit: 1 uur per week voor een maand

Activiteit vindt plaats binnen of buiten werktijd: buiten werktijd

	Heel erg waarschijnlijk (1)	Waarschijnlijk (2)	Niet waarschijnlijk maar ook niet onwaarschijnlijk (3)	Onwaarschijnlijk (4)	Heel erg onwaarschijnlijk (5)
Hoe waarschijnlijk is het dat u actief meedoet aan deze activiteit? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Licht hier uw antwoord toe (optioneel)

Wat voor activiteit werd er zojuist aangeboden?

- Cursus over gezond eten (1)
- Personal coaching over tijd management en stress (3)
- Vaardigheden training (2)

Soort activiteit: training in groepsverband over beter omgaan met werkdruk en stress

Persoonlijke kosten voor activiteit: gratis

Duur en frequentie van activiteit: 1 uur, om de week

Activiteit vindt plaats binnen of buiten werktijd: binnen werktijd

	Heel erg waarschijnlijk (1)	Waarschijnlijk (2)	Niet waarschijnlijk maar ook niet onwaarschijnlijk (3)	Onwaarschijnlijk (4)	Heel erg onwaarschijnlijk (5)
Hoe waarschijnlijk is het dat u actief meedoet aan deze activiteit? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Licht hier uw antwoord toe (optioneel)

End of Block: Vignettes

Start of Block: Algemene vragen

Wat is uw huidige leeftijd?

Met welk geslacht identificeert u zich?

- Vrouw (1)
- Man (2)
- Zeg ik liever niet (3)

Wat voor soort contract heeft u op dit moment?

- Full-time (1)
- Part-time (2)
- Student met bijbaan (3)

Hoeveel uur werkt u per week?

Wat voor soort werk doet u?

- Lichamelijk werk (1)
- Vooral zittend werk (2)
- Een combinatie van zittend en lichamelijk werk (3)

Wat is uw huidige functie?

Hoe lang bent u al werkzaam in uw huidige functie?

Wat is het hoogste niveau onderwijs dat u heeft afgerond

- Middelbare school (1)
- MBO (2)
- HBO (3)
- Universiteit (4)

End of Block: Algemene vragen