Research

Employees’ Experiences of Attending a Weight Management Service Through their Workplace: A Qualitative Inquiry

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Abstract

This study explored Public Health employees experiences of participating in a weight management programme funded through their employers over a 12 week period. Semi-structured interviews were conducted with 28 employees who had participated in the programme (group-based or online). Participants achieved successful short-term weight related outcomes. Poor follow-up rates mean the long-term effect on weight related outcomes could not be concluded. The main motivators for enquiring about and attending the programme were: the offer to attend the programme free of charge, the opportunity to kick start their weight loss efforts, to take part in an academic research study, and the opportunity for ‘shared experiences’ with their colleagues. Employers should facilitate their employees efforts to lead a healthier lifestyle in the long-term creating employer health and safety policies that actively encourage healthy living and weight management. Improving employee health can contribute to increasing productivity, reducing stress and absenteeism.

Keywords: Weight Management; Workplace; Qualitative Inquiry; Employee Health Promotion

Introduction

The Health Survey for England (HSE) results for 2016 showed that 26% of men and 27% of women aged 16 and over in England were obese, and a further 40% of men and 30% of women were overweight [1]. Obesity is a serious and increasing public health issue both in the UK and across the world. Not only is it associated with numerous comorbidities, but it is also related to negative emotional and psychological consequences such as depression and low self-esteem [2,3]. Recent work with obese adults has shown that as well as providing positive health benefits, significant weight loss is associated with improved emotional wellbeing and health related quality of life [3].

The current UK government aims to achieve a sustained downward trend in the number of people who are obese by 2020 [4]. Being obese has an impact not only on an individual basis but also in the wider community and economy. The estimated NHS cost attributed to overweight and obesity in 2014-2015 was £6.1 billion and is projected to rise to £9.7 billion by 2050. The estimated costs of overweight and obesity to wider society is estimated to reach £49.9 billion by 2050 [5].

It has been suggested that employers play a key role in addressing obesity and should attempt to address this in the workplace given the potential financial implications [6]. The workplace is an important setting for promoting health-related opportunities to employees [7-9]. Obesity can contribute to a number of long-term health conditions and evidence reported in the recent DWP green paper ‘Work, health and disability – Improving Lives’ [10] suggests sickness absence’ cost employers £9 billion a year. Supporting employees with chronic health conditions is important for work places. Addressing weight management (WM) should be a key consideration when addressing long-term health conditions given that overweight employees are more likely to have higher absenteeism; encounter difficulties with using equipment or seating; and be less able to
cope with the physical demands of their employment [11].

A small amount of evidence suggests that WM interventions in the workplace involving education and counselling, elements of dietary and physical activity behaviour, can produce short-term [12,13] and long-term improvements in body weight [14]. Little is known about the value of employer assisted WM through funding employees to attend existing WM and health promotion interventions outside of work. Further exploration of options for workplace supported WM and health promotion interventions is required to allow for the identification and development of best practice [15].

A commercial WM provider was commissioned to assess the acceptability and feasibility of a WM programme for employees after successfully winning an open tender. Results show that employees who attended the WM intervention achieved positive effects on weight related outcomes in the short-term and this was for the majority of participants. Modest yet positive mean longer-term effects were reported on weight related outcomes (12 months) yet there were low follow-up rates hence these results must be interpreted with caution. This paper presents the findings of the qualitative aspect of this evaluation. The current study explored employees’ experiences of completing an online or group-based WM programme funded by their employer.

**Method**

**Procedure**

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

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

**Analysis**

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

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

**Results**

Semi-structured interviews were conducted with 28 participants. Eight participants took part in the online intervention (29%) and 20 attended the group intervention (71%). These numbers were representative of the proportion of the whole sample for online vs group participants (Online n=24; 22% vs group-based, n=84; 78%). Twelve participants went on to complete a further 12 weeks that they funded themselves and left after this period. Out of the 28 participants interviewed, 24 completed the 12-week programme – the four participants who dropped out were all participants of the online version of the programme. Of the participants’ interviewed 25 were white females (89%) and three were white males (11%). These numbers were representative of the proportion of the whole sample who were white female participants vs white male participants (white female n= 105; 97%, white male n=3; 3%). No male participants opted to take part in a group intervention and instead opted for the online programme. A synthesis of the key themes and sub themes are displayed in Table 1 supported by example quotes and n values to display how frequently each of the key themes and sub themes emerged.
### Table 1: Key themes and sub-themes related to participants’ experiences of workplace supported WM

<table>
<thead>
<tr>
<th>Theme</th>
<th>Sub Theme</th>
<th>Example Quote</th>
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<tbody>
<tr>
<td><strong>Strengths of the online WM approach</strong></td>
<td>Convenience and flexibility of completing WM programmes online (n=6)</td>
<td>“I liked that I could access it whenever I wanted and wasn’t restricted which wouldn’t have worked with my work.” (Participant 1)</td>
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<tr>
<td></td>
<td>Complete online WM programmes autonomously (n=7)</td>
<td>“I felt it worked for me cause I am happy to follow the eating plan on my own and I had a familiarity with it.” (Participant 4)</td>
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<td></td>
<td>Self-monitoring and visual tracking of food intake and weight changes (n=4)</td>
<td>“I liked the option to record your eating plan online cause it was just easier and its with you all the time now.” (Participant 3)</td>
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<td><strong>Negatives of online WM for employees</strong></td>
<td>No familiarisation/induction process (n=6)</td>
<td>“I did not find it easy to navigate and it took time to get familiar with it which kind of took away the convenience of it” (Participant 2)</td>
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<td></td>
<td>Lack of content promoting Physical Activity (n=9)</td>
<td>“I felt there could have been more information to appeal to those who want to do more activity and to promote this as part of getting healthier and lose weight.” (Participant 4)</td>
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<td></td>
<td>Impersonal feeling to online WM (n=12)</td>
<td>“The email when I hadn’t been on for a few weeks if anything just put me off wanting to carry on. I think it could have been a bit more motivational like we miss you or something to make you want to log back on again… it just didn’t work for me.” (Participant 2)</td>
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<td></td>
<td>No point of contact (n=8)</td>
<td>I feel like if there was just some small element of having human contact even over the computer or phone it would have made it more real and I would have wanted to be more committed if that makes sense.” (Participant 1)</td>
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<td></td>
<td>Need for content around psychological behaviour change skills/strategies (n=6)</td>
<td>“I would have liked some skills and strategies to help motivate you so like the ok I know what to change but how do I go about making that change.” (Participant 8)</td>
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<td><strong>Strengths of group-based WM programmes for employees</strong></td>
<td>Easy and quick referral process to local group-based programme (n=20)</td>
<td>“I found it really quick I just sent an email and then I got my vouchers pretty quick to go along to my local group.” (Participant 15)</td>
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<td></td>
<td>Options to attend different group sessions (n=18)</td>
<td>“I liked that I could go to the later group or one on a different night when I wasn’t able to make my usual class that made it more manageable and I could work around my job.” (Participant 14)</td>
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<td></td>
<td>Employer WM provision provided a cue to action weight loss intentions (n=16)</td>
<td>“It just gave me the push I needed really. I knew I wanted and need to lose weight but there is always an excuse so it just made it that be easier.” (Participant 17)</td>
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<td>Strengths of group-based WM programmes for employees</td>
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<td>Positive perceptions of Facebook support forums for WM programmes (n=13)</td>
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<td>Perceptions of the WM facilitator key factor (n=25)</td>
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<td>Positive outcomes aside from weight loss (n=16)</td>
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<tr>
<td>Ongoing members provide useful tips to new members (n=12)</td>
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<td>Changed perceptions of ‘what is’ healthy eating (n=8)</td>
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<td>Magazines provide motivational success stories (n=10)</td>
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<td>Positive receipt of recipe books (n=7)</td>
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<tr>
<td>Negative perceptions towards group discussion repetitive nature (n=15)</td>
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<tr>
<td>Perceptions of group atmosphere influential to participant engagement (n=13)</td>
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<td>Initial session perceived as intimidating (n=10)</td>
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<td>Limited support for members post achievement of target weight loss (n=17)</td>
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<tr>
<td>Group comparison element can be a demotivating factor (n=9)</td>
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"Just having someone to talk to in the week… when you are finding it hard but your trying to be good things like online support groups help to speak to others cause they are going through it to so you can encourage each other not to give up and eat that chocolate biscuit (laughter)." (participant 11)

"She was lovely she just made you feel really comfortable and had helpful tips and you could tell she genuinely cared and wanted you to lose weight which was nice and encouraged you to try harder." (Participant 15)

"I got to meet some new friends and just felt better about myself cause I was eating more healthily and doing a lot more exercise." (Participant 13)

"Some of the older members give some good tips that I took on board. " (Participant 18)

"I use to think it was all about starving but I changed my attitude doing slimming world and I now eat more of the right things so I don’t get tempted by the sugary treats (laughter)." (Participant 2)

"I often go back to the magazines to read the success stories cause it shows you it can be done and its just real people." (Participant 10)

"I bought a recipe book and often use the recipes and the whole family love them." (Participant 2)

"It could get a bit repetitive with the same people venting (laughter) so I just didn't go every week." (Participant 20)

"I think the group dynamic is important and particularly coming into an established group it can be a bit daunting." (Participant 9)

"Just the idea of starting something new on your own knowing they all know each other I mean its still scary even as a an adult." (Participant 24)

"I think it would have been good to have some type of support once you achieved your target weight cause I did feel a bit lost like what do I do now." (Participant 14)

"You sometimes feel a bit disappointed when others seem to be doing a lot better it did dishearten me a little." (Participant 10)
<table>
<thead>
<tr>
<th>Weaknesses of group-based WM programmes for employees</th>
<th>Little focus on PA and its role in weight management (n=17)</th>
<th>“I think there could have been more encouragement for being more active and how this helps your weight loss when it was mainly towards the eating plan.” (Participant 13)</th>
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<tr>
<td>Importance of the WM facilitator’s personality and qualities for member commitment and success</td>
<td>Firm but fair (n=12)</td>
<td>“She would be honest and challenge you when you maybe had not stuck to it and encourage you were only fooling yourself so you sometimes need that harsh reality.” (Participant 11)</td>
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<td></td>
<td>Friendly and approachable (n=13)</td>
<td>“She genuinely cared and wanted you to lose weight and she said you could text her whenever you needed to.” (Participant 14)</td>
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<td></td>
<td>Non-judgmental (n=17)</td>
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<td></td>
<td>Genuine in nature and likeable (n=17)</td>
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<td></td>
<td>Ability to manage members expectations (n=10)</td>
<td>“She was good at making sure you did not expect too much and that this was a lifestyle change so not to expect the weight to fall off… just to be realistic.”(Participant 15)</td>
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<td></td>
<td>Worksite based WM programmes set-up (n=15)</td>
<td>“Public health need to help the staff to be healthier ad lose weight cause we should be role models working here (laughter).” (Participant 12)</td>
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<td></td>
<td>Need for personalised goals (n=12)</td>
<td>“It would have been good to be able to set goals around increasing your activity or getting healthier in general cause not everyone who goes wants to focus solely on weight as the only outcome.” (Participant 13)</td>
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<td></td>
<td>Option for a one to one support (n=12)</td>
<td>“I feel for some people they were not comfortable to speak in a group so a one to one chat would have been helpful with the group leader.” (Participant 17)</td>
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<td></td>
<td>Positive reinforcement messages online/via text as motivational cues (n=12)</td>
<td>“I think they should use your phone more to encourage you cause everyone has their phone with them all the time these days and its good to get that reminder.” (Participant 19)</td>
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<td></td>
<td>Workplaces should offer sustained, incentivised access to employee WM and healthy lifestyle related activities via similar schemes (n=12)</td>
<td>“I think public health should encourage the employees to lead healthy lifestyle after all we are promoting health to the general public.” (Participant 16)</td>
</tr>
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<td></td>
<td>Use of the intranet is a positive approach to health promotion initiatives (n=11)</td>
<td>“I found out about it through the intranet system and just took it from there.” (Participant 17)</td>
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<td></td>
<td>Promotes ‘togetherness’ among employees (n=15)</td>
<td>“We shared our stories and our ups and downs but we pushed each other as well so I think it is good to do it with your friends.” (Participant 16).</td>
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</table>
**Strengths of Online WM Programmes for Employees**

**Convenience and Flexibility of Completing WM Programmes Online**

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

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

**Complete online WM Programmes Autonomously**

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

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

**Self-monitoring and Visual Tracking of Food Intake and Weight Changes**

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

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

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

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

**Emails as a Prompt for Weekly Weigh-Ins**

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

“The little emails were good they just helped to remind me to keep focussed.” (Participant 8).

**Negatives of Online Based WM for Employees**

**No Familiarisation/Induction Process**

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

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

**Lack of Content Promoting Physical Activity**

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

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

**Impersonal feeling to Online WM**

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

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

**No Point of Contact**

Participants of the online WM programme perceived it would have been useful to have a real life mentor and personal contact with a WM provider who could be contacted with any queries and to re-motivate them when they were suffering from low motivation. They perceived this absence of a personal element, a physical support network made it difficult to maintain motivation in the long-term,
“I do think some type of personal contact would help push you more, you know get the best out of yourself and keep your motivation up more than just being online.” (Participant 1).

As part of the online WM programme participant suggested an online support group might have been a solution to address feelings of a lack of support. This could have offered the personal support they suggested was needed in periods they were struggling for motivation. Participants emphasised ‘similar others’ the same journey of trying to lose weight could provide advice and inspiration to keep going as they are likely to have experienced similar feelings when they had had trouble motivating themselves,

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

**Need for Content Detailing Psychological Behaviour Change Strategies/Skills**

Participants felt it would have been useful to have content around the ‘how toelement of making health behaviour changes. They emphasised it was not the ‘what to’ change but actually knowing ‘how to’ go about making changes and sticking to them so forming new habits, replacing old habits that have been established over their lifetime. These views parallel those of participants who attended the group sessions. They felt that rather than group discussion around members’ personal experiences of weight loss it would have been beneficial to have spent time talking about behavioural skills/strategies that could have helped in the process of making behaviour changes,

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

**Strengths of Group-Based WM Programmes for Employees**

**Easy and Quick Referral process to Group-Based Programmes**

All participants emphasised that the process of getting referred to their local group was quick and simple. Participants identified that from the point they initially expressed their interest in taking part to a contact at work, to then being put in contact with their local group leader and attending their first session was a very smooth and efficient process,

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

**Options to Attend Different Group Sessions**

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

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

**Employer WM Provision Provided a Cue to Action Weight Loss Intentions**

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

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

**Positive Perceptions of Facebook Support Forums for WM Programmes**

Participants who attended a group programme where the group leader had set up a Facebook group found this as a useful support mechanism they could turn to. Participants perceived this provided the opportunity to discuss their progress during the week between classes. They suggested it was particularly useful tool to ‘seek out support’ on days when they were struggling to stick to their healthy eating as they could chat to other members who offered words of encouragement to ‘stick with it’,

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

**Perceptions of the WM Facilitator key factor**

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

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

**Positive Outcomes Aside from Weight Loss**

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

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

Ongoing Members Provide useful tips to New Members
Participants’ felt the tips they gained from existing members facilitated their weight loss efforts. The feelings of this ‘shared experience’ and ‘being in this together’ were communicated as what motivates them and they valued this togetherness of the group in times they were struggling in their personal weight loss journey,

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

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

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

Availability of WM Resources

Magazines Provide Motivational Success Stories: Participants perceived magazines as a useful source of motivation. All participants emphasised that the stories of ‘real’ people achieving their target weights and maintaining this in the long-term were a strong source of motivation. It helped them believe weight loss is achievable and participants suggested they kept the magazines and returned to the magazines when they felt low on motivation to inspire them to keep going,

“Seeing someone else’s weight loss keeps you motivated, you think that could be me.” (Participant 11).

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

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

Weaknesses of Group-Based WM Programmes for Employees

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

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

Perceptions of the Group Atmosphere Influential to Participant Engagement
Participants who expressed negative experiences of the group setting also identified they did not engage whole-heartedly with the programme. They perceived this was why they had not done as well as they could have. Participants who had witnessed members being negative towards another group member behind their back and/or groups being ‘cliquey’ with existing members made them feel like an outsider. This influenced participant engagement and whether they wanted to persist with the group programme beyond the 12 weeks,

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

Initial Session Perceived as Intimidating
Participants suggested when they went along to the first session they felt like an outsider and anxious about what they were meant to be doing. They expressed that having an induction session that first week could have reduced these feelings whereby a WM consultant or existing member is assigned to meet you and walk you through the first session and what will happen. Participants communicated people with little confidence might be put off by this as an initial experience to the extent they do not want to come back,

“I didn’t really know what to do when I first went or who to speak to and I was a bit nervous … I think someone just being there to meet you and accompany you for that first session would help.” (Participant 15).
Limited Support for Members Post Achievement of Target Weight Loss

Participants’ expressed disappointment in the absence of a long-term support plan once a member achieved their target/goal weight. Participants felt long-term support is key for WM and maintenance of their weight loss,

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

Group Comparison Element Can be a Demotivating Factor

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

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

Little Focus on Physical Activity and its Role in WM

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

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

Importance of the WM Facilitator’s Personality and Qualities for Members’ Commitment and Success

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

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

Conversely, participants who had a negative experience of a WM facilitator suggested this led them to feel disengaged from the programme and not wanting to take part beyond the free 12 weeks they had received. Participants suggested a WM facilitator who comes across as ‘condescending’ had not helped and influenced their decision not to sign up for a further time period,

“I almost felt she was shaming people when they put on weight… it just wasn’t helpful and did put me off staying involved and for me personally that didn’t motivate me but made me more want to give up.” (Participant 15).

Learnings for Workplace Supported WM Programmes

Work Site Based WM Programmes Set up

Participants emphasised WM and health behaviour change interventions run in their work environment would be a positive step. They suggested this would mean an inbuilt strong support network would already exist in the form of other colleagues to encourage them if they got involved. They suggested this also strengthened their work relationships with other colleagues. Participants felt this would have removed the barriers of trying to fit WM attendance in around work and other responsibilities as it would have been conveniently run at the work place and could have been run in a lunch hour for example,

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

Need for Personalised Goals

All participants joined the programme with the primary aim to lose weight. However, it was clear participants wanted to focus on goals around increasing their health and fitness and their eating rather than focusing purely on weight loss. Participants perceived having health-focussed goals was more conducive to sustaining their motivation in the long-term.

Option for One to One Support

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

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

Positive Reinforcement Messages Online/via Text as Motivational Cues

Participants suggested that a week is a long time in terms of your motivation and the potential for it to fluctuate throughout this time period. One day you might feel very positive in your ability to stick to the eating plan and the next you can feel like eating healthily is a real effort and you have a ‘mountain to climb’. They suggested texts, emails or online motivational
reminders and positive reinforcements for health behaviours would have been useful prompts/cues to keep you focussed on the long-term goal in motivational dips.

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

**Provision of WM Through the Workplace**

**Workplaces Should Offer Sustained, Incentivised Access to Employee WM and Healthy Lifestyle Related Activities via Similar Schemes**

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

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

Participants suggest WM opportunities should not be ‘one off’ programmes but continually available for staff. Participants felt public health employees could lead by example for other companies to create workplaces that encourage and facilitate supporting the health and wellbeing of their employees,

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

**Use of the Intranet is a Positive Approach to Health Promotion Initiatives**

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

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

**Promotes ‘Togetherness’ Among Employees**

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

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

**Discussion**

The present study explored employees experiences of participating in an employer assisted WM programme. Participants described it as a positive WM experience that they felt employers, particularly in the public health workplace should continually support to facilitate employees to act as positive role models for healthy living and WM to the general public. Participants who attended the WM service achieved short-term weight related outcomes yet long-term weight maintenance could not be concluded.

The participants perceived WM as a lifelong journey and challenge they would constantly face as it has been described in previous qualitative research [16]. Ideally, they felt they needed the sustained support of a WM programmethroughout this journey to maintain their efforts. However, the cost of attending weekly sessions was perceived as a barrier to remaining in the group beyond the 12 weeks that had been funded through their employer. Participants perceived they could not justify the cost over the long-term given other financial priorities.

A recent systematic review of adult lifestyle WM approaches conducted on behalf of the Department of Health identified a number of factors associated with weight loss and maintenance [17]. A key factor contributing to successful weight management is considered to be developing supportive relationships with the providers of WM. Findings in the current research are in line with this suggestion given that participants who attended the group-based programme felt the non-judgemental and friendly approach of the WM facilitator was motivational and enhanced their weight loss efforts. Furthermore, NICE (2016) WM guidelines state the need for a non-judgmental and respectful approach to WM [18].

Alongside the importance of the support from the WM facilitators, support from similar others was seen as a consistent motivator for successful weight loss parallel to previous research findings [19]. The social bonds formed with other participants was voiced as a reason for participants’ sustained engagement and success on the programme. Previous research has continually emphasised the importance of the support mechanisms provided by WM Programmes over educational components in contributing to participants’ success [20]. In line with these previous research findings participants emphasised the support offered by the group context and others going through the similar experience over the programme content that was the major contributor to their success. Evidence here suggests creating a network of support for WM and health behaviours would be a useful strategy to make the workplace more supportive of health behaviours.
Regular weight monitoring has been reported in previous qualitative studies as a highly motivating element of attending a WM Programmes [21,22]. Participants’ views here support this finding as they suggested the knowledge of having a weekly weigh-in was constantly in the back of their mind throughout the week, acting as a motivating factor to maintain their efforts to eat healthily throughout the week. In line with previous research findings participants felt that the self-monitoring of their food intake was another key factor contributing to their successful weight loss efforts [16].

Previous research has identified the perceived negatives of group-based WM Programmes as the potential embarrassment of group weigh-ins and raising sensitive issues in the group discussions [20,23]. A small number of participants did suggest this had been an issue for them and that they would have preferred the option of one to one sessions with the WM facilitator to allow them to raise any issues they did not feel comfortable discussing in the group situation. Attending WM Programmes can be a daunting experience thus it is important to create safe, non-judgemental environments so participants feel safe to divulge information [18]. This learning should extend to employers who should aim to create workplace environments that are non-judgemental and support employees in their WM efforts and to make health behaviour changes.

In relation to using online WM programmes, participants were drawn to the ease, convenience and flexibility of access. Participants felt with their busy lifestyles that having the option to log on 24 hours a day at your own convenience to access the content, report weekly weigh-ins and record food intake were all key to allowing flexible participation given their other commitments. However, it was clear that participants missed that personal element and contact that they would have got from attending a group. This could explain why the majority of participants’ disengaged from the online programme prior to completion of the free 12 weeks. Participants suggested having a small amount of support from a leader might have improved their success and engagement with the programme content. Research concurs with participants’ views suggesting that a small amount of professional support can improve associated outcomes of e-health interventions [24].

Implications for Practice

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

Workplace policies should openly encourage healthy lifestyles and facilitate employees to lead healthier lifestyles in order to accelerate change in work place organisations and help employees manage their weight and health [6]. Public organisations can serve their own benefits by encouraging WM. Health care employers should particularly aim to encourage healthy living and WM initiatives given the potential they have to act as role models to the general public [6]. workplaces need to consider WM options that attract a more diverse employee population as offering a commercial WM programme seems to particularly appeal more to white females. Workplaces should explore alternative methods to promote WM in the work place.

Implications for Research

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

Limitations

This study cannot explore the reasons why some overweight employees choose not to take up the opportunity to attend. Future qualitative research with non-engagers would allow us to explore why employees might not engage in free access to WM Programmes support and consider alternative strategies to promote WM.

A limitation of this qualitative study was that the majority of participants interviewed completed the group-based programme. Therefore, themes that emerged in relation to the online-based programme are a reflection of only eight participants’ views. Furthermore, the key themes that emerged reflect the views of largely white females who formed the majority of the sample thus are not reflective of a diverse sample. This again raises concerns about whether commercial WM Programmes are acceptable to men, as they are generally run by and attended by women [25]. As with other weight loss studies [25-27], the present study had more female participants and the only male participants who participated in the qualitative interviews had opted to complete the online programme.

Participants were all interviewed 6-12 months after completion of the WM programme thus their memory of their experiences may not be as clear or recalled as accurately had they have been interviewed immediately at the end of the programme [28]. However, the positive of this delay in interview time is that it offered the opportunity to consider whether participants had been successful in maintaining their weight loss post attendance.
Conclusion

This qualitative exploration uncovers largely positive experiences of employees in an employer assisted WM programme. Employees suggested there should be continual support for WM offered through work places particularly in the public health context. This would allow them to commit to WM in the long-term and provide positive healthy role models to the public.

References

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