The Effect of Health and Well-Being Initiatives on Employee Engagement: A Study of Employees in the Irish Private Sector

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Submitted to the National College of Ireland, September 2015

Abstract

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By Sinéad Dowling

The purpose of this study was to examine health and well-being initiatives in the workplace taking into specific consideration the effect of these initiatives on employee engagement. A sample of 91 participants was recruited using convenience sampling. This involved the circulation of a closed questionnaire, which specifically targeted a sample population of full-time employees working in the Irish Private Sector. The questionnaire tested the levels of engagement using using Schaufeli's 7-point Likert Scale (Schaufeli et al 2002); Global Self-Rated Health Scale of the individuals (Sargent-Cox et al, 2008); how receptive work environments were to healthy initiatives through The Workplace Health Friendliness Scale (Drach-Zahavy, 2008); and a Work Benefits Employment Scale to rank the important benefits for employees.

The study examined the differences between Generation Y employees and Generation X employees; isolating their drivers for engagement and determining the differing important initiatives for their respective age categories. The study found that on average work environments are not wholly supportive of workplace initiatives, but that there is a strong line of engagement across the sample. The study showed that there was no correlation between employee engagement and workplace health friendliness for the sample population. This study acknowledges that the sample population showed a strong percentage of participants from small companies of less than fifty employees, which limited the findings in finding adequate data on organisations more likely to have a wide variety of health and well-being initiatives.

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Acknowledgements

I would like to thank my supervisor, Dr. Rebecca Maguire, for her support and guidance throughout the process of completing my dissertation. I am thankful too, for the support given by Jonathan Lambert with data analysis.

I would also like to acknowledge the support given by Dr. Colette D'Arcy throughout the Masters programme.

Finally a huge thank you to Ian, Darren and Rachel for all the support and advice; I could not have achieved this without you.

Contents

List of Tables

List of Figures

List of Appendices

Chapter One: Introduction

1.1 Background

Engaging the workforce has long since been a key area of research with Human Resource Management, since the initial concept was discussed by Kahn (1990). The merits of establishing and maintaining an engaged working environment have been broadly discussed (Kahn, 1990) (Alias, 2014) (Amir, 2014). Many positive outcomes can be achieved for the organisation and the individual through having an engaged workforce, such as profitability, job satisfaction and an energised workforce (Schaufeli and Bakker, 2004).

Health and well-being is a topic that is fast becoming a front-runner both socially and in the area of Human Resource Management (Christine Hancock, 2014) (Deaton, 2008) (NHF, 2015). Employees are increasingly citing alternative benefits and recognition strategies to be of greater importance in recent times. Such examples include flexible working options, medical insurance, rewards based on performance and special prices for fitness initiatives (Vosloban, 2013) (Deloitte, 2014). In this way there are new and more varied activities and initiatives for employers to adopt in order to bring about employee engagement.

The predominant generation in the current workforce are from Generation Y. These are individuals aged between 20-35, who are also popularly termed by the media as 'Generation 'Gen Y' or 'Millennials' (Newenham, 2014). This generation will constitute seventy-five per cent of our workforce in ten years time and as a result culture, brand, technology at work and human resource management will all undergo a shift (Tyndall, 2015).

As the European and Irish economies decline and thrive, Human Resources (HR) strategies need to align themselves to social and economic changes; to adapt and factor in these changes and the implications of these on employee engagement. Currently in Ireland, unemployment is on the decline, more and more educated and skilled workers are entering the market place. Return migration, defined as persons returning to their home country after a period of living abroad (Farrell, et al, 2014, p. 129), is on the increase as many Irish are returning from Australia, Canada and America. Therefore,

there is a proliferation of highly-skilled, Generation Y employees ready for immediate employment in an economy that is recovering from economic crisis.

The study found that while there is an increasing need for employers to provide health and well-being benefits to employees, it is still a relatively new concept. The current study found that certain limitations are to be acknowledged in the gathering of data for this subject. In particular, it was found that smaller organisations were less likely to provide a wide range of initiatives and were therefore limited in some questions of the survey. Also, although the survey did not target any particular sector, primarily the respondents were from HR or Banking and Finance and in this way the sample population was not varied across all industries in the Private Sector.

1.2 Rationale for Research

The purpose of this research is to explore employee engagement with Generation Y employees within an Irish context with a focus on the effect of the presence and importance of health and well-being initiatives. The literature review found that there is increasing demand for health and well-being initiatives and also that the presence of such initiatives had a positive effect on employees and employers. Employee engagement is widely discussed in light of its positive outcomes for both employees and employers also. In this way, analysing if health and well-being initiatives have an effect on engagement could support the implementation of such programmes to maximise positive outcomes for the organisation and the workers.

The literature found limitations in studies particularly pertaining to an Irish context, across different industries. The rationale behind conducting the research was to review a sample from the Irish Private Sector, to test their levels of engagement and to assess how partial and accepting their work environments are to health and well-being initiatives. As this becomes an increasing concern for the general workforce, it was thought that the current research could contribute to support of the implementation of health and well-being initiatives and their resultant positive outcomes.

1.3 Research Objectives

The overall objective of this research is to see if the presence of health and well-being initiatives has an effect on employee engagement. This will be examined through the gathering of data collected from participants working in full-time employment in the Irish Private Sector.

The primary aim of the study was to determine if Irish Private Sector employers are making their workplaces more focused on health and well-being initiatives, which in turn has an effect on employee engagement, in particular for Generation Y employees. This was done through testing engagement using Schaufeli's 7-point Likert Scale (Schaufeli et al 2002) and correlations to Workplace Health Friendliness (WHF) for Generation Y employees.

The research also tested if overall for the sample, Generation X and Y differed in terms of their level of engagement using the engagement scale against the age demographic. The research will also discover if there is a difference in how well participants rate their own health for Generation Y employees compared to those over 36. This will be tested used the Global Self-Rated Health Scale (Sargent-Cox et al, 2008). The final objective is to to discover if there are differences in the types of initiatives ranked as important to the population from Generation Y and Generation X by using a scale devised by the author with items corresponding to various health and well-being initiatives.

1.4 Overall Structure

The focus of the dissertation is to provide a study on the effects of health and well-being initiatives on employee engagement, in the Irish Private Sector. A pictorial representation for the structure of the dissertation can be found in **Figure 1**.

The first section of this study, the introduction, provides a background and context for the current research and provides an overall rationale for the review and analysis. The next section, Chapter two, will review three main areas concerning this topic. The first part will take a look at health and well-being initiatives, defining what we mean when we say this and the benefits of implementing these strategies in the workplace. The second part of the literature review will look at employee engagement. The review will summarise the importance of engagement in the workplace and the benefits for having an engaged workforce. The third part of the literature review will analyse the characteristics of Generation Y employees to support the view that the drivers for engagement for this generation are different from the previous generation.

Chapter three outlines the research objectives and hypotheses for the current study. Chapter four describes the methodology utilised. It describes the philosophical stance

of the research, giving support for the use of a quantitative survey in gathering data and discusses the use of three scales for the purposes of analysing data: Employee Engagement Scale, Workplace Health Friendliness, Self-Rated Health and Work Benefits Importance Scale. Here the sample taken from Irish Private Sector employees in full-time employment is described and justified in the context of the research. Ethical considerations are assessed also in this chapter.

Chapter five analyses the data using the statistical analysis software SPSS and provides the reliability, normality and correlation tests for the data obtained from the quantitative questionnaire. Chapter six discusses these findings in relation to the overall research objectives and purposes of the study. Limitations and suggestions for further research are included here, followed by an overall conclusion.

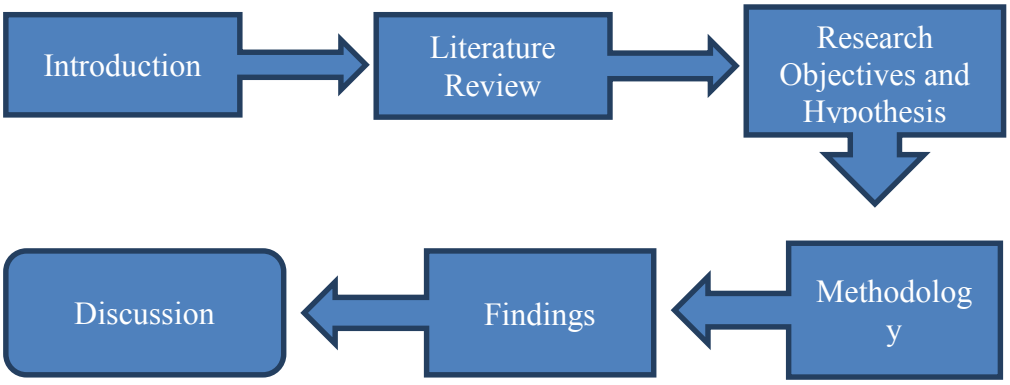


Figure 1: Dissertation Structure

Chapter Two: Literature Review

2.1 Introduction

The following review of literature is pertinant to the topic of workplace health and well-being initiatives and seeks to investigate the effect of such initiatives on employee engagement. The review will look at the importance of the presence of healthy workplace initiatives and how there is an increasing demand for employers to meet the health and well-being requirements of the employees. The importance of employee engagement as a theme central to Human Resources Management has been well documented and analysed, but this research looks at health and well-being initiatives as drivers for employee engagement in the workplace.

The literature review will provide analysis on health and well-being initiatives as implemented in global organisations and studies indicating the results of their importance. This will lead to findings on the importance of these initiatives for both the employer and the employee in terms of monetary and psychological rewards. The author will look also at the changing drivers for engagment for Generation Y employees, namely those aged between 25-35 years, illustrating how such drivers for engagement differ from the generation that came before, Generation X. The comparison of these age-characterised generations is of particular importance for the purposes of this research as employers need to align their strategies to the evolving needs of their workforce.

Overall the literature review will provide confirmation of the drivers for engagement for Generation Y employees and how they differ from the generation that came before. This generation are more self-focused rather than the needs of the organisation and the study will show how the organisation will benefit if they align themselves with these needs. The review will provide an analysis of the benefits for the organisation, for management and also for employees through examples such as profitability, motivation, engagement and job-satisfaction. This current review will provide evidence to support the argument that the presence of health and well-being initiatives in the workplace have a postive effect on the engagement of employees and that engagement is important for overall organisational success.

The first section of the literature review will look at the topic Health and Well-being initiatives, subdivided into: Creating a Culture for Health and Well-being; the Importance for the presence of these initiatives for the Employer; and the Importance for the Employee. In this section the review will illustrate the growing need for a culture of well-being in the workplace and how employees look to the employer for implementation of new strategies to bring about organisational change in attitude towards health and well-being. The are many benefits for employers and employees, which are outlined under sub-headings 1.2 and 1.3 respectively.

Part two of the literature review will look at Employee Engagement with an analysis of the relavent current literature on this theme.The third section will look at Generation Y employees and the comparision between the drivers for engagement in comparison to Generation X employees. The fourth section will set the context for the research as the Irish Private Sector, outlining contextual demographics and economic data. The final section of the literature review will be a conclusion outlining a synopsis of the relavent literature and recommendations for further research.

2.2 Health and Well-being Initiatives

Workplace health and well-being initiatives encompass various policies and programmes such as risk assessment and health surveillance, private health insurance, smoking cessation programmes, fitness and exercise programmes and healthy eating promotion (Quinn Healthcare, 2011; Hancock, 2011 and World Economic Forum, 2013). The working environment can have both a positive and negative effect on the employee, which in turn affects the relationship between management and staff. The degree to which the employer supports the employee through health and well-being in the workplace influences this (Health and Safety Authority, 2008, p. 5). This section looks at the culture for health and well-being initiatives in the workplace and how it is now at the forefront of importance for employees. The benefits for employers such as reduction in absenteeism, engagement and financial benefits are included in the subsequent section. Also included in a synopsis the review found for the benefits for the employee including inevitable health benefits and other examples including prioritisation and social skills.

2.2.1 Health and Well-Being Culture

Increasingly, employees are looking to the employer to create a culture for health and well-being in the workplace. Culture is about behaviour which both starts and ends

with employees (Kitani, 2014), so the employer needs to react to the changes in importance of workplace culture. In 2005, 48 per cent of employees considered work to be central to their lives; this figure is now just over 28 per cent (CIPD, 2014, p. 5) showing a reduction in the importance of work for employees. There is now an increasing demand for employers to take responsibility for the health of employees,to promote healthy activity and to act as a type of 'guardian' of employee well-being (Renwick, 2003, p. 344).

The review shows that there is an augmentation of importance for health and well-being for the employee. According to the Nutrition and Health Foundation of Ireland (NHF) there is a growing trend amongst Irish employees to get healthier and that they believe their employers have an important role to play in that (Nutrition and Health Foundation, 2014). The study found that this was especially true for more sedentary roles, such as office workers who are not physically active throughout their day. The NHF found that four in ten office workers are not physically active at all during their working day and that one fifth (21%) of inactive workers cite the overall lack of facilities at work as reason for this (NHF, 2015), demonstrating that employees are placing more responsibility on the employer for the health and well-being. Therefore, employees are placing less focus on work, more focus on their own health and well-being and making initiatives and the overall culture of health and well-being as the duty of the employer.

To change the organisational culture to one of support for heatlh and well-being can be beneficial to employees' health (City of London Corporation, 2014, p. 39) and employees are looking to employers to implement change. Speaking at the launch of the first National Workplace Well-being Day, Health and Well-being Director Kate O'Flaherty, highlighted that given the significant proportion of time that the majority of people spend in their workplace, it is an obvious and critically important place to promote and encourage healthier living, through building a culture of workplace well-being (Nutrition and Health Foundation, 2014). Employers need to be aware that there is strong evidence to support an investment in workplace health and well-being programmes that should not be limited to 'once-off' initiatives (City of London Corporation, 2014, p. 45), as singular initiatives do not drive culture and as such do not influence organisational, cultural change. As such, there is growing support from

health organisations and government strategies for the implementation and fostering of a culture of health and well-being.

Therefore, the literature has shown that governments, employees and academics are citing that the onus is on the employer to focus on having safer, healthier, health-conscious work environments and should be the ambassadors for implementing change, taking responsibility for their employees from a health and well-being perspective.

2.2.3 Importance for the Employer

From the previous section the review showed how the culture for health and well-being is becoming popular and necessary in the workplace. Also, it was highlighted that employers are looked upon as being responsible for the implementation of initiatives and overall change. For these changes to be effectively initiated, the employer needs to observe the importance and benefits for the organisation. These benefits are varied as indicated below. The author will also provide examples of effectiveness for the employer observed globally in the following paragraphs.

The World Health Organisation (WHO) have outlined the many benefits that workplace health promotion can deliver to both the employer and employee. For the employer benefits include: improved staff morale; reduced absenteeism; increased productivity; and reduced staff turnover. Studies have found that there can be up to 27% reduction in absenteeism (Hancock, 2011, p. 10) with the introduction of comprehensive workplace programmes. Employers can also benefit from gaining a positive and caring image (World Health Organisation (WHO), 2015) as they can receive good publicity as promoters of healthy living. On a psychological level, the employee feels that the company has made a commitment to their staff that goes above the norm (Quinn Healthcare, 2011, p. 3), contributing to the strengthening of the pyschological contract between employer and employee.

The implementation of such initiatives can also have positive financial effects with tax incentives and available grants making implementation profitable (Berry et al 2010) and 26% reduction in health-care costs. Additionally, as we enter into an era where we have an ever increasing, ageing workforce, long term employee well-being will become a crucial componant of sustainability planning for businesses (Hancock, et al, 2014, p. 25). This will contribute in future overall cost effectiveness through reduced

absences for age and social dependent conditions, such as type 2 diabetes, heart disease and stress and creating a strong foundation for life-long health (World Economic Forum, 2013, p. 28). These conditions are only exacerbated by poor diet, lack of exercise and smoking. By facilitating health and well-being initiatives, employers are building on their human capital by having a more sustainable workforce and according to the WHO (2015), the future success in a globalizing marketplace can only be achieved with a healthy, qualified and motivated workforce.

2.2.4 Organisational Commitment

Global and International companies have actively been taking part in supporting Workplace Well-Being, such as Bank of Ireland, Fenero, Teleflex and Aramark citing benefits such as reduced absenteeism; employee engagement; reduction in grievance procedures (NHF, 2015), through the promotion of exercise plans; healthy lunch options; health screenings and knowledge-based activties like talks on healthy eating and work life balance. Globally, the Dow Chemical Company reported that their health promotion activities in the workplace have had three main outcomes; health status improvement; positive net value for the company through improved cost-effectiveness; and high perceived value such as improvement to recruitment and retention and increased employee morale (WHO/ World Economic Forum, 2008). IBM invested over 80 million dollars in workplace health and well-being initiatives over a three year period and saved over 100 million dollars on health care costs (Hancock, 2011, p. 16). These figures support the financial benefit of the implementation and maintenance of health and well-being initiatives in the workplace.

According to the Workplace Wellness Alliance (The Alliance) the Return on Investment (ROI) on specific aspects of workplace wellness programmes go beyond the monetary costs saved (World Economic Forum, 2013). Investment in, for example, smoking-cessation programmes, can result in increased productivity, and nutrition and exercise programmes can reduce the cost of employee healthcare. Tailor-made programmes initialised by the employer can have effects other than monetary also, such as direct effects on employee attitude, leading to desired behaviour by the employee and therefore more productive staff for the employer (Langille JL, et al, 2011, p. 310).

High pressure work environments have been associated with ill-health, sickness absence and ultimate exiting due to stress (Rongen, 2014, p. 892). Unilever, Brazil noted that stress was contributing to lower levels of productivity and problems in the workplace and initiated an Employee Assistance Programme (EAP) (World Economic Forum, 2013, p. 26). While there were significant resultant reduction in medical costs and productivity losses, there was also a sharp reduction in the number of complaints on stress related issues. It is inevitable that some work environments are more stressful due to the nature of the work involved; it is the steps taken by management to acknowledge this and to provide alleviation of this, that should be at the forefront of managing employee culture and well-being initiatives.

Therefore, organisations needs to deploy HR to consult with employees on where they need to see change and to effectively change in the areas that are addressed, ensuring that action is taken on the issues raised in relation to well-being (Robertson, 2010, p. 333). This section has underscored the benefits to the employer in relation to the introduction, implementation and fostering of health and well-being initiatives. A tangible and obvious benefit is monetary, however the literature has shown that other wide-ranging benefits include strengthening of the psychological contract between the employer and employee; reduction in absenteeism; increased productivity; and good publicitiy for the employer as positive enforcers of health and well-being.

2.2.5 Importance for the Employee

The following section will review the literature in relation to the importance of health and well-being initiatives in the workplace for employees. As described in the section on creating a culture for health and well-being, the presence of these initiatives is expected to be provided and supported by the employer. The WHO have established that the workplace directly influences the physical, economic and social well-being of their staff (World Health Organisation, 2013) and in this way is an obvious platform for promoting various health campaigns for the benefit of the employee through enhanced self-esteem; improved morale; increased job-satisfaction; and improved sense of well-being and naturally, better health. Overall employees will be happier and engaged (World Health Organisation (WHO), 2015).

In recent years, the workplace has been identified as an important setting for health promotion as it provides immediate access to large groups (Robroek, et al, 2009, p.

2).The general health of the employee can be successfully ameliorated through access to health and well-being programmes and initiatives. US-based studies show that preventable illnesses make up approximately 70% of the burden of illnesses and associated costs (World Economic Forum, 2013, p. 7). Preventable illnesses or Non-communicable Diseases (NCDs) include heart disease, stroke, cancer, diabetes and lung disease and are responsible for the deaths of thirty-six million people globally every year (WHO, 2013). These diseases are largely preventable (Miranda et al, 2015) through the establishment of such programmes such as smoking cessation programmes, exercise programmes and counselling services, collectively termed in the workforce as health and well-being initiatives. With a focused programme that is more accessible through work, the general health of the employee can be enhanced while fitting in with busy schedules or work patterns.

Employees with high levels of well-being, especially psychologically, perform better that those with low levels (Robertson, 2010, p. 324). To further this, Psychological capital (PsyCap) is composed of optimism, self-efficacy and resilience and can be a powerful resource for the employee to have in order to reach goals and facilitate personal growth (de Waal, 2013, p. 2). As an employer this should be nurtured as a resource to have a positive effect on overall performance. Therefore, organisational strategy needs to focus on the link between job-performance and well-being in order to support the performance and productivity of the employee. For the employer, providing organisational support and facilitating the positive reinforcement of the importance of these initiatives can further contribute to the strengthening of the employee-employer psychological relationship (Scherrer, et al., 2010, p. 126). The employer reaps the benefits of engaged, motivated employees and the employee benefits from a positive, social environment.

Workplace activity programmes such as The Global Corporate Challenge (GCC) examined the effects of the implementation of a pedometer challenge globally on their employees. The study showed that the many positive effects included increased social relations (Scherrer, et al, 2010, p. 133) amongst staff as a type of camaraderie and support network was organically established. Employees felt that they had better scope for success at their health goals through the support of their colleagues. Other results demonstrated that employees felt valued as they were part of a workplace initiative;

their work-life balance was improved; their ability to concentrate improved; and they were able to better prioritise different areas of their lives (Scherrer, et al, 2010, p. 131).

Studies like Quinn Healthcare, (2011) and The Global Corporate Challenge, (2010) found that it is essential to get buy-in and support from the top down to show that senior managers believe in the concept of well-being. The Workplace Health Movement found that lack of buy-in from senior management is consistently cited as one of the major barriers to the successful implementation of health and well-being initiatives (Hancock, et al, 2014, p. 25). There is the belief that health and well-being should be part of the culture of the organisation, rather than individual initiatives, it should be fully integrated. Overall, the literature found that health and well-being initiatives were on the whole a positive aspect of working culture contributing to engagement and financial cost-effectiveness in the long term.

2.3 Employee Engagement

In order to prepare for the research question of the effect of health and well-being initiatives in the workplace on employee engagement, it is necessary to also define what is meant by the term Employee Engagement and why it is important. Firstly, the term needs to be deconstructed from its broad reaching definition which has become synonymous with general people management (Townsend, et. al., 2014, p. 918). Engagement, according to Schaufeli (2004) is concerned with *"energy, involvement and efficacy"* and employees who are engaged are characterised as those who can perform better to those who are not engaged (Amir, et. al., 2014, p. 223). Three elements characterizing employee engagement are "*vigor, dedication and absorption"*, which can be broken down as energy, enthusiasm and concentration through engrossment (Schaufeli and Bakker, 2004, p. 295). From this we can surmise that engaged employees have an emotional and psychological investment into their work, approach tasks with vitality, which in turn will lead to positive outcomes for both the employer and the employee. The current review will examine those positive outcomes below.

2.3.1 Organisational Success

Many arguments in present literature align their theories to the fact that employee engagement is a major contributor to overall organisational success and productivity (de Waal, 2013, p. 2, Alias et al, 2014, p. 230, Robertson et al, 2010, p. 324 and Townsend et al 2014, p. 917). Factors that influence the aforementioned success stem

from engaged employees being more productive, as employees enjoy what they are doing and can do so for longer periods without the risk of 'burning out', a term synonymous with a 'mental state of weariness' (Schaufeli and Bakker, 2004, p. 294). People who are disengaged are twice as likely to be diagnosed with depression and have higher stress levels (Rath and Harter, 2010, p. 9). This has knock on effects for such issues as absenteeism, health cover costs and turnover. While these factors are short term, they translate into long-term effects on earnings for the organisation (Rath and Harter, 2010, p. 7) thus affecting organisational success.

Although academic literature is limited in terms of calculating the financial implications for lack of employee engagement, data analytics firm, Gallup, recently reported that only thirteen per cent of the world's 1.3 billion full-time employees are engaged in their work (Clifton, 2015). The report also showed that the healthily engaged companies generate three times more revenue than those who do not have actively engaged staff, illustrating key financial implications for having a workforce who are not engaged.

2.3.2 Drivers of Engagement for the Employee

It has been argued that engagement is more important for the employer than the employee (Robertson et al, 2010, pp. 326-327) and this importance was demonstrated in the previous section, notably concerning financial gain and increased productivity. When considering the importance of health and well-being initiatives in the workplace on employee engagement, it is necessary to consider that, for the employee, monetary rewards are not predominately the drivers for effective engagement and at times transitory when compared to family, social or health concerns (Deaton, 2008, p. 1).

For the employee, engagement is important as they assimilate organisational citizenship and commitment, which in turn contributes to job satisfaction (Robertson et al, 2010, pp. 326). Employees are now looking for mutually beneficial working arrangements, which allow them to develop personally and professionally (CIPD, 2014). Therefore for employees to become engaged, the business needs must match individual expectations. Organisations must now look to move away from terms such as 'cooperation' (Townsend et al, 2014, p. 917) and look at 'collaboration' in order to bring forth effective employee engagement. Such collaborative initatives for employee engagement can be addressed through health and well-being initatives as the employer

is aligning the business rewards system to the health and fitness needs of the individual.

Many benefits of having engaged employees in the workplace draw parallels to the beneficial outcomes for the presence of health and well-being initiatives as described previously. These include reduced absenteeism, productivity and profitability (Rath and Harter, 2010, p. 9). Having considered these factors, it is necessary to gain an analysis of the traits of the employees to further decipher the effect of health and well-being initiatives on engagement. For the purposes of this research, Generation Y employees comprise a large sector of the current climate and are examined in the next section.

2.4 Generation Y Employees

This section focuses on a generation within the workforce which is often referred to as Generation Y. This section will address changes such as characteristics; how to approach the new culture as dictated by Generation Y; and health and well-being for this current, emerging, working generation. By understanding and analysing features of this generation, who compromise a large section of the current workforce, it can contribute to a greater reasoning for the importance of the effective implementation of health and well-being initiatives in the workplace and their effect on employee engagement.

2.4.1 Characteristics of Generation Y

Generation Y are those who were born in the period between approximately 1981-1999 (Luscombe, (2013) and Weyland, (2011) and so are now in the workforce and continuing to enter for the next number of years. They grew up in a time of huge technological advancements where they receive information immediately and as a result require constant feedback and acknowledgement. They have reduced loyalty and commitment to the organisation, as over 54 per cent of Gen Y have had three or more jobs (Adecco Group, 2012) (Alias, 2014, p. 231). They have a strong entrepreneurial spirit and seek constant stimulation (Weyland, 2011, p. 440). What does this mean for employers? This generation 'want it all' and 'want it now' especially in relation to pay, benefits and career advancement (Gruber, 2013, p. 247) Therefore the age of the employee is an important factor when researching the effect of health and well-being initiatives in terms of their importance for employee engagement.

2.4.2 A New Generational Approach

As LinkedIn co-founder Reid Hoffman commented in his book, The Alliance, employers should let go of the notion that staff want to stay in the company forever and view them only as allies on a tour of duty (Faragher, 2015, p. 25). If employers are to come to terms with Generation Y employees exiting the organisation in an elevated pattern in comparison to the previous generations, there is a necessity to utilise the employees who are leaving, as ambassadors of culture for the organisation. The messages they take with them will be passed onto potential future candidates. If the message is strong in relation to a commitment to employee well-being, it can be a useful tool in the attraction of new employees and engage those in current employment.

2.4.3 Generation Y and Organisational Culture

Dr Mary Collins of the RCSI's Institute of Leadership, has identified three areas at the forefront of concern for this generation; how safe they feel; how meaningful the work is that they are doing; and how available senior managers are to them (Newenham, 2014). Luscombe (2013) also highlights that for Gen Y it is of utmost importance to be recognised and valued for their contribution (Luscombe, 2013, p. 287). Therefore, recognition of this generation is required to facilitate personal growth and development. Lindquist (2009) and Strack (2009) also maintain that this generation need recognition every day and that management need to be better equipped in ways to acknowledge employees beyond monetary.

It is widely agreed that Gen Y differs from previous generations, such as baby boomers and Generation X, in terms of their work-related drivers and expectancies, so naturally policies and methodologies to retain these employees will need to adapt (Luscombe, 2013, p. 273). Culture is something that Gen Y value highly, as they seek environments where they can socially interact and collaborate (Deloitte, 2010) and Lindquist (2009) argues that Millennials want to strike a balance between their work and their leisure time. Employers need to be innovative in ways of acknowledging employees on a daily basis through a variety of benefits, such as flexible working arrangements and access to leisure and fitness activities and facilities.

2.4.4 Health and Well-Being for Generation Y

The presence of health and well-being initiatives is a type of benefit that can help in engaging Generation Y. The importance of health and wellness programmes has

increased in recent years, as health satisfaction is marching forth in terms of priority in life satisfaction (Deaton, 2008, p. 10). For Generation Y employees, sport and activities related to fitness are not just recreational, but an investment into their future. In 2010, Deloitte's survey of over 500 participants from Generation Y illustrated employees ranking different benefits, with 72 per cent placing importance on bonuses and subsidised gyms as relatively unimportant (Deloitte, 2010). This emphasis moved up in 2014 with Wellness and Disease Management receiving the highest emphasis of 58%, although just slightly higher than Compensation programmes which received an emphasis of 55% (Deloitte, 2014, p. 9). Therefore, the research show that a culture of health and well-being in growing in importance for Generation Y employees.

On balance, Generation Y traits are more centred on the self, rather than the well-being of the organisation. The Generation Y employees focus more on their own careers and personal development and look to the organisation to facilitate their own growth and development beyond the internal promotional scale. They are more demanding and employers need to look beyond monetary reward for improved commitment and engagement from Generation Y employees.

2.5 Social Context

In recent years many theories including Gratton's concept of 'The Shift' (Gratton, 2006) highlight how the centrality of work in peoples' lives has evolved. Whereas in the past employees had a standardised work pattern and rigid working schedules, technological advances are constantly providing workers with connectivity and flexibility of access to their approach to work. This shift in ideology behind our attitude to work has been moved from job security and lifelong employment, to lifelong learning, employability and talent management (Alias, et., al., 2014, p. 231). Therefore social and technological changes are playing a protagonistic part in approaching Human Resource Management (HRM) of this generation and must be at the forefront of thinking when devising effective employee engagement strategies.

The unemployment rate in Ireland decreased to 10.7 per cent in November 2014; it stands below the Euro Area average of 11.5 per cent and is expected to decrease to 9.3 per cent by 2016 (Trading Economics, 2015). The emigration rates fell from 2013-2014 (Central Statistics Office, 2015) and in fact Ireland is starting to see the return of Irish emmigrants as the Irish jobs market starts to recover. Over 120,000 people have

returned to Ireland since 2008 due to the availability of new jobs on the market. The availability of these workers, from Generation Y, is matched with the creation of nearly 20,000 supported by Enterprise Ireland alone at the end of 2014 (Enterprise Ireland, 2015). The economic situation is therefore positioned with skilled, experienced candidates, from Generation Y, who have are being presented with more choice when looking for employment.

What this means for the purposes of this research is that effectively, it is now an employee's market, as they have more choice as new roles open up. For organisations, there is more competition for top talent and HR needs to be deployed to engage employees on new levels and devise strategies, tailored to the organisation to suit the individual needs of the employees. In general, employees have become more flexible and mobile as a result of advances in technology and shift working patterns and employement structures and strategies need to advance in correlation, by addressing new concerns and areas of importance, such as health and well-being.

2.6 Conclusion

The literature review has thus far discussed the importance of employee engagement and factors that can be of influence, paying particular attention to health and well-being initiatives. Benefits for both the employer and employee were outlined as well as an improvement in the relationship between the two. This was especially discussed in terms of psychologically, as when management support staff with health and well-being initiatives as they are seen favourably as promoters of good health and demonstrating a commitment to the employee beyond base factors, such as salary or bonus.

Engagement was highlighted in the above review to determine the importance of which to justify the importance of the effect of health and well-being initiatives. Examples were given of global organisations who stated that engaged employees simply performed better, which inevitably leads to positive results in productivity and financial profits for the organisation. It was highlighted that less-engaged employees were more likely to suffer from stress, leading to aforementioned issues such as absenteeism and mental health related problems.

The literature demonstrated that the presence of health and well-being initiatives and employee engagement had similar positive outcomes. For example, the presence of

health awareness and fitness initiatives, improved the health of employees, which had an impact on the reduction of absenteeism. Also, low levels of autonomy and decision authority amongst employees leads to illness, resulting in absence and turnover. By responding to the individual needs of the employee through alternative initiatives and benefits, these negative effects can be counteracted.

It was vital to provide an analysis of the type of employee the Irish market is faced with trying to engage, in order to complete the review. Culturally, there has been a shift from employers creating an environment of cooperation to one of collaboration in order to achieve mutual gain and organisational success. The attitudes that employees have towards their work is changing and this has overall implications for the work culture. They are less focused on work and more focused on their health and social circumstances. Employers are seeing a need to react to cultural change, which has its genesis with the employee.

Employees are now, more than ever looking to employers to provide them with a culture of health and well-being that is not limited to single initiatives. The literature has shown how the employer has the capacity to implement change, but this needs buy-in from the top down in order to be effective. The literature found that there was little reference given to the gender of generation Y in relation to any effect, positive or negative on employee engagement.

Generally, employees of the current generation are place work secondary to other areas, most notably their personal health as salary and promotion are transitory whereas health is a permanent concern. Employees want to feel valued as individuals and have a sense of entitlement as to what benefits they want to enjoy, They can achieve this by engaging socially through the initiatives and feel the employer has a more caring perspective on their staff.

While the literature demonstrated that there were examples of how Generation Y differ from the prior generation in terms of their drivers for engagement, there author found that there were limitations in relation to a study on Generation Y in an Irish context in the Private Sector. At a time when the Irish economy is recovering and employment rates are on the rise following an economic crisis, the research showed a gap in the analysis of whether engagement exists for Generation Y employees in an Irish context and does the presence of health and well-being initiatives contribute to that

engagement at a time when employees are becoming more focused on their own personal health and well-being. This new era of health awareness also correlates with increased competition for employers to improve and innovate their benefits packages to attract and engage workers.

Chapter Three: Research Objectives

3.1 Research Objective One

The overall objective of this research is to determine if, currently, Irish Private Sector employers are making their workplaces more focused on health and well-being initiatives, which in turn has an effect on employee engagement, in particular for Generation Y employees.

The hypothesis for the above overall objective would be that there is a positive correlation between workplaces that are supportive of health and well-being initiatives and engaged employees. The literature has discussed that, especially for Generation Y employees, there is a need for more initiatives to be provided by the employer. If these needs are being met, employees will be more engaged.

3.2 Research Objective Two

The second aim of the research is to ascertain if participants from Generation Y are more engaged than those from the generation that came before, namely participants over the age of thirty-six, or Generation X employees.

The hypothesis for research objective two is that Generation Y employees are more engaged in their work. As discussed in the literature review, Generation Y employees have more choice in the current market for career and are characteristically known for moving jobs three to five times in their careers. Previous surveys have found that it is important for Generation Y to be connected to their respective roles, thus more susceptible to being engaged in their work.

3.3 Research Objective Three

The research will also discover if there is a difference in how well participants rate their own health within the sample participants. In particular the analysis of the data gathered will test for the level of self-rated health for Generation Y employees compared to those over 36 or Generation X employees.

The hypothesis for research objective three is that Generation Y will have better self-rated health than participants from the sample aged thirty-six and over. Generation Y are more health conscious, have had greater exposure to healthy-eating initiatives, fitness campaigns and are generally more self-aware.

3.4 Research Objective Four

The fourth objective of this research is to investigate which health and well-being initiatives are considered to be important to participants of the survey from the Irish Private Sector and to ascertain if the initiatives ranked as important to Generation Y employees are different for the initiatives ranked as important to employees from the previous generation.

The hypothesis for objective four is that Generation Y employees from the sample population rated different health and well-being initiatives as important in comparison to Generation X employees. These two generation are at different stages in their lives and this has an influence on benefits and issues of general life importance. For example, pension schemes, flexible working options and smoking cessation could potentially be of more importance to Generation X as they are at more advanced stages in life and career. For Generation Y there could be less focus on the aforementioned benefits and more emphasis on wellness seminars and fitness initiatives due to less familial responsibility.

Chapter Four: Methodology and Materials

4.1 Introduction to Methodology

This chapter outlines the philosophy, methods and design of the research for the current study. This chapter will outline the justification of the methods chosen for the purposes of conducting the research.

4.2 Research Philosophy

Understanding the philosophical system driving the investigation of the present research provides the characteristic belief-system, which leads to the types of research methods employed in data collection. The philosophy provides the values from where we view the world and in turn influence the approach to the research.

A Positivist approach to research is defined as fact-based rather than impressions from "observable social reality" which lends itself to statistical analysis (Saunders, et. al, 2007, pp. 103-104).Researchers eliminate their biases and remain objective in light of the results (Burke and Onwuegbuzie, 2004, p. 14) through quantifiable observations. This approach contrasts to Interpretivism which advocates that the underpinning philisophical outlook is that the researcher needs to understand the differences between the subjects (Saunders, et al., 2009, p. 104). This approach contrasts to Positivism as the nature of the relationship between the subject and researcher is more interactive and co-operative.

Post-positivism is most commonly aligned with quantitative methods of data collection and analysis (Mackenzie and Knipe, 2006). The term has been created to account for the evolution of the Positivist philosophical standpoint (Burke Johnson, 2009, p. 450), as Post-Positivists work from the position that any piece of research is influenced by a number of well-developed theories apart from, and as well as, the one which is being tested (Mackenzie and Knipe, 2006). This philosophy admits that evidence is always fallible; that researchers are not always completely impartial; and they that the researcher has the capacity to influence results (Robson, 2011).

For this study, a quantitative analysis through the use of a survey and consequential statistical analysis of the data through SPSS, lends itself appropriately to the Post-positivism. The data is collected in an empirically, statistical way, yet the analysis of the data draws on existing theories of employee engagement; health and well-being

initiatives; employee satisfaction; and self-assessment data collection theory with the potential capacity of the author to influence the data analysis.

A deductive approach is characteristic of the Post-positivist philosophy as it means to develop a theory and hypotheses and then design a research strategy to test this (Saunders, et al., 2009, p. 117). This contrasts to an inductive approach where a theory is developed after the collection of the data, which according to Saunders, et al., (2009), owes itself more to interpretivism. Therefore, as the author developed the theory that the presence of health and well-being initiatives in the work place has an influence on employee engagement; and created an quantitative survey to test this, a deductive approach was used.

4.3 Participants

The participants for the quantitative analysis were a sample of Generation Y employees (aged 20-35) in the Irish Private Sector. The questionnaire was was sent to over 200 particpants through various media including Facebook messenger, LinkedIn private messaging and email. These participant were colleagues, college peers and friends of the author, currently in full-time employment in Ireland. They are working in a broad range of industries up to and not limited to financial services, retail, IT, services industry, accountancy and recruitment.

The sample size was set at 200 in order to gain a wide range of particpation from across sectors in Ireland. The response total was 91 which was a significant sample size in order to process the data.

4.4 Research Design

The qualitative approach was considered initially to facilitate more in-depth analysis on employers' attitudes and approaches to health and well-being initiatives. This research approach, through key interviews and open questions was utilised by the City of London in their studies (City of London Corporation, 2014, p. 6) for this theme. While this method would factually assess the presence of health and well-being initiatives and how satisfied the subjects were with this, it would be difficult to assess the engagement levels with a lack of an employee engagement scale. For this reason, a purely qualitative approach was rejected.

Quantitative studies from the Gallup Organisation, as used by the NHS in order to research workplace well-being and productive work environments (Harter et al, 2002)

was considered to be an appropriate model to adapt for present study. Similarly, a survey was carried out by World at Work, where invitations were sent out electronically to participants and analysed statistically (World at Work, 2012, p. 2). This survey was conducted to identify traditional wellness plans and new trends in employee well-being. The objective was to gauge how many programs and initiatives organisations offered and how those offerings are expanding to include a more integrated well-being approach beyond one that is just health-related. These surveys were capable of gleaning information from a broad range of participants with clear results from the data. Additionally Quinn Healthcare (2011) surveyed over a hundred HR managers in Ireland with a structured questionnaire resulting in interesting perspectives of the attitudes towards health initiatives in the workplace.

The researcher considered a mixed approach with additional in-depth interviews to compliment a questionnaire, as utilised by the University of Utah in the analysis of their Employee Wellness Programme (HR Research Group, 2013). This approach was ultimately declined due to time constraints and also the possibility of shifting the primary focus of the study. Quantitative analysis to be completed through a self-administered questionnaire was deemed to be the most appropriate and effective method for collecting data for the present study. Quantitative analysis through questionnaires as used by the aforementioned studies by the NHS, Quinn Healthcare, Gallup and Work at Work, in the area of health and well-being at work, thus contributing to the utilisation of the survey in the research design.

4. 5 Materials

In order to effectively design the quantitative survey five previously validated surveys were utilised to effectively test the research objectives and hypotheses.

4.5.1 Demographic Information

Questions in the demographics area were adapted from the Innovative Human Resources Practice Scale, particularly in relation to age, level in current organisation and duration with current employer (Agarwala, 2003). Additional questions were added in relation to employment, such as size of organisation in order to ascertain a connection between the size of the organisation and the level of investment on behalf of the employer in health and well-being initiatives. Additionally, the questions for height and weight were taken from the World Health Organisation's (WHO) Health and Work Performance Questionnaire (HPQ) (Kessler, et.al., 2003) to assess the

approximate BMI of the participant, giving an indication of general health, without asking directly the BMI of each.

4.5.2 Employee Engagement Scale

Employee engagement is one of our key dependent variable of the research question and in order to test this, the present study used a previously validated questionnaire used as a work engagement scale (Schaufeli et al, 2002). Items are tested on a 7-point frequency rating scale ranging from 0 (never) to 6 (always / every day). The design of this scale is based on the definition of work engagement being "*characterized by vigor, dedication and absorption"* (Schaufeli, et al., 2002, p. 74). The sum total of the characteristics lead to engagement, which according to Schaufeli, is a high level of energy and an employee's strong identification to their own work. This scale has been used in numerous studies such as to test employee engagement in the field of Human Resource Management.

4.5.3 Self-Rated Health Scale

In order to test the participants' awareness of their own health the Self-Rated Health Measure (Sargent-Cox, et al., 2008) was used. This test was originally designed to assess self-health perceptions. This measure was constructed in the course of a study investigating whether three commonly used self-rated health items (global, age-comparative, and self-comparative) are equivalent measures of health perception for older adults. It was used in the present study to test the correlation between demographic differences and self-awareness regarding health. Global self-rated health was measured on a 5-point scale (1 = excellent to 5 = poor), age-comparative self-rated health was measured on a 3-point scale (1 = better to 3 = worse) and self-comparative self-rated health was measured with a 3-point scale response (1= better now to 3 = not as good now).

4.5.4 Workplace Health Friendliness Scale (WHF)

To test formal and informal practices designed to create and maintain healthy work environments to improve overall health and well-being in the workplace, the author used The Workplace Health Friendliness Scale (Drach-Zahavy, 2008). This scale was designed to measure how workplace health friendliness allows employees to foster their individual health in the workplace through five items or themes, rated on a five-point Likert -type scale ranging from 1 = 'not at all' to 5= 'very much'. To develop the WHF Scale, interviews with 69 (76.9% women, mean age = 42.83 years) nursing

superiors were conducted. Content analysis of the interviews identified five WHF themes in descending order of prevalence: health education programmes, promoting a healthier environment in the workplace, free medical procedures, workers' empowerment, and policy change. The 5 items of the WHF Scale are based on these themes.

The final scale in the questionnaire was added to ascertain the importance of different types of initiatives, where participants were asked to rate the importance of the items on a five-point Likert scale where 1= 'very important' and 5='not very important'. This is used to test which initiatives are ranked as most important for employers to provide employees. This scale was tested for reliability using Cronbach's Alpha and is a successful measure for the study.

4.6 Research Procedure

Self-administered questionnaires are usually administered by the respondents and can be sent electronically through the internet, by post or through delivery and collection (Saunders, et al., 2009, pp. 356-357). Each option was considered and the internet-mediated option was chosen as the most effective method by sending the survey by email; private message through Facebook; posting the survey link on LinkedIn; and forwarding the link to peer groups on mobile phone messaging applications.

4.6.1 Distribution

This method was determined by consulting the table by Saunders, et al., (2009, p. 357), which analyses the main attributes of questionnaires being distributed through the three aforementioned methods for quantitative research. The internet and intranet mediated survey was the most appropriate for the present study for reasons described in the next part under the themes of access to participants, geographical distribution and ease of data collection.

By using the electronic questionnaire it was more feasible in gaining the most suitable access to Generation Y and X demographics. There is high confidence the right person has responded and not completed on someone else's behalf. For the purposes of gaining samples, the method of distribution would not be limited to Dublin. The electronic questionnaire also ensured that all questions needed to be responded to before they could proceed to the next section. This method of collection also facilitates time-sensitivity, as respondents' data is collected upon completion, rather than waiting

for post or collection. Lastly, automated data collection contributes to data reliability and collection of data in a timely manner.

4.6.2 Ethical Considerations

The participants of the study were informed that the survey was voluntary and confidential with an introductory page, which clearly outlined the purpose of the study and what type of information would be required before they agreed to participate (See Appendix 2). It was acknowledged that some participants would be uncomfortable disclosing their height and weight, or indeed, not know this figure. In this way, these two questions were created as optional so as not to deter the participant or delay the completion of the survey.

Additionally, no names of individuals or organisations were required and the data collected remained confidential. Access to the data was only permitted to the author of the research. As part of the proposal for the research, an ethics form was submitted to NCI Ethics Committee for review and was deemed ethically sound, suitable for research for this study.

4.6.3 Pilot Study

In order to refine the questionnaire to ensure that respondents had no problems with comprehending or answering the questions, a pilot test was carried out. As recommended by Saunders (2009), an expert was consulted initially to make suggestions on the structure and suitability of the questions (Saunders, et al., 2009, p. 368) before sending the pilot group. The survey was then sent to 8 peers to test the "face validity" of the survey, checking that overall the questionnaire made sense and yielded no areas of ambiguity.

The survey was sent to eight participants to check for any clarity issues with the questions and timing to complete the survey (see Appendix 1). On balance, the questions were clear and the questionnaire was deemed easy to navigate. The time taken to complete the survey ranged from six to eight minutes from the convenience sample. Participants suggested putting the statement of consent as a drop down question at the start of the survey as back up for consent. This was amended to be sent out for the final draft. In the pilot survey, page three asks about 'Your work'. One participant highlighted a potential point of confusion with the word 'industry'. The question read 'Which best describes the industry you work in?' The participant raised

the query that if you work in HR in the Banking and Financial sector, it may cause confusion. In the final survey, the word industry was changed to area to avoid any potential confusion.

One other question that called for clarification from a participant was the about the extent to which your employer supports health and well-being initiatives. The next question after this is 'If yes, which initiatives do you participate in?' As the previous question is not a yes or no response, but a ranking question, it was felt that this question was potentially unclear or inaccurate in wording. For the final draft, 'if yes' was omitted to support clarity.

Chapter Five: Findings

5.1 Demographic Information

The survey was sent electronically to over 250 people. The stipulation in the invitation to take part in the survey was that participants were required to be working in the Irish Private Sector in full-time employment. The respondents totalled 91 with 52.7% male and 47.3% female. The majority of the respondents (96.7%) were Irish and either married or co-habiting or in a relationship (71.5%).

One of the key independent variables in this study is Generation defined by the current age of the respondent. As can be seen from the below bar chart, approximately a quarter of the sample (26.4%) were aged greater than 35 (73.6%) and three quarters were aged less than or equal to 35.

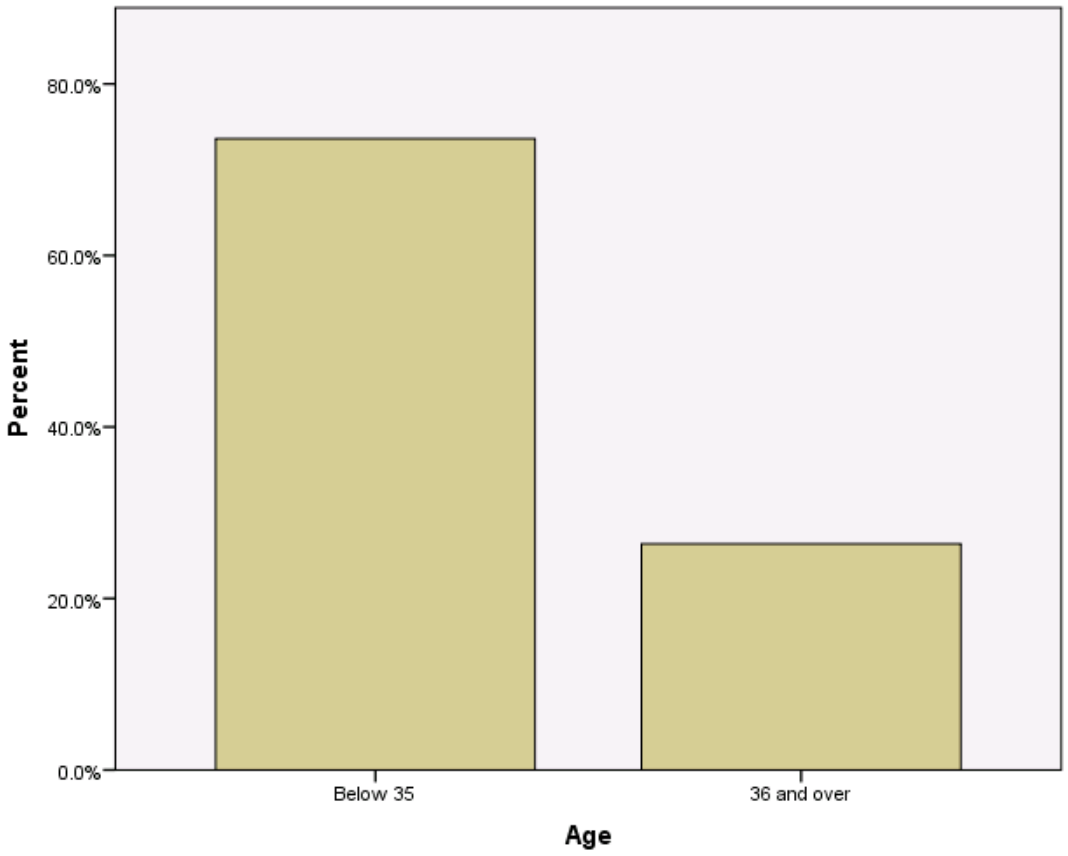


Figure 2: Age Demographic

Age	Frequency	Percent	Valid Percent	Cumulative Percent
Below 35	67	73.6	73.6	73.6
36 and over	24	26.4	26.4	100
Total	91	100	100	

Table 1: Age Categories

In the questionnaire participants were asked to specify their height and weight in order for the author to determine their Body Mass Index (BMI). This determines if a person's weight falls within a healthy range. This was calculated on an online tool from the Nutrition and Health Foundation (Nutrition and Health Foundation, 2015). The calculations were divided into 'Not overweight' and 'Overweight and obese' as defined by the Centre of Disease Control and Prevention (Centre for Disease Control & Prevention, 2015) and the survey found that 45.1% of the sample were not overweight with 52.7% were in the latter category.

The majority of the participants of the survey are working in Tourism (28%) followed by Human Resources (23.1%) and Banking and Finance (22%). Of these participants 71.5% had been with their current organisation for less than five years. The largest proportion of the sample population work in organisations with less than fifty people (45.7%). The next largest category is 250-1000 at 21.3%. Additionally, 47.3%, the majority, of those surveyed were at middle level in their career.

5.2 Descriptive Statistics

This section presents the reliability for each of the three scales used in this study for Employee Engagement, Workplace Health Friendliness and Self-Rated Health. This section also looks at the reliability for the important work benefits scale as devised by the author. Each of these scales was tested using the Cronbach Alpha Test for reliability on SPSS.

5.2.1 Employee Engagement

Table 2 below depicts the results of the reliability analysis for Employee Engagement. There were 91 responses across 17 items that contributed to the composite score. A Cronbach reliability value of .967 is reported. This suggests the respondents of the scale answered the items consistently. This indicates that the scale holds well together and that the respondents perceived the scale to measure a similar construct.

Reliability Statistics

Cronbach's Alpha	Number of Items
0.967	17

Table 2: Employee Engagement Reliability

Table 3 below table shows the descriptive statistics for the Engagement scale. Also shown is the mean, standard deviation and T-test value for the one-sample T-test. The highlighted yellow cells indicate the statements with the most frequent response; the highlighted blue indicates the lowest frequency average responses. The scale is ordered by the magnitude of the T-value which takes into count both the average response and the standard deviation of the response.

	Never	Almost Never	Rarely	Sometimes	Often	Very Often	Always	Mean	Standard Deviation	T-Test Value
At my work, I always persevere, even when things do not go well	2.20%	0.00%	7.70%	11.00%	18.70%	27.50%	33.00%	4.58***	1.43	10.554
Time flies when I'm working	3.30%	2.20%	3.30%	8.80%	19.80%	28.60%	34.10%	4.62***	1.5	10.298
I can continue working for very long periods at a time	2.20%	2.20%	4.40%	17.60%	11.00%	35.20%	27.50%	4.48***	1.46	9.671
I am proud of the work that I do	4.40%	5.50%	3.30%	5.50%	14.30%	35.20%	31.90%	4.53***	1.66	8.766
I am enthusiastic about my job	2.20%	3.30%	6.60%	13.20%	19.80%	33.00%	22.00%	4.32***	1.47	8.529
I feel happy when I am working intensely	3.30%	4.40%	5.50%	8.80%	20.90%	31.90%	25.30%	4.36***	1.57	8.295
I am immersed in my work	2.20%	5.50%	7.70%	11.00%	22.00%	33.00%	18.70%	4.19***	1.53	7.415
At my job, I am very resilient mentally	3.30%	3.30%	9.90%	11.00%	17.60%	36.30%	18.70%	4.2***	1.56	7.334
To me, my job is challenging	7.70%	2.20%	8.80%	9.90%	13.20%	22.00%	36.30%	4.3***	1.87	6.612
I find the work that I do full of meaning and purpose	6.60%	4.40%	3.30%	16.50%	27.50%	30.80%	11.00%	3.9***	1.59	5.423
At my work I am feel bursting with energy	4.40%	5.50%	5.50%	24.20%	13.20%	42.90%	4.40%	3.82***	1.5	5.233
At my job I feel strong and vigorous	5.50%	6.60%	5.50%	20.90%	23.10%	25.30%	13.20%	3.78***	1.63	4.562
When I get up in the morning, I feel like going to work	6.60%	4.40%	8.80%	20.90%	26.40%	19.80%	13.20%	3.68***	1.63	3.982
My job inspires me	6.60%	4.40%	12.10%	18.70%	23.10%	19.80%	15.40%	3.68***	1.69	3.84
I get carried away when I'm working	8.80%	6.60%	6.60%	23.10%	19.80%	16.50%	18.70%	3.63**	1.82	3.288
When I am working, I forget everything else around me	5.50%	7.70%	15.40%	19.80%	12.10%	30.80%	8.80%	3.53**	1.69	2.98
It is difficult to detach myself from my job	13.20%	9.90%	6.60%	20.90%	15.40%	16.50%	17.60%	3.35	1.99	1.685

*** Significantly different from mid-point of the scale at .01 level*

**** Significantly different from mid-point of the scale at .001 level*

Table 3: Employee Engagement Descriptives

A one sample t-test was carried out on each of the items in the scale. This is an inferential statistical test which tests the null hypothesis that there is no difference between the item mean and the mid-point on the scale in the study population (in this case 3; engagement scale is a 7pt scale ranging from 0 to 6). The alternate hypothesis is that there is a difference between the average response and the mid-point on the scale.

Only one of the 17 items in the engagement scale had a P value of greater than 0.05 (*It is difficult to detach myself from my job*) and therefore these is no evidence to reject the null hypothesis for this question. All other questions in this scale have significant results less than 0.05 and therefore there is evidence that these questions are different from the mid-point in the population. This indicates a strong degree of engagement in the population at large.

5.2.2Global Self-Rated Health Scale

Tables 4 below depicts the results of the reliability analysis for Global Self-Rated Health. There were 91 responses across 3 items that contributed to the composite score.

Reliability Statistics

Cronbach's Alpha	Number of Items
0.558	3

Table 4: Global Self-Rated Health Reliability

A Cronbach reliability value of .558 is reported which is less than the standard cut-off for a reliable scale 0.7. This suggests that respondents to the survey did not answer as consistently to the three questions as might be expected if the scale was reliable. This inconsistency may be due in part to the differing number response options between questions (5 options in the first item and 3 in the second and third) and the differing meaning of the response options in the three questions (immediate self-report vs retrospective comparative). The lower reliability value might also be explained by the size of the scale, as reliability is linked not only to consistency of responses but also to the number of items in the scale (Panayides, 2013, p. 688).

In order to investigate if an item could be removed from the scale so as to increase the reliability, the '*Scale if Item deleted'* option was selected in SPSS. As can be seen in

Table 5, if self-comparative Self-Rated Health was removed from the scale, the Cronbach's reliability would increase to 0.601. This indicates that the scale would be more reliable if this item was removed. However, since this would not bring the reliability above the threshold and because it is better to have more information than less, this item was kept as part of the Self-Rated Health scale.

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
Global Self-rated Health	4.3	0.811	0.503	0.288	0.226
Age-comparative Self-rated Health	6.11	1.588	0.418	0.237	0.428
Self-comparative Self-rated Health	6.03	1.61	0.263	0.083	0.601

Table 5: Item Statistic Table

Table 6 shows the descriptive statistics for the Global Self-rated Health scale. Also shown is the mean, standard deviation and T-test value for the one-sample T-test.

The global self-rated health in the sample appears to be quite poor, with 41.8% of respondents answering that their health is "Not Good". The one sample t-test which tests the hypothesis that the average response is no different from the midpoint of the scale and the alternate hypothesis that there is a difference in population is significant. This indicates that in the survey population, the average health is less than the midpoint. This result suggests an unhealthy population. The age comparative results in **Table 7** below indicate that there is no evidence to suggest that the average response is different from the midpoint on the scale in the population. This indicates that there has been no retrospective change in the respondents' age comparative health.

Global Self-Rated Health (SRH)

Excellent	Very Good	Good	Not Good	Poor	Total		
%	%	%	%	%	Mean	Standard Deviation	T-Value
2.20%	2.20%	25.30%	41.80%	28.60%	3.92***	0.91	9.681

Table 6: Global Self-Rated Health Descriptives

***** Significantly different from mid-point of the scale at .001 level**

Age Comparative Self-Rated Health

	Better	About the Same	Worse	Total		
	%	%	%	Mean	Standard Deviation	T-Value
Age-comparative Self-Rated Health	9.90%	69.20%	20.90%	2.11	0.55	1.917
Self-comparative Self-Rated Health	13.20%	54.90%	31.90%	2.19**	0.65	2.749

Table 7: Age Comparative Results

**** Significant at .01 level**

5.2.3 Workplace Health Friendliness Scale (WHF)

Table 8 below depicts the results of the reliability analysis for Workplace Health Friendliness (WHF). There were 91 responses across 5 items that contributed to the composite score. A Cronbach reliability value of .919 is reported. This is well above the cut-point for a reliable scale and indicates a very reliable scale with all items related to each other.

Reliability Statistics

Cronbach's Alpha	Number of Items
0.919	5

Table 8: Work place Health Friendliness Reliability

Table 9 below shows the descriptive statistics for the WHF scale. Also shown is the mean, standard deviation and T-test value for the one-sample T-test. The highlighted yellow indicates the statements with the most frequent response; the highlighted blue indicates the lowest frequency average responses. The scale is ordered by the magnitude of the T-value which takes into account both the average response and the

standard deviation of the response. Notably for this table the magnitude of the t-value is inverse to the t-tests in the other tables, indicating that the average responses to the items were below the midpoint on the scale meaning that on average the respondents felt their employers provide these benefits “Not at all” or “A little".

	Not at all	A little	Some	A lot	Very much	Mean	Standard Deviation	T-Value
Health Education Programmes	37.40%	13.20%	25.30%	13.20%	11.00%	2.47**	1.39	-3.612
Promoting a Healthy Environment	39.60%	13.20%	19.80%	16.50%	11.00%	2.46**	1.43	-3.586
Free Medical Check-Ups	38.50%	16.50%	18.70%	13.20%	13.20%	2.46**	1.45	-3.548
Workers’ empowerment programmes	45.10%	8.80%	12.10%	16.50%	17.60%	2.53**	1.6	-2.816
Policy Change	28.60%	16.50%	29.70%	12.10%	13.20%	2.65*	1.36	-2.464

Table 9: WHF Descriptives

** Significantly different from mid-point of the scale at .01 level

*** Significantly different from mid-point of the scale at .001 level

5.2.4 Work Benefits Importance Scale

Table 10 below depicts the results of the reliability analysis for the work benefits importance scale. A Cronbach reliability value of = 0.909 is reported, which is well above the cut-point for a reliable scale and shows that respondents answered consistently to this scale.

Reliability Statistics

Cronbach's Alpha	Number of Items
0.909	12

Table 10: Work Benefits Importance Scale Reliability

The below table (**Table 11**) shows the descriptive statistics for the importance scale. Also shown is the mean, standard deviation and T-test value for the one-sample T-test. The highlighted yellow cells indicate the statements with the most frequent response; the highlighted blue indicates the lowest frequency average responses. The scale is

ordered by the magnitude of the T-value which takes into account both the average response and the standard deviation of the response.

	Very Important	%	%	%	Not Very Important	Mean	Standard Deviation	T-Value
Flexible Working Options	7.7%	4.4%	8.8%	27.5%	51.6%	4.11***	1.22	8.712798
Bike to Work Scheme	5.5%	7.7%	14.3%	33.0%	39.6%	3.934***	1.16	7.665577
Healthy Food Options	6.6%	7.7%	15.4%	27.5%	42.9%	3.923***	1.22	7.204118
Private Medical Insurance	7.7%	8.8%	9.9%	27.5%	46.2%	3.956***	1.27	7.164816
Health Screenings	6.6%	11.0%	17.6%	36.3%	28.6%	3.692***	1.19	5.551146
Stress Management	7.7%	12.1%	13.2%	38.5%	28.6%	3.681***	1.23	5.29187
Employee Assistance Programmed	7.7%	8.8%	26.4%	26.4%	30.8%	3.637***	1.22	4.963736
Ergonomic Workstation Assessment	9.9%	13.2%	15.4%	20.9%	40.7%	3.692***	1.38	4.785807
Fitness Initiatives	12.1%	12.1%	15.4%	35.2%	25.3%	3.495***	1.32	3.574482
Wellness Seminars	13.2%	11.0%	26.4%	30.8%	18.7%	3.308***	1.27	2.309401
Counselling Service	12.1%	15.4%	28.6%	22.0%	22.0%	3.264	1.30	1.938034
Smoking Cessation Programmed	20.9%	13.2%	20.9%	26.4%	18.7%	3.088	1.41	0.594161

** Significantly different from mid-point of the scale at .01 level

*** Significantly different from mid-point of the scale at .001 level

Table 11: Work Benefits Importance Descriptives

5.3 Research Objectives

5.3.1 Research Objective One

The first objective is the determine if currently, Irish Private Sector employers are making their workplaces more focused on health and well-being initiatives, which in turn has an effect on employee engagement, in particular for Generation Y employees.

Null Hypothesis 1: There is no linear correlation between average response to the workplace health friendliness scale and average response to the employee engagement scale in the study population.

Alternate Hypothesis 1 (one-tail): There is a positive linear correlation between the average response to the workplace health friendliness scale and the average response to the employee engagement scale.

This is a one-tailed hypothesis which can be tested by a linear correlation. Linear correlation can be performed using the parametric Pearson correlation or the Spearman's rho non-parametric correlation coefficient.

In order to determine which test should be used, the one-sample Kolmogorov-Smirnov Test was carried out on both variables of interest (see appendix). This test tests the null hypothesis that the distribution of the continuous variable is Normal. The result of this test indicates that the distribution of workplace engagement and workplace health friendliness is not Normal. Therefore parametric statistics should be used.

The results from the Spearman's rho test statistic indicate that we cannot reject the null hypothesis and therefore there is no statistical evidence of a linear relationship between Workplace Health Friendliness and workplace engagement(**Table 12**) in the study population (rho = 0.05; N = 91; P > 0.05).

Correlations

			1	**2**
	1 Engagement	Correlation Coefficient	1	

Spearman's rho		Sig. (1-tailed) N	. 91	
	2 WHF	Correlation Coefficient Sig. (1-tailed) N	0.05 0.32 91	1 . 91

Table 12: Engagement and WHF Correlations

The scatter plot below shows a chart of the relationship between the two variables. As can be seen from the chart there is no apparent pattern of neither linear nor non-linear relationship between the two continuous variables.

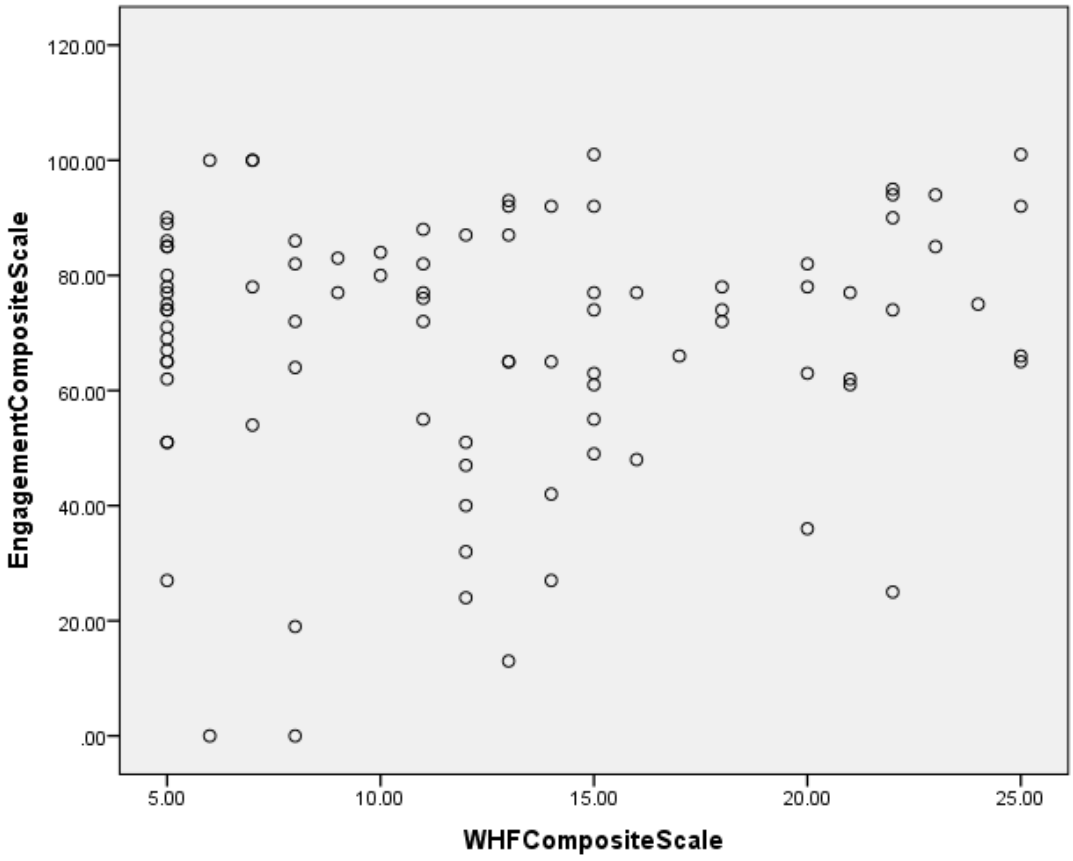


Figure 3: Scatter Plot Engagement and WHF

5.3.2 Research Objective Two

The second objective is to investigate if the levels of workplace engagement differ for Generation Y employees and Generation X employees.

Null Hypothesis 2: There is no difference between generation X and Generation Y in terms of average ranked workplace engagement in the study population

Alternative Hypothesis 2(one-tailed): Generation Y has greater average ranked workplace engagement than generation X in the study population.

Histograms of the distribution levels of engagement for the two age categories of Below 35 and 36 and over are depicted in **Figures 3** and **4**. In both cases the horizontal axis is a representation of Employee Engagement and the vertical axis represents the number participants. For example, **Figure 3** indicates that the distribution of engagement of those under 35 is negatively skewed with a larger proportion of the sample showing high engagement and only a few at the lower tail of the distribution. The distribution also has a higher peak than would be expected if the distribution was normal. Similarly the histogram for the sample aged 36 and over appears to be skewed negatively with a larger proportion of this group engaged and fewer on the lower end of the scale than would be expected in a normal distribution. Both of these graphs provide evidence that the distribution of the engagement variable is not normally distributed.

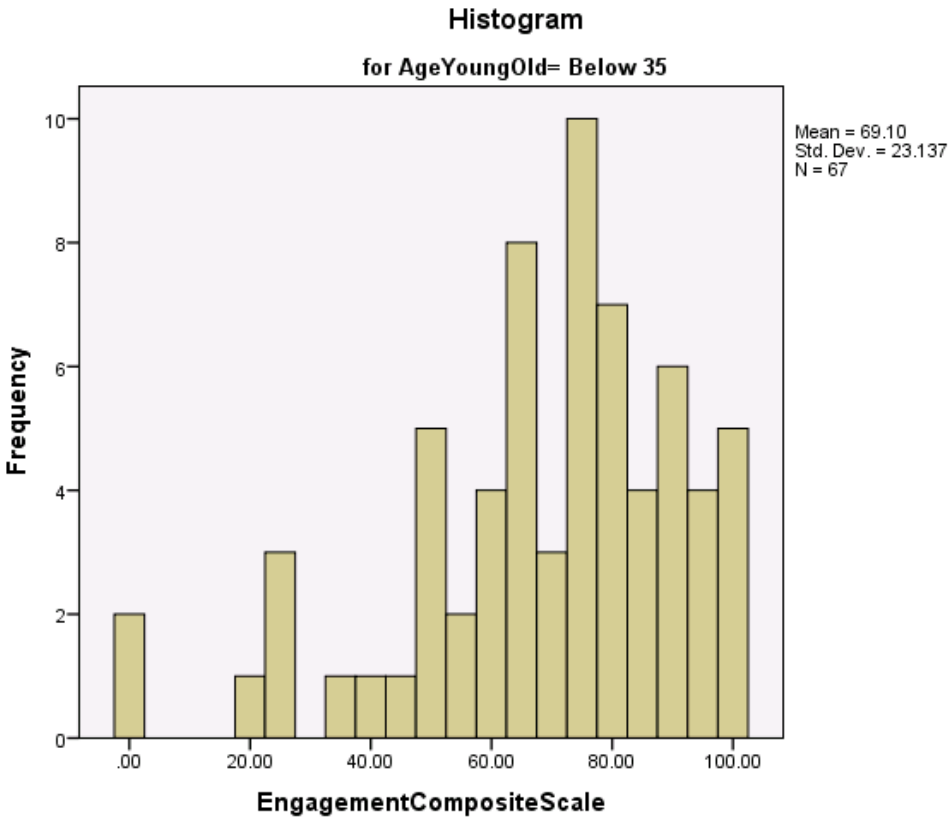


Figure 4: Employee Engagement Below 35

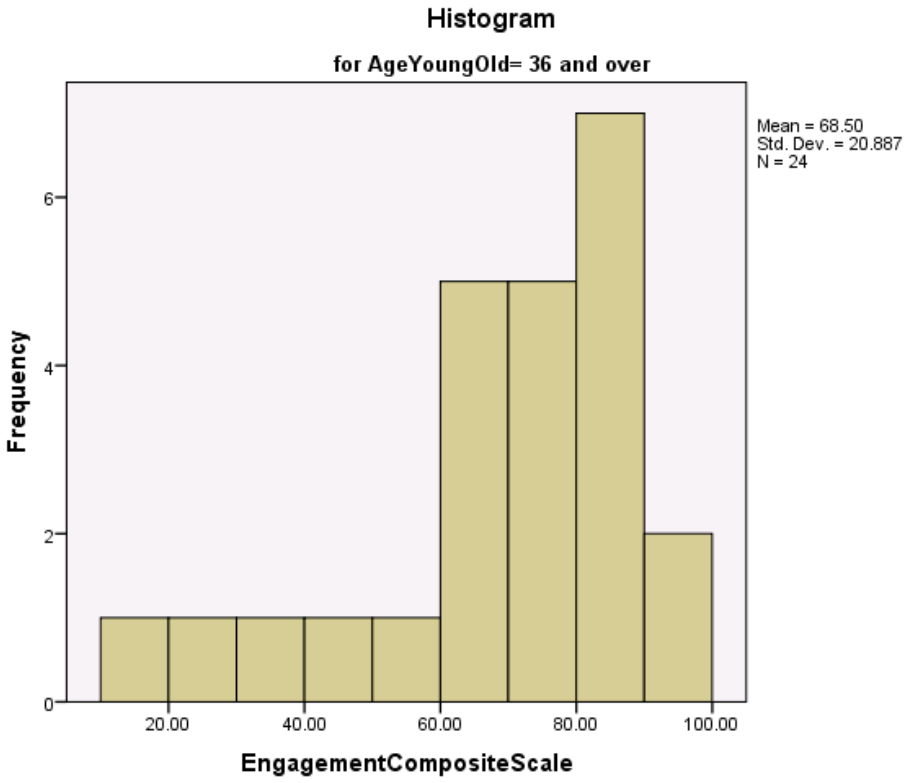


Figure 5: Employee Engagement 36 and Over

All descriptive statistics associated with the two age categories are indicated below in **Table 13:**

Descriptives

	Age			Statistic	Std. Error
EngagementCompositeScale	Below 35	Mean		69.1045	2.82660
		95% Confidence Interval for Mean	Lower Bound	63.4610	
			Upper Bound	74.7480	
		5% Trimmed Mean		70.7396	
		Median		74.0000	
		Variance		535.307	
		Std. Deviation		23.13670	
		Minimum		.00	
		Maximum		101.00	
		Range		101.00	
		Interquartile Range		25.00	
		Skewness		-1.072	.293
		Kurtosis		1.143	.578
	36 and over	Mean		68.5000	4.26351
		95% Confidence Interval for Mean	Lower Bound	59.6803	
			Upper Bound	77.3197	
		5% Trimmed Mean		70.1667	
		Median		74.0000	
		Variance		436.261	
		Std. Deviation		20.88686	
		Minimum		13.00	
		Maximum		92.00	
		Range		79.00	
		Interquartile Range		20.50	
		Skewness		-1.350	.472
		Kurtosis		1.239	.918

Table 13: Employee Engagement Descriptive Statistics

In order to get confirmation as to whether non-parametric tests should be used to test the 2nd Hypothesis, normality tests were carried out. We rely on the results of the Shapiro-Wilk's Test of Normality to infer the presence or absence of normality in both categories associated with age: Below 35 and 36 and Over (**Table 14**). The null hypothesis associated with the Shapiro-Wilk's Test of Normality assumes normality of the sample provided for the purposes of this study. In both age categories the results showed significant deviations from normality, therefore the null hypothesis can be rejected (**$W_{BELOW35}$ = .920, df = 67, p < .000**), (**$W_{36ANDOVER}$ = .856, df = 24, p < .003**).

Employee Engagement Composite Scale

	Tests of Normality					
	Kolmogorov-Smirmov			Shapiro-Wilk		
	Statistic	**df**	**Sig.**	**Statistic**	**df**	**Sig.**
Below 35	.132	67	.006	.920	67	.000
36 and Over	.206	24	.10	.856	24	.003

Table 14: Employee Engagement Normality Results

As a result of the significant deviations in normality, the Mann-Whitney U Test was decided upon to test if there significant differences between exist between the employee engagement of those from the Below 35 category or 36 and Over category in the study population. The Mann-Whitney U Test is used to test the differences in the mean ranks of both groups. The results of the Mann-Whitney U Test indicates that there is no significant difference in employee engagement between Below 35's (**mean rank=46.19**) compared to 36 and Over (**mean rank=45.48**), (**U = 791.5, $p_{\text{one-tail}}$ = .455**) in the population (see appendix).

5.3.3 Research Objective Three

The third objective is to ascertain if the self-rated health of Generation Y employees is higher than the generation that came before, otherwise known as Generation X.

Null Hypothesis 3: There is no difference between generation X and generation Y in terms of their average rank self-rated health in the population.

Alternate Hypothesis 3 (one-tail): Generation Y employees have greater average ranked health than generation Y employees.

In order to get confirmation as to whether non-parametric tests should be used to test the third hypothesis, normality tests were carried out **(Table 15)**. We rely on the results of the Shapiro-Wilk's Test of Normality to infer the presence or absence of normality in both categories associated with age: Below 35 and 36 and Over. The null hypothesis associated with the Shapiro-Wilk's Test of Normality assumes normality of the sample provided for the purposes of this study. In both one age category, those aged 35 and under the results showed significant deviation from normality (**W_{BELOW35} = .922, df = 67, p < .000**), (**$W_{\text{36ANDOVER}}$ = .925, df = 24, p > .05**). Since both groups must to be normally distributed to use parametric tests, a non-parametric test will be used to test the third hypothesis.

Self-Rated Health Composite Scale

Tests of Normality

	Kolmogorov-Smirmov			Shapiro-Wilk		
	Statistic	**df**	**Sig.**	**Statistic**	**df**	**Sig.**
Below 35	.192	67	.000	.922	67	.000
36 and Over	.203	24	.12	.925	24	.74

Table 15: Self-Rated Health Normality Results

The Mann-Whitney U Test was decided upon to test if there significant differences between exist between the self-rated health of those from the Below 35 category or 36 and Over category in the study population. The Mann-Whitney U Test is used to test the differences in the mean ranks of both groups. The results of the Mann-Whitney U Test indicates that there is not enough evidence to reject the null hypothesis and therefore we must conclude there is no difference in self-rated health between Below 35's (**mean rank=45.28**) compared to 36 and Over (**mean rank=48.00**), (**U = 756, $p_{\text{one-tail}}$ = .329**) in the population (see appendix).

5.3.4 Research Objective Four

The fourth objective is to discover if there are differences in the types of initiatives ranked as important to the population from Generation Y and Generation X.

Null hypothesis 4: There is no difference between generation X and generation Y in average rank importance of the health and well-being initiatives provided by their employer.

Alternative Hypothesis 4: There is a difference between Generation X and Generation Y in average rank importance of the health and well-being initiatives provided by their employer.

The distribution of each of the importance variables across the two generations were checked within SPSS using the explore function. As can be seen in the Test of Normality table below (Shapiro-Wilk) in the last column of the table (Sig), none of the values are above .05 and therefore the null hypothesis for each of these tests that the distribution of the sample is normal must be rejected and as such non-parametric tests should be used.

Tests of Normality

		Kolmogorov-Smirnova			Shapiro-Wilk		
	Age	**Statistic**	**df**	**Sig.**	**Statistic**	**df**	**Sig.**
Private Medical Insurance	Below 35	0.249	67	0	0.792	67	0
	36 and over	0.272	24	0	0.739	24	0
Ergonomic Workstation Assessment	Below 35	0.197	67	0	0.857	67	0
	36 and over	0.335	24	0	0.715	24	0
Employee Assistance Programme	Below 35	0.189	67	0	0.884	67	0
	36 and over	0.266	24	0	0.82	24	0.001
Counselling Service	Below 35	0.169	67	0	0.907	67	0
	36 and over	0.19	24	0.024	0.864	24	0.004
Fitness Initiatives	Below 35	0.238	67	0	0.864	67	0
	36 and over	0.294	24	0	0.85	24	0.002
Stress Management	Below 35	0.254	67	0	0.862	67	0
	36 and over	0.325	24	0	0.794	24	0
Health Screenings	Below 35	0.229	67	0	0.863	67	0
	36 and over	0.308	24	0	0.842	24	0.002
Healthy Food Options	Below 35	0.234	67	0	0.814	67	0
	36 and over	0.254	24	0	0.791	24	0
Bike to Work Scheme	Below 35	0.247	67	0	0.832	67	0
	36 and over	0.276	24	0	0.763	24	0
Wellness Seminars	Below 35	0.184	67	0	0.901	67	0
	36 and over	0.276	24	0	0.836	24	0.001

Smoking Cessation Programmes	Below 35	0.173	67	0	0.886	67	0
	36 and over	0.241	24	0.001	0.846	24	0.002
Flexible Working Options	Below 35	0.261	67	0	0.754	67	0
	36 and over	0.364	24	0	0.673	24	0

a. Lilliefors Significance Correction

Table 16: Work Benefits Importance Normality Results

The Mann-Whitney U statistical test was used to compare the mean rank of the two generations on each of the 12 importance variables. Results in the table below indicate that only one of the 12 variables, "*Smoking cessation programmes*", is significant at the .05 level (U=1031; p = .036), a further two, "*Ergonomic Workstation Assessment*" and "*Wellness Assessment*" are significant at the more relaxed 0.1 level (U = 1000; p = .0.065 & U = 983.5; p = .096 respectively).

Regarding the Smoking Cessation variable there is good evidence to reject the null hypothesis that there is no difference in mean rank between the two generations in the population, with the younger group having the lower average rank than the older group. This suggests that in the population, the older generation feel smoking cessation programmes are more important.

Regarding the Wellness Assessment and the Ergonomic Workstation Assessment variables there is some weak evidence of a difference between the generations in the population, with the younger group having significantly lower average rank values on both of these variables. This indicates that these workplace benefits are significantly more important to the older generation than the younger in the population.

None of the other 9 importance variables are significant, but interestingly at a descriptive level the older age group have a higher mean rank value on all of the 9 variables than the younger group.

5.3.5 Other Findings

The Kruskal Wallace testing between the levels of management and the engagement composite scale yielded an interesting pattern. Engagement levels for the sample started strong at entry level, decreased at medium level, increased again at senior level and are highest at the top level.

This study consisted of a total of 91participants of which 10 work in the Top Level of their organization, 18 from Senior Level, 43 from Middle Level and 20 from Entry Level as indicated in **Table 17**. The descriptive statistics and related histograms are represented in the appendix.

Level	**N**	**Mean Rank**
Top Level	10	63.95
Senior Level	18	56.17
Middle Level	43	36.58
Entry Level	20	48.13
Total:	91	

Table 17: Kruskal Wallace H Test Mean

Test Statsitsics

	Engagement Composite Scale
Chi-Square	12.897
df	3
Asymp. Sig.	0.005

a. Kruskall Wallis Test

b. Grouping Variable

Table 18: Grouping Variable Level

Chapter Six: Discussion

6.1 Conclusion

The first objective is the determine if currently, Irish Private Sector employers are making their workplaces more focused on health and well-being initiatives, measured through the Workplace Health Friendliness Scale (WHF), which in turn has an effect on employee engagement, in particular for Generation Y employees.

The study used reliable scales for engagement and workplace health friendliness and tested them against the age of the sample population. Participants answered consistently for engagement and there was a strong degree of engagement across the population. For WHF the average responses for the items on the scale were 'not at all' or 'a little', indicating that on average the workplaces surveyed through the sample participants are not on the whole, supportive environments. The results of the tests showed that there was not sufficient statistical evidence to reject the null hypothesis, therefore indicating that according to this study there is no correlation between the presence of health and well-being initiatives and the effect on employee engagement in the Irish Private Sector.

The literature found that only 28% of Generation Y said work is central to their lives (CIPD, 2014, p. 5) and that other elements are trumping work in terms of overall life importance. Employers were cited as being considered to be 'guardians' (Renwick, 2003, p. 344) of employee well-being, but did not illustrate this as a driver for motivation or engagement. Based on the findings of the study, employees potentially see these as unrelated. There is a social trend for Irish employees to be healthier (Nutrition and Health Foundation, 2015) and employees may now be viewing the provision of health initiatives as a right. Supportive, health-friendly, work environments may now be viewed as being on a par with workplace safety. As a basic need, this could explain the lack of correlation between health and well-being initiatives and engagement.

The literature supports the view that various health campaigns can benefit the employee through enhanced morale and self-esteem for example, but does not necessarily contribute to employee engagement (WHO, 2013). While many similar

outcomes are found between engaged employees and the results of having health and well-being initiatives, it is not enough to support the theory that there is a direct link between the two.

The second objective was to investigate if the levels of workplace engagement differ for Generation Y employees and Generation X employees. The analysis found that there were no statistical differences between the engagement levels of employees from Generation Y and Generation X from the sample population.

The literature found that engagement in the workplace is defined by having a level of energy and enthusiasm towards one's work (Schaufeli, et al, 2004, p. 295). This enthusiasm is often a characteristic of youth, therefore characteristic of Generation Y, or those aged between 25-35. The literature also provided that engaged employees have an emotional and / or psychological investment into their work. While the literature hypothesised that this vitality could lead to increased levels of engagement of Generation Y in comparison to Generation X, the analysis found that there was no statistical difference. From this the author may link that the vitatlity of Generation Y and their enthusiasm upon starting their first or second role on the career path may match the maturity and organisational commitment that contributes to the engagement levels of Generation X, therefore providing lack of statistical evidence to separate their levels of engagement.

Alternatively, the literature found that work is less central to the lives of employees in general and that now more than ever, employees feel less inclined to stay with a company forever (Deloitte, 2008, Gratton, 2006, Faragher, 2015). This overall change or shift in thinking about work could be generally spread across the population, regardless of age or level within the organisation, leading to reduced engagement for the population.

The third objective was to ascertain of the self-rated health of Generation Y employees is higher than Generation X. The hypothesis was that Generation Y employees would have greater average ranked health than Generation X employees. The analysis in the preceding chapter found that there were no statistical differences between self-rated health and the two age categories.

The literature review discussed how overall employees are placing more emphasis on their overall well-being (NHF, 2015). Characteristically, Generation Y are more focused on themselves, but this does not lead to them as a generation to be more aware of their health and well-being. This is supported in the analysis of the data. The may have access to more information and initiatives than Generation X did at their age, but the study has found that age is not a factor in self-health awareness for this particular sample.

The fourth objective identified how employees from Generation X and Y ranked different health and well-being initiatives provided by their employers. The analysis found that smoking cessation was an important initiative for Generation X employees.

Who have reported widely through the media that preventable illness, such as lung disease is responsible for a large proportion of deaths throughout the year (WHO, 2013). Smoking cessation programmes are very accessible at work and available to employees as they experience stress throughout the day, leading to a possible conclusion as to its importance for Generation X employees.

On average in the current study, the results showed that the health and well-being initiatives were more important for Generation X employees. The literature discussed drivers for engagement for employees, providing support for the fact that monetary rewards are not the only motivators. Health and family at different stages in life can be more important (Deaton, 2008) and money more transitory. It can be deduced that salary and bonus are perhaps more of a focus at entry level, with additional benefits such as healthcare and health initiatives growing in importance as employees mature.

6.2 Limitations

The author found that there were certain limitations of the current study which should be taken into account. The sample used for the current study was not a random sample. This is important as statistics all have the assumption that each person in the population has an equal probability of being selected. If not true, the assumptions of many tests are not met and the results cannot be generalised. Therefore, the results of the study cannot be generalised and therefore should be treated with caution.

The study was sent to potential participants from a variety of sectors. Due to the link to the author the participants mostly tended to be from Human Resources and Banking and Finance. As a result, this limited the current research in terms of getting a broader picture across many industries in the Irish Private Sector.

The sample population yielded results mostly from participants working in organisations with less than fifty people. The general trend is that larger companies provide health and well-being initiatives and healthcare and thus limiting the information gathered through the survey, which in turn affected the data analysis and findings.

An important limitation in this research was time. The author used quantitative methods of data analysis only to research the topic of health and well-being and engagement levels. This suited the current research due to time constraints in collecting data, analysing results and collating conclusions. A mixed method approach may have added more colour to the findings of this topic.

6.3 Recommendations

The study found that for the sample population, that health and well-being initiatives are present in the workplace but are not as yet providing direct links to employee engagement in an Irish context. The literature review analysed recent studies of the effect of health and well-being initiatives, but as these initiatives are a recent benefit, in relative terms, it remains to be seen if in the long-term; employee engagement can be improved or influenced by health and well-being programmes.

The study found that the levels of managerial hierarchy and engagement levels showed an interesting pattern. Suggestions for further research would focus on employees from these sectors and determine the factors of engagement for these specific levels.

A final recommendation would be to target employees only working in larger organisations of 250 plus, as this would give greater depth of the impact of health and well-being initiatives as these are more prevalent in larger organisations. The majority of the sample population work in companies with less than fifty people, which provided less scope for analysis.

Works Cited

Adecco Group, (2012) 'Managing the Modern Workforce Part 1: The workplace revolution'. [Online]. *Adecco,* Available from: http://www.adeccogroupuk.co.uk/SiteCollectionDocuments/Adecco-Group-Workplace-Revolution.pdf [Accessed 24th January 2015].

Agarwala, T. (2003) 'Innovative Human Resource Practice Scale'. [Database Record]. Retrieved from PsycTESTS.

Alias, N. E., Noor. N. M. and Roshidi. H. (2014) 'Examining the mediating effect of employee engagement on the relationship between talent management practices and employee retention in the information and technology (IT) organizations in Malaysia'. *Journal of Human Resource Management*, 2(2), pp. 227-242.

Amir, F., Naz. F., Hafeez, S.Q., Ashfaq, A. and Doga, Y. H. (2014) 'Measuring the effect of Five Factor Model of Personality on team performance with moderating role of employee engagement'. *Journal of Psychology and Behavioural Science*, 2(2), pp. 221-255.

Burke Johnson, R. (2009) 'Toward a more inclusive scientific research in education'. *Educational Researcher*, 38(6), pp. 449-457.

CSO, (2015) 'Central Statistics Office'. [Online].*CSO.* Available from: http://www.cso.ie/multiquicktables/quickTables.aspx?id=pea18_2/ Accessed 25 January 2015]

Centre for Disease Control & Prevention, 2015. www.cdc.gov. [Online] Available from: http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/ [Accessed 7 July 2015].

Hancock, C., Cooper, K and Haynes, S. (2014) 'Launch of a new workplace health movement'. [Online]. *Occupational Health*. Available from: http://www.c3health.org/wp-content/uploads/2009/09/Occ-Health-on-the-C3-WPH-mvt-pdf.pdf [Accessed 21 June 2015].

CIPD (2014) 'HR: getting smart about agile working'. [Online]. *CIPD*. Available from: http://www.cipd.co.uk/binaries/hr-getting-smart-agile-working_2014.pdf [Accessed 21 June 2015].

City of London Corporation (2014) 'Best Practice in Promoting Employee Health and Wellbeing in the City of London'. [Online]. *City of London.* Available from: - http://www.cityoflondon.gov.uk/business/economic-research-and-information/research-publications/Documents/Research-2014/employee-health-and-wellbeing-in-the-city-of-London-final.pdf [Accessed 27 January 2015].

Clifton, J.(2015)' Gallup and McKinsey Announce New Global Gold Standards'. [Online]. *Gallup, 3rd August 2015*, Available from: http://www.gallup.com/opinion/chairman/184427/gallup-mckinsey-announce-new-global-goldstandards.aspx?utm_source=EMPLOYEE_ENGAGEMENT&utm_medium=topic&utm_campaign=tiles [Accessed 18 August 2015].

de Waal, J and Pienaar. J. (2013) 'Towards understanding causality between work engagement and psychological capital'. *SA Journal of Industrial Psychology*, 39(2), pp. 1-10.

Deaton, A. (2008) 'Income, Health, and Well-Being Around the World: Evidence From the Gallup World Poll'. *Journal of Economic Perspectives*, 22(2).

Deloitte, (2010) 'Generation Y Changing with the Times', *Deloitte*. Available from: http://www2.deloitte.com/content/dam/Deloitte/ie/Documents/People/Generation_Y.pdf [Accessed 30 June 2015].

Deloitte, (2014) 'Global Top Five Total Rewards Priorities Survey', *Deloitte,* [Online]. Available from: http://www2.deloitte.com/content/dam/Deloitte/global/Documents/HumanCapital/dttl-2014-top-five-global-employer-rewards-priority-survey-report-20140423.pdf [Accessed 26 May 2015].

Drach-Zahavy, A. (2008) 'Workplace Health Friendliness Scale' [Database record]. Retrieved from PsycTESTS.

Enterprise Ireland (2015) [Online] Available from: http://www.enterprise.gov.ie/en/News/2015012.html [Accessed 25 January 2015]

Faragher, J. (2015) 'Show Me the Money'. *People Management*. pp. 20-25.

Farrell, M., Kairyte, E., Nienaber, B. McDonagh,. J. and Mahon. M. (2014) 'Rural Return Migration: Comparative Analysis between Ireland and Lithuania'. *Central and Eastern European Migration Review.* 3(2), pp. 127-149.

Gratton, L. (2006) *The Shift: The Future of Work is Already Here*. 1 ed. London: Harper Collins.

Gruber, R. N., Bolton. A., Parasuraman, A., Hoefnagels, N., Migchels, S. and Kabadayi. T. (2013) 'Understanding Generation Y and their use of social media: a review and research agenda'. *Journal of Service Management*. 24(3), pp. 245-267.

Hancock, C. (2011) 'Workplace health initiatives: evidence of effectiveness'. [Online].

Available at: http://www.c3health.org/wp-content/uploads/2009/09/Workplace-health-initiatives-review-of-the-evidence-v-2-20140903.pdf [Accessed 18 April 2015].

Harter, J. K., Schmidt. F. L. and Keyes, C. L. (2002) 'Well-being in the Workplace and its Relationship to Business Outcomes: A Review of the Gallup Studies. Flourishing: The Positive Person and the Good Life', *The Gallup Organization.* pp. 205-224.

Health and Safety Authority (2008) 'Workplace Health and Well-Being Strategy Report of Expert Group'. [Online]. *Dublin : Health and Safety Authority*. Available from: http://www.hsa.ie/eng/Publications_and_Forms/Publications/Occupational_Health/Workplace_Health_and_Well-Being_Strategy.pdf [Accessed 12 August 2015].

HR Research Group Utah State University (2013) 'An analysis of the Utah State University employee wellness program'.[Online]. *Utah: Utah State University*. Available from:

http://www.usu.edu/wellness/files/uploads/be_well_study_report.pdf [Accessed 25 January 2015].

Kahn, W. A. (1990) 'Psychological conditions of personal engagement and disengagement at work'. *Journal of Academic Management*. 33(4), pp. 692-724.

Kitani, K. (2014) 'Workplace culture must go beyond mission statement'. [Online]. Available from: http://ebn.benefitnews.com/blog/ebviews/workplace-culture-must-go-beyond-mission-statement-core-values-2743182-1.html [Accessed 2 January 2015].

Langille, J.L., Berry, T., Reade, I., Witcher, C., Loitz, C. Rodgers, W (2011) 'Strength of messaging in changing attitudes in a workplace wellness program'. *Health Promotion Practice*, 12(2), pp. 303-311.

Lindquist, T. (2009) 'Recruiting the Millennium Generation: The New CPA'. [Online]. *The CPA Journal*. Available from: http://business.uni.edu/lindquist/Klagenfurt/PDFs/June%2013%20Afternoon/lindquist%20cpa%20generation%20paper.pdf [Accessed 7 January 2015].

Luscombe, J., Lewis. I. and. Biggs, H. C. (2013) 'Essential elements for recruitment and retention: Generation Y. *Education and Training*, 55(3), pp. 272-290.

Miranda, H., Gore. R. J., Boyer, J., Nobrega, S. and Punnett, L. (2015) 'Health Behaviours and Overweight in Nursing Home Employees: Contribution of Workplace Stressors and Implications for Worksite Health Promotion'. *The Scientific World Journal.*

Newenham, J. (2014)'Generation Y need parental touch' [Online]. *Irish Times*, 20th November, Available from: http://www.irishtimes.com/business/work/generation-y-need-parental-touch-1.2008986 [Accessed 18 January 2015].

NHF (2015) 'Aramark Workplace Wellbeing Champion Case Study, [Online]. *Nutrition and Health Foundation* Available from: http://www.nhfireland.ie/Sectors/NHF/WWC.nsf/vPages/Champion_companies~Meet_the_Champions~aramark!OpenDocument [Accessed 15 July 2015]

NHF (2014) ' Ireland's workers want to get healthier'. [Online]. *Nutrition and Health Foundation.* Available from: http://www.nutritionandhealth.ie/sectors/nhf/nhf.nsf/vPages/Media_and_Publications~Press_Releases~ireland's-workers-want-to-get-healthier?OpenDocument [Accessed 19 July 2015].

NHF (2015) 'Keeping Fit BMI Calculator'. [Online]. *Nutrition and Health Foundation*. Available at: http://www.nutritionandhealth.ie/Sectors/NHF/NHF.nsf/vPages/Keeping_Fit~bmi-calculator?OpenDocument [Accessed 7 July 2015].

Panayides, P. (2013) 'Coefficient Alpha'. *Europe's Journal of Psychology*, 9(4), pp. 687-696.

Quinn Healthcare (2011)' Workplace Health: Why it makes good business sense'. [Online]. *Quinn Healthcare.* Available from: http://banda.ie/wp-content/uploads/030954-QH-WorkplaceHealth-Oct-2011.pdf [Accessed 29 July 2015].

Rath, T. and Harter, J. (2010) 'The Economics of Wellbeing'. *Gallup Press*.

Renwick, D. (2003) 'HR Managers: Guardians of employee wellbeing?.' *Personnel Review*, 32(1), pp. 341-359.

Robertson, I. T. and Cooper. C. L. (2010) 'Full engagement: the integration of employee engagement and psychological well-being'. *Leadership & Organization Development Journal*, 31(4), pp. 324-336.

Robson, C. (2011) *Real World Research*. 3 ed. UK: John Wiley and Sons.

Rongen, A., Robroek. S. J., Schaufeli, W. and Burdorf. A. (2014) 'The contribution of work engagement to self-perceived health, work ability and sickness absence beyond health behaviors and work-related factors'. *Journal of Occupational and Environmental Management*, 56(8), pp. 892-896.

Robroek, S.J., Van Lenthe, F. J.,Van Empelen, P and Burdorf, A. (2009) 'Determinants of participation in worksite health promotion programmes: a

systematic review'. *International Journal of Behavioural Nutrition and Physical Activity*, 6(26).

Sargent-Cox, K. A. Anstey, K. J. and Luszcz, M. A. (2008) 'Self-Rated Health Measure (SRH)'. [Database record]. Retrieved from PsycTESTS.

Schaufeli, W. B. and Bakker, A. B. (2004) 'Job demands, job resources, and their relationship with burnout and engagement: a multi-sample study'. *Journal of Organizational Behaviour*, Volume 25, pp. 293-315.

Schaufeli, W. Salanova., M. Gomez.-Roma, V and Bakker, A. A. (2002) 'Utrecht Work Engagement Scale-17. [Database record]. Retrieved from PsycTESTS.

Strack, R. (2014) 'The Workforce Crisis of 2030- and how to start solving it now', Video file [Online]. Available from: http://www.ted.com/talks/rainer_strack_the_surprising_workforce_crisis_of_2030_and_how_to_start_solving_it_now?language=en [Accessed 2 January 2015].

Townsend, K., Wilkinson, A and Burgess, J. (2014) 'Routes to partial success: collaborative employment relations and employee engagement'. *The International Journal of Human Resource Management*, 25(6), pp. 915-930.

Trading Economics (2015) 'Unemployment Rate Forecast'. [Online]. *Trading Economics.* Available from: http://www.tradingeconomics.com/ireland/unemployment-rate/forecast [Accessed 25 January 2015].

Tyndall, P. (2015) 'Millennials, our future workforce'. [Online]. *Public Affairs Ireland.* Available from: http://www.publicaffairsireland.com/news/1788-millennials-our-future-workforce [Accessed 16 August 2015].

Vosloban, R. I. (2013) 'Employee engagement concept- a theoretical and practical approach'. *Contemporary Readings in Law and Social Justice*, 5(2), pp. 759-765.

Weyland, A. (2011) 'Engagement and talent management of Gen Y'. *Industrial and Commerial Training*, 43(7), pp. 439-445.

WHO/ World Economic Forum (2008) ' Preventing Non-communicable diseases in the workplace through diet and physical activity: WHO/World Economic Forum

Report of a Joint Event'. [Online]. *WHO.* Available from: http://www.weforum.org/pdf/Wellness/WHOWEF_report.pdf [Accessed 21 July 2015].

WHO (2013) 'Global action plan for the prevention and control of non-communicable diseases 2013-2020'. [Online]. *World Health Organisation*. Available from: http://www.who.int/global-coordination-mechanism/publications/global-action-plan-ncds-eng.pdf [Accessed 21July 2015].

World at Work (2012) 'Total rewards and employee well-being'. [Online]. *World at Work.* Available from: http://www.worldatwork.org/adimLink?id=59455 [Accessed 30 January 2015].

World Economic Forum (2013) 'Workplace Wellness Alliance Report'. [Online]. *World Economic Forum.* Available from: http://www3.weforum.org/docs/WEF_HE_WorkplaceWellnessAlliance_Report_2013.pdf [Accessed 21 July 2015].

World Economic Forum (2013) 'The Workplace Wellness Alliance: Making the Right Investment: Employee Health and the Power of Metrics'. *World Economic Forum*.

World Health Organisation (WHO) (2015) 'Workplace Health Promotion'. *WHO.* [Online]. Available at: http://www.who.int/occupational_health/topics/workplace/en/index1.html [Accessed 19 July 2015].

Appendices

Appendix 1: Cover Letter for Survey Questionnaire

Researcher:
Sinéad Dowling
dowlingsinead@gmail.com

Invitation:
You are invited to take part in a research study. Participation in this study is entirely voluntary.
Please read the information below and let us know if anything is unclear or if you would like more information.

What is the purpose of the study?

To find out if the presence of health and well-being initiatives or wellness programmes at work, have an influence on employee engagement.

The research is being undertaken as part of a programme of academic study at The National College of Ireland (NCI) leading to the award of a Masters in Human Resource Management (MAHRM).

Who has reviewed this study?

This study has been reviewed by the NCI Ethics Committee.

Why have I been chosen?

You have been chosen because you are in full-time employment in the Irish Private Sector.
This survey will be sent to over 200 participants.

What will be my involvement if I take part?

- The information you give will be analysed with the other participants
- Your name or the name of any organisation will not be collected as part of this research
- All data gathered will be anonymous and confidential and only used for the purpose of this study
- If you wish, I can send you a copy of the results

How long will it take?

- It should take no longer than 8 minutes to complete
- You can withdraw from the survey at any time

When does it need to be completed by?

Please complete the survey by 25th June 2015.

If you have any questions, please feel free to contact me.
Thank you for your time.

By participating in this survey you are confirming that you have read and understood the information for the study and have had the opportunity to ask questions.

Many thanks

Sinéad Dowling

Appendix 2: Survey Questionnaire

1. Gender*Required

- Male
- Female

2. Age (in completed years):*Required

- Less than 25
- 25-35
- 36-45
- 46-55
- Above 55

3. What is your nationality?*Required

- Irish
- European- Non-Irish
- Other:

4. Which of these best describes your marital status?*Required

- Married or co-habiting
- Separated
- Divorced
- Widowed
- In a relationship
- Not in a relationship

5. What is your height? feet / inches or metres / cms

6. How much do you weigh? llbs or kilos

Now I'd like to ask a few questions about your work:

7. Which best describes the industry you work in:*Required

- Banking and Finance
- Education
- IT
- Human Resources
- Hospitality and Tourism
- Retail
- Other:

8. Please indicate your level in managerial hierarchy:*Required

- Top Level
- Senior Level
- Middle Level
- Entry Level

9. Total Duration with Present Organisation:*Required(years and months e.g. 2 years 6 months)

10. **Approximately how many people are in your organisation:*Required**

- <50

- 50-99
- 100-249
- 250-1000
- >1000

The following statements are about how you feel at work. Please read each statement carefully and decide if you ever feel this way about your job.*Required

Never	Almost never (a few times a year or less)	Rarely (once a month or less)	Sometimes (a few times a month)	Often (once a week)	Very often (a few times a week)	Always (every day)

11. At my work I feel bursting with energy.

12. I find the work that I do full of meaning and purpose.

13. Time flies when I'm working.

14. At my job I feel strong and vigorous.

15. I am enthusiastic about my job.

16. When I am working, I forget everything else around me.

17. My job inspires me.

18. When I get up in the morning, I feel like going to work.

19. I feel happy when I am working intensely.

20. I am proud of the work that I do.

21. I am immersed in my work.

22. I can continue working for very long periods at a time.

23. To me, my job is challenging.

24. I get carried away when I'm working

25. At my job, I am very resilient.

26. It is difficult to detach myself from my job.

27. At my work I always persevere, even when things do not go well.

Here are a few questions about your health:*Required

28. How would you rate your overall health at present? (Please rate from 1-5)

1(excellent)	2	3	4	5 (poor)

29. Would you say your health is better, about the same, or worse than that of most people your age?*Required

- Better
- About the same
- Worse

30. Is your health now better, about the same, or not as good as it was 12 months ago?*Required

- Better now
- About the same
- Not as good now

The following questions are about health and well-being at work:

31. How important is it for employers to provide the following:*Required

	1 (very important)	2	3	4	5 (not very important)
Private medical insurance					
Ergonomic / workstation assessment					
Employee Assistance Programme					
Counselling service					
Fitness initiatives (e.g. couch to 5K, gym reimbursement, yoga, etc.)					
Stress management					
Health screenings					
Healthy food options (Canteen, vending machine, etc.)					
Bike to work scheme					
Wellness seminars (nutrition talks,					

	1 (very important)	2	3	4	5 (not very important)
mental health talks, etc.)					
Smoking cessation programmes					
Flexible working options					

32. To what extent does your company, at present support health and well-being initiatives or wellness programmes.*Required

	1	2	3	4	5	
(1 = not at all)						(5= very much)

33. If yes, which initiatives do you participate in?

Lastly, a few questions on health and well-being programmes at work:

Below, common practices sometimes applied by organisations to help their employees maintain their health are listed. Please indicate for each item, the extent you believe your workplace has acted to promote this activity.

1 = not at all 5= very much

34. Health education programmes are programs provided by the organisation to train workers how to maintain their physical and mental health such as stress management, relaxation training, and improved posture training.*Required

	1	2	3	4	5	
1 (not at all)						5 (very much)

35. "Promoting a healthier environment in the workplace pertains to organizational arrangements that help workers promote their health, such as promoting “no smoking” units or accessibility to nutritious food"*Required

	1	2	3	4	5	
1 (not at all)	○	○	○	○	○	5 (very much)

36. Free medical procedures are free checkups, follow-ups, and immunizations that help employees control their health.*Required

	1	2	3	4	5	
1 (not at all)	○	○	○	○	○	5 (very much)

37. Workers’ empowerment programmes pertain to workplace initiatives that encourage workers to take more responsibility for their own as well as their colleagues’ health, and to serve as health-promotion agents in their units such as women’s empowerment, “staff educates staff” programs, and fitness trustees.*Required

	1	2	3	4	5	
1 (not at all)	○	○	○	○	○	5 (very much)

38. Policy change are initiatives involving developing formal rules, guidelines, and human resource policies for promoting workers’ health such as rules for smoke-free departments and their enforcement, and transport arrangements for night-shift workers.*Required

	1	2	3	4	5	
1 (not at all)	○	○	○	○	○	5 (very much)

Research Objective One Results

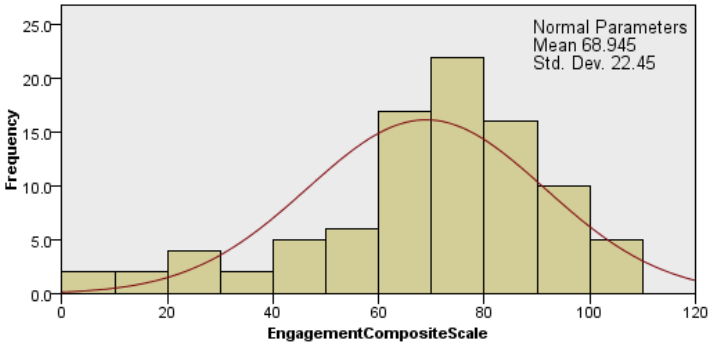
Hypothesis Test Summary

	Null Hypothesis	Test	Sig.	Decision
1	The distribution of EngagementCompositeScale is normal with mean 68.945 and standard deviation 22.45.	One-Sample Kolmogorov-Smirnov Test	.001[1]	Reject the null hypothesis.
2	The distribution of WHFCompositeScale is normal with mean 12.571 and standard deviation 6.30.	One-Sample Kolmogorov-Smirnov Test	.003[1]	Reject the null hypothesis.

Asymptotic significances are displayed. The significance level is .05.

[1] Lilliefors Corrected

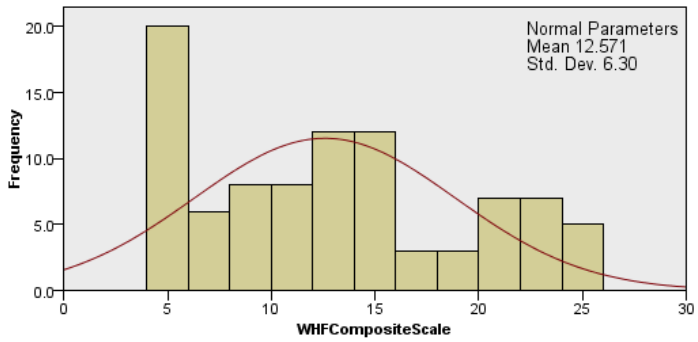
One-Sample Kolmogorov-Smirnov Test



Total N		91
Most Extreme Differences	**Absolute**	.131
	Positive	.077
	Negative	-.131
Test Statistic		0.131[1]
Asymptotic Sig. (2-sided test)		.001

[1] Lilliefors Corrected

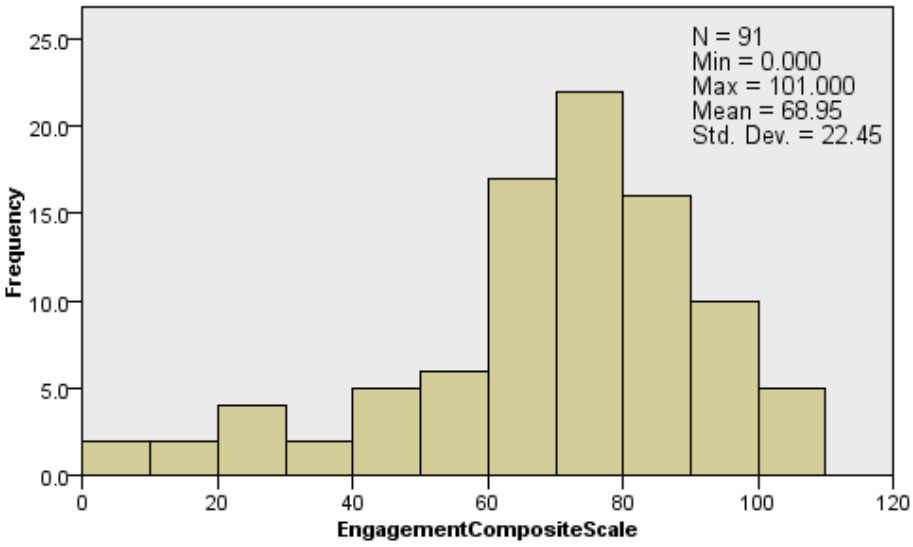
One-Sample Kolmogorov-Smirnov Test

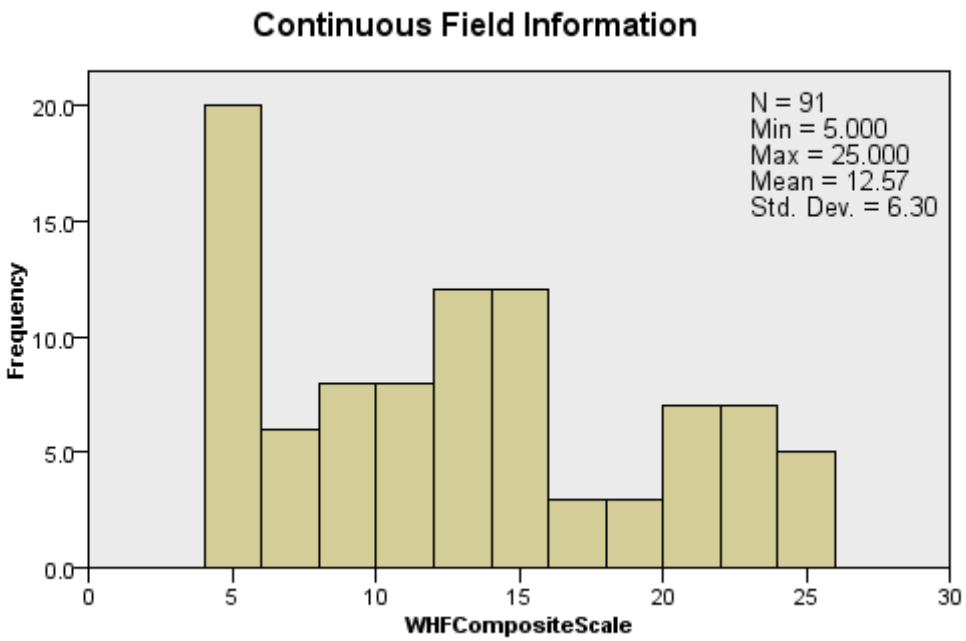


Total N		91
Most Extreme Differences	**Absolute**	.118
	Positive	.118
	Negative	-.115
Test Statistic		0.118[1]
Asymptotic Sig. (2-sided test)		.003

[1] Lilliefors Corrected

Continuous Field Information




Continuous Field Information
N = 91
Min = 5.000
Max = 25.000
Mean = 12.57
Std. Dev. = 6.30
Frequency
20.0
15.0
10.0
5.0
0.0
0
5
10
15
20
25
30
WHFCompositeScale

Research Objective Two Results

Ranks

	Age	N	Mean Rank	Sum of Ranks
EngagementCompositeScale	Below 35	67	46.19	3094.50
	36 and over	24	45.48	1091.50
	Total	91		

Test Statistics[a]

	Engagement CompositeScale
Mann-Whitney U	791.500
Wilcoxon W	1091.500
Z	-.113
Asymp. Sig. (2-tailed)	.910

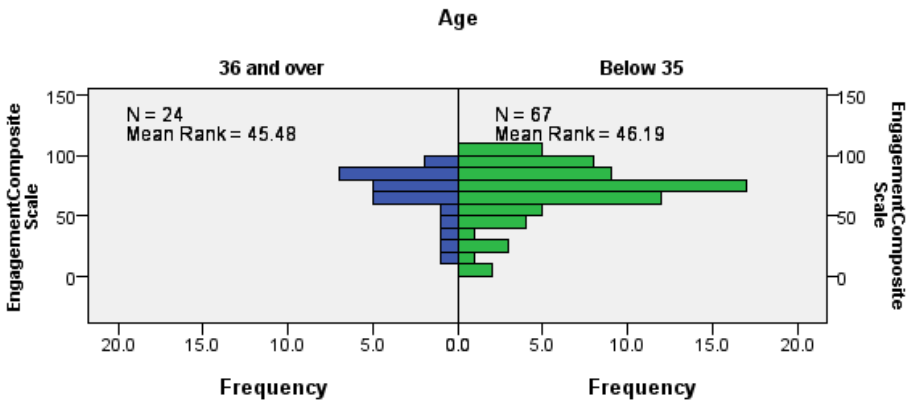
a. Grouping Variable: Age

Hypothesis Test Summary

	Null Hypothesis	Test	Sig.	Decision
1	The distribution of EngagementCompositeScale is the same across categories of Age.	Independent-Samples Mann-Whitney U Test	.910	Retain the null hypothesis.

Asymptotic significances are displayed. The significance level is .05.

Independent-Samples Mann-Whitney U Test



Total N	91
Mann-Whitney U	791.500
Wilcoxon W	1,091.500
Test Statistic	791.500
Standard Error	110.968
Standardized Test Statistic	-.113
Asymptotic Sig. (2-sided test)	.910

Research Objective Three Results

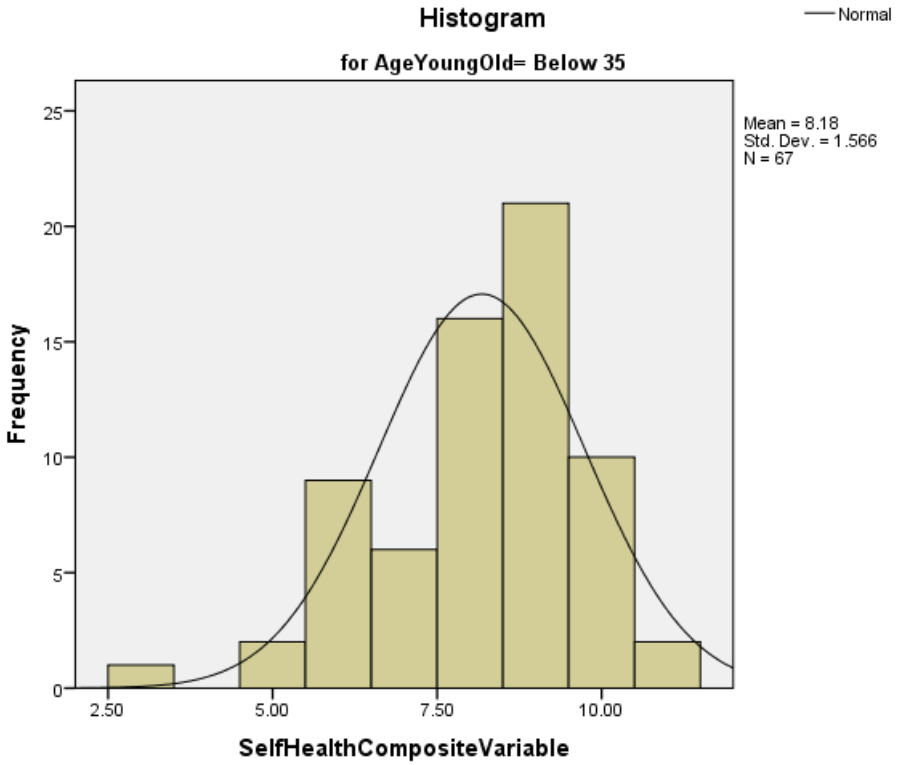


Figure 6: Self-Rated Health Below 35 Distribution

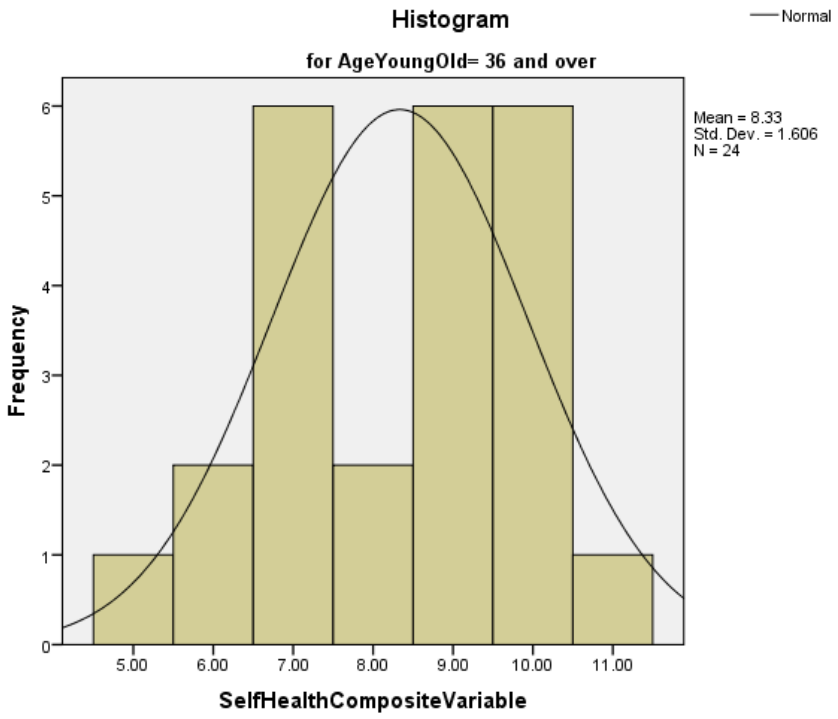


Figure 7: Self-Rated Health 36 and Over Distribution

Ranks

	Age	N	Mean Rank	Sum of Ranks
SelfHealthCompositeVariable	Below 35	67	45.28	3034.00
	36 and over	24	48.00	1152.00
	Total	91		

Table 16: Mann Whitney Test Mean

Test Statistics[a]

	SelfHealthCompositeVariable
Mann-Whitney U	756.000
Wilcoxon W	3034.000
Z	-.442
Asymp. Sig. (2-tailed)	.658

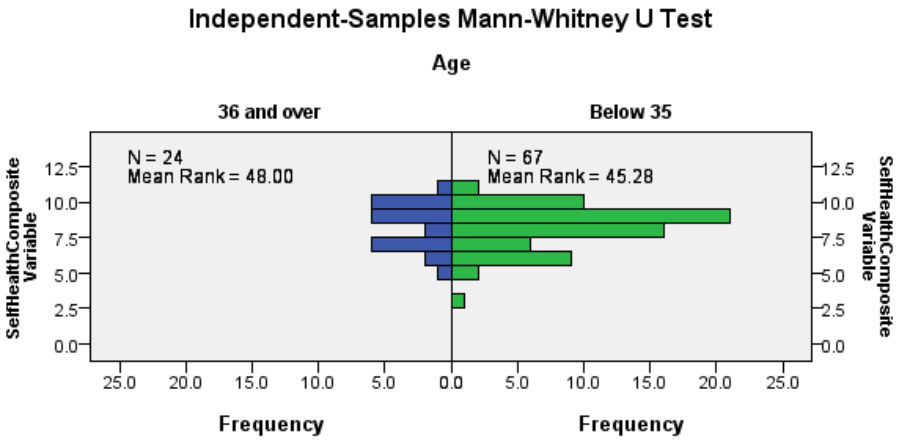
a. Grouping Variable: Age

Table 17: Grouping Variable Age

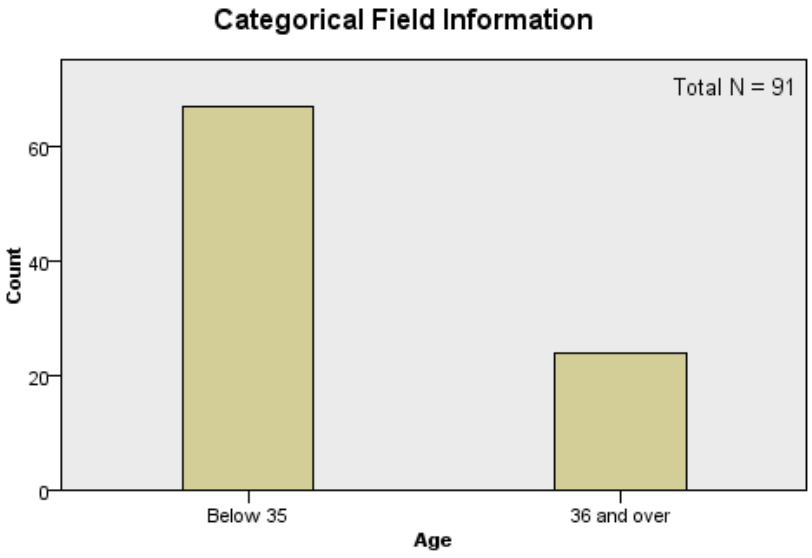
Hypothesis Test Summary

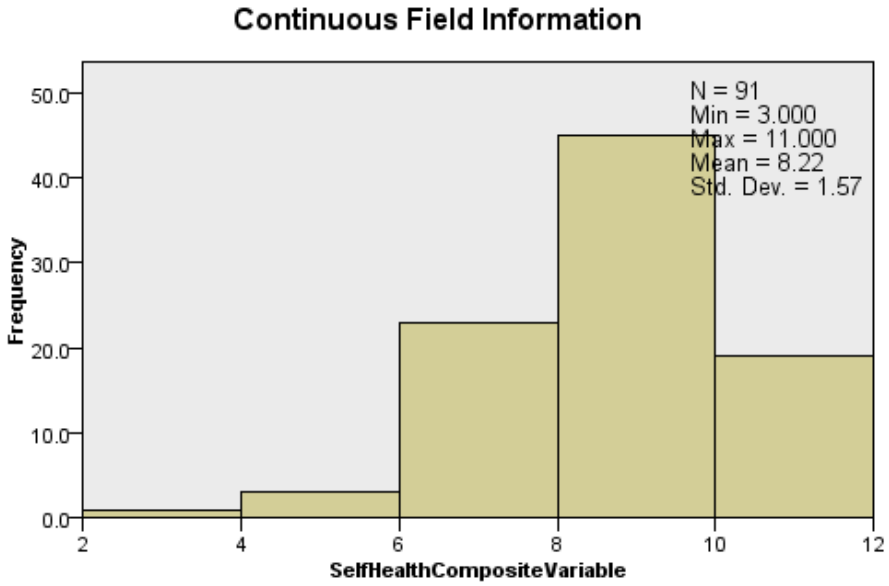
	Null Hypothesis	Test	Sig.	Decision
1	The distribution of SelfHealthCompositeVariable is the same across categories of Age.	Independent-Samples Mann-Whitney U Test	.658	Retain the null hypothesis.

Asymptotic significances are displayed. The significance level is .05.



Total N	91
Mann-Whitney U	852.000
Wilcoxon W	1,152.000
Test Statistic	852.000
Standard Error	108.600
Standardized Test Statistic	.442
Asymptotic Sig. (2-sided test)	.658




Continuous Field Information
N = 91
Min = 3.000
Max = 11.000
Mean = 8.22
Std. Dev. = 1.57
Frequency
50.0
40.0
30.0
20.0
10.0
0.0
2
4
6
8
10
12
SelfHealthCompositeVariable

Research Objective Four Results

Hypothesis Test Summary

	Null Hypothesis	Test	Sig.	Decision
1	The distribution of Private Medical Insurance is the same across categories of Age.	Independent-Samples Mann-Whitney U Test	.792	Retain the null hypothesis.
2	The distribution of Ergonomic Workstation Assessment is the same across categories of Age.	Independent-Samples Mann-Whitney U Test	.065	Reject the null hypothesis.
3	The distribution of Employee Assistance Programme is the same across categories of Age.	Independent-Samples Mann-Whitney U Test	.112	Retain the null hypothesis.
4	The distribution of Counselling Service is the same across categories of Age.	Independent-Samples Mann-Whitney U Test	.348	Retain the null hypothesis.
5	The distribution of Fitness Initiatives is the same across categories of Age.	Independent-Samples Mann-Whitney U Test	.709	Retain the null hypothesis.
6	The distribution of Stress Management is the same across categories of Age.	Independent-Samples Mann-Whitney U Test	.547	Retain the null hypothesis.
7	The distribution of Health Screenings is the same across categories of Age.	Independent-Samples Mann-Whitney U Test	.966	Retain the null hypothesis.
8	The distribution of Healthy Food Options is the same across categories of Age.	Independent-Samples Mann-Whitney U Test	.954	Retain the null hypothesis.
9	The distribution of Bike to Work Scheme is the same across categories of Age.	Independent-Samples Mann-Whitney U Test	.252	Retain the null hypothesis.
10	The distribution of Wellness Seminars is the same across categories of Age.	Independent-Samples Mann-Whitney U Test	.096	Reject the null hypothesis.

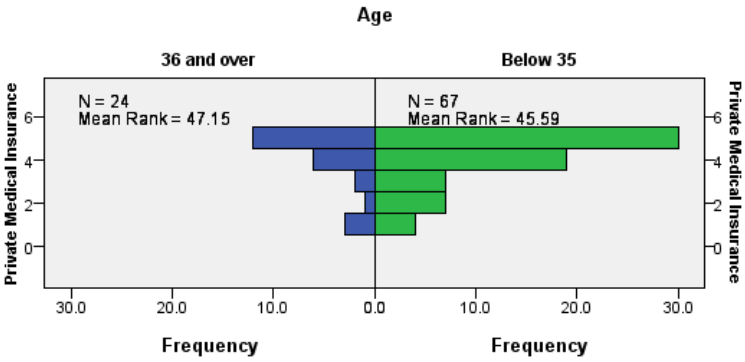
Asymptotic significances are displayed. The significance level is .10.

Hypothesis Test Summary

	Null Hypothesis	Test	Sig.	Decision
11	The distribution of Smoking Cessation Programmes is the same across categories of Age.	Independent-Samples Mann-Whitney U Test	.036	Reject the null hypothesis.
12	The distribution of Flexible Working Options is the same across categories of Age.	Independent-Samples Mann-Whitney U Test	.105	Retain the null hypothesis.

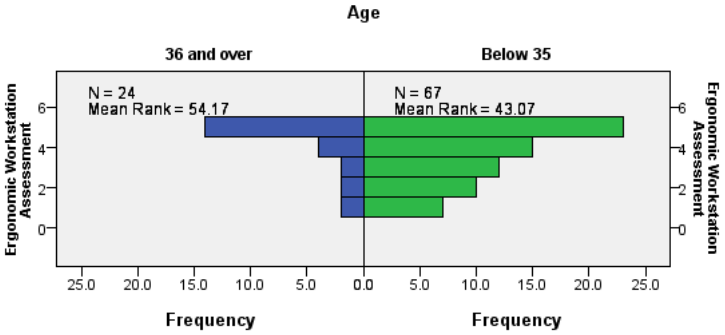
Asymptotic significances are displayed. The significance level is .10.

Independent-Samples Mann-Whitney U Test



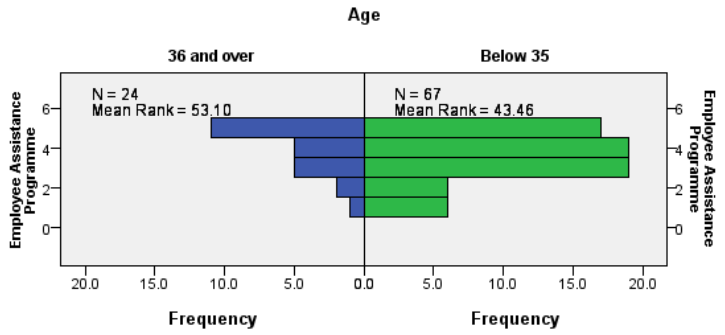
Total N	91
Mann-Whitney U	831.500
Wilcoxon W	1,131.500
Test Statistic	831.500
Standard Error	104.095
Standardized Test Statistic	.264
Asymptotic Sig. (2-sided test)	.792

Independent-Samples Mann-Whitney U Test



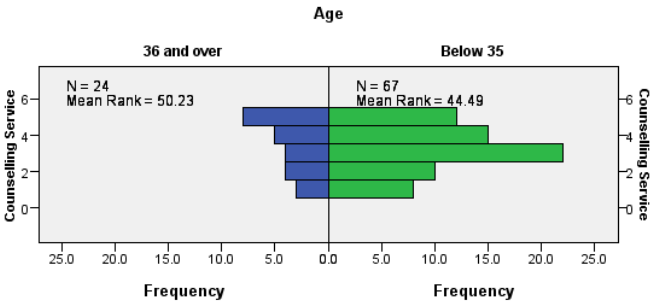
Total N	91
Mann-Whitney U	1,000.000
Wilcoxon W	1,300.000
Test Statistic	1,000.000
Standard Error	106.318
Standardized Test Statistic	1.844
Asymptotic Sig. (2-sided test)	.065

Independent-Samples Mann-Whitney U Test



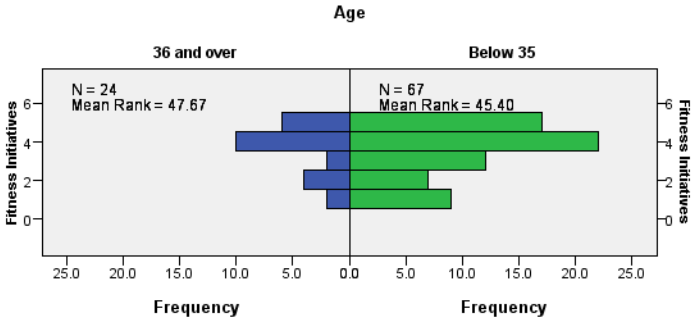
Total N	91
Mann-Whitney U	974.500
Wilcoxon W	1,274.500
Test Statistic	974.500
Standard Error	107.257
Standardized Test Statistic	1.590
Asymptotic Sig. (2-sided test)	.112

Independent-Samples Mann-Whitney U Test



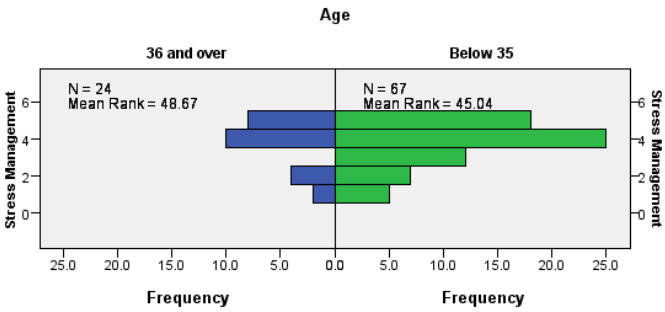
Total N	91
Mann-Whitney U	905.500
Wilcoxon W	1,205.500
Test Statistic	905.500
Standard Error	108.229
Standardized Test Statistic	.938
Asymptotic Sig. (2-sided test)	.348

Independent-Samples Mann-Whitney U Test



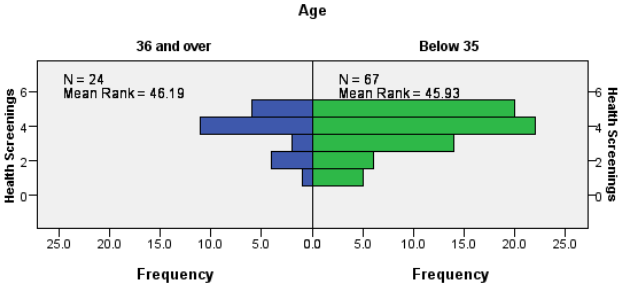
Total N	91
Mann-Whitney U	844.000
Wilcoxon W	1,144.000
Test Statistic	844.000
Standard Error	107.265
Standardized Test Statistic	.373
Asymptotic Sig. (2-sided test)	.709

Independent-Samples Mann-Whitney U Test



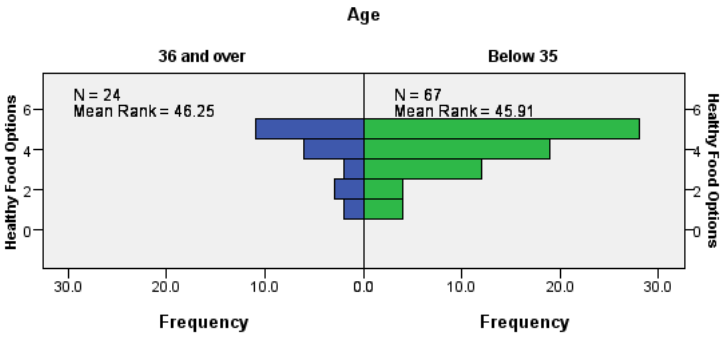
Total N	91
Mann-Whitney U	868.000
Wilcoxon W	1,168.000
Test Statistic	868.000
Standard Error	106.230
Standardized Test Statistic	.602
Asymptotic Sig. (2-sided test)	.547

Independent-Samples Mann-Whitney U Test



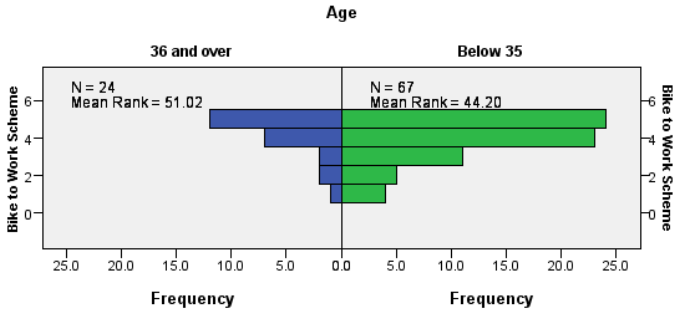
Total N	91
Mann-Whitney U	808.500
Wilcoxon W	1,108.500
Test Statistic	808.500
Standard Error	106.616
Standardized Test Statistic	.042
Asymptotic Sig. (2-sided test)	.966

Independent-Samples Mann-Whitney U Test



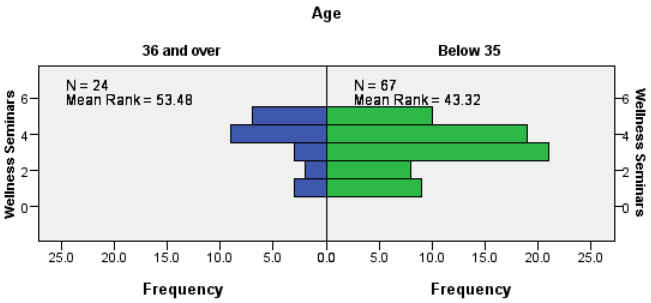
Total N	91
Mann-Whitney U	810.000
Wilcoxon W	1,110.000
Test Statistic	810.000
Standard Error	105.115
Standardized Test Statistic	.057
Asymptotic Sig. (2-sided test)	.954

Independent-Samples Mann-Whitney U Test



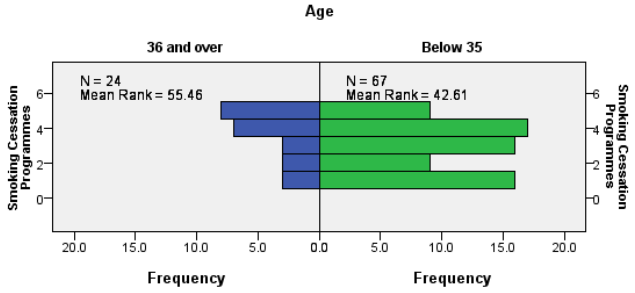
Total N	91
Mann-Whitney U	924.500
Wilcoxon W	1,224.500
Test Statistic	924.500
Standard Error	105.265
Standardized Test Statistic	1.145
Asymptotic Sig. (2-sided test)	.252

Independent-Samples Mann-Whitney U Test



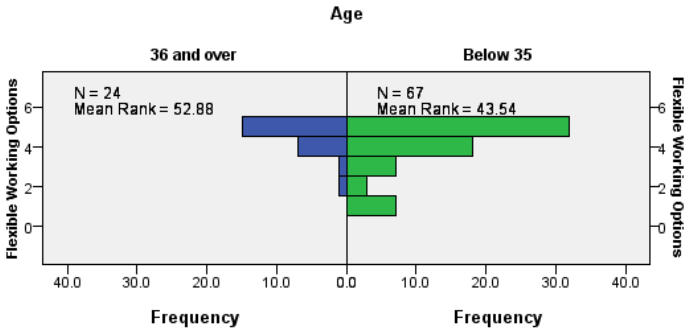
Total N	91
Mann-Whitney U	983.500
Wilcoxon W	1,283.500
Test Statistic	983.500
Standard Error	107.792
Standardized Test Statistic	1.665
Asymptotic Sig. (2-sided test)	.096

Independent-Samples Mann-Whitney U Test

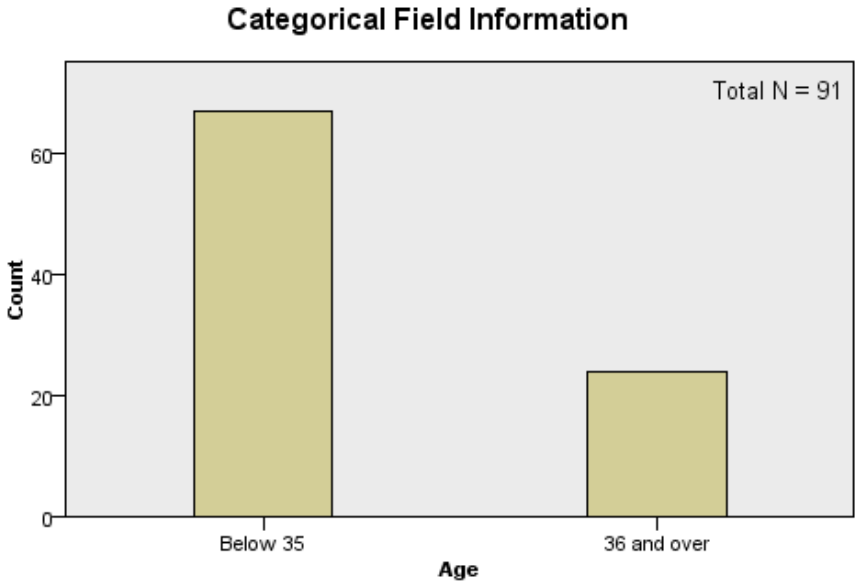


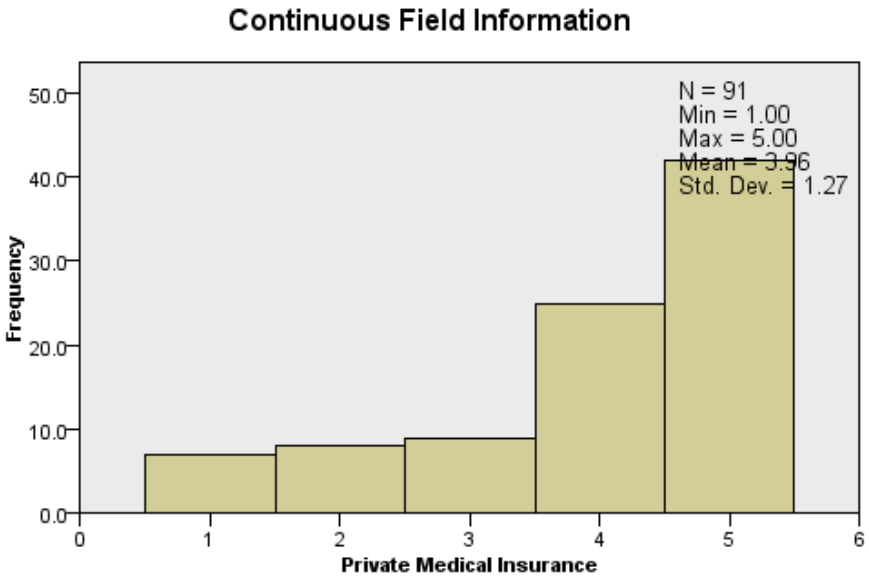
Total N	91
Mann-Whitney U	1,031.000
Wilcoxon W	1,331.000
Test Statistic	1,031.000
Standard Error	108.491
Standardized Test Statistic	2.092
Asymptotic Sig. (2-sided test)	.036

Independent-Samples Mann-Whitney U Test



Total N	91
Mann-Whitney U	969.000
Wilcoxon W	1,269.000
Test Statistic	969.000
Standard Error	101.785
Standardized Test Statistic	1.621
Asymptotic Sig. (2-sided test)	.105




Continuous Field Information
N = 91
Min = 1.00
Max = 5.00
Mean = 3.96
Std. Dev. = 1.27
Frequency
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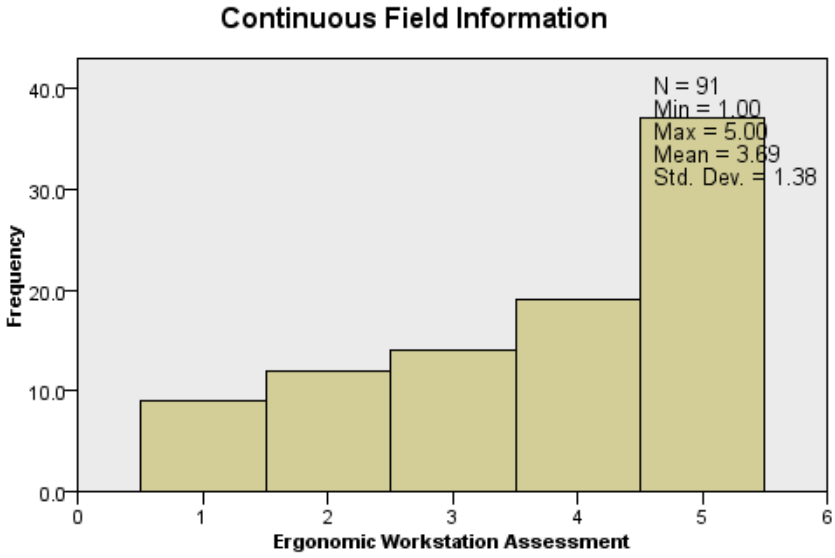
30.0
20.0
10.0
0.0
0
1
2
3
4
5
6
Private Medical Insurance


Continuous Field Information
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Min = 1.00
Max = 5.00
Mean = 3.69
Std. Dev. = 1.38
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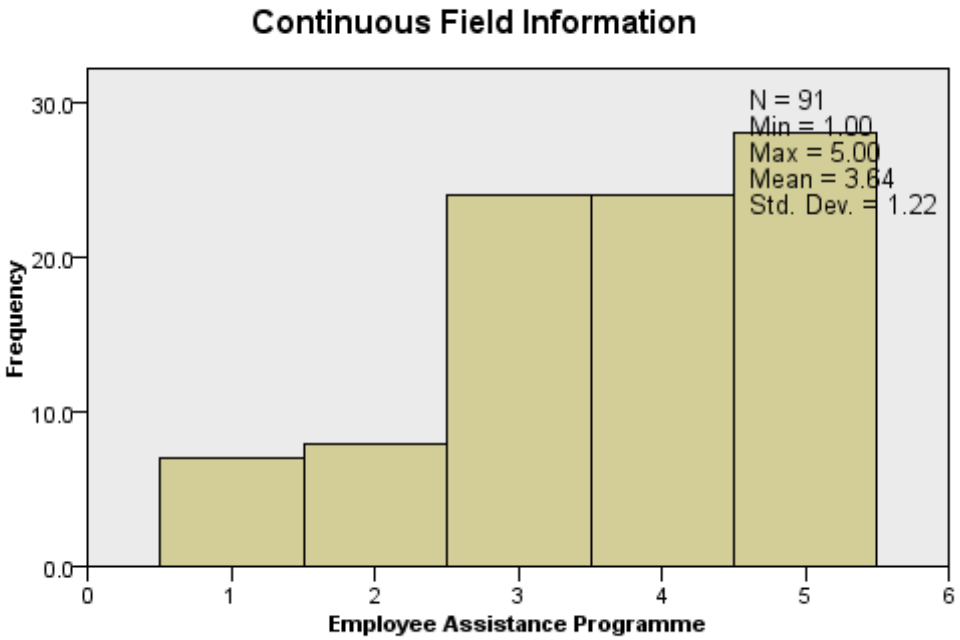
2
3
4
5
6
Ergonomic Workstation Assessment


Continuous Field Information
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Max = 5.00
Mean = 3.64
Std. Dev. = 1.22
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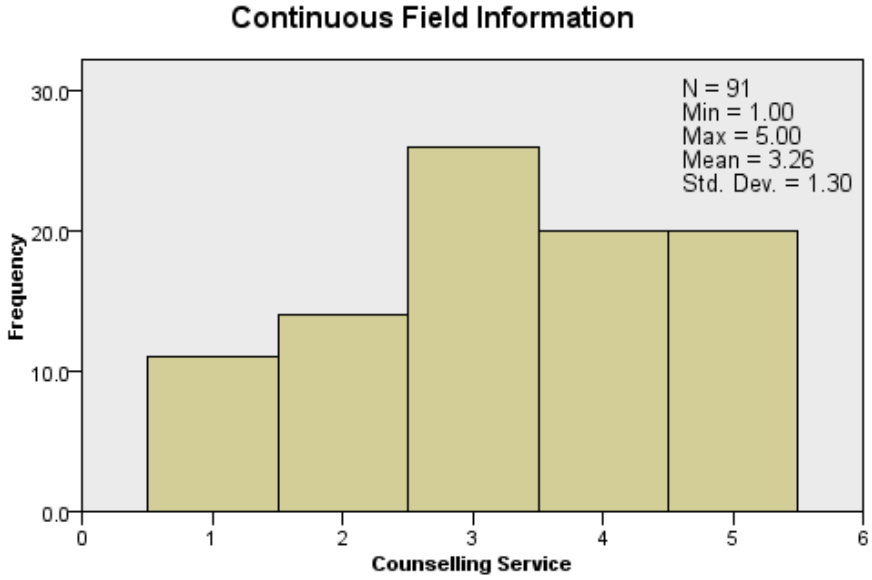
1
2
3
4
5
6
Employee Assistance Programme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Min = 1.00
Max = 5.00
Mean = 3.26
Std. Dev. = 1.30
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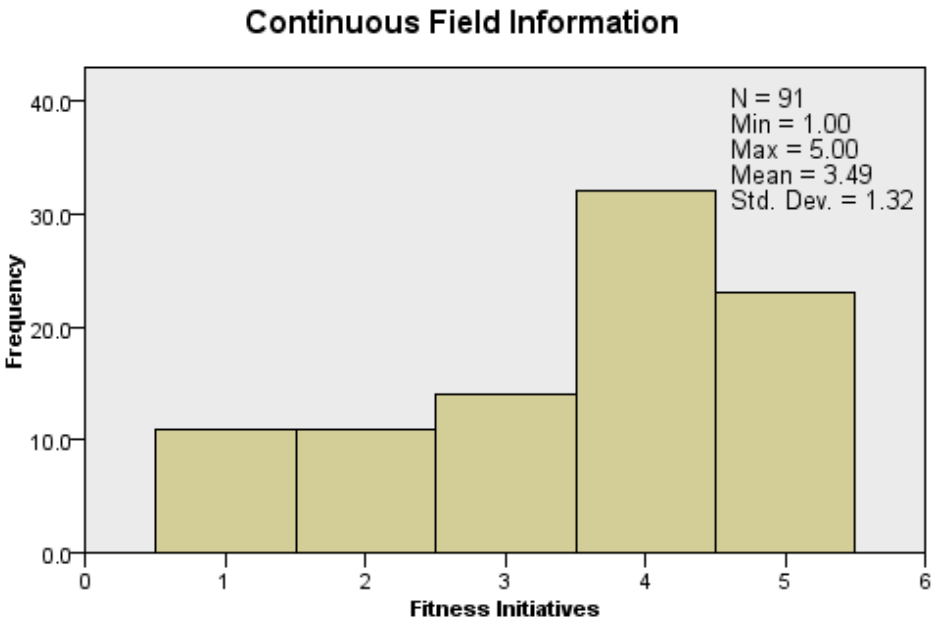
0
1
2
3
4
5
6
Counselling Service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Min = 1.00
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Mean = 3.49
Std. Dev. = 1.32
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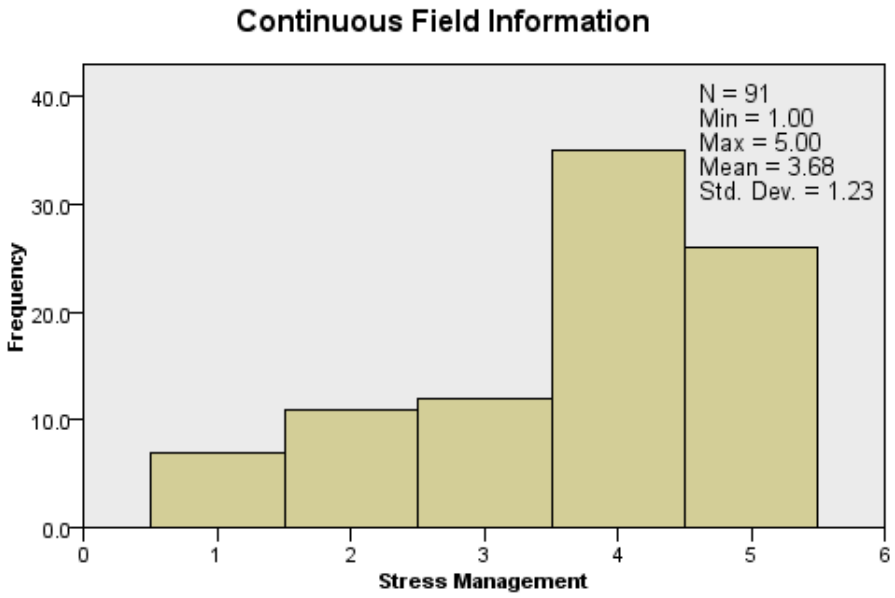
0
1
2
3
4
5
6
Fitness Initiatives


Continuous Field Information
N = 91
Min = 1.00
Max = 5.00
Mean = 3.68
Std. Dev. = 1.23
Frequency
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30.0
20.0
10.0
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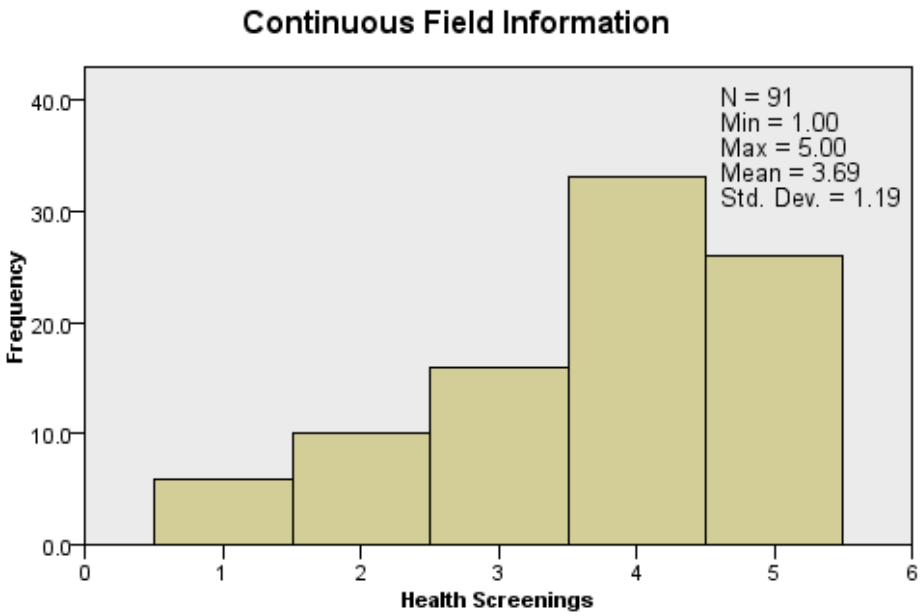
0
1
2
3
4
5
6
Stress Management


Continuous Field Information
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Max = 5.00
Mean = 3.69
Std. Dev. = 1.19
Frequency
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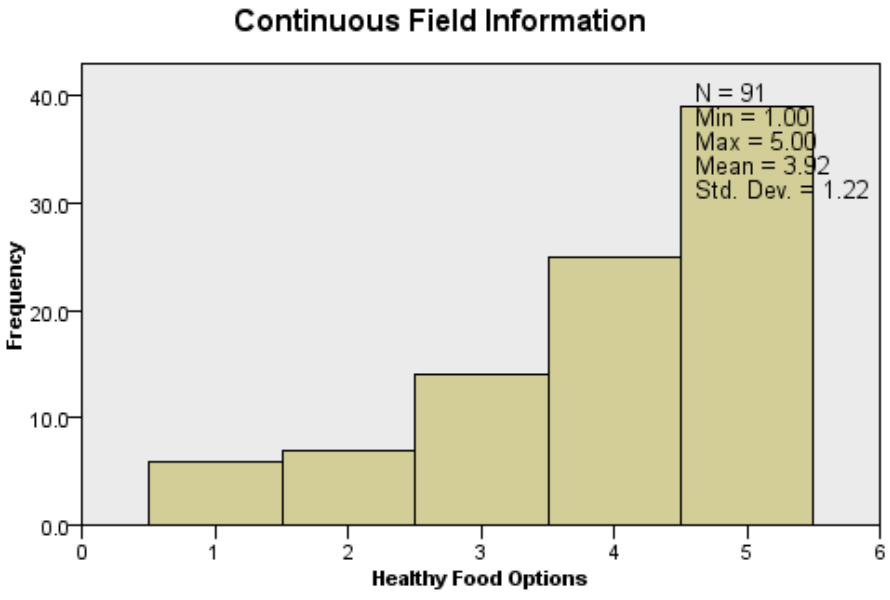
0
1
2
3
4
5
6
Health Screenings


Continuous Field Information
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Max = 5.00
Mean = 3.92
Std. Dev. = 1.22
Frequency
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10.0
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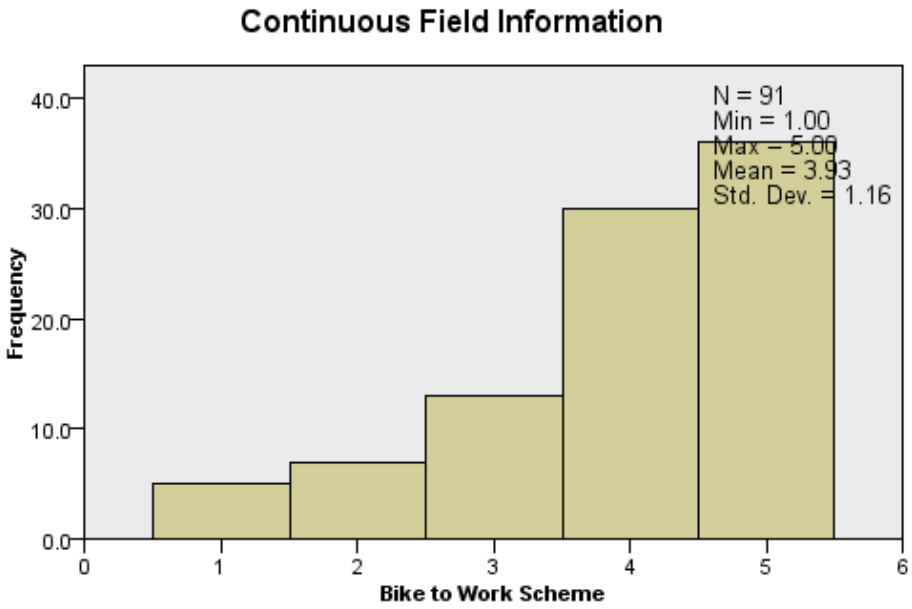
0
1
2
3
4
5
6
Healthy Food Options


Continuous Field Information
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Min = 1.00
Max = 5.00
Mean = 3.93
Std. Dev. = 1.16
Frequency
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10.0
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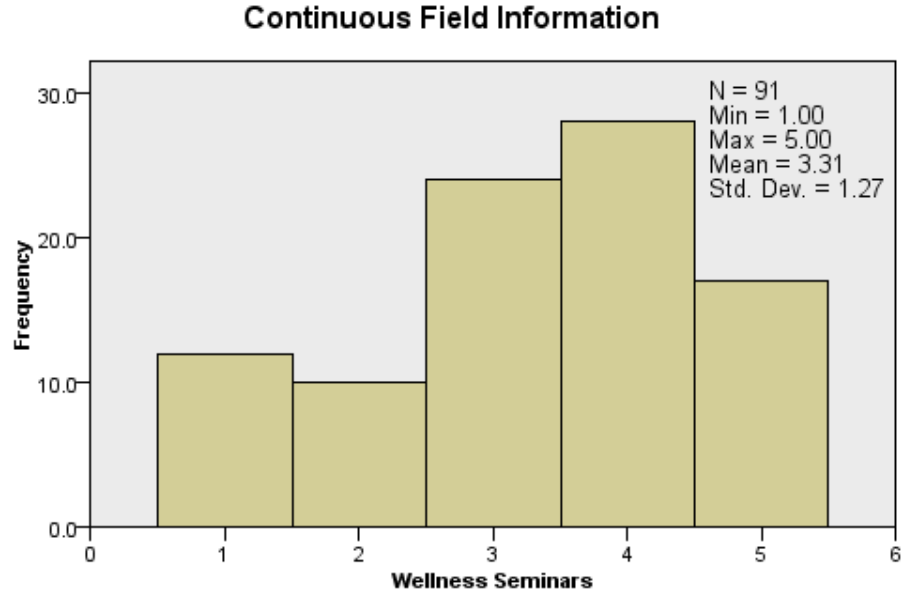
0
1
2
3
4
5
6
Bike to Work Scheme


Continuous Field Information
N = 91
Min = 1.00
Max = 5.00
Mean = 3.31
Std. Dev. = 1.27
Frequency
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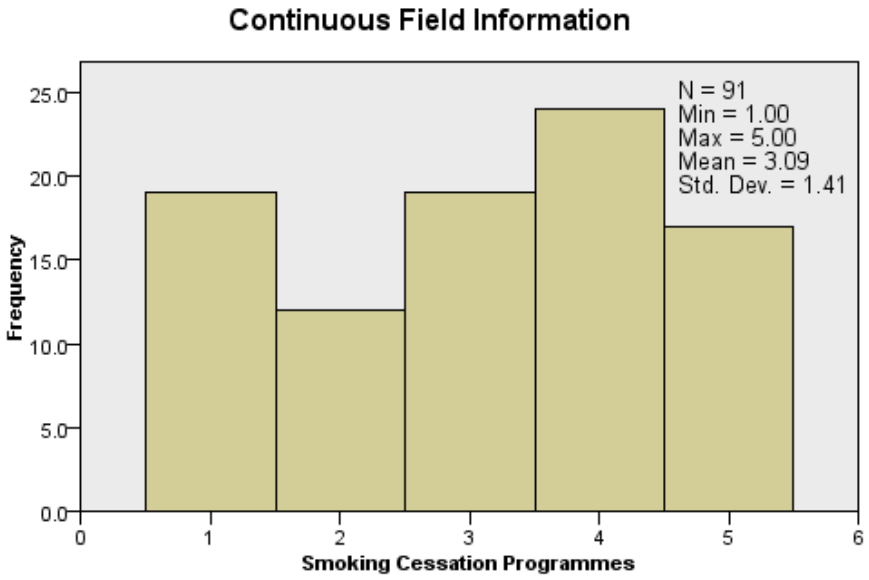
20.0
10.0
0.0
0
1
2
3
4
5
6
Wellness Seminars


Continuous Field Information
N = 91
Min = 1.00
Max = 5.00
Mean = 3.09
Std. Dev. = 1.41
Frequency
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15.0
10.0
5.0
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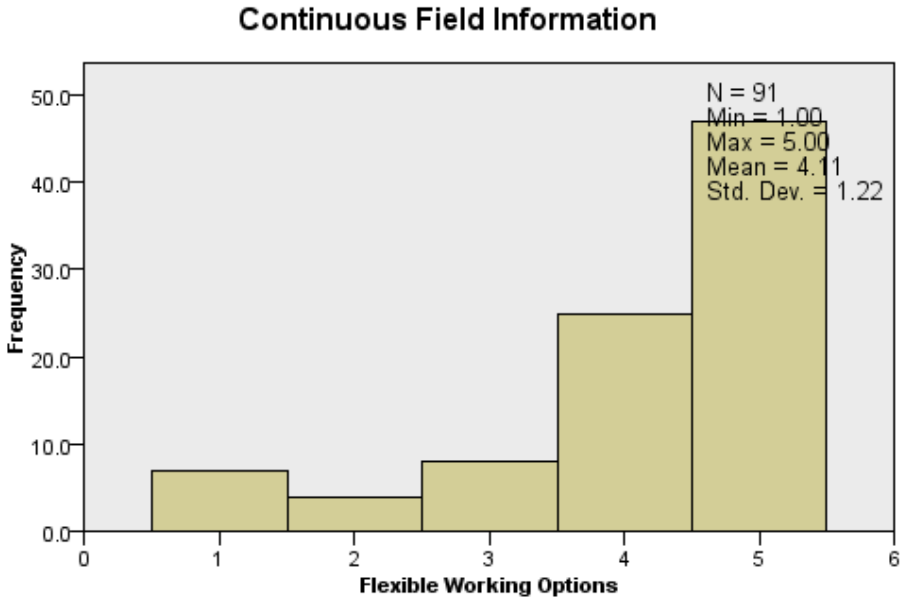
0
1
2
3
4
5
6
Smoking Cessation Programmes


Continuous Field Information
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Min = 1.00
Max = 5.00
Mean = 4.11
Std. Dev. = 1.22
Frequency
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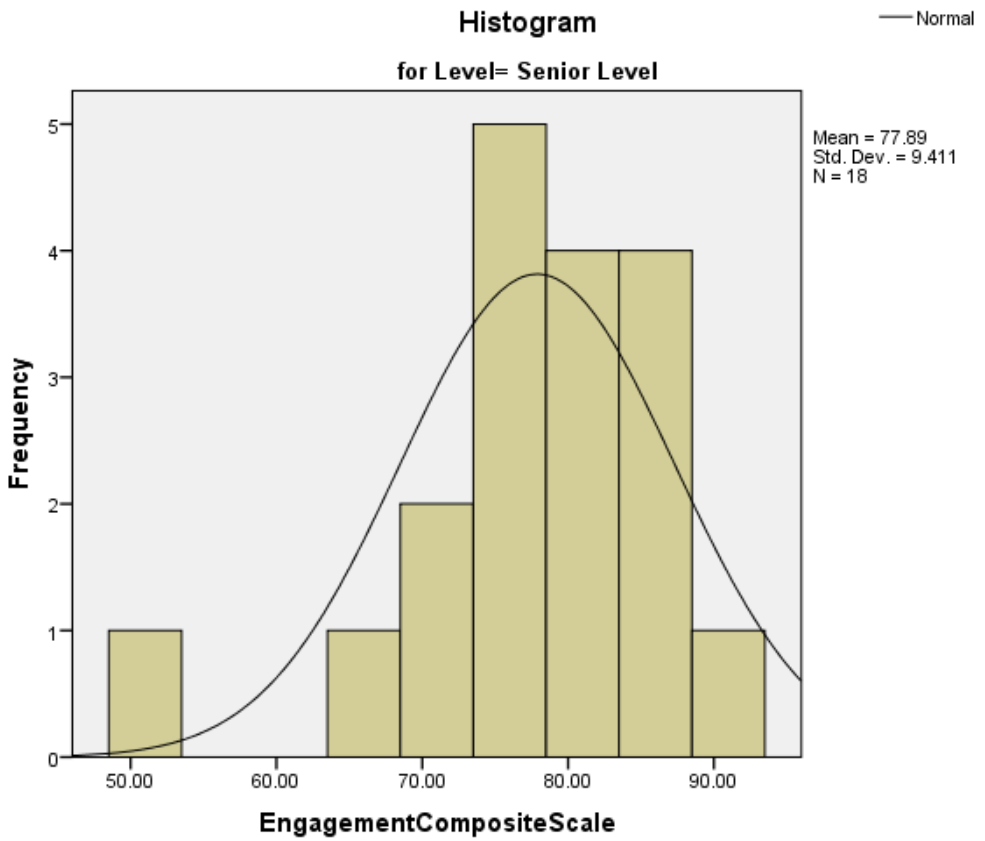
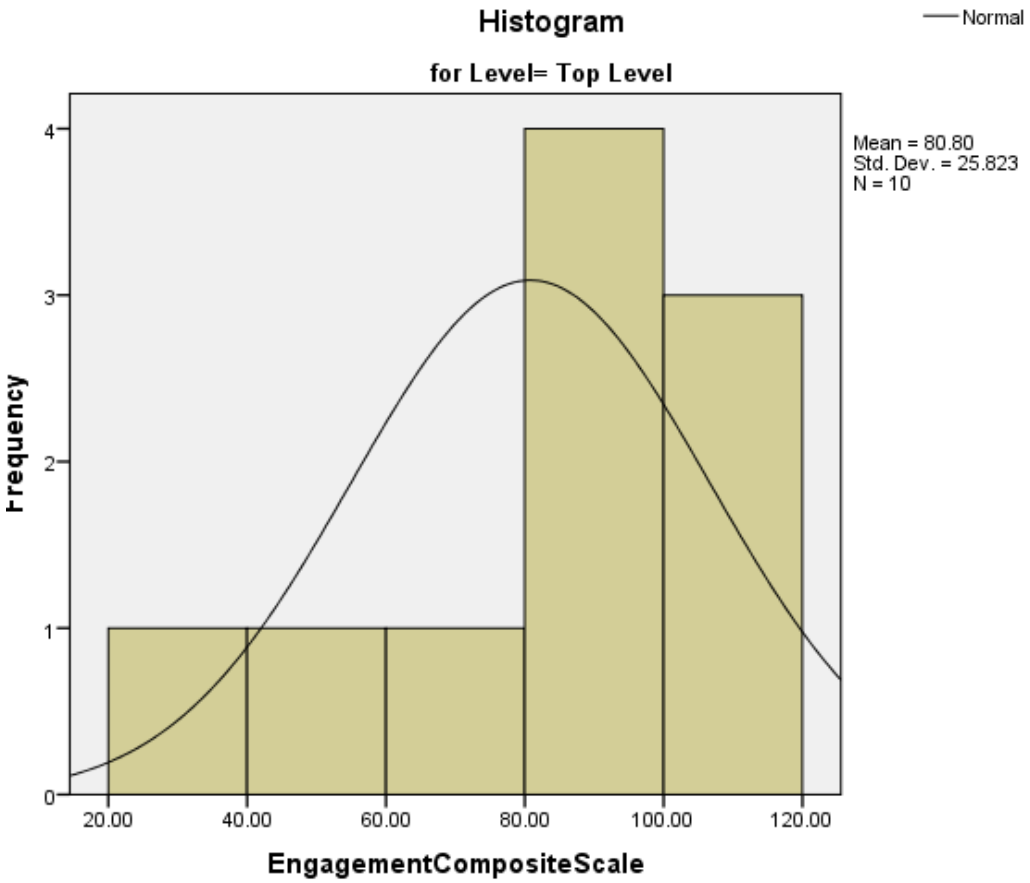
40.0
30.0
20.0
10.0
0.0
0
1
2
3
4
5
6
Flexible Working Options

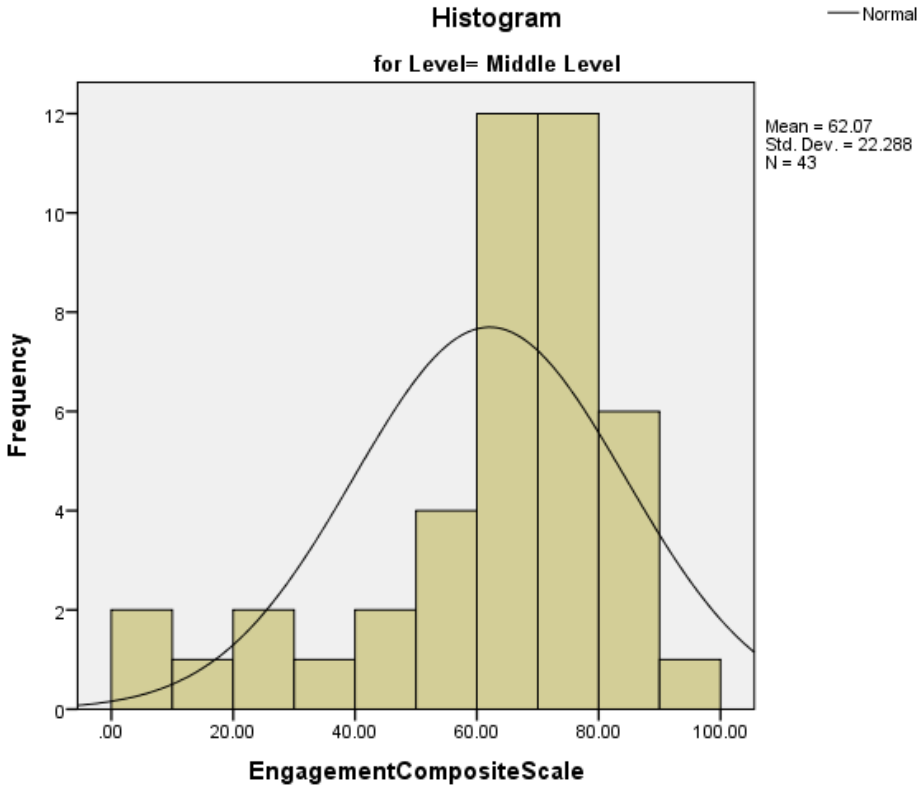
Other Findings

Case Processing Summary

		Cases					
		Valid		Missing		Total	
	Level	N	Percent	N	Percent	N	Percent
EngagementCompositeScale	Top Level	10	100.0%	0	0.0%	10	100.0%
	Senior Level	18	100.0%	0	0.0%	18	100.0%
	Middle Level	43	100.0%	0	0.0%	43	100.0%
	Entry Level	20	100.0%	0	0.0%	20	100.0%




Histogram
for Level= Top Level
Normal
Mean = 80.80
Std. Dev. = 25.823
N = 10
Frequency
0
1
2
3
4
20.00
40.00
60.00
80.00
100.00
120.00
EngagementCompositeScale


Histogram
for Level= Middle Level
Normal
Mean = 62.07
Std. Dev. = 22.288
N = 43
Frequency
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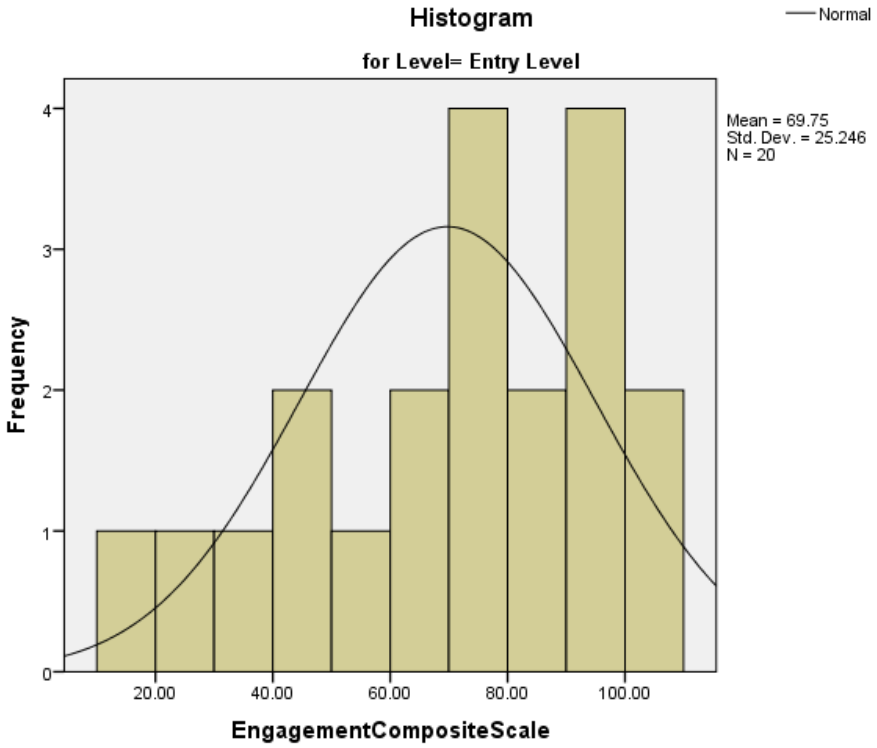
2
4
6
8
10
12
.00
20.00
40.00
60.00
80.00
100.00
EngagementCompositeScale



Tests of Normality

	Level	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
		Statistic	df	Sig.	Statistic	df	Sig.
EngagementCompositeScale	Top Level	.339	10	.002	.775	10	.007
	Senior Level	.185	18	.107	.889	18	.037
	Middle Level	.202	43	.000	.867	43	.000
	Entry Level	.167	20	.146	.920	20	.098

a. Lilliefors Significance Correction

CIPD: Personal Learning Reflective Statement

Throughout the course of the research undertaken as partial fulfilment for the MA in HRM, the author gained valuable skills in primary and secondary research; data collection; data analysis; and critical thinking.

In relation to research, the author had acquired research skills throughout the post-graduate programme with the continuous assessment element of the studies. These skills were honed through the dissertation process of gathering relevant and current information related to the topic of health and well-being initiatives in the workplace. In relation to this, the author found that through the process of completing the literature review, it was acknowledged that there are many facets of data collection through blogs, industry reports, TED talks and articles. The author learned to prioritise the data by citing and referencing articles that had specific focus on the topic, therefore contributing to prioritisation skills which can be applied in a work context.

The author gained practical experience of collecting data through quantitative methods, after consideration of its appropriateness for the purposes of the current study. This practical experience was further improved upon with data analysis through SPSS software. This gives the author an added skill to be brought to the work place that can be utilised on a strategic level.

Furthermore, the author was tested throughout the course of the dissertation in relation to time management, meeting personal deadlines and prioritising tasks. This was especially tested during the distribution of the questionnaire and data analysis. Due to the nature of the research the data needed to be collected in a timely fashion in order to effectively process and discuss the information gathered before the overall due date. Time management skills are essential to the HR profession as ad-hoc situations arise that must be prioritised and dealt with, within appropriate time parameters.

Lastly, the preparation, implementation and completion of the dissertation have enhanced the presentation and word processing skills of the author. Attention to detail for the presentation of the project was enhanced also, as was the overall confidence of the author in the preparation and effective execution of a substantial project.