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Using Leadership to Address the Problem of Obesity in the Workplace

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ABSTRACT

Obesity is a growing epidemic that affects more and more Americans every year. With the majority of American adults in the workforce, obesity plays a large part in healthcare costs, absenteeism, and “presenteeism.” Because of the large amount of time adults spend in the workplace, using this setting as an intervention point for healthy lifestyle change could greatly reduce the prevalence of obesity. This paper will review factors that have contributed to the problem of obesity in the workplace, namely the factors at each of the five levels of the Social Ecology of Health Model. Then using leadership frameworks, such as that of Transformational Leadership, this paper will address how health educators can improve the situation of the prevalence of obesity in the workforce by motivating, inspiring, and empowering employees to take control of their health. In due course, successfully utilizing this leadership style could bring about a culture change in the workforce where healthy behaviors are more prevalent. The result of this culture change is not only a better quality of life for employees, but for the employer it can reduce absenteeism, improve the productivity of employees and improve our country’s healthcare finances.

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Background

Jane Doe is a registered nurse at Regional Memorial Hospital. She is obese and has several medical issues as a result. She is currently on prescription medication for hypertension and high cholesterol. She cannot be on her feet for her full 12-hour shifts at work and needs to request assistance often to help her with her patient rounds. John Doe is an engineer for a small firm and is also obese. Though he has insurance through his employer, he does not visit a primary care physician for routine physicals. Unbeknownst to him, as a consequence of his obesity, he has severely high cholesterol and John Doe suffers a heart attack. As a result, he needs bypass surgery and will need to attend cardiac rehabilitation twice a week for 8 weeks. It is estimated that he will miss approximately 3-4 weeks of work. Though these are only fictitious examples, they are very real scenarios. It is apparent that obesity in the workplace is quite costly; the workplace not only faces high rates of expenditures for employee’s healthcare (as can be seen in John Doe’s case), but also suffers from absenteeism and lower productivity, or “presenteeism” (as can be seen in Jane Doe’s case). To address the problem of obesity in the workplace, this paper will have the following objectives:

- Discuss the significance of obesity in the workplace.
- Using the Social Ecology of Health Model, identify factors relating to and leading to obesity in the workplace.
- Apply professional leadership frameworks, specifically Transformational vs. Transactional Leadership, which health

educators can apply in effort to solve the problem of obesity in the workplace.

Significance of the Problem

The Centers for Disease and Control (CDC) defines obesity as a weight range that is greater than what is generally considered to be healthy for a given weight. These ranges are determined by using a weight to height ratio called the Body Mass Index or BMI. In general, a healthy BMI is between 18 and 24.9. Overweight is considered to be a BMI between 25 and 29.9 and obese is a BMI of 30+. A study conducted by the National Health and Nutrition Examination Survey (NHANES) found that in 2007-2008, the prevalence of obesity among adults in the United States was 33.8%. This number, combined with the proportion of Americans who are considered overweight (BMI between 25 and 29.9) account for two-thirds of our adult population. Realizing the overwhelming, rising prevalence of obesity in our country, one must look at the medical and thus costly ramifications of such an epidemic.

According to the Weight control Information Network (WIN) (2007), being obese increases your risk for developing many health problems. These problems include coronary heart disease, certain types of cancers, stroke, Type 2 Diabetes, and metabolic syndrome. Coronary heart disease is the leading cause of death in the United States with cancer being the second leading cause and stroke being the third leading cause of death. Type 2 Diabetes, which is the most common type in the U.S., was the sixth leading cause of death in the United States (WIN, 2007). It can be concluded that obesity is a major contributor to preventive death in the United States.

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Considering the drastic health related complications of obesity, one can imagine the costs associated with such health problems must be phenomenal. In the workplace, these costs can be monetary or can take the form of absenteeism and/or loss of productivity among staff (presenteeism). Health costs attributable to obesity are now at an estimated \$147 billion annually according to Finkelstein et al (2010). Of this, about half (\$73.1 billion) is the cost of obesity among U.S. full-time employees. Although much of these costs are initially covered by private insurers, they are ultimately passed down to the employer (Finkelstein, DiBonaventura, Burgess, & Hale, 2010). In addition to the high dollar cost of providing health coverage to obese employees, employers are also seeing increased rates of absenteeism and presenteeism associated with obesity. Presenteeism includes losing concentration, repeating a job, working more slowly than usual, feeling fatigued at work, and doing nothing at work (Finkelstein, DiBonaventura, Burgess, & Hale, 2010). An analysis by Ricci and Chee (2005) estimated that, as a result of absenteeism and presenteeism, obese workers cost U.S. employers an additional \$11.7 billion per year as compared with normal weight workers.

Obviously, obesity is a serious issue in the United States, and more specifically in the workplace. Having a plan in place for addressing this issue and focusing on health and wellness education/promotion in the workplace would not only lower health care costs for the employer, but would also produce a more present and productive employee.

Factors Related to or Affecting the Problem

Because employed adults spend one-fourth of their lives at work (Schulte et al, 2007), the physical and social environment play a large role in the rising rates of obesity in the workplace. Within the worksite setting, the availability of energy-dense foods, limited access to healthy foods, and high rates of sedentary behavior with limited opportunity for physical activity may contribute to employee overweight and obesity (Lemon & Pratt, 2010).

We can use the Social Ecology of Health Model (SEM) to examine the different factors that have contributed to the problem of obesity in the workplace. The Social Ecology of Health Model organizes determinates of health according to five hierarchical levels of influence: individual, interpersonal, organizational, community, and societal (Coreil, 2010). Let us look at each of these levels in turn to determine factors in and around the workplace that can foster unhealthy behaviors and lead to obesity.

The individual level of influence includes personal traits and everyday behaviors that increase the likelihood of obesity. These individual factors address one's beliefs, skills, knowledge, confidence and also biological factors such as gender, genetics (family history) and personal medical history (Coreil, 2010). An individual's knowledge can greatly influence the likelihood of obesity. The more knowledge one has about the causes and risks of obesity, the better prepared the person will be to prevent obesity (have healthier behaviors). This knowledge can include knowing how to eat healthy, knowing the benefits of exercise and how often to do it, knowing about metabolism, etc. Conversely, the lack of knowledge a person has about these things can increase the likelihood of having unhealthy behaviors, resulting in increased chance of obesity. One's skills set is another individual factor that is important to the likelihood of obesity. For example, if one lacks the skills needed to exercise, it could cause an increase in weight. Another individual factor is one's confidence that he or she can successfully employ a healthy behavior and have positive results. This can also be thought of as self-efficacy, which is the belief in one's capabilities to have a certain outcome. If one does not truly believe they have what it takes to lose weight and be healthy, the likelihood of being successful will be limited.

The interpersonal level of influence includes an individual's social relationships. Specifically in the workplace, this level would include coworkers, clients, and anyone else an individual is involved with at work. Because a person spends many waking hours at their workplace, he is constantly in contact with his coworkers. For this reason, the interaction with coworkers can have great affect on healthy behaviors. For example, if coworkers are not supportive of a healthy environment (i.e. they bring in unhealthy foods to share, make jokes about weight, downplay importance of eating and exercising) it can be quite difficult for one to "go against the flow" to have positive healthy behavior. On the other hand, if coworkers are conducive to a healthy work environment and support each other, more favorable healthy outcomes are likely to ensue.

The organizational level of influence includes how an individual's workplace supports, or does not support, healthy behaviors. A workplace can help members make better choices about healthful eating and physical activity through changes to organization policies and environments as well as by providing health information (CDC, 2007). One such policy can be a worksite wellness program. Organizational factors that can contribute to employee's obesity is the amount of time required to sit at a desk (sedentary job), lack of areas to walk or take stairs, lack of breaks to get away from desk for

exercise, etc. Factors that can contribute to health and reduce incidence of obesity can include walking routes in and around the workplace, encouragement to take stairs instead of elevators, having healthy snack available during meetings instead of fatty foods, etc.

The community level of influence would be how the workplace interacts with the community to promote healthy behaviors (Prodaniuk, Plotnikoff, Spence, & Wilson, 2004). For example, the workplace can work with the surrounding community to provide access to places such as parks, fitness facilities, benefit runs/walks, etc at no cost or reduced cost to employees. The community level also includes the built environment. Whether or not the surrounding area of the workplace provides a safe area for exercise holds a large bearing whether or not employees take walks on their breaks at work.

The societal level of influence is an “all-encompassing” category that involves individuals, organizations (such as workplaces), and communities working together for change (Prodaniuk, Plotnikoff, Spence, & Wilson, 2004). New nutrition and physical activity legislation, worksite policies, media campaigns, and partnerships with business and industry are just some of the ways to address obesity and other chronic diseases that take shape on a large scale (CDC, 2007).

Implications for Leadership

This problem of obesity in the workplace needs to be improved and such improvement should start with effective leadership. Webster’s Dictionary defines workplace culture as “The set of shared attitudes, values, goals, and practices that characterize an institution, organization or group; and that members use to cope with their world and with one another.” With the use of effective leadership, particularly Transformational Leadership, obesity in the workplace could decrease greatly through the transformation of the current workplace culture to that of a culture of wellness. To implement Transformational Leadership among the workplace, one must understand what differentiates a leader from a transformational leader.

James MacGregor Burns (1978) describes in his book *Leadership* that leadership itself is more than simply wielding power or manipulating others—it is a moral endeavor. Power, purpose, relationship, motives, and values are essential to leadership because the leaders are engaged ultimately in lifting the morals of the follower; in elevating the follower from a lower state to a higher state (Fairholm, 2001).

In *Leadership*, Burns separates leadership into two types: transformational and transactional. Transformational leadership focuses on the more personal side of organizational interactions and uses

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terms such as vision, culture, teamwork, and values (Fairholm, 2001). In describing transformational leadership, Burns says:

Such leadership occurs when one or more persons engage with others in such a way that leaders and followers raise one another to higher levels of motivation and morality. Their purposes, which might have started out as separate but related, as in the case of transactional leadership, become fused. Power bases are linked not as counterweights but as mutual support for common purpose. . . . The relationship can be moralistic, of course. But transforming leadership ultimately becomes moral in that it raises the level of human conduct and ethical aspiration of both leader and led, and thus it has transforming effect on both (Burns, 1978, p. 20).

In contrast, transactional leadership focuses mainly on rewards or punishments in exchange for performance. In his description of transactional leadership, Burns says:

Such leadership occurs when one person takes the initiative in making contact with others for the purpose of an exchange of valued things. The exchange could be economic or political or psychological in nature: swap of goods or of one good for money; a trading of votes between candidate and citizen or between legislators; hospitality to another person in exchange for willingness to listen to one’s troubles. Each party to the bargain recognizes the other as a person. Their purposes are related, at least to the extent that the purposes stand within the bargaining process and can be advanced by maintaining that process. But beyond this, the relationship does not go. The bargainers have no enduring purpose that holds them together; hence, they may go their separate ways. A leadership act took place, but it was not one that binds leader and follower together in a mutual and continuing pursuit of a higher purpose (Burns, 1978, pp. 19-20).

Bennis and Nanus also studied the nature of transformational leadership in the 1980s. They provided a list of steps for individuals to follow in pursuit of becoming transformational leaders of their organizations. When a leader has the goal to improve the health behavior of employees, he has set

a task that requires the utmost sensitivity and care. Being a leader by abiding by the following steps will set the stage for a culture shift to that of a culture of wellness. According to Bennis and Nanus (1985), leaders should:

Develop a clear and appealing vision. It is important for leaders to have a clear vision that will motivate the followers, in this case the employees, to share the leader's vision. Without such a vision, employees will not "buy in" to the change you are seeking.

Develop a strategy for attaining the vision. A strategy will help employees see a feasible path to the vision. This is a necessity to maintain support.

Articulate and promote the vision. Promoting the vision to all staff, without regard, will help get everyone on board with what is expressed in the vision.

Act confident and optimistic. If a leader is confident and optimistic, the followers are likely to reciprocate; therefore, this strategy is an integral part of change.

Express confidence in followers. When it comes to healthy lifestyle change, confidence is absolutely necessary to be successful. As a leader, one must never waiver in confidence for the followers.

Use early success in small steps to build confidence. Lifestyle change is a long term goal; using small successes (short term goals) allows for the employees to stay motivated and continually strive for that next step. It is important to always keep a goal within reach.

Celebrate suggestions. Celebrating suggestions can empower the employees and really make them feel to be an integral part of the culture change.

Use dramatic, symbolic actions to emphasize values. It is important for a leader to make clear his values so there is never any question to his actions.

Lead by example. A transformational leader must lead by providing a good example for its followers. Failure to do so can result in loss of respect and motivation to reach goal. Especially important in the shift to a culture of wellness, a leader must "walk the walk."

Create, modify, or eliminate cultural norms. If it is the current culture norm that caused the current situation of unhealthy habits and obesity, the leader must change this culture to that of a healthy one.

Use rites of transition to help people through change. Change is not easy and if not facilitated through transitions, followers can relapse.

The current norm of an unhealthy worksite culture, which contributes to the problem of obesity, calls for transformational leadership to exist at all levels of the organization. The followers of such leaders demonstrate high levels of job satisfaction and organizational commitment, and are more likely to engage in organizational healthy behaviors (Transformational Leadership Theory, 2011). With

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transformational leadership, a leader is able to tap into the emotional needs of his employees and determine what is needed to build confidence. This confidence will build among employees and create a strong workforce that, together, can meet wellness goals and thus, transform to a culture of wellness. In striving to create such a workforce and culture, it would be quite useful to consider making efforts towards developing ways of transforming organizations through transformational leadership.

Conclusion

Transformational leadership, as described by Burns (1978) and Bennis and Nanus (1985), provides a framework that can have positive, lasting effects on employee's health and wellness. As a result, the culture of the workplace can shift from a culture that facilitates unhealthy behaviors to that of a culture of wellness. This culture change in the workplace can help alleviate the overwhelming prevalence of obesity in the workplace and thus in our country.

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