The Supervisor's Perceived Role in Employee Well-Being: Results From Mayo Clinic

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Abstract

Purpose: Novel approaches are needed to enhance employee well-being and perhaps supervisors can be an effective agent for worksite health promotion. The aim of this study was to examine the supervisor's perceived needs, barriers, and role for influencing employee well-being for incorporation into program development.

Design: Semistructured, qualitative interviews of supervisors.

Setting: Large, integrated academic health-care organization with over 30 000 employees and 2600 supervisors having access to comprehensive well-being programs and a successful well-being champion network comprised of 600 champions.

Participants: Twenty supervisors representing clinical, research, and administrative units.

Methods: Semistructured, one-on-one interviews were conducted and audio recorded. Analysis included content log development and open coding by a trained analyst to reveal key themes. More formalized content coding using specialized software for qualitative analyses was also conducted.

Results: Supervisor responses were wide ranging regarding their perceived and desired role in promoting workplace well-being. Barriers from the supervisor perspective included high current workload, ambivalence about promoting wellness, lack of support from leadership, lack of flexibility and control at work, and difficulty accessing on-site resources. They perceived their potential role in well-being as remaining a positive role model and encouraging their staff in wellness activities.

Conclusion: Although findings are generated from a small sample size, these qualitative data provide compelling and early insights into building a workplace well-being strategy leveraging an underutilized key stakeholder, the workplace supervisor.

Introduction

Workplace wellness programs have become commonplace and—arguably—an "expected" benefit for employees in many large organizations. Traditionally, there has been a great amount of focus in the workplace for individual behavior change programs.[1] Over time, these programs have evolved in many large workplaces from simply providing health information and basic fitness advice to comprehensive programs offering an array of multiweek wellness courses, sophisticated self-monitoring, and individualized coaching options with financial incentives.[2] Perhaps the most important driver for such programming has been employer concerns with health-care cost containment.[3] In addition, research indicates that the presence of wellness programs can foster a positive symbolic image of an organization that cares and invests in wellness for their employees, whether individual employees use the

wellness resources or not.[4] However, many organizations are also focusing on the shared responsibility of not only the individual employee but also the organization itself.[5] To address

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employee wellness, it is critical to acknowledge the full picture of the workplace environment. Organizations must address the obstacles and create the conditions for employees to have a healthy lifestyle.[6] This is especially important as the worksite health promotion industry places a greater focus on well-being and the link to employee engagement.

As part of this effort, one recommended strategy emphasizes the role of organizational leadership to acknowledge issues of employee burnout and low staff satisfaction.[7-9] Extensive research has emphasized that the changes for employee engagement are a shared responsibility among the employees, supervisors, and organizations.[10] Using this 3-pronged approach incorporates the encouragement of leaders and managers to create opportunities for employees to increase their own level of engagement and empowers and holds accountable each leader/manager and the employee to select a goal to create an individualized wellness action plan.[11] This multifaceted approach contributes to the financial success of the overall organization as the investment in workplace health promotion is one facet of high-performing, well-managed companies.[12]

There is much research on the role of supervisors and mid-level managers as key "influencers" at the work unit level on employee engagement.[13,14] Research consistently finds that less than one-third of Americans feel engaged in their jobs and that managers account for at least 70% of variance in employee engagement scores.[15] However, most managers are not creating environments in which employees feel motivated or even comfortable; one study showed that of 7272 American adults, 1 in 2 had left their job to get away from their manager to improve their overall life at some point in their career.[15] From a positive perspective, an employee with a supervisor who is viewed as being supportive is more likely to have lower stress and higher job satisfaction than an employee without a supportive supervisor.[16] Managers have the capacity to create well-being within their team to be a "multiplier" of well-being.[17] The quality of the relationship between managers and workers at the unit level has been linked to both employee outcomes and unit performance in several studies.[18] In addition, research from the Human Capital Institute has reported that managers need to lead by example and are a primary influence on the day-to-day work environment.[11]

Before further engaging managers, or supervisors, in health promotion, it is important to first understand their perspective and potential reactions to existing wellness resources and health promotion expectations. Previous research has concluded that managers fully support the idea of being evaluated in their individual workplaces by their active endorsement of employee wellness and healthy lifestyles, particularly when salary increases and promotions are offered, and expressed a preference for companies with such a policy.[1] However, further research is needed in this area to determine the potential role of supervisors and managers in promotion of employee well-being.

Setting

As a nonprofit organization committed to clinical practice, education, and research, our organization has recently taken a bolder, more holistic approach to the previous segmented worksite wellness program. The prevalence of stress in our employees and the impact of high stress on our employees' quality of life and health behaviors have been well-documented.[19,20] This new approach to employee well-being has broadened the scope of the traditional workplace wellness programs to focus on new domains of well-being: meaning in work, work–life integration, and physical, emotional, financial, and social well-being. Engagement of employees strategically sustains a culture and environment that fosters and supports talent to reach their full potential. This comes at a time in which the health-care workplace environment has its unique challenges. Government regulations have increased the workload for physicians and all health-care providers due to the reduced number of uninsured patients, increased demand in health-care services, higher practice costs, and additional reporting and regulation requirements.[21] Notably stated, the workload, autonomy, and work–life balance of physicians and health-care workers have been affected due to health-care reform that adds to burnout.[21] These contributors to employee dissatisfaction and burnout have become increasingly common concerns within the workplace.

As researchers at our organization explore the key aspects for enhancing employee well-being,[22] we have considered a more organic approach by further exploring the various roles within an organization. For several years, we have been exploring the role of well-being champions, and a new and novel approach is to examine supervisors and how their roles impact well-being and engagement of employees. Since well-being champions have been a beneficial initiative to positively leverage the peer relationships for improving health and well-being,[23] it is our premise that supervisors may also be effective agents of change. There is a need to further research the role of supervisors; consequently, the aim of this project was to develop a more precise understanding of the current barriers, needs, and perceived roles of supervisors in order to seek new ways to leverage workplace relationships for a culture that supports employee well-being.

Purpose

Given what is currently known about the influence of supervisors on employee engagement and satisfaction, a pilot interview, qualitative project on supervisors was conducted to understand just how supervisors might work to foster a culture of well-being across the organization. These interviews were conducted to address 2 primary questions: (1) What are some of the barriers supervisors face in supporting wellness activities in their work area and what are the needs to address? and (2) What do supervisors view as their role in supporting the health and well-being of the staff who report to them? As previous research has concluded, supervisors are a key population which

we must further understand so that potentially novel methods of employee well-being interventions can be designed and implemented.

Design

The original theoretical background for this area of research comes from the literature specifically focused on the importance of social networks[24] and social relationships[25] for individual behavior. The role of the social context has been addressed in organizational wellness initiatives but arguably in a thin way with transparent utilitarian goals, such as reducing health-care costs, improving rates of productivity, and lowering absenteeism.[26] Previous research has considered the volunteer role of employees who receive training in health promotion, namely, well-being champions, and we found that well-being champions can impact health and wellness.[23] In this study, we begin to explore a potential agent of change for employee well-being—the supervisor.

In June 2016, employee well-being staff conducted semistructured interviews with supervisors across the organization. This qualitative method for research was selected to gain depth and richness around key concepts as efficiently as possible without exhausting resources. Based on literature and early interviews, we estimated that we would reach response content saturation after interviewing several supervisors from various clinic areas. Saturation in qualitative research accomplishes 3 things: adequate information to enable similar study (replication), ability to get significant new information in the face of competing resources (return), and themes from coding become adequately defined (robust).[27] The goal was to understand, from a supervisor's perspective, their perception of the needs and barriers to well-being of employees and their perceived role as well-being influencers. Upon completion of the one-on-one interviews, participants were sent an electronic survey to capture additional information. Recruitment was handled via an internal e-mail call for participation directly to 2600 supervisors as well as current department well-being champion nominations.

Participants

Thirty supervisors volunteered, and the first 20 to respond were interviewed for study participation. Participants represented a range of clinical departments including anesthesiology, dermatology, gastroenterology/hepatology, immunology, neurology, nursing, pharmacy, transfusion medicine, and transplant. Other division supervisors included engineering, information security, media support, research, and transport. Those interviewed were sent a follow-up survey. Of the 19 respondents to the follow-up survey, 15 of the participants were female, 11 (57.9%) had postgraduate degrees, and all identified as Caucasian. Over half (57.9%) of the respondents had been employed by the organization for more than 20 years and only 1 having worked at the organization for less than 5 years. Experience in their current supervisor role ranged from less than 1 year to 11

Table 1. Demographics of Interviewees.

	Total, N = 19
Gender	
Male	4 (21.1%)
Female	15 (78.9%)
Race	
Caucasian/white	19 (100.0%)
Marital status	
Not married	6 (31.6%)
Married	13 (68.4%)
Education	
Some college/trade school	2 (10.5%)
College degree	6 (31.6%)
Postgraduate degree	11 (57.9%)
Length of time at organization	
Less than 5 years	1 (5.3%)
5-10 years	1 (5.3%)
10-20 years	7 (36.8%)
20-30 years	9 (47.4%)
30-40 years	1 (5.3%)
Years in current supervisor role at organization	
Median	1.5
Q1, Q3	1.0, 4.0

years, with an average of 1.5 years in their current supervisory role. These are representative of the supervisor population with the exception of postgraduate degrees (57.9% compared to 42.5%) and length of time at organization over 20 years, both of which are overrepresented in this study (representative variation within a 10% threshold; see Table 1).

Method

The semistructured interview guide was designed to elicit information about how supervisors viewed their role regarding employee well-being, to isolate the existing barriers to wellness, and to identify other resources that might support supervisors in encouraging their staff. Specific questions included: (1) As a supervisor, what do you view as your role in supporting the health and well-being of the staff who report to you? (2) In your opinion, what are some of the barriers supervisors face in supporting wellness activities in their work area? (3) What resources do you need to better support your employees in their health and well-being at the worksite? For those who indicated it should be a part of their role, they were asked follow-up questions: (1) How do you do this on a regular basis? and (2) Do you think supervisors should, as part of their overall assessment, be asked to provide information on how they are supporting a healthy work environment for their staff? In addition, we also asked supervisors for input on how we might better support them as a supervisor by asking: (1) In general, how well do you feel the organization supports you in your own well-being and the well-being of all employees? and (2) What do you need from the organization to further support your own health and well-being while at work?

The interviewers were 3 trained employee well-being staff familiar with semistructured interview basics and given access to the interview guide. The interviews were audio recorded. Nineteen of the 20 interviewees completed the postinterview survey (95% response rate), which included demographic information and general self-report information on sense of well-being, social connectedness, and health behaviors.

The 20 interviews were analyzed in iterative phases. In the first phase, the group of employee well-being staff who conducted the interviews met to discuss general impressions together and put forward some patterns or commonalities across the interviews. They each then took a set of the interviews independently conducted by other staff and listened to the audio recordings one or more times to develop a content log of the interview as well as summary comments and observations. Developing the content logs involved noting what is being discussed during each minute or so of tape using a table with columns for time, question domain, respondent content that included both paraphrase and quotes of interest, and the reflection/interpretation of comments at each point. This kind of analysis rapidly familiarized the research team to all of the data to facilitate fertile discussions and general summaries for those collaborators not involved in actually collecting the data. This tabular documentation accomplished several additional things: (1) a quick comparison map of responses across all 20 interviewees, (2) a debriefing for staff on the interview content, (3) provided a sense of the chronology and arc of the conversations, and (4) assisted collective decision-making to identify sections that merited more careful review.[28]

A second phase of analysis began with review of the content logs and comments made by the team. A trained qualitative analyst then listened to the audiotapes in conjunction with the subsequently fully transcribed interviews, and open coding of the interviews began to reveal themes within interviews. With each additional interview, a "constant comparison" approach was utilized,[29] whereby the reading and interpretation of each interview is placed in context and content of the preceding interviews, yielding both repeated themes and new ones. Finally, a second qualitative research analyst conducted more formalized content coding using specialized software (NVivo qualitative data analysis software, QSR International Pty Ltd., Version 12; 2018) to parse out passages and quotations of both the deductive topics in the initial interview guide and inductive themes that "bubbled up" from the interview data themselves (see Table 2).[30] To resolve differences in the analyses, members of the study team met before, during, and after coding sessions to come to consensus on content categorization and interpretation. Changes to the codebook and memos were made iteratively as new transcripts were introduced. Meaning and synthesis were constructed within a multidisciplinary study team, including researchers, well-being experts, and clinicians.

Results

An initial analysis of the interview data found that most supervisors felt general support by the organization for staff well-being. They mentioned resources and programs offered by the on-site employee healthy living center, as well as walking trails, a "take the stairs" campaign, signage, e-mails, a newsletter, and continuing education classes and wellness coaching. About half had a well-being champion currently or in the recent past. Overall, the well-being champion initiative in this small sample was not described as robust or well understood. Further analysis served to identify more detailed results to address the research questions.

Barriers for Supervisors Supporting Well-Being Activities

Workload. There was a sense among supervisors that the department setting was subject to frequent and sometimes unpredictable change. In that context, several noted, wellness initiatives could be sidelined indefinitely. For example, the concern of changes in staffing with temporary shortages was brought forth and required making do.

> I always go back to end up thinking about staffing, so that would include how am I staffed for the day? Are they having to take on multiple roles because we're so short? (. . .) I think right now we are just so short staffed that is the best way to help, is to try to be there.

Supervisors noted that to offset this they sometimes forgo their own needs. This was carried out by filling in for hourly staff throughout the day to ensure that the team got breaks, for example. As one supervisor explained:

> Personally, I've taken a lot on to try to do breaks and lunches and try to relieve people if I can. That's not always right because then you end up not getting to all your meetings and things, but I think that's how I've been trying to help them.

Breaks were described as one of the primary ways to support staff. Supervisors also strived to allow individuals to take paid time off for medical appointments and to attend other personal events. However, taking a closer look at this, they are described as less restorative and, more so, just taking the edge off or keeping a pressured situation subthreshold in the face of a high workload. In some cases, it is the staff themselves forgoing breaks:

> You know, most work areas, they take 15 minutes in the morning, 15 minutes in the afternoon. My staff don't. They're very, very dedicated to the patients. And they don't take breaks. I've never said that they couldn't. I know when I first took over, the supervisor that had been there, they had specific break times, and they came to me and said, "These don't work." I said, well you guys want to work it out yourselves and go when you want to? "Well can we?" I said, yeah you guys can work it out; and they quit going.

Leadership; broadly considered. Although the majority of supervisors believed there were adequate resources and support from their superiors for employee well-being, across the interviews,

Table 2. Subthemes From Structured Content Analysis.[a]

Supervisor Role	Barriers	Resources Needed (or Appreciated)
Support, motivate, educate, and encourage; be the example/**role model**; healthy living center as resource and knowing/sharing orientation and offerings; share healthy community events; keep putting **signs** up; approach as team; notice signs of stress; act as resource; create healthy environment for group; **involve team**; **repeat permission** for breaks; assessment of SPV wellness environment generally endorsed; encouraging healthy bring-ins (food); presenting health options beyond healthy living center; little things you can do in work area; employ walking meetings; **healthy worker is better worker**; not all work is an "emergency," give perspective; involve employees so they feel control; "fun" messages; have friendly competition/ contests; getting buy in from your own boss; notice their progress; share healthy community events; **good for organization**; respect personal boundaries; cover breaks; approach from a stress-relief point of view; bring education into unit; help them set boundaries; SPVs need these skills; take breaks/PTO because it's good for all; make it 1:1/personal and be interested in them and their priorities; must be tied to performance; address concerns right away-don't wait for 360; giving permission to know and address stress; spreading job tasks so people are less stressed.	Culture of skimping on breaks; healthy living center not realistic for all; **wellness seen as 'extra'**; quick food options not healthy; some emp not motivated to be healthy; SPV don't feel like it's their job **("personal")**; Should be job of "good" champions; SPV **need their boss' support**; people who need it may be less likely to seek it; how can the organization really care when they're always asking us to do more with less?; bathroom as luxury; calendars not honored/ no commute time between.	Short messages/videos to distribute; more **explicit encouragement/permission from leaders**; standing desks for more employees; speakers for work area visits; guest activities may lead to fewer errors/ safety; **workshops for SPV** on how to do this work; buffer meeting times in Outlook; recruit/retain good well-being champs; give employees **freedom to move**; signage; rewards; respect work-life balance—don't just say it; healthy fast food choices; promote coaching to SPV; provide actual print-outs; brighten up subway walking routes; more formalized mentorship including well-being; shorten meetings.

Abbreviations: PTO, paid time off; SPV, supervisor.
[a]Bold print = key, repeated themes.

there was still a disconnect expressed when it came to actually leading more health-oriented initiatives for themselves and their direct reports. In fact, comments give an impression of a range of interventions—walking programs, for example—as a great idea in principle but not realistic in the day-to-day work flow of their department. The assessment of having abundant resources but limited opportunities to use them suggested to some supervisors an uneven commitment to employee well-being from top leadership.

A number of individuals talked particularly about the difficulty of adding a "third destination" between work and home as just too much when considering the on-site healthy living center, thinking of workplace well-being as a physical destination. Others talked about taking time for exercise before or after the workday and even during the day as still feeling that it was work and not, in fact, a restorative activity. One supervisor noting:

I know you have the healthy living center available; but if I'm working from, you know, getting to work at 6:30 am and going

to about 6:30 at night and then I actually want to get home and see my family (. . .) So there are no opportunities, in my mind, to use those resources.

In addition, supervisors alluded to conflicting messages in work policies and felt that time constraints and being stretched thin were realities not acknowledged by leadership, and thus, further integrated into the organizational culture.

They are shifting a lot of things, and I don't think at the upward leadership levels they look downward and say, 'okay, we've got these strategic initiatives, we're going to implement those.' So then it trickles down to the next layer and to the next layer, and right now we've got 4 major initiatives. None of them are optional. None of them are negotiable. And that's on top of our normal work. And so, I think sometimes leadership doesn't stop to look at managers and say, 'Are we trying to implement too many things all at one time?

Lack of control and flexibility at work. Nearly all of the supervisors, in one way or another, mentioned time constraints as a barrier

to promoting wellness initiatives. This came out in comments about "competing priorities," "a high workload," and "a shortage of staff." One supervisor noted that in the past:

[W]e had enough people; we had opportunities to take breaks, network with people. Now nobody has that time anymore. Nobody wants to talk about it, because nobody wants to look like they are a failure and can't do their job.

Most supervisors mentioned organizational changes requiring departments to do "more work with fewer people" as a key barrier to promoting wellness initiatives. Supervisors said that it was hard to get staff to participate in meetings that were part of their job, much less participating in something above and beyond it. It was ubiquitous that there are too many meetings, and there were other parts of the job that had to fit in between the meetings.

Me as an individual, I need time. I need more hours in my day. I don't know, I mean just to even look at my calendar, (. . .) it is booked solid every day all day. I don't have the opportunity to go to the bathroom most days, much less eat lunch or workout during my work day. Getting here early in the morning is an option, but it's packed. And that's not restful for me.

Supervisors themselves are subject to a lack of control over time, so reluctant to put it on their reports:

You know, there's some late days like today. (. . .) I need to leave at 4. Somebody put a 4:30 meeting on. It's blocked. Hello? You see that? It's purple, "out of office"? (. . .) I don't know, those aren't realistic expectations to put on to people, and it just adds a great deal of stress to the day.

And important, but rarely stated explicitly, is a need for support regarding how to prioritize work. A number of people discussed this, but almost offhandedly, as just a fact of life.

If I asked my leaders what was important on our list of things to do, they would tell me everything. So, as a manager I feel very confident in prioritizing things appropriately, recognizing that everything can't be number one, and everything can't be done next week. I have never struggled with that. I know many managers who do. They just don't understand how to facilitate that conversation with their leadership.

Glaser and Strauss[29] noted that medical staff deftly and regularly turn a crisis into a "routine" emergency situation as a means of prioritizing. One person thought an emergency medical services analogy would apply to their unit as well:

Every day there's cars on fire. The difference is to determine—is it just a car on fire or is it a car on fire with a person inside of it? And that's right? So how do I separate the daily tasks that have to be done and the things that need immediate attention from these longer term goals and ideals of how do I make it better—how do I

make this a better, more attractive place to work for the person who works for me?

Access to on-site resources. The issue of accessibility to the onsite healthy living center and healthy food options was brought up during several interviews as a barrier for those supervisors with staff dispersed across various buildings and locations of the organization. Proximity and ease of access seems to tie in with the concerns of time constraints.

People have a half hour lunch break, so if it takes them ten minutes to walk over here or anywhere else to grab a meal and then come back, so if they don't bring it with them, there's not a lot of quick opportunities for healthy things.

Meaning and culture of (and at) work. Interviewees also brought up the concern of deviation from a professional expectation or feelings of guilt from their peers. As one supervisor noted when referencing participation in wellness activities, "I'm not sure how much it would be supported by their work peers." Another mentioned internal guilt for taking time for self:

Every once in a while if I have a no-show patient or something, there was a couple of times where I got to take a walk outside, which was great! But I felt guilty about it (laughter) like, you know, there's always something you can do, always another e-mail to answer. So I think that's the barrier is just the busy practice, and that's not going to change. (. . .) I think just internally feeling that someone is going to see you taking a walk. Why aren't you working type of a thing?

Perceived Role for Supporting Health and Well-Being of Staff

Along with the barriers identified, supervisors were also asked about how they are currently supporting the health and well-being of the staff who report to them. Responses spanned across a spectrum, whereby some supervisors felt it was very much a part of their role and others clearly stated it was not at all their responsibility. Most supervisors were ambivalent about the exact role they should play, with several feeling hampered by inadequate staffing. Still, many felt they did have an impact as a supervisor, primarily based upon interactions in the format of encouragement, role modeling behavior, and allowing for work breaks.

Well, setting a good example, for one. Being that role model. One (employee) has lost 24 pounds, she feels great, she's been bringing her own lunch for the last 9 weeks, and that's something that I had started doing 2 weeks prior to that just to save money, eating out gets expensive. So now the whole group downtown is kind of doing that. They bring their own lunch, and they're trying to be healthy taking a 5- or 10-minute break for them to go for a walk, and that's really important in our unit.

One supervisor commented about working with a coach who helped walk them through juggling their work and developing a plan and how that process helped them turn around and provide the same mentoring to her reports.

> I got great encouragement from my wellness coach (. . .) to carve time out for me during the day and to be somewhat selfish when it comes to finding opportunities for me to step away from the stress. My day typically is at least 7 hours of meetings throughout the day, and they're back-to-back; they're from one end of the campus to the next. But I have gotten great support (. . .) to suggest that I just need to take control of that and, you know again, as a manager I recognize that there are some people that are kind of stuck in victim mode, it's always being done to them, and what I try to do as a manager is to try to help them see that there is a choice, you make choices, and sometimes it's you that has to make a choice and make boundaries. So, as a manager, I tell my staff that.

Several supervisors described their role as being the encourager, or individual who gives permission for staff. In this sense, supervisors felt it was their role to provide flexibility and acknowledge or praise employees for healthy behaviors:

> It's 24/7, there's always going to be work to do, and I always tell them when you start to feel a little stressed or you are feeling too overwhelmed, you feel like you are getting over your head, two of you stay in the lab and take 15 minutes, and you each take a 5-minute walk just to go outside, get some fresh air for a few minutes, come back in, try to just kind of re-energize. So figuring out how to keep, we call it keeping your reservoir full, both from an emotional standpoint especially and mentally, but also from that trying to incorporate that physical drive as well.
>
> I allow them that if they need to just get up and take, you know, a 2-minute break after something that can be stressful. That can be hard, because what one individual can take and handle may not be stressful to their colleague across the aisle. But, I allow them, I trust their judgment.

A few supervisors also brought up they hadn't considered their role for supporting employee well-being.

> I never really considered the health and wellness aspects as part of my role in terms of just motivating people to go out and take these opportunities. Obviously, you want your staff to be emotionally happy when they come to work and not feel burned out and things like that, so that's really where I've tried to create an environment that can foster that, but never really realized that maybe some of these other things could help that.

Or, they had made attempts to address well-being within the work unit but the barriers prevented the ongoing support:

> I know that health and wellness was one of the low scoring items on the staff survey, so my supervisor has tried to encourage the group of supervisors he oversees to just participate in something. But we've had a lot of turnover in our lab in the last year and a half, so it's just even hard to get people to come to work and do the work.

Interesting to note was sometimes the realization seemed to come to them during the interview itself.

> I don't know, because now that I'm thinking about it, it's like do you want to have a work force who is healthy, who can always be here and keep the business running and be, I don't know, assets to the company. I see that as a big reason why we would want to support our staff in healthy initiatives.

Although many comments acknowledged that supervisors play a role, there was also a belief that wellness is a personal decision—an individual responsibility. Half of those interviewed mentioned that healthy behavior is a choice and cannot be mandated by organizational leadership or by department supervisors. This overlapped with views on the boundaries between the personal and the professional. Supervisors expressed uncertainty about how inquiries about the health and stress of their employees could be integrated into the more formal part of job performance without treading on some legal thin ice.

> If people could go do a walk or something, I don't know, maybe do that . . . Then you also have to worry about from an HR perspective if people have restrictions and physical limitations, so you can't require it out of everybody, it's all volunteer. If people don't take advantage of it, then I don't know.

Some worried about overstepping professional boundaries if they commented or inquired on people's behavior, physical appearance, or performance due to poor health even though it was sometimes obvious. One person mentioned how some people were under stress, and even though it was affecting work quality, the topic was off limits and the tendency was to maintain distance:

Interviewer: "In conversations that you have with employees, do they bring up stress or seek resources to manage their stress or is it observed?"

Supervisor: "I observe it. They don't usually bring it up to me. I know they are stressed and encourage them to do what they need to do. (. . .) But I don't think that I can do that if it's not affecting their performance. I feel there's a limitation there in what I can and cannot do in that kind of thing."

A number of supervisors suggested that wellness really isn't the work of the organization anyway.

> I don't know what else we can do to make people be healthier, but for me it's a personal choice (. . .) what can the (organization) do? Nothing. They have done, I think, above and beyond quite honestly.

Interesting to note is that the majority (12) still felt it should be included in their overall performance assessment when asked whether it would be a good idea, suggesting that if built into formal role policy it would be supported. At the same time, there was also caution raised.

I think, you know, that's a tricky one. Boy, I hadn't thought of that before. You know, on the one hand you would say yes because that helps codify it, and it may be sort of levels the playing field with supervisors who are a little more uptight, and you get some that are more ambitious, and you know, if their team isn't at 150% then they don't look good; so there are motives in there. But on the flip side, what does that mean? (. . .) So I think there would have to be some really specific definition around it. It's like a metric. It has to be measurable if you're going to include it as a performance review. (. . .) So I think there are just some issues that would have to be at least asked and answered before you go down that road.

Needs for Supporting Employee Well-Being

In hearing their approaches, supervisors were also asked to share their recommendations for resources and needs from the employee well-being staff and the organization to support the health and well-being of employees. Repeatedly supervisors hesitated or struggled and said they didn't know and quite frequently referred to things that are already in place such as e-mail notifications about well-being activities and ideas, organized walks during the workday, posters, short videos, and worksite wellness presentations. Recommending things already available to the team of interviewers brought up an opportunity for awareness or education, and on occasion at the end of the semistructured discussion, the interviewer would describe some of the things that were already in place.

Very few recommendations repeated from one interview to the next; however, 3 did address the need for more from leadership and suggestions to overcome the barriers of time and prioritization.

You know, everything's a priority. We have to get it all done. I think that if there were some classes or there was some facilitation of how to teach a mid-level manager to manage their manager with regard to priorities and expectations; and I think there's an ownership that belongs with the people at my level in mid-level management that you have to feel confident to have those conversations. (. . .) So, I got to suggest that the leadership probably just isn't aware because some of the mid-level managers aren't being good facilitators of that conversation. But I don't struggle with it. I do see a number of others who do.

I think that we're going to find that our employees are much better off mentally, emotionally, and probably many other aspects, if they could just regroup (. . .) It's a very stressful position, and so if you can just allow them that time to breathe and not focus on this, but to focus on the inside. I think we would get a lot more back of that 20-minute commitment a day.

Several comments also referenced the desire for work–life balance, autonomy, and flexibility in work schedules for them and their staff. All stated needs were considered as the research and employee well-being team moved forward to create an action plan to address the barriers, expand the supervisor role, and address the needs of supervisors and employees.

Discussion

The goal for this qualitative project was to understand how supervisors might be instrumental in promoting a workplace wellness culture, considering their stated barriers, needs, and perceptions. The intent was to build upon the existing literature of supervisor influence for employee well-being to identify new ways to leverage workplace relationships. There were a number of barriers and needs highlighted by supervisors, as well as considerations brought to light on how future interventions may be shaped to address these issues. Workload, leadership, lack of control at work, access to onsite resources, and meaning and culture of (and at) work were all stated barriers. Many felt that supporting employee well-being was a part of their role and should even be a part of their overall performance assessment. However, others had not considered it prior to the interview or did not feel it was a part of their role for various reasons. Existing resources were also stated as a need, demonstrating the opportunity to increase awareness of what's already available.

These results mirror findings of current literature regarding engagement and burnout factors in the health-care setting, but in a different market segment.[5] Supervisors' desire for work–life balance, autonomy, and balance aligns with previous research identifying some of these exact drivers for burnout and engagement.[5] The literature demonstrates that supervisors are influential in retaining talent, contributing to staff satisfaction, and increasing employee engagement.[31] In adapting a workplace ecology perspective, well-being interventions should consider that some roles have greater influence or impact on others compared to less influential workplace roles. The results from this study suggest that supervisors may play a critical role in maintaining the structure of the ecosystem around them. In the work environment, supervisors cannot change everything, as demonstrated by comments related to the lack of control, but they may serve as more of a domino effect and as early problem solvers. Statements from one-on-one interviews demonstrate that small comments from supervisors have significant implications and support the idea of supervisors serving as key influencers for employee well-being.

At our organization, the commitment to the intentional engagement of our people is a strategic priority. Our organization recognizes the need to invest in and develop the workforce of the future to effectively compete in the marketplace.[5] Although an individual can impact their personal well-being through their own behaviors and their level of engagement,[22] we must also consider the workplace environment and level of support from within an organization as programs are engineered to enhance employee well-being. Growing evidence is showing the benefit of gaining supervisor support for wellness activities, yet it is currently unknown how to develop approaches to engage these key individuals.[1]

The implications of these findings include the ability for employee well-being staff to address the stated barriers and needs of the supervisors in order to engage them. Results of these findings were shared with organization leadership, who in

Table 3. Action Plan to Enhance Involvement of Supervisors for Employee Well-Being.

Awareness and Education	• Online supervisor toolkit with ready-made communications, resources, and recommendations to integrate wellness at the work unit level
Leadership competencies	• Emphasis of well-being within institutional "new hire checklist" and "new manager checklist"
Skill building	• Integration of well-being into leadership and organizational development courses • Online supervisor toolkit resources to integrate well-being in the work unit
Prioritizing leadership support	• Online supervisor toolkit highlights leadership quotes and videos • Keynote presentations to well-being champions and supervisors • Online videos of top leadership promoting well-being • Engage leaders as executive sponsors for well-being activities

turn provided full support for employee well-being staff to take action in addressing concerns—despite the small sample size. The employee well-being team developed an action plan to further enhance the involvement of supervisors for employee well-being around 4 main themes: awareness and education, leadership competencies, skill building, and prioritizing leadership support (see Table 3). These 4 areas were developed based on themes from stated needs within the one-on-one interviews to develop interventions, while also considering the stated barriers such as workload, leadership, and lack of control. For example, awareness and education is a primary focus as a result of the stated needs mirroring existing resources. The team has developed an online "Supervisor Toolkit" to retain ready-made electronic communications, resources, and recommendations for supervisors to integrate well-being into the work unit. This toolkit has brought these resources to one location for easier access since it is clear that supervisors are limited on time so may not be feasible for them to seek resources on their own. Supervisors felt disconnected with top leadership; and therefore, the toolkit also emphasizes key quotes and messages from top leaders regarding employee well-being to provide further reinforcement. In addition, recommendations focus on issues which supervisors can control and implement at the work unit level since lack of control was a stated barrier.

Previous research recommends that supervisor training should build skills necessary to create a more supportive work environment.[14] Supervisor workshops that focus on activating supervisors to promote well-being within their team have demonstrated increased productivity and higher engagement.[17] Understanding that supervisors have limited time, additional opportunities for skill building should be and have been integrated into existing leadership courses at our organization. For

example, our organization's leadership and organizational development team has offered courses to aspiring leaders and new frontline leaders, and these now include components on supporting the well-being of staff. Not all supervisors may be able to commit to these courses; therefore, institutional resources such as the "new hire checklist" and "new manager checklist" have been updated. These checklists are utilized by managers for onboarding new employees to a work area to ensure introduction of organizational policies, safety protocols, and employee benefits. This list of competencies now emphasizes employee well-being, including a link to the internal employee well-being website and an introduction to the work unit's well-being champion. This approach of integrating well-being into existing initiatives is based upon the understanding that supervisors have limited time and helps establish employee well-being as a professional responsibility for staff engagement.

Best practices for employee well-being continue to emphasize the role of top leadership support. This was further endorsed through the interviews, though supervisors brought to light a disconnect of organizational priorities and the impact it can have on the well-being of employees. Our team of researchers continues to explore opportunities to engage top leadership for more visible support. This includes keynote presentations to well-being champions and supervisors, online videos featuring top leaders, engaging leaders to serve as executive sponsors for various well-being activities, and leveraging leadership quotes to further reinforce messaging.

Supervisors felt that promoting wellness fell somewhere in their formal role, but most were ambivalent about how inquiries could be integrated naturally into employee conversations without crossing a line. The majority believed it should be part of a supervisor's performance review; however, there were also concerns raised. Before jumping to the action of incorporating this into a performance review, the researchers recognize other barriers need to be addressed first in order to equip supervisors and establish the culture, despite this being a recommendation from other research.[1] In the meantime, the all-staff satisfaction survey now has a greater emphasis on employee well-being. Results of this survey have long been utilized to establish priorities for the organization, and expectations have been established for supervisors to address areas of concern from the results.

As other organizations pursue opportunities to impact the influencing factors of supervisors, it is recommended to not only leverage the insight of supervisors as the window for all employees but also consider key initiatives to raise awareness, build skills,[14] and visibly demonstrate the leadership support at all levels of the organization. These focus areas also align with the dimensions of managerial influence identified by other researchers, whereby managers lead by example, persuade team members to join, and optimize the environment to develop an infrastructure to make well-being "normal."[32]

Although generalizations would be unwarranted from a small pilot study such as this, we believe that workplace well-being will likely need to be viewed through a wider lens.

This, in turn, may mean that the current models for well-being programs (essentially compartmentalized add-ons) prove ineffective. Instead, what will be required is a model that is comprehensive and holistic.

SO WHAT? Implications for Health Promotion Practitioners and Researchers

What is already known on this topic?

Leadership support for workplace wellness is a key component for successful workplace wellness initiatives. As organizations continue to expand their efforts to enhance employee well-being and employee engagement, perhaps supervisors can also have an important role in workplace wellness. However, this would be a novel approach, so a greater understanding of the supervisor perspectives is a starting point in this area of investigation.

What does this article add?

The qualitative results of one-on-one interviews with supervisors at an academic medical center provide rich data and a more thorough understanding of the supervisor role, barriers, and potential opportunities to address employee well-being within a work unit or department. Barriers included workload and flexibility, leadership, lack of control at work, access to onsite resources, and meaning and culture of (and at) work. The qualitative data elaborate on each of these barriers, providing further opportunity to address these identified barriers. In addition, there is growing research for physician burnout and engagement and less is known for other health-care workers.[33]

What are the implications for health promotion practice or research?

Understanding the supervisors' barriers, needs, and perceived role as a supervisor can aid program developers in creating an intervention to meet the supervisors' expectations while creating a holistic approach for enhancing employee well-being. Interventions that address the barriers of workload, lack of control, leadership, and access to resources may include a repository of existing resources for ease of access, integration of well-being content into existing organizational leadership courses, inclusion of well-being resources into new hire competency checks, and more visible leadership support. If these findings are confirmed by other investigators, supervisors have the potential to be effective wellness leaders with a wide reach to their employees.

Limitations and Strengths

Limitations. As an exploratory study, the sample of supervisors was small and they served as issue spotters. Additional behaviors were not directly measured or assessed. Furthermore, participants did not complete standardized questionnaires regarding barriers or facilitators of wellness. The sample was Caucasian, so how these findings apply to diverse or underserved individuals is unknown. Given an organization the size of ours, it cannot stand as a generalizable picture of this organization, much less other organizations. Worth noting, however, is that rich data were produced; and when shared with organizational leadership, the data were accepted by the chief human resources officer, and the research team was advised to take action based on these findings, even from a small sample. For confidentiality, comments are largely divorced from the context of professional background when describing particular themes. Undoubtedly, there were differences due to the nature of the work, and further exploration would inevitably yield rich information and should be part of future work. Finally, our convenience sample was sourced by volunteers and heavily weighted to women, although our employee population is approximately three-quarters female.

Strengths. Among this group of supervisors at an academic medical center, many described being very busy at work. Despite this, they made the time for an hour-long interview without any type of incentive—suggesting how important this topic is to supervisors. In fact, the study had a waiting list. The tiered approach to data analysis brought a multifaceted perspective and utilizing 2 analysts uninvolved in data collection and not part of the employee well-being team provided less bias toward favorable findings. However, collaboration with the employee well-being staff ensured that practical interventions were not deferred to "more research." The literature demonstrates that supervisors are influential.[31] By taking the time to conduct the one-on-one interviews, we have a deeper understanding of the barriers and needs of this employee population which may have been overlooked in a quantitative method of research.

Conclusion

The findings from this study (and our proposal) are intended to gently provoke readers to consider the perspectives of supervisors themselves and how to structure the framing of barriers and the development of strategies for action for employee well-being programs delivered by supervisors. There are several barriers to consider: workload, leadership, lack of control at work, access to onsite resources, and meaning and culture of (and at) work. If the premise is accepted that supervisors play a key role in the workplace ecology, then perhaps breaking away from traditional methods of workplace wellness programming and taking a more holistic approach to leverage the role of the supervisor in promoting well-being should be considered. Knowing the barriers and needs of the

supervisors themselves should be factored into the development of future initiatives, whereby their perceptions are combined with the expertise and best practices for employee well-being. This will require an integrated and holistic approach, commitment from top leadership, and the shaping of a culture wherein supervisors can be positive influencers. Future research should evaluate the approaches that our organization has taken. Although rich data were collected, future research should also leverage a larger sample size in order to identify additional themes.

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Declaration of Conflicting Interests

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