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Communicating Health at Work: Organizational Wellness Programs as Identity Bridges

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ABSTRACT

With the growth in workplace health promotion (WHP) initiatives, organizations are asking employees to enact their personal health identities at work. To understand this prominent yet poorly understood phenomenon, we surveyed 204 employees at a company with a WHP program and found that participation in the wellness program mediated personal health and organizational identities. Results fill a gap in communication literature by demonstrating the effect of individual identity enactment on organizational identification and contribute to recent research stressing the relationship between identity and health behaviors. In addition, findings illuminate the role of situated activity in identity negotiation, suggesting that certain activities in organizations, like wellness programs, serve as identity bridges between personal and work-related identity targets.

Increasingly, community, social, and work organizations are taking an active role in disseminating health information to their members. More than half of all employers with 50 or more employees now offer a wellness program (Mattke et al., 2013), making corporate wellness a multi-billion-dollar industry (Burke, 2014). With the growth of workplace health promotion (WHP) initiatives, which may include physical exercise programs, nutrition training, health information screening and education, and occupational health services (Farrell & Geist-Martin, 2005; Zoller, 2003), research has studied the effects of WHP programs on a variety of outcomes. For example, organizational health policies and programs enhance physical activity (Proper et al., 2003), reduce employee absences (Kuoppala, Lamminpää, & Husman, 2008), and increase organizational attraction (Dalsey & Park, 2009).

Despite this growing trend and developing area of research, scholars do not fully understand the identity implications of integrating employees' personal selves and well-being into organizations. As work and home boundaries are becoming physically, temporally, and psychologically blurred (Clark, 2000), businesses invite employees to reveal and communicate their personal health identities at work. However, research has yet to unpack the relationship between WHP, individual, and organizational identities.

The current study fills this gap by investigating how individuals' health identities are becoming bound up in work organizations through the growing trend of WHP. Specifically, we contend that WHP programs serve as a bridge between personal health identities and organizational identities, since wellness activities allow employees to communicate their identification to health and work simultaneously. We

begin by reviewing the organizational identification literature to provide a theoretical framework for the study.

Literature Review

A person's identity is socially constructed from the different meanings attached to that individual by him- or herself and others (Ashforth & Mael, 1989). Both the social roles that an individual assumes and the personal, idiosyncratic characteristics of the person make up his or her identity. According to social identity theory (Ashforth & Mael, 1989), these categories are central components of people's self-concepts. When a person defines him- or herself in terms of a social category, the person identifies with that social group, whether the group is the person's gender or employer. Although social identity theory is rooted in industrial psychology, communication scholars have recognized the relationship between social identity theory and the communicative study of identification (Scott, 2007).

Indeed, communication is central to identification, because attachments develop through ongoing situated interactions, and people express their belongingness to different collectives (Scott, Cormann, & Cheney, 1998). Research has demonstrated that individuals continually negotiate their identities through communication, situating organizational identification as a dynamic, fluid process (e.g., Kuhn & Nelson, 2002). Perceptions of organizational identification also influence communicative behaviors, including decision making (Cheney & Tompkins, 1987), cooperation and work-related efforts (Bartel, 2001), and continued membership (Scott et al., 1999). Because we assess and communicate our belongingness to organizations through communication, identification varies

across social contexts. To understand the complexity of organizational attachments in different situations, much of the identification literature has focused on multiple, or nested, organizational identities.

Multiple Organizational Identities

In their structural model of identification, Scott et al. (1998) conceptualized identities as structures that are “regionalized.” Specifically, the authors suggested four relevant identities or “targets” of attachment: individual, workgroup, organizational, and occupational/professional (Scott et al., 1998). In different contexts, identifications may overlap, or there may be tension between identity targets. Thus, multiple identities vary in the degree to which they are compatible or in conflict.

In addition to the Scott et al. (1998) notion of identification targets, Ashforth and Johnson (2001, p. 32) also theorized about the varying “identity salience” of multiple identities, positing that different levels and types identities are nested within others. For example, the authors noted that lower order identities, such as one’s job, workgroup, and department, are embedded in higher order identities, like an employee’s division and organization. Ashforth and Johnson (2001) described how people rank the subjective importance of nested identities, which helps individuals situate themselves and others within the multiplicity of social identities.

Drawing on Scott and colleagues’ (1998) and Ashforth and Johnson’s (2001) theoretical work, many empirical studies have investigated the relationship between multiple or nested identifications. Early work exploring multiple forms of identification compared targets across geographically dispersed employees, organizational levels, and tenure (e.g., Barker & Tompkins, 1994). In addition to looking at the different effects of various identifications, other research has examined multiple identities during times of change. Kuhn and Nelson (2002), for example, assessed the multiplicity and duality of identity structures during a planned policy implementation. Beyond looking at nested identities during transitions, studies have also compared contract workers’ identification with their employing organization and client organization (e.g., Gossett, 2002).

Most of these studies center on how team/group identifications align with or contradict employees’ perceptions of organizational or professional identification. Less research has considered how employees bring their personal identities to work. A handful of communication scholarship has investigated the intersection of home and work identities, like working mothers (e.g., Turner & Norwood, 2013) and female breadwinners (Meisenbach, 2010). Furthermore, Meisenbach and Kramer (2014) studied volunteers’ multiple identifications with a church choir, demonstrating that participants expressed a personal identification with music that was embedded within their family identity. The authors showed how people’s music identities were enacted through singing; in other words, singing was a situated activity that shaped identification. Also of note, Silva and Sias (2010) demonstrated how participation in adult Sabbath School Classes linked individuals’ identity to the Seventh Day Adventist

church. Although scant, these studies indicate the value of researching the relationship between individual and organizational identities, which play an important role in connecting (or separating) people and organizations.

Understanding personal identities at work is increasingly important as work organizations take on more family and social roles (Kirby, 2006). As Clark (2000) explains in her explanation of work/family border theory, home and work have become more integrated, as physical, temporal, and psychological borders have blended. Employers have taken on familial roles by offering flexible work arrangements (Cowan & Hoffman, 2007), family-leave policies and dependent-care benefits (Kirby & Krone, 2002), and health programs and linking spirituality and work (Kirby, 2006). Despite the dissolution of clear boundaries between individuals and organizations (Kirby, Golden, Medved, Jorgenson, & Buzzanell, 2003), identification scholars have just begun to understand how this home–work integration affects identities at work. Pratt (2000, p. 485) suggested that “as more facets of one’s identity (e.g., business, family, and religion) become bound up in an organization, one’s identification becomes deeper.” Specifically, scholars lack an understanding of how personal health identities affect organizational identifications. Thus, we explore how individuals’ health identities are becoming bound up in work organizations through the growing trend of workplace health promotion.

Connecting Individual and Organizational Identities Through Workplace Health Promotion

Workplace health promotion (WHP) describes organizational efforts to encourage mental and physical well-being (Farrell & Geist-Martin, 2005; Kirby, 2006; Zoller, 2003). WHP initiatives often include physical exercise programs, nutrition training, health information screening and education, and occupational health services (Farrell & Geist-Martin, 2005; Zoller, 2003). Research investigating the effects of employee WHP participation has demonstrated several individual and organizational outcomes. For employees, taking part in WHP programs has been shown to boost physical activity (Conn, Hafdahl, Cooper, Brown, & Lusk, 2009; Proper et al., 2003) and positively influence employees’ dietary behavior (Maes et al., 2012). Employers benefit from WHP initiatives because health programs increase work productivity (Kuoppala et al., 2008), reduce employee absences (Conn et al., 2009; Kuoppala et al., 2008), and decrease turnover (DeJoy & Wilson, 2003).

In addition to these individual and organizational benefits, we contend that WHP also serves as a bridge between personal health identities and organizational identities. For the purpose of this project, we conceptualize “personal health identity” as a specific type of individual identity assumed by people who define themselves in terms of their health. People who perceive themselves as having a strong personal health identity feel connected to their health and take pride in their well-being as a unique personal concern. For example, a woman may consider herself a “runner” (Posts, 2015) or a man might define himself a “vegetarian” (Shapiro, 2014). Following Ashforth and Johnson’s (2001, p. 32) theory

regarding the “identity salience” of different identities, we suggest that a person’s health salience is an important personal identity worth exploring.

Before the growth of WHP, employees kept their personal health identities at home because, for the most part, companies did not offer the opportunity for workers to communicate or express their health identities at work. WHP programs, however, ask employees to bring their “runner,” “vegetarian,” and other health identities to the office. For example, Otter Products, ZocDoc, and ZOZI, a small San Francisco startup, arrange running clubs for employees, and Chandler Chicco provides nutritional cooking classes to its workers (Greatist, 2014). Through interaction with others in wellness activities, WHP programs invite employees to reveal and communicate their personal health identities. As Harwood and Sparks (2003, p. 151) explained, “Identifying as a runner, a healthy eater, or a gym rat and seeing those as important elements of self-concept are likely to lead to maintenance of those behaviors.” WHP programs allow people with healthy self-concepts to enact their personal identities at work.

Recent health communication research has demonstrated the role of identity in predicting health beliefs and behavioral intentions. In their experiment of antismoking advertisements, Moran and Sussman (2014) found that when participants read ads from groups with which they identified, antismoking beliefs were more strongly endorsed. Furthermore, the Stephens, Goins, and Dailey (2014) study demonstrated that people’s identification with a message source mediated the effect of social media on people’s health knowledge, and Stephens et al. (2015) similarly discovered that employees’ identification predicted health behavioral intentions. However, these studies do not show the effect of personal health identities on organizational identification.

Employees who express and communicate their personal health identities by participating in WHP programs may experience greater organizational identification, since identification exists when individuals perceive a strong overlap between how they define themselves and how they define the organization (Dutton, Dukerich, & Harquail, 1994). Similarly, person–organization fit research has shown that identification occurs when an employee’s personal values fit or align with an organization’s culture (Cable & DeRue, 2002). In the context of WHP, employees who define themselves as healthy may be more identified to organizations that also value employees’ health.

Beyond this psychological connection, however, we predict that WHP activities may influence employees’ organizational attachment because WHP participation enables the social interaction requisite for identification. Organizational identification is more than just a psychological process; identification is a social process that is created and maintained through communication (Scott et al., 1998). Specifically, the Scott et al. (1998, p. 321) situated-action view of identification highlights “the importance of social contexts for identity formation ... situations may be defined largely by activities—and it is those activities that can then be related to the attachment process.” Through this lens, WHP participation may be a situated activity that boosts

identification because wellness program participation allows workers to enact both their personal health identity and their organizational identity as employees. Therefore, we present the following hypothesis:

H1: WHP program participation mediates the relationship between employees’ personal health identities and employees’ organizational identification.

Method

Participants and Procedure

Participants in this study were employees from a pharmaceutical and chemical corporation in a large northern city in China. The company offered a free on-site fitness center for midday workouts, and employees could participate in the health program on a voluntary basis. Similar to the health program at the first author’s United States-based institution, workers in the study could choose to work for 30 minutes or use their daily “wellness leave” to attend a health program activity for 30 minutes. As an incentive for their participation in the wellness program, the company offered employees the opportunity to win a Fitbit activity and sleep tracking device.

To elicit employees’ participation, the researchers drafted an e-mail to participants with details about the study and a link to the online survey. A human resources representative forwarded this email to 641 employees working at the research center of the corporation’s main campus. Out of these employees, 207 completed the online survey, a 32.2% response rate. After dropping three responses due to nonrandom missing data, the study resulted in a sample of 204 responses.

The sample was 51.7% male ($n = 107$) and ranged in age from 24 to 46 years ($M = 33.35$, $SD = 5.42$). All participants were Chinese citizens who read and spoke English. Among respondents, 58.9% ($n = 122$) had bachelor’s degrees, 24.5% ($n = 50$) had taken some college courses, 18.3% ($n = 19$) held a master’s degree or had taken graduate courses, and 12.5% ($n = 13$) had completed a PhD/MD.

Measures

All questionnaires were in English and measured variables on Likert-type scales ranging from *strongly disagree* (1) to *strongly agree* (7).

Personal Health Identity

Personal health identity was assessed through five items that measured the salience of participants’ health concerns (Blalock & DeVellis, 1998). These items represented the individual’s connection to his or her health and included the following items: “Keeping healthy is very important to me,” “I don’t cut corners when my health is concerned,” “I try to take care of my health,” “I am very health conscious,” and “I care more about my health than most people care about their health.” These five items had a $M = 5.57$, $SD = 0.90$, and a Cronbach’s $\alpha = .81$.

Organizational Identification

Organizational identification was operationalized using a six-item measure adapted from Mael and Ashforth's (1992) organizational identification scale, which has been used in prior identification research (e.g., Kreiner & Ashforth, 2004). An example item read, "When someone criticizes my organization, it feels like a personal insult." These items had a $M = 5.85$, $SD = 1.14$, and a Cronbach's $\alpha = .95$.

Workplace Health Promotion Program Participation

To measure employees' participation in the company's WHP program, the researchers created a three-item measure. Two items asked participants how much they agreed with the following statements: "I tend to participate in every workplace health promotion program offered by the organization" and "I hope to participate in workplace health promotion programs offered by the organization." Participants were also asked how much they agreed with the statement "I participate in health activities not offered by the organization" in order to capture health participation outside of the organization (such as working out at a local gym) instead of at work, and this item was reverse coded.

We conducted exploratory factor analysis on the three items using principal components analysis with Varimax rotation, and the outcome showed that all items loaded onto one, three-item factor. A following confirmatory factor analysis illustrated that the model including the three items was a good fit to the data: $\chi^2 = 91.31$, $p < .001$, CFI = .54, TLI = .98, RMSEA = .28, AGFI = .66, and SRMR = .09). The three items had $M = 5.93$, $SD = 1.04$, and Cronbach's $\alpha = .89$.

Control Variables

We controlled for age, gender, organizational tenure, and educational level, but none was significantly related, directly or indirectly, with organizational identification, so we excluded them from the structural model tests.

Results

Data Analysis Plan and Preliminary Analysis

Path analysis using structural equation modeling with maximum-likelihood estimation was used to analyze the direct and indirect influences of personal health identity and employees' participation in a workplace health promotion program on their organizational identification. Prior to analysis, descriptive and frequency analyses were performed to ensure that the data were normal, which included inspecting kurtosis, skewness, and histograms. The zero-order correlations are presented in Table 1. Missing data were present in 12

of the 204 cases, and the variable means were imputed using mean substitution to retain all cases.

Testing for Mediation

Based on the recommendations of Hayes (2009), mediation analyses were conducted using structural equation modeling (SEM) and bootstrapping methods. According to Preacher and Hayes (2008), this method applies resampling techniques to estimate confidence intervals around the degree of the indirect effects of the predictor variables on the outcomes. Compared to the traditional causal steps approach and Sobel's test, bootstrapping methods are more powerful and valid (Hayes, 2009; Preacher & Hayes, 2008).

Following the recommendations of good fit by Hu and Bentler (1999), model fit was evaluated using the maximum-likelihood chi-squared statistic, comparative fit index (CFI), Tucker-Lewis index (TLI), root mean square error of approximation (RMSEA), adjusted goodness of fit index (AGFI), and standardized root mean square residual (SRMR). According to the joint-criteria approach, a good structural testing model approaches CFI $\geq .96$ and SRMR $\leq .10$, or RMSEA $\leq .06$ and SRMR $\leq .10$ (Hu & Bentler, 1999).

To validate the factor structure of the model in this data set, a confirmatory factor analysis (CFA) was first conducted (Hunter, 1980). Results (eigenvalues > 1.0 , varimax rotation) produced three clean factors (primary loadings = .59-.96; highest cross-loading = .33; variance explained = 69%). Furthermore, we tested common method variance by loading all three variables as one single factor. If common method was present, the one-factor model would fit the data well (Harman, 1976). Results indicated that the one-factor model did not fit the data well, and had $\chi^2(5) = 91.31$, $p < .001$, CFI = .54, TLI = .98, RMSEA = .28, AGFI = .66, and SRMR = .09. Therefore, common method variance was not considered a threat.

Following CFA, results revealed that the structural model was a good fit to the data: $\chi^2(3) = 38.70$, $p = .74$, CFI = 1.00, TLI = .98, RMSEA = .02, AGFI = .92, and SRMR = .05. The complete model, shown in Figure 1, shows support for H1. A positive and significant effect was found between personal health identity and WHP participation ($\beta = .62$, $p < .001$), WHP participation and organizational identification ($\beta = .61$, $p < .001$), and personal health identity and organizational identification ($\beta = .23$, $p < .01$).

Discussion

The current study investigated the intersection of individual and organizational identities at work, filling a gap in the literature by demonstrating the effect of personal health identities on organizational identification. This analysis revealed that employees' participation in a WHP program mediates personal health and organizational identities. Other health identification research had investigated how group and organizational identifications influence health behaviors, whereas this study showed how personal health identities influence organizational attachments through the situated activity of WHP participation. People who define themselves

Table 1. Means, standard deviations, and correlations

Variable	<i>M</i>	<i>SD</i>	1	2	3
1. Personal health identity	5.57	0.56			
2. Organizational identification	5.85	1.06	0.32*		
3. WHP program participation	5.93	1.31	0.27**	0.77**	

Note. $N = 204$.

* $p \leq .05$, ** $p \leq .01$.

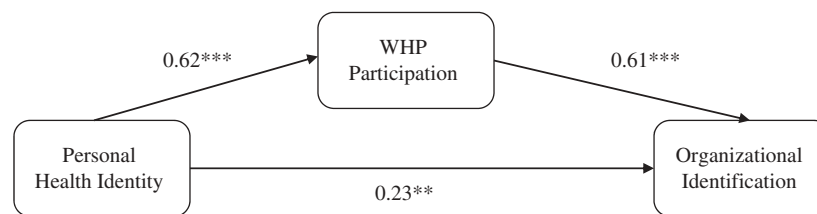


Figure 1. Path coefficients for the mediation model between personal health identity, workplace health promotion program participation, and organizational identification. Significance: ** $p \leq .01$, *** $p \leq .001$.

in terms of their health are more likely to participate in WHP programs, which, in turn, increases their organizational identification. This research makes several contributions to theory and practice.

Theoretical Contributions

First, the current study contributes to the WHP literature, as participation rates in WHP programs are often relatively low, and scholars have called for theory-driven research to increase employees' participation (Linnan, Sorensen, Colditz, Klar, & Emmons, 2001). This research provides a theoretical explanation for employees' involvement in WHP programs by showing the positive relationship between personal health identities and wellness program participation. Specifically, this study contributes to the growing work that shows the role of identity in predicting health behaviors (Moran & Sussman, 2014; Stephens et al., 2014, 2015), and demonstrates the effect that personal health identities and participation in workplace wellness programs have on identification.

Furthermore, in addition to understanding organizational benefits of productivity (Kuoppala et al., 2008), employee absences (Conn et al., 2009; Kuoppala et al., 2008), and turnover (DeJoy & Wilson, 2003), this research points to an additional outcome of WHP participation: employees' increased sense of belongingness. Although some scholarship, particularly in the field of organizational communication, has critiqued WHP (Farrell & Geist-Martin, 2005; Zoller, 2003), the current project shows an additional way that WHP can benefit employees and organizations. Rather than viewing WHP as an organizational mandate to conform employees, this study offers a bottom-up approach to WHP participation by showing that some people already have healthy identities which they bring to work. Scholars should recognize that WHP programs may acknowledge and meet the needs of employees' preexisting healthy identities, which in turn help employees feel more attached to work.

For example, consider the growing trend of wearable fitness devices, such as Fitbit bands, which track a person's steps, calories burned, sleep, and more. Since people wear these devices 24/7, they naturally bring wearable technologies to work. Many businesses are now incorporating these devices into their corporate wellness programs, but that effort has been more of a "grass-roots" movement, according to James Park, the CEO of Fitbit. He explained, "Similar to how employees brought iPhones into the workplace to replace BlackBerry, employees who really love Fitbit are bringing [the devices] to their HR [human resources person] and

saying, 'Let's use this as part of our corporate wellness program'" (Thompson, 2014, para. 6). This example demonstrates that WHP programs are not always introduced in a top-down manner, and scholars should recognize how WHP participation can be organically cultivated through employees who value health.

A second theoretical contribution of this project is the attention it draws to the role of activities in the negotiation of identities. Although Scott et al. (1998) encouraged scholars to pursue how identification processes are situated within activities, only recently have scholars empirically considered the role of organizational activities in fostering identification (Meisenbach & Kramer, 2014; Stephens & Dailey, 2012). Filling authors' calls for more research in this area, this study shows how employees' involvement in a workplace wellness program mediates the relationship between individuals' health identities and their organizational identification. We contend that organizational activities, like WHP programs, serve as identity bridges because they allow employees to express both personal and work identity targets.

As home and work life become more intertwined, health communication research must shift to look at the various activities, beyond health and wellness programs, that companies offer to bridge employees' personal and work lives. Other work-life initiatives, such as company-paid sabbaticals or volunteer days, are additional activities that may act as identity bridges. For example, workers who have a strong connection to animals, gardening, or education may benefit from volunteer opportunities at pet shelters, parks, or schools. Businesses could strategically offer a range of volunteer events to bridge different personal identities to the company. Future research should examine other health initiatives or personal-organizational activities that might promote stronger organizational attachment.

Furthermore, it would be interesting to explore whether actual participation in the organizational wellness activity is requisite for identification, or whether simply the opportunity for activity can foster identification. In other words, does the identity bridge just need to exist, or do employees need to "use" the bridge? Scott et al. (1998, p. 305) contended "interaction as being essential to the development of identification," but the authors suggested that this interaction might be actual or "hypothesized." In our measure of WHP participation, we included items about employees' current and desired participation in the wellness program. Subsequent studies should look at the difference between active versus potential involvement in an organizational activity, because just the option to engage in the activity may be enough to boost identification.

Third, this study significantly adds to communication scholars' understanding of multiple identifications by exploring how personal identities influence organizational identities. Although in their conceptualization of nested identities Ashforth and Johnson (2001, p. 44) suggested that "personal identities likely play a critical role" in multiple identifications (see also Scott et al., 1998), few studies had explored the effect of individual identity enactment on organizational identification. Future research should continue to extend the multiple identifications literature by exploring other effects of health identities on work-related identification targets. For example, what happens when personal and organizational identities do not align? In the current study, we did not test for other forms of identification, such as disidentification, ambivalent identification, and neutral identification (Kreiner & Ashforth, 2004), but people likely distance their attachment when organizations' values or efforts do not align with their personal identities. Many employees may feel uncomfortable talking about health at work, or workers may not see the benefit in workplace wellness programs (Geist-Martin & Scarduzio, 2011). This research takes a first step in adding to theory surrounding multiple identifications by studying what happens when people evoke their individual identities at work, but there is much more work to be done in this area, particularly exploring the "dark side" of the link between personal health identities and organizational identification.

In the current study, we investigated one aspect of personal identity, health, which employees were able to communicate by participating in an organizational wellness program. As employers increasingly adopt family and social roles (Kirby, 2006), identification scholars need to better understand how individual identities influence other attachment targets. There are likely many more personal identities, besides one's health, that people bring to work. For example, studies have shown the integration of religion (e.g., Lynn, Naughton, & VanderVeen, 2010), sexual orientation (Prati & Pietrantonio, 2014), and personal technology frames (Treem, Dailey, Pierce, & Leonardi, 2015) in organizations, but scholars have yet to explore how enacting personal identities influences organizational identification or other work-related identification targets. For example, the presence or absence of an affinity group and identification with an ethnicity, race, or sexual orientation might affect organizational identification. Or, an employee with a highly salient parental identity might participate in an on-site day-care program, which strengthens the worker's organizational identification.

Practical Contributions

On a practical level, managers can use these findings to increase employees' identification within organizations. Rather than promoting generalized wellness initiatives that emphasize broad health benefits (e.g., get healthier by visiting our on-site gym), organizations can increase WHP participation and benefit from more identified employees with more targeted health promotion programs and specific wellness campaigns. Organizations could take the time to understand workers' health identities (e.g., runners, yogis) and capitalize

on different health identities, perhaps implementing a "runners club" or "yoga group," which should strengthen employees' participation and organizational identification.

Companies may also use the findings of this study as a rationale for the cost of investing in WHP. In addition to the benefits of increased work productivity (Kuoppala et al., 2008), reduced employee absences (Conn et al., 2009; Kuoppala et al., 2008), and decreased turnover (DeJoy & Wilson, 2003), there are several advantages to an identified workforce. For example, employees with high identification are more likely to exert more effort and assist others (Bartel, 2001), as well as to remain in organizations (Scott et al., 1999). Therefore, companies can earn a greater return on investment because wellness programs help create bonds between workers and their employers. WHP programs provide a common ground for workers, regardless of their position in the organization, to communicate their personal health identities and build relationships with coworkers in a comfortable environment. Likewise, employees who feel disconnected from their work may feel more engaged if they participate in WHP programs versus engaging in health activities outside of work. Workplace wellness programs allow people who assume healthy identities to feel more connected to work because they allow individuals' healthy identities and work identities to overlap. If health is important to a person, participating in a workplace wellness program will help that individual feel more integrated at work. On an ethical note, companies need to acknowledge that although their wellness programs may help employees reap individual benefits of being healthier and more integrated at work, such initiatives are also profiting organizations.

Lastly, this study helps organizational leaders understand the interaction between personal identity and organizational identification in a non-Western environment of workplace health promotion. Because China, the world's second largest economy, is undergoing rapid economic and social changes, it provides a suitable context to test and extend Western works on social identity theory. Furthermore, the U.S. Census projects that by 2050, the Hispanic and Asian populations will both triple; the Black population will almost double; and the White population will barely hold its own (Salisbury & Byrd, 2006). As the United States becomes more ethnically and racially diverse, this study facilitates employers' and workplace health managers' understanding of an increasingly heterogeneous workforce.

Limitations and Conclusion

Despite the many theoretical and practical contributions of this study, like any study, this project is not without limitations. Methodologically, our data were collected only through the use of surveys, and we relied on self-report measures, which are subject to participation bias and social desirability effects. Also, SEM cannot test directionality in relationships, so subsequent studies should explore how identification might influence WHP participation. Research has demonstrated the effect of identification on various health perceptions, including health beliefs (Moran & Sussman, 2014), health knowledge (Stephens et al., 2014), and behavioral intentions (Stephens et al., 2015).

However, scholars have yet to understand the potential link between high levels of organizational identification and actual health behaviors, such as participation in wellness programs. Participation in WHP might also shape individuals' health identities. We chose the tested model because of the support and evidence from reviewed literature, but there may be other models that fit the data equally well.

In terms of sampling, data were collected from only one organization in one country. Although we believe our findings should transfer to other organizations and cultures, future research should confirm these results with respondents from other countries. Furthermore, our measure of participation in the WHP program could have been more precise, and we did not account for other variables that might influence organizational identification.

In conclusion, this study fills an important gap in the literature by understanding how personal identities affect work identifications. Our research shows that participation in WHP programs mediates the relationship between individual identity and organizational identification. In addition to adding to health communication scholars' knowledge of multiple identifications, this research highlights the role of activities in the identification process, and contributes to WHP literature by showing a new outcome of wellness program participation. We hope this study serves as a foundation for future studies to explore other factors that increase WHP participation, as well as other activities that encourage the integration of personal and organizational identities.

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