

THESIS

CAN INTUITIVE EATING WORK AT WORK? A QUALITATIVE EXPLORATION  
OF WORKPLACE WELLNESS PROGRAMS

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## ABSTRACT

### CAN INTUITIVE EATING WORK AT WORK? A QUALITATIVE EXPLORATION OF WORKPLACE WELLNESS PROGRAMS

*Background:* Workplace wellness programs have traditionally emphasized weight-loss outcomes; however, evidence supporting the long-term efficacy of such programs is limited, and research has documented adverse consequences, including increased long-term weight gain, heightened weight stigma in the workplace, and elevated stress and binge-eating behaviors. Intuitive eating (IE), an approach emphasizing attunement to physiological hunger and satiety cues alongside principles of gentle nutrition, has emerged as a promising alternative to weight-centric interventions. Preliminary workplace-based intuitive eating interventions have demonstrated improvements in employees' dietary quality, reductions in disordered eating behaviors, and decreased internalization of weight stigma.

*Purpose:* This qualitative study examined workplace wellness programs from the perspectives of nutrition experts and organizational wellness managers to understand the factors limiting the adoption of IE as a workplace healthy eating initiative. Through semi-structured qualitative interviews, the research explored how existing wellness programs were selected, developed, implemented, and evaluated, with particular attention to the integration of IE principles. By exploring facilitators and barriers to incorporating IE, as well as organizational conceptualizations of ideal initiatives, the study aimed to inform pathways for developing, implementing, and marketing IE-based workplace wellness initiatives.

*Methods:* To address the research questions, 16 semi-structured interviews were conducted via Microsoft Teams with corporate nutrition experts (n=9) and workplace wellness

managers (n=7) during the fall of 2024. Given the specialized nature of the intended interviewees, purposive maximum variation sampling and snowball sampling techniques were employed. Interviews continued until data saturation was achieved. All transcripts were coded using both deductive and inductive approaches in Atlas.ti software and analyzed using a thematic analytic approach.

*Results:* Two major themes with 12 subthemes emerged, capturing the direct and indirect influences on IE implementation in workplace wellness programs. Major theme one revolved around direct influences and included facilitators such as positive attitudes from nutrition experts, recognition of harms associated with weight loss initiatives, and the use of diverse implementation strategies. Barriers included limited knowledge and training in IE affecting organizational buy-in, cultural resistance to IE from dominant diet norms, stigma within the IE community, and the prioritization of perceived cost savings. Major theme two centered on indirect influences and encompassed organizational-level barriers, including productivity concerns, superficial and unsustainable program outcomes, and employing unstandardized or no evaluation methods, while a facilitator to IE is the movement toward more holistic approaches to wellness initiatives. Opportunities for advancing IE programming included framing IE as a mental health benefit to enhance organizational appeal and offering group-based and hybrid program formats.

*Conclusions:* Results from this study indicate some differing opinions from nutrition experts and wellness managers, largely based on their unique positionality and expertise. Nutrition experts advocate for a weight-inclusive approach that prioritizes health behaviors and equitable care across the weight spectrum while wellness managers may be open to IE

programming with enhanced awareness of IE benefits and increased critical evaluation of weight-based programs.

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## INTRODUCTION

### **Workplace Environment and Eating Behaviors**

Adults spend a significant portion of their time at work, making it a crucial environment for making health-related decisions. On average, American adults spend 8 hours a day at their workplace (Leung et al., 2018) and consume about one third of their daily calories while there (Clohessy et al., 2019). Spending this much time at work has prompted researchers to study work as an important environment for understanding of eating behaviors. An ecological approach to health behavior suggests that when both environment and policies encourage healthy behavior, individuals have an easier time making healthy choices (Sallis & Glanz, 2009). It is well-established that social and organizational characteristics of a workplace impact how employees engage with health behaviors (Tabak et al., 2015; Kolbe-Alexander et al., 2014; Moen et al., 2011). For instance, observing a co-worker eat more fruits and vegetables was associated with an increase in fruit and vegetable consumption in the observer (Tamers et al., 2015) and seeing co-workers more physically active at work increased self-reported physical activity (Tabak et al., 2015), suggesting a considerable interaction between work and health-conscious behaviors.

Conversely, the workplace environment can also hinder healthy eating. Workplace demands, such as more hours worked, have been shown to increase overall calorie intake, as well as increased saturated fat and sugar intake (Wardle et al., 2000). Additionally, workplace stress may lead employees to increase their junk food consumption and eat more unplanned food items at work (Leung et al., 2018). It is evident that unhealthy eating at work is influenced by individual, social, and environmental factors. For example, a systematic review of eating among nurses identified four barriers to healthy eating at work: workplace environment (e.g.,

availability of healthy food in the workplace canteen), social influences at work (e.g., pressure from colleagues), individual factors (e.g., nutritional knowledge), and organizational-related barriers (e.g., work stress) (Nicolls et al., 2016). Similarly, in a qualitative study in two public sector workplaces, the common barriers of healthy eating included cost, time constraints, choice and availability of food, personal versus institutional responsibility, and food messages and marketing (Pridgeon & Whitehead, 2013). Understanding how and why our workplaces shape eating behaviors is a necessary step in making policy changes and adapting the spaces where adults spend a lot of time.

### **Workplace Wellness**

There is a well-established connection between eating and the workplace, which has contributed to the implementation of workplace wellness policies regarding dietary behavior at the organizational level (Penalvo et al., 2021). In the 1970s, discussion of workplace wellness boomed as organizations realized they could cut their health care costs with healthier workers, and many larger organizations started implementing wellness programs to encourage employee lifestyle changes (Chernoff, 2020; Berry et al., 2020). Most workplaces have some sort of wellness program (around 60% on average and 80% of organizations with over 1,000 employees), and 75% of programs offer employees some kind of incentive. The most common types of workplace wellness programs offered include exercise (63%), smoking reduction (60%) and weight loss (53%) (Mattke et al., 2013). These programs range from offering health tips in newsletters to offering more extensive health behavior change programs via online coaching and organization-wide health contests (Chernoff, 2020). The most effective workplace wellness programs are voluntary, incorporate employee feedback into the process, supply education on health behavior development, and provide worthwhile incentives for employees and their

families (Caperchione et al., 2016; Chernoff, 2020). However, in recent years, measuring “effectiveness” of programs has been called into question. Some argue that workplace wellness programs are not focused enough on actual employee health outcomes when measuring effectiveness but rather solely care about return on investments (ROIs), creating a controversy about the efficacy and intent behind workplace wellness programs (Goetzel et al., 2014).

### **Traditional Workplace Eating Programs**

Many workplace eating programs focus on weight loss and cardiometabolic outcomes, and some studies show promising results for shifts in dietary quality and changes in body mass index (BMI) from these types of programs (Mattke et al., 2013; Benedict & Arterburn, 2008). For example, in a meta-analysis on the effectiveness of eating oriented workplace wellness programs, Peñalvo and colleagues (2021) examined 121 studies and found robust efficacy for the programs’ ability to change participants’ fruit intake and BMI but not other healthy eating habits. In one university employee wellness program involving 8 weekly face-to-face educational seminars, participants’ fruit, vegetable, bean, and grain intake increased compared to the control group. Although this intervention did effectively change a subset of dietary behaviors for the short term, participants reported no change in motivation or emotional eating and long-term outcomes were not measured, making it unclear if these changes would persist over time (Downes et al., 2021).

Despite significant short-term dietary and body weight changes in some programs, few studies have collected longitudinal data, limiting the ability to understand long-term behavior changes or sustainability of these programs (Peñalvo et al., 2021). In a meta-analysis of 21 studies on eating behavior interventions in the workplace, most studies demonstrated small changes in eating behavior and only three studies reported maintenance of these changes over a

6-month period (Hutchinson & Wilson, 2012). Even in studies where changes in BMI were moderate, employee weight loss was not sustainable and many participants weighed more at their follow-up than when they started the program (Ni Mhurchu et al., 2010; Benedict & Arterburn, 2008). These findings that indicate unsustainable weight loss from workplace wellness programs are congruent with other weight loss intervention research in which dieting is correlated with increased weight gain and more disordered eating at 5-year follow-ups (Neumark-Sztainer et al., 2006).

In addition to largely failing to result in long term positive changes in dietary behavior, weight-loss centered programs may contribute to unanticipated shifts in workplace culture surrounding weight and eating. For example, many of these programs are constructed from diet culture principles (e.g., overprioritizing thinness and characterizing food as “good” or “bad”) (Stinson, 2021) and can have negative unintended negative consequences leading to increased binge and stress eating (Mann et al., 2007; Neumark-Sztainer et al., 2012). Workplace diet initiatives can also be harmful through contributing to an increase in workplace weight stigma, altering how people are observed and judged by their coworkers (Tauber et al., 2018; Bush et al., 2014). Since weight-loss focused programs emphasize that weight is controllable solely by the “will” of the person with elevated body weight, such programs can foster individual blame. Increased weight discrimination after workplace health promotion programs has been shown to reduce role advancement opportunities in the workplace for those who were overweight (Tauber et al., 2018). Also, some programs can be discriminatory and target only people in a certain BMI range (e.g., BMI higher than XYZ), neglecting other employees who may be experiencing disordered and unhealthy eating that are not overweight (Bush et al., 2014).

### **Intuitive Eating**

To combat some of the negative outcomes of diet culture, the concept of “intuitive eating” was introduced as part of the anti-diet movement (Tribole, 1995). The anti-diet movement began in attempts to dismantle the connection between weight loss and health. The main goal of this movement was to call attention to weight stigma and urge society to stop privileging thin bodies and promoting unfounded myths about food and bodies that cause physical and mental harm (Jovanovski, 2023). The practice of intuitive eating (IE) emerged in the book, “Intuitive Eating” (Tribole, 1995) and has since been popularized in research and in pop culture. IE is a practice of eating that emphasizes body respect by listening to bodily cues through eating when hungry and stopping when full. IE encourages people to eat foods that make their body feel better rather than adhering to a specific diet that prohibits foods they may need to feel satiated (Tribole & Resch, 2020). This process also involves examining past eating experiences to predict future bodily sensations and feelings. For example, IE encourages recognizing when overeating or emotional eating in the past led to more experiences of discomfort and shame and trying to prevent future discomfort by not engaging in the same habits. Similarly, intuitive eaters may observe how some foods make the body feel more energized and respect the body by eating these foods more often (Tribole, 1995).

Avalos & Tylka (2006) proposed the “Acceptance Model of Intuitive Eating” to demonstrate that unconditional general acceptance and body acceptance by others work together to increase IE habits through appreciating one’s body. The most recent validated measure to capture IE behavior is the Intuitive Eating Scale-3 (Tylka et al., 2024). This model has been validated in multiple populations (Linardon et al., 2021). Although first studied in samples of young White women, the model has since been validated in populations of Black and Latinx women, men, athletes, and in older populations (Modica & DiLillo, 2023; Tylka & Homan,

2015; Augustus-Horvath & Tylka, 2011). However, the pathway between body acceptance and IE is generally stronger in women than men (Tylka & Homan, 2015). It is also more impactful for early and middle-aged adult women rather than emerging-adult women suggesting that body acceptance for middle-aged women is more dependent on feelings and perceptions from others (Tylka & Holman 2015; Augustus-Horvath & Tylka, 2011). In a study of female college athletes, perceived acceptance from others was associated with greater IE scores suggesting that others' positive reactions to our bodies can foster better eating habits (Hahn Oh et al., 2012). Thus, these positive environmental cues are essential to study in different settings as they inform our eating habits.

With an emphasis on discouraging restriction, IE has been linked to a variety of positive outcomes such as increased quality of life, healthier body image, and decreased weight-bias internalization and body dissatisfaction (Babott et al., 2023; Van Dyke & Drinkwater, 2013; Burnette & Mazzeo, 2020). More specifically, a recent meta-analysis that examined IE and indices of mental health concluded that IE is associated with higher self-esteem, greater well-being, and less disturbed eating and psychopathology. Notably, higher IE levels were also associated with less psychological distress (Linardon et al., 2021). IE may also offer long-term protective benefits, as it is associated with better mental and behavioral outcomes nearly a decade later (Hazzard et al., 2021).

Although IE habits start to form in childhood, shaped by family environments and early exposure to food practices (Ellis et al., 2016; Ge et al., 2024), they are not fixed. Evidence suggests that adults can learn and adopt IE principles later in life (Barraclough et al., 2019). In an intervention among a diverse sample of female college students, the participants were eating more intuitively and had increased body self-esteem at a 16-week follow-up (Burnette &

Mazzeo, 2020). A recent meta-analysis highlighting 9 IE interventions found increases in IE habits in all the studies (Babott et al., 2023); even those that were relatively simple, such as an IE texting intervention that sent participants a weekly text regarding IE for five weeks (Loughran et al., 2018). Thus, it is possible that IE tendencies can be taught and encouraged in different environments, such as the workplace.

### **Intuitive Eating in the Workplace**

Intuitive eating is particularly interesting in a workplace environment because the workplace is a social environment where adults spend a lot of time, and IE is rooted in body acceptance from others. While at work, adults are often being observed and judged for their decision-making regarding food, which may lead to less body acceptance from coworkers. Workplace eating behaviors contribute to employee stereotypes and influence interpersonal relationships. For example, if someone is perceived as eating less healthfully, they are more likely to be viewed as having lower self-control (Watkins et al., 2022). With the continued rise in obesity, weight bias in the workplace is pervasive, which may lead people to eat less intuitively due to this social component of body acceptance. Weight bias is derived from thoughts regarding control and blame of an overweight individual, which in turn contributes to internalized weight bias and can have detrimental effects on physiological and psychological health (Tylka et al., 2014). Considering that increased weight-bias is often an outcome of traditional workplace eating programs, it is especially important that future programs de-emphasize weight outcomes.

Although IE may serve as an influential workplace health initiative, many people still do not know much about IE. This is especially true in rural areas, where a significant paucity in understanding or awareness of IE persists (Van Dyke et al., 2023). In a population of 23 rural Australians, many were skeptical of its potential benefit and believed that traditional dieting was

the best approach to achieve health (Van Dyke et al., 2023). Along with skepticism, participants in IE programs have reported environmental and social barriers (Barraclough et al., 2019). For instance, higher workplace demands correlate with less time for eating breaks, and lack of time to eat at appropriate times may cause people to overeat later and not eat intuitively (Leslie, 2013). IE is also critiqued for being a privileged approach because people with higher socioeconomic status are more likely to eat intuitively. By contrast, adults who experienced food insecurity during childhood often face barriers to eating intuitively, as poverty and food insecurity can disrupt healthy eating patterns and increase vulnerability to disordered eating (Burnette et al., 2023). IE could potentially be a promising strategy for workplace wellness initiatives if the awareness, access, and salience of IE increased.

As previously discussed, previous workplace health interventions typically align with normative diet culture and a weight-loss focus. In response to this trend, some researchers have begun to examine IE as a bridge between eating and wellness. To the researcher's knowledge, there have only been several IE workplace specific interventions, and most of them were completed in university settings and published within the past year (Bush et al., 2014; McCarthy, 2021; Gnau et al., 2023; Schmid et al., 2024; Pericone-Kapp, 2024). These interventions have demonstrated compelling results, leading to both positive mental health and behavioral outcomes (Bush et al., 2014; Gnau et al., 2023; Schmid et al., 2024; Pericone-Kapp, 2024). For example, one skills-based IE and mindfulness intervention including female employees (n =24) found that participants were eating more intuitively, feeling higher levels of body appreciation and experiencing lower levels of problematic eating compared to the control group (Bush et al., 2014). More recently, Schmid and colleagues (2024) conducted an IE workplace wellness program involving a 3-month virtual program with videos on IE and a virtual health coach. They

found that the program increased IE and decreased internalized weight stigma and eating disorder symptomatology. Additionally, the IE group had significant changes in their dietary intake, such as decreases in; sugar sweetened beverage intake, processed foods with added sugars, and fast food at a 6-month follow-up (Schmid et al., 2024). The findings from these IE workplace programs are promising and suggest IE programs may be a better alternative to weight-loss programs in workplace environments.

### **Filling the gap**

Currently published, peer-reviewed literature on healthy eating programs at work and IE program is scarce, and there is even less research specific to IE in the workplace. It is unclear why IE is not a mainstream practice in workplace healthy eating initiatives since it may provide better physical and mental outcomes than traditional approaches with fewer negative side-effects. The existing literature indicates there is no study that attempts to uncover the challenges and successes of IE in workplace wellness programs. Additionally, there is a lack of understanding regarding how organizational priorities are determined and why diet-centric programs are still the preferred approach. Furthermore, there is no research that includes the viewpoint of both the leadership and staff at the organizations commissioning workplace wellness programs and professional nutrition consultants who design and implement the programs, making it difficult to understand how the perspectives of these two groups diverge or intersect.

### **Present Study**

The aim of the current study was to learn about workplace healthy eating programs through the perspectives of nutrition experts and wellness managers at organizations. This study was exploratory as to understand how healthy eating workplace wellness programs are selected, developed, implemented, and evaluated. This study also sought to understand real and perceived

facilitators and barriers nutrition experts experience in incorporating IE into workplace settings. Additionally, through understanding wellness from wellness managers' perspectives, these findings illuminate how organization decision makers understand healthy eating at work and reveal their knowledge of IE practices. The larger goal of this study was to elucidate a path to developing and implementing IE into workplace wellness and evaluating these IE programs. To do so, the study addressed the following research questions:

1. What is the experience of nutrition experts who utilize IE principles in workplace wellness programming?
2. How do wellness managers at organizations conceptualize and implement healthy eating programs for their employees?

## METHODS

### **Conceptual framework**

A constructivist approach was utilized to provide a theoretical framework for this project. Honebein (1996) posits that people construct their individual meaning of the world based on their lived experiences. Through the constructivist framework, reality is socially constructed by both the researcher and the participant. A constructivist research design can involve interviewing as a method of data collection and emphasizes open ended questions and probing to capture a participant's meaning rather than an assigned meaning by a researcher (Adom et al., 2016). Here, a researcher is encouraged to assess their own lived experiences and biases when analyzing the narrative and concluding patterns (Adom et al., 2016; Lauckner et al., 2012). In the context of this study, people's experiences of workplace wellness and IE have been informed by their social environment and lived experiences. A social constructivist approach has been employed by other

eating behavior researchers to capture diverse perspectives on eating and health (Churruca et al., 2020; Newcombe et al., 2020; McDonald & Braun, 2022).

### **Positionality Statement**

As the researcher leading this project and interviewing people in the community, I understand that who I am influences how I approach this work and the perspectives I bring into the research space. I am a white, cisgender woman and a graduate student, and I came into this project with prior beliefs that intuitive eating is a positive and health-promoting approach. Also, I am not trained as a nutrition expert nor have I ever led workplace wellness programs. My training and personal values shape how I interpret ideas about food, health, and well-being, and I recognize that these interpretations may not always reflect the experiences or cultural contexts of those I am working with. I approached this research with the awareness that my position can influence how I engaged with participants, how I analyzed the stories they share, and how findings were framed and communicated. My goal was to center the voices and expertise of those who lived these experiences.

### **Study Design**

The study was designed to use qualitative data to understand current workplace wellness initiatives and the role of IE in these programs. This study involved interviewing nutrition experts (e.g., registered dietitian nutritionists (RDNs), health coaches) and wellness managers in charge of employee wellness programming from regions across the United States. The semi-structured moderator guide was developed based on the current literature and qualitative methods interview principles (Roulston, 2010). After developing the initial moderator guide, the researchers beta tested the guide with a member of the priority audience (e.g., an RDN) to provide feedback on the questions and script and ensure the interviewees (e.g., RDNs) would

understand the questions and respond in a way that ultimately answers the research questions. It is common practice in qualitative research to establish rigor and examine the functionality of a moderator guide through field testing (beta testing) (Macarthur & Von Holst, 2012). The moderator guide was adapted based on this feedback, and the new guide was used for the rest of the data collection. In the Fall of 2024, participants were invited to engage in one semi structured 30–60-minute interview regarding their experiences of workplace wellness programs. These interviews occurred via Teams software and were recorded for later transcription processing. Before participating in the video interview, participants were asked to complete informed consent online via a Qualtrics link and fill out an internet survey of their demographic information. Participants were recruited until the data reached saturation, which involves collecting data until there are no new occurring themes (Glaser & Strauss, 1967). As recommended by qualitative methods literature on reaching saturation, we conducted 16 interviews and researchers determined they met saturation at this point (Saunders et al., 2018).

### **IRB Approval**

All methods and procedures were approved by the Colorado State University Institutional Review Board (project #5982) on Human Subjects prior to human subject research commencing.

### **Sample**

Due to the specificity of this population, the sampling techniques used were purposive maximum variation sampling (Patton, 2002) and snowball sampling (Goodman, 1961). Purposive maximum variation sampling requires that participants are selected based on specific characteristics or criteria relevant to the research question, rather than randomly, to understand experiences within a specific phenomenon (Patton, 2002). The first group, nutrition experts, included those who have worked for organizations doing healthy eating programming. The

second group, wellness managers, included people with some involvement in decision making for their organizations' wellness initiatives, which were typically people in higher management or human resources at a large university or for-profit organization.

### **Recruitment**

The initial participants in the health promotion professional group were recruited through connections with Dr. Sarah Stotz in the CSU Food Science and Human Nutrition Department, who emailed a few of her colleagues to introduce them to the study and connect them directly with me. Following these introductions, I corresponded individually with each participant by email to provide study information and schedule interviews. At the end of each interview, participants were asked if they knew others in similar roles and/or wellness managers, thereby employing a snowball sampling technique to expand recruitment. Throughout the process, we maintained a detailed log of participant contact information and recruitment sources to ensure organization and transparency. Snowball sampling is typically utilized when seeking to collect data from a specific and unique population such as this one. This technique involves identifying a small number of initial participants and then asking them to refer other individuals who meet the same criteria. This process continued, with each new participant referring more individuals (Goodman, 1961). No data was collected from people who did not consent to being interviewed.

### **Instrumentation**

Interviews were conducted through semi structured open-ended questions designed to elicit information about workplace wellness and healthy eating programs. Participants provided informed consent online and filled out a demographic survey before engaging in the interview process. The interview questions (Appendix A) differed between nutrition experts and wellness managers largely based on their positionality. These questions were written in accordance with

gaps in the literature and reviewed by a qualitative expert, Dr. Sarah Stotz. During the interviews, probing questions were asked to add clarity to confusing statements or dig into interesting topics that the participants discuss. These questions were intended to answer the research questions and reveal information about experiences of workplace wellness and IE from multiple perspectives.

All interviews took place between September and November of 2024. To make these interviews feel accessible to participants, they were offered online with flexible hours, including before and after the workday. To easily record interviews at no cost, Teams software was used to automatically record while in conversation, and researchers used a professional human-based transcription service ([www.rev.com](http://www.rev.com)) to facilitate verbatim transcription. These transcriptions were examined for inconsistencies with the audio recording after each interview and edited appropriately. The participants were compensated with a \$20 Amazon gift card for their participation using funding from the Colorado State School of Public Health thanked for their time.

### **Analytical process**

Before analyzing the data, transcripts were de-identified, and all participant names were removed throughout the documents and replaced with PID number. A second coder (S.P) assisted with theme development, and we met biweekly during the data collection process. After the initial few interviews with nutrition experts, we both took notes on three transcripts to start developing a codebook surrounding our overlap in themes. We also assessed whether the moderator guide should be altered or continue with interviews.

The transcribed interview data was analyzed through thematic analysis with a constructivist approach, which has been used in previous healthy eating studies (McDonald &

Braun, 2022; James et al., 2022). Thematic analysis involves the iterative process of examining data systematically and identifying recurring themes throughout a dataset (Braun & Clarke, 2012). We both independently coded three different transcripts in the nutrition expert group, using ATLAS.ti qualitative analysis software (ATLAS.ti 25.0.1), to see how the codebook mapped onto other participants. All transcripts were re-read to assess how accurately the codebook captured the data, making any necessary adjustments. We discussed our differences in coding and developed a different codebook for the wellness manager group using the same methods. We each coded two transcripts for the wellness manager group so that my second coder assisted with 20% of my transcripts. I took notes on themes emerging as the interviews progressed and made additions to the codebook before I continued coding, and my second coder approved these.

I independently coded the remaining 80% of transcripts using both inductive and deductive approaches, applying the initial prescribed codebook while also generating emergent codes based on the data (Bingham & Witkowsky, 2021). A qualitative expert provided mentorship and guidance in biweekly meetings throughout the coding process. During the second round of coding, redundant and miscellaneous codes were consolidated, reducing the total number of codes from 174 to 19 final codes. This refinement process allowed for the organization of codes into broader categories that better reflected the overarching themes in the dataset.

### **Qualitative Findings**

Nutrition experts (n=9) and wellness managers (n=7) served as participants in this interview-based study. All participants completed one semi-structured interview (M = 37.8 minutes, range = 26–53). Nutrition expert participants self-identified their job roles as the

following: registered dietitian nutritionists (RDNs) (n=3), owners of nutrition companies (n=3), health coaches/educators (n=2), and a nutrition center director (n=1). Wellness managers self-identified their roles as the following: HR roles (i.e., HR generalist, benefits and payroll coordinator, and senior benefits manager (n=3), wellness program managers (n=2), a wellness specialist (n=1), and a chief wellness officer (n=1). Organizations included 6 university settings and 10 for-profit organizations. Including all participants, the sample was predominantly female (94%) and white (88%), with ages ranging from 29 - 62 years (mean age= 43.88 years). Educational attainment varied, with 31% (n=5) holding a bachelor's degree, 6% a professional degree (n=1), 56% a master's degree (n=9), and 6% a doctoral degree (n=1). The number of hours worked per week differed from 10 to 70 (mean = 37 hours). Geographic locations varied across the US, with over half of participants living in the West (56%, n=9) followed by the Midwest (31%, n=5) and the South (13%, n=2), with no participants in the East coast.

Across all the transcriptions, two key themes were constructed. First, nutrition experts have begun incorporating IE into their practices with positive experiences, though bringing it into workplace wellness programs has direct challenges. Barriers include insufficient training for nutrition experts and knowledge of IE among wellness managers, a strong pull toward traditional weight loss models, cultural diet norms, funding constraints, and divisions with the IE community itself. Second, there are broader concerns within workplace wellness that impact the potential for implementation of IE. Some of these include strain from productivity culture (e.g., prioritizing output over taking lunch breaks), limited sustainability of weight-loss programming outcomes (e.g., short engagement without lasting changes), and notable differences in program evaluation (e.g., some companies do not evaluate their current methods).

Across the transcripts, there were distinct trends between nutrition experts and wellness managers, reflecting differences in their professional roles and responses to different moderator guides used during interviews. However, despite these trends, two key themes are salient across all transcriptions.

**Theme #1: Intuitive eating is viewed by nutrition experts as a liberating alternative to weight-centric models, yet its integration into workplace wellness programming is complicated by lack of formal training and knowledge of IE, gravitation towards weight loss programming despite perceived harm, conflicting funding priorities, cultural norms surrounding diet culture, and internal tensions within the intuitive eating movement**

The following seven sub-themes expand this overarching insight, each illustrated with quotations from participants that highlight specific barriers, tensions, and opportunities related to intuitive eating in workplace settings.

1.1 Nutrition experts regard intuitive eating as a liberating alternative to weight-focused programs and report that most clients respond positively, although some initially express hesitation

Nutrition experts generally viewed IE as an empowering, sustainable tool when compared to worksite wellness programming involving weight loss. IE was associated with mindfulness, rejecting the diet mentality, increasing body autonomy, enjoying food without guilt, and encouraging sustainable habits. It was emphasized that IE can decrease stress for those in bigger bodies by allowing them to focus on health outcomes rather than weight. One nutrition expert claimed there is research supporting this argument:

*There's a lot of great research around using IE and the positive outcomes for health, whether it's mental health or (...) there are some studies that have looked at different biometric measures, not necessarily weight, but blood pressure [and] cholesterol, and see that this approach looks at the whole person. (...) There's also the research against weight cycling and weight stigma and all the negative results of people who have dieted [their whole lives] (PID 15).*

This nutrition expert emphasizes the importance of examining the growing literature supporting IE, including its benefits for mental health and certain biometrics, such as blood pressure and cholesterol. Also, these benefits were contrasted with harm of weight cycling and dieting, especially among lifelong dieters. Other nutrition experts similarly spoke of moving away from a traditional weight loss approach, suggesting that IE research indicates both mental and physical health benefits.

For nutrition experts, favorable impressions of IE were greatly shaped by the positive responses they received from clients. They perceived clients as unfamiliar with IE but curious and receptive, especially after learning about the core principles like rejecting a diet mentality. Nutrition experts claimed that clients feel a sense of relief and connection to the message, particularly those tired of dieting, calorie counting, and food-related anxiety. They believe clients often come to IE after feeling exhausted or disillusioned by traditional weight-loss methods. One nutrition expert who leads an IE program shared

*I asked them initially why they did join the program, and I do sometimes ask, do you know anything about IE? And I would say the majority of people don't. Or they may have*

*heard about it, but they don't know much detail and they're only getting these general things like, oh, eat when you're hungry, stop when you're full. But most people are open to learning more and if they do watch that first video, which is about reject the diet mentality, a lot of 'em will say, oh, that sounds great. That's me. I've been in this cycle, and I don't want to be in this anymore. I'm tired of counting calories. I'm tired of being worried about everything I eat. So, most people are pretty responsive and almost excited at times that there's a different approach to changing their behavior (PID 15).*

Others echoed these sentiments regarding participants' excitement and relief in learning about an IE approach. Through examining survey feedback, another nutrition expert shared how her clients reported that IE programs are especially supportive in a group environment serving as a reminder that their negative dieting experiences are common:

*We do a survey at the end of every seven-week series. And yeah, there's a lot of comments (...) that they're glad that they're not alone. (...) Through some of the discussion that happens, people realize, oh, I'm not the only one trying to (...) fight this battle here against diet culture (...). And it just feels like a really supportive group. And to know they're not alone in that, I think is really helpful too. But yeah, there's a lot of like, wow, this was not what I expected, but kind of in a good way, you know? (PID 5).*

This participant interpreted her clients' relief regarding IE programming as contributing to a newly established sense of community among others in the course. Similarly to this participant,

nutrition experts often suggested how positive IE responses correlate with negative experiences from diet culture.

Nutrition experts also expressed how IE adoption can be a slow process, and how they have witnessed resistance to IE because of competing weight loss ideologies. From the nutrition expert perspective, some clients discontinue with the program when IE doesn't align with their desire for structured diet advice or weight loss goals (e.g., tracking macronutrients) while others continue to practice IE principles with a resistance mindset and may take months to fully engage, especially if they initially seek weight loss. A nutrition expert describes the initial resistance from her clients:

*Usually my clients don't buy into it immediately. They'll maybe get there eventually, but I prioritize my client's autonomy above my beliefs. So, if someone comes to me wanting to lose weight, we work on weight loss. And over time, generally people realize, oh, it's not actually about my body weight. What I want is something much broader, and I can learn to love myself in a bigger body. That comes much later. But I think, yeah, it comes over the course of maybe six months to a year of working with someone where they have to see that you can help them lose weight first (PID 7).*

This nutrition expert emphasizes respecting client autonomy, meeting them where they are, and sometimes working within a weight-loss framework before clients can shift to a broader, more self-compassionate view. Other nutrition experts are not willing to engage with weight loss goals and discuss how they will turn down clients who cannot engage with a weight-inclusive mentality.

## 1.2 Nutrition experts expressed that traditional weight-loss programs alone were not helping their clients; thus, they employed multiple methods of healthful eating support

Participants articulated using an approach with mixed strategies, where they may use IE principles along with other methods (e.g. somatic therapy, weight-inclusive approach, weight loss) depending on client needs. One participant describes her annoyance with dietitians being categorized: “It feels sometimes quite divisive in the dietitian world that you're either healthy at every size intuitive eating lens or diet culture lens, and that's kind of frustrating to me” (PID 1). Others similarly contend that supporting clients in their weight loss goals is important, emphasizing that some individuals have a strong desire to lose weight and that denying these aspirations would be unethical. However, they acknowledge that broader diet culture can be harmful and may influence these desires. Thus, they also incorporate IE methods into their approaches.

## 1.3 Weight loss-focused approaches were described as the most used approach, yet psychologically harmful and lacking perceived benefit

There was a consensus among interviewees that healthy eating initiatives tied to weight loss is still the mainstream approach employed in workplace wellness programming, while IE-focused programs are less common. It was common for nutrition experts to go through a transition from weight focus to a weight-neutral approach after realizing that a weight-loss approach was not improving clients' lives. Nutrition experts described their beliefs that dieting is harmful and were motivated to engage with IE because they did not feel like weight loss driven diets were sustainable. One participant explained this phenomenon:

*I was working for the obesity prevention center. And there are all of these interventions and now it's been 10 years, 15 years, and this isn't working; people are not getting better (PID 3).*

Through these direct experiences with weight loss interventions not achieving their intended effects, participants sought out more holistic, sustainable approaches to nutrition. Others similarly described how weight loss programs are counterintuitive and lead to negative outcomes. One nutrition expert explained:

*I sometimes find like worksite wellness initiatives almost make it harder, and make it less of a friendly eating environment, a lot are either weight loss focused, or you can't have any like sugary snacks in the vending machine, or no candy bowls on your desk, or things like that. (...) I feel like they kind of take these good intentions and run it to the extreme. And then then employees might feel judged, (...) or I have a lot of clients (...) who are like "oh my desk always has candy on[it], or boss always has candy on the desk", and then they're not in a good (...) spot with their relationship to food. And so, I feel (...) both ends of the spectrum. And then especially in caring fields. (...) it's the worst, which seems counterintuitive, but my nurse clients are the worst nourished clients throughout the day, because they don't get breaks. (...), they're pretty much frowned upon for taking lunch breaks, and [I]even [have] a client who works in a blood drive place, and they're not allowed to take breaks (PID 6).*

This participant showcased how weight loss programs can unintentionally create a more judgmental and less supportive food environment with unintended negative consequences coming from restrictive healthy eating initiatives. Also, structural barriers, particularly for those in the healthcare field, limit employees' ability to intuitively eat.

One wellness manager, who runs an annual weight-focused incentive program, explained her intention of increasing social bonding for workplace teams, but how the programming received pushback, specifically from employees in eating disorder recovery who find the weigh-ins triggering. She described how they cannot account for all negative employee feedback regarding their annual weight maintenance competition because the program still has a net positive:

*We do a mini-incentive program that's kind of geared around weight maintenance, but it's more about let's just be healthy through the holidays. But it does have a weight maintenance factor, and we have a couple employees who have recently shared that that can be triggering to someone who's going through recovery from an eating disorder. And so while their feedback is "this needs to be canceled immediately", this is something that there's a lot of positive around. So we're listening to them, but canceling, it's probably not going to be an option (...) It's kind of social. And our big thing is we always have people come and stand on a warehouse scale, and we take everyone's weight as a team. No one gets punished if they gain weight or if they lose weight. We try to actually celebrate the teams that actually weigh in almost exactly the same and weigh out. (...) People have a lot of feelings about weighing, so there's a lot of fun there (PID 12).*

While leadership acknowledged the concern from employees, they are reluctant to cancel a longstanding and popular initiative, revealing a challenge in balancing inclusivity with tradition and/or popularity in wellness programming.

1.4 Adoption of intuitive eating approaches among wellness professionals is characterized by lack of knowledge and adequate training in intuitive eating, which contributes to mixed organizational buy-in

In this sample of 16 participants, nutrition experts had more experience with IE than did company wellness managers, though nutrition experts employing IE methods were self-educated in IE or self-selected into more formal IE training. Nutrition experts describe how they first learned of IE informally via podcasts, online culture, and word of mouth but their training was mostly based on weight-centric models in their educational training. It was also common for nutrition experts to learn about IE from experiences with disordered eating clients and literature.

In contrast, wellness managers shared they did not have substantial knowledge regarding IE, showcasing that IE programs are not a popular method of nutrition programming in our sample. It was common that organizations had scant IE content in their healthy eating programming, either engaging in none or skimming the topic (e.g., one mindful eating seminar), but this was not due to cited negative experiences with IE. Interviewees who do implement IE methodologies expressed that IE is still considered too progressive in many settings and emphasized the importance of having well-trained practitioners to present it appropriately. One nutrition expert expressed concern that both the persistence of traditional weight loss strategies and the rise of extreme anti-weight-loss stances among some IE advocates could limit the broader acceptance of IE approaches:

*I think it's still pretty revolutionary to a lot of people and if you don't have the right person either who is trained and able to present it in the spirit it's meant to be and responsibly, then I guess that's probably a limiting factor too, but I think in so many places it's still very traditional mindset in terms of 'we're going to reward weight loss' (...). I think there's a little bit of a double-edged sword because now you have a lot of (...) very anti- weight loss and even nutrition experts who now are making it a practice to not even help people lose weight. (...) This is a whole growing thing, and I think they're hurting the whole weight neutral IE movement. Because they're just not even acknowledging that this is something people might actually want for themselves, to lose some weight, and that could be a good thing in some ways for their health. (...) To just completely ignore that too is very troubling to me (...) and I worry that it's gonna hurt the effort to make more weight neutral programming, things that incorporate IE come into the mainstream because they see that extreme of people and they're like, oh, wow, that's crazy stuff. We don't want anything to do with that. (...) I worry about that. Like, swinging too far to the other side (PID 5).*

This participant highlighted her fear of ignoring individuals' desires for weight loss because it could alienate mainstream audiences and ultimately harm efforts to integrate IE into more widespread wellness programming.

In line with the progressive nature of IE, nutrition experts mentioned the necessity of doing IE in addition to other methods to increase participant and organizational buy-in for IE. One nutrition expert says, "I don't see companies asking for it [IE] (...) so I have to kind of straddle the fence sometimes with how I might talk about stuff" (PID 1). She exemplifies how

nutrition experts must cater to companies' goals because they are engaging in a business deal. Other nutrition experts explained how they initially framed their programs as promoting healthy eating with potential for weight loss to secure buy-in during the hiring process and then would incorporate IE principles when they delivered educational seminars. One wellness manager hints at the covertness of IE implementation among nutrition experts they have hired:

*Some of our hands-on demos (...) do a little bit of mindful eating of how this [vegetable] feels compared to this vegetable (...). So it's kind of sneaky. Employees don't fully know that that's exactly [IE]. Then we've had another instructor that did an eight-week course with us this year, and one of her weeks was entirely spent on eating and listening to your body to what you're wanting. So she kind of did that sneaking intuitive eating information in there too. But I always thought it was funny that they never specifically say this is intuitive eating or anything like that (PID 12).*

This wellness manager recognized that IE is woven into programming subtly, a practice acknowledged by nutrition experts in our sample, but the rationale behind the approach was not clearly communicated to her.

Though less common, two wellness managers in our sample did engage with IE programming. One wellness manager, who runs an IE program at her organization, describes the process of transitioning from a weight loss program to an IE program after learning about the promising research regarding IE. She explained there was initial hesitation from her staff and dietitians with overwhelming positive experiences on their team after exposure to IE. She shared:

*And our team, we've all been together for 18 years. It creates a lot of difficulty when you're trying to make changes, and it also creates that, 'I know this is hard for you and I'm going to help you through it'. So we trust each other enough that they trusted me, that I wasn't completely offering them something that is horrid (...) it was never really a negative thing. So they were willing to learn about it. Now, I would say that everybody is super comfortable. They would never go back. They're so happy. We made the switch, we redid the (...) class videos because they became comfortable with it and could speak in their own voices about the information and with their newfound passion for the topic. (...) People know they're making a difference and making people feel more comfortable with themselves (PID 14).*

This participant exemplifies the process of changing the status quo in wellness programming at her organization and the potential for improved staff morale after switching to an IE framework.

#### 1.5 Cultural resistance to intuitive eating is affected by diet culture norms in the media

Nutrition experts and wellness managers refer to outside influences impacting acceptance and adherence to IE programs. Nutrition experts discussed how online diet culture is harmful for mental and physical health outcomes. The discussion highlighted how diet culture is often tied to misinformation in media, which contributes to mixed messaging about what to eat and fear messaging regarding certain foods. Nutrition experts explain how diet culture in the media is frequently characterized by dichotomous thinking, whereas nutrition should be a personalized, individualized approach that acknowledges diverse needs. One nutrition expert describes her efforts to introduce IE to clients to combat diet culture messaging:

*And there's so many messages out there. I think I spend a lot of my time and emphasis in my programming trying to combat all that information I know is out there that people are getting affected by. So, all that stuff about (...) don't eat anything that's in a can or in the frozen section or in a box because that just means it's unhealthy. I'm always trying to combat that stuff about diet culture, that's where the IE comes into play (...) So a lot of my energy and how I present things is based on debunking all this stuff that I think people have internalized from social media (PID 5).*

Like this participant, others explain how part of their job is to myth bust against TikTokers and other social media influencers who frequently are non-experts giving out nutrition advice.

Nutrition experts also articulated how these media influences can contribute to dietitian biases and ultimately shape some organizations' healthy eating initiatives.

#### 1.6 Stigma within the intuitive eating community

Nutrition experts mention how stigma arises from both traditional weight loss content and IE content online. Although IE is attempting to reduce stigma, the opposite can occur.

Participants claimed that some people in the IE community may judge someone for wanting to lose weight, which can also cause psychological harm. One nutrition expert described IE as a privileged approach, noting that individuals from marginalized communities and those who are neurodiverse may face greater challenges in practicing IE due to disparities in food access and difficulties interpreting or responding to internal bodily cues. It was also mentioned that clients wishing to lose weight typically want a dietitian who is thin and clients practicing IE want a dietitian who is in a larger body. One nutrition expert shared:

*It is amazing in the IE culture how much stigma exists (...) I feel like there's a lot of shaming that happens in the IE culture, and again this is all social media. I'm saying that from how I felt worrisome because of consuming some of that (...) media. (...). Depending on the size of your body as a practitioner, you're not a good practitioner. [If] you don't see a fat dietitian, they don't understand you. (...) It's very back you know (...) It's exactly what we're trying to move away from, it's just existing in a different way (PID 2).*

This participant explained she felt as though the IE movement is fighting against stigma from diet culture but is simultaneously contributing to stigma for people who are trying to lose weight. Others echo that online IE culture can push the movement too far and cause harm.

#### 1.7 Wellness manager and nutrition expert wellness priorities ultimately relate to prioritizing cost savings

The recent surge in popularity of weight loss medications was frequently cited as a driving force behind shifting company priorities. One wellness manager, who had successfully integrated IE into their programming, described ongoing resistance from HR. This resistance, she noted, was intensified by the growing enthusiasm for pharmaceutical solutions, which reinforced a weight-centric approach and made it more difficult to advocate IE:

*What I hear from the benefit side, because (...) companies are spending so many millions of dollars on weight loss medications and they're trying to find an alternative. And so IE doesn't match with that. It might go along with it. We actually have quite a few people now that are in our program that are on some of the medications so you're trying to work alongside it [GLP-1s]. They're like, 'I felt it was the only thing for me to do to get*

*healthier'. (...) Well let's do this at the same time. This might [make] your numeric [weight] better, but how can we [make] your mental health better at the same time? And how can [we] maybe marry those while you're doing the two[methods]? (...) The benefits department wants [to] see people lose weight without having to pay for the medications. And an IE program doesn't support that (PID 14).*

The wellness manager acknowledged the growing number of employees using weight loss medications and the challenge of aligning IE with a medicalized, weight-centric approach. She attempted to reconcile the two by supporting mental well-being alongside physical changes from weight loss medications but recognizes that IE cannot fulfill the outcome metrics that companies increasingly prioritize.

While many of the nutrition experts in this sample have weight-neutral priorities, some described the pressure to encourage weight loss to sell their services to organizations that largely prioritize weight loss as a key outcome of wellness program success. One nutrition expert spoke of her previous supervisor complying with weight loss requests and the uncertainty she experiences in her new role as a weight neutral nutrition expert. She says,

*[The owner who is a nutrition expert] owns the business and like lots of people think they want weight loss because that's like the cultural paradigm that we're in and so would her business be able to exist if she didn't do this? (...) I don't know. Now I'm part of another practice that is not doing it, and I guess we'll see what happens (PID 3).*

Other participants had similar experiences and detailed the struggle fighting for IE practices while competing with weight loss initiatives that are better funded. Some of this is due to the prioritization of obesity research compared to IE research. A nutrition expert discusses this trend:

*I'm trying to change the conversation from weight loss to just nutritious living, but it's hard because the principal investigator on this is trying to get these paid for by grant money and grant money in the obesity research area doesn't want to take part in IE or healthy at every size. They're not into that stuff. So, I think because it's harder to measure, I think that they disagree with the fact that kids can be overweight and still be healthy to some degree. I think that it's more emerging science. It's coming out, and I think there's just a lack of maybe appreciation on the importance of having a healthy relationship with food in contrast to weight loss (PID1).*

This participant hinted that researchers are often incentivized to pursue weight-centric models to secure grant funding for their work. She also claims that we undervalue relationship to food as an outcome of success.

Even within the same organization, there can be conflicting company priorities and culture relating to weight loss or IE. For instance, one wellness manager describes the tension in different departments at her organization:

*They're putting people on the drugs and we're trying to get people not to get on the drugs, so we're not going to go with [weight loss program]. (...) And I am definitely one of those people that I go into the room (...) [and say] People have different opinions (...), this is*

*one opinion, this is one way, and here is science to back it up. You also have science to back yours up. And so I'm not saying that yours is wrong. I had people tell me, you are so wrong. You're harming people. I had doctors just screaming at me. My boss was like, I can't believe you weren't crying or yelling back. (...) [They said] you're letting people stay overweight. You're doing this to our community. And I was like, let me tell you about the benefits. They could not see anything other than what they know (PID 14).*

Despite already implementing a positively perceived IE program, the fight for funding IE programs is a continuous process. This wellness manager's experience reflects the emotional toll of challenging dominant paradigms, and the persistence required to promote weight-neutral health models.

Along with discussing weight loss drugs and return on investments (ROIs), wellness managers stated other priorities for wellness programming. For example, they stated valuing employee well-being and health and making wellness fun. However, this intention is not always effectively communicated to employees, who often express skepticism about their company priorities, frequently perceiving cost saving motives as taking precedence over genuine care for their health. One wellness manager describes employee skepticism: "Do they really want this or are they just saying it to look good on paper?" (PID 10). Other wellness managers similarly spoke to this trend where employees doubted their companies' intentions in providing wellness programming. Conversely, wellness managers running IE programming discussed their employees feeling extremely supported by their organization.

**Theme 2: Multilevel support is needed to actualize sustainable IE programming through various implementation strategies**

The four sub-themes that follow showcase how participants perceive both the structural and cultural conditions that shape the success or failure of wellness programming. Drawing from interview data, each sub-theme provides insights for IE implementation strategies.

### 2.1 Productivity concerns, shaped by workplace culture and leadership, undermine employee wellness and diminish the effectiveness of wellness programming

Nutrition experts and wellness managers alike discussed how workplace productivity expectations negatively impact employee wellness and the ability to intuitively eat. They describe the pressure for employees to work long hours and “be in an office with fluorescent lighting and just live there” (PID 7). One nutrition expert mentions that busy work schedules and a pressure to perform impact eating time:

*Productivity culture in general. (...) people are like back-to-back in meetings all day or maybe like they don't feel comfortable eating during meetings, or (...) have really strict deadlines, whether self-imposed or work-imposed, so like that can be a really big challenge (PID 6).*

This nutrition expert speaks to the inevitable difficulties to eat intuitively when deadlines are prioritized. A wellness manager similarly touches on how productivity influences participation in IE programming. She shares how some employees with particularly demanding roles do not have the time for an extra event on their schedules:

*The nursing staff, the physicians, they can't break away for a lunchtime lunch and learn or a workshop or a class on IE, although we do attempt to provide our resources (PID 8).*

Others similarly attest that utilization of wellness offerings is sometimes low because of perceived time barriers. They mention that some employees do not want to have any additional work tasks even if they are wellness related.

## 2.2 Workplace wellness programs were critiqued for being superficial, having limited sustainability, and leading to unintended negative consequences

While some wellness managers mentioned enjoying workplace wellness competitions, others spoke of these negatively. Although employees may engage in wellness behaviors more initially, “they just don’t stick with it” (PID 13). and there is a lack of sustainable behavior change. One nutrition expert summarizes these feelings:

*I think they like [competitions] a lot, but I worry that it's too much of a short-term win that they'll then fall off of. (... )Whenever competition is in the mix, people get super excited and they push themselves to a degree that wouldn't be sustainable. So personally, I don't want to lean into that too much, but I think just as an introductory factor or just to give them some momentum at the beginning, having some sort of wellness challenge could get people excited (PID 7).*

She suggests that competition might be useful as a motivational starting point, but not as a long-term strategy for employee well-being.

Another pitfall of wellness programming described is the idea that wellness is too personal for work. Nutrition experts reported on the difficulty of healthy eating programming at work for those with disordered eating and body image concerns. Since diet and weight are

personal and often sensitive topics, some participants believe eating initiatives should not occur at work at all. One nutrition expert shared how eating challenges can sometimes be harmful for employees:

*Well, [weight loss challenges] definitely encourage weight stigma. So you're saying that these people are not okay. They don't look okay. It's not okay to be in a larger body. Basically, you are shaming people in larger bodies, and then you're putting them together with people who are probably in fine, average sized bodies. And so then having them compete. (...) [For] someone who's participating, it would be a constant stress and pressure that I need to do whatever it is I've set out to do. And so increased stress from those participating, no matter where they're at with their goals, would be not a positive thing. And then the shame that people might feel if they haven't met their goal. If you have all these people (...) who are so successful and seemingly losing weight, and then you have this other group of people that aren't, then they're feeling guilty and bad about themselves. And yeah, it's just for mental health. (...) I'm not a mental health expert, but it just does not seem like a good situation to have your employees in. I just don't see anything positive too. It's too public. (...) And then that could be even more negativity if they regained the weight. And so they publicly said they're going to do this. Maybe they did meet their goal and then they regained the weight now. They feel shameful that they couldn't keep it off or whatever, when the way they lost it in the first place probably wasn't in a great way (PID 15).*

This nutrition expert strongly critiqued workplace weight loss challenges for reinforcing weight stigma and causing psychological harm. She highlighted the emotional toll of failing to meet public goals, as well as the added shame if weight is regained.

Participants articulated how people creating wellness programming within an organization sometimes lacked expertise in the subject matter, which leads to programming that is not targeting problems properly. Within these complaints, nutrition experts and wellness managers mention that a major issue within worksite wellness is assuming change at the individual level rather than the organization level and how systematic change is a necessary component for large scale individual change. Wellness managers who work in HR claimed they do not have nutrition expertise and often google ideas for programming rather than relying on a nutrition expert. One wellness manager alludes to the issue of wellness programming operating through the HR department:

*HR can only do so much, and a lot of wellness programs kind of start there. (...) Paying people to do stuff doesn't often work. And then just doing surveys to do surveys without a clear plan about what you're going to do with the data, I think is hard. I think the natural inclination is to focus on potlucks and retreats, which are fine. It's not that they're bad, it's just that it doesn't really usually get at the real problems. (...) We can have a party. We could, and it's fun to do those things, but if you're still working twelves with mandatory overtime, then that party, which you probably can't even go to because you're probably working, it's like a flash in the pan (PID 11).*

This wellness manager critiqued HR's involvement in wellness programming and superficial approaches to workplace wellness, emphasizing that one-off events and financial incentives often fail to address deeper systemic issues. Also, without a clear plan for using employee feedback, surveys feel performative.

Other participants similarly specified how financial rewards for employee participation in wellness do not predictably change people's behavior. There is a tension between using financial incentives to drive engagement and fostering intrinsic motivation for health behavior change.

One wellness manager detailed this phenomenon:

*This is something that I've really struggled with within my own institution, is that if you're focused primarily on financial rewards, that doesn't really drive health behaviors. So for example, historically we would often give discounts on your insurance for participation in something. And so when the participation becomes about the finances, you just want to do the quickest, fastest intervention possible, then you're not doing it because I want to be healthier or because it's good for me kind of thing. And at the same time, that financial stuff drives engagement. And so right now we have one human resources that does do financial discounts and one that doesn't. And the engagement is really different, really interesting. The question I have in my mind is, (...) if the financial engagement is to do a survey or to screen for something, but then the participation after that is for you, is that sufficient? (PID 11)*

While financial incentives can boost initial engagement, they may not lead to meaningful or sustained health improvements because participants are engaging in wellness for extrinsic

purposes. Thus, financial rewards for participation are sometimes viewed as ineffective altogether.

### 2.3 Evaluation methods of programming differ based on the organization and relate to employee attendance and satisfaction, health assessments, cost savings analyses, and evidence for the effectiveness of intuitive eating programming

Depending on the company, evaluation tactics will differ, and sometimes multiple methods will be utilized. Common methods are evaluation include program attendance, surveys of employee feedback, and health data assessments (e.g. biometrics). One wellness manager prioritized included the worker perspective when developing and evaluating programming, while others did not ask employees for feedback during program develop. One nutrition expert describes her experience with companies' evaluation processes:

*I have in the past [evaluated nutrition programming], when I used to do some work at a company called the [ORGANIZATION NAME], I was there for like six years or so. Well, okay, let me say this. I think at the end of the year, employees get surveys related to wellness things that have been done, and they get to choose. They're like, how did you like [PARTICIPANT NAME], the nutrition expert on her seminars? How do you rank those? You get a keeper [or] you find someone else. They have those things. I don't tend to see those. I'm not the one that gets to see those. Every once in a while, I'll hear, oh, they really enjoyed you. We want you to come back. That must be how they're obtaining that information. I would assume they use the health metrics. If they had a big wellness push in all these different areas, and we're seeing that people's blood sugar, A1Cs, all improved because they reduced the amount of sugary foods in the cafeteria, then they*

*hopefully can look back at some of these things and be like, okay, that seemed to be effective. As a whole, we saw improvements in these biometrics. Biometrics tend to be something that most companies do use as ways to inform what they should be focusing on. Then probably just word of mouth, people going around being like, oh, I had a lot of fun doing that, and there's a good energy around it. That tells the human resources people to keep it up (PID 1).*

Her perception is that companies evaluate through health metrics and word of mouth from employees, which mimics other participants' thoughts regarding evaluation. Additionally, this nutrition expert remarked that she doesn't usually see company feedback, so it is difficult to assess her own programming, and her metric of programming revolves around if she is hired again.

Since IE programming is less popular, those engaging in IE programming addressed how it was particularly important to collect data on its benefits. A company wellness manager speaks to the importance of evaluation to convince people that it is effective:

*So, we have a tool that we're going to be doing pre and post now [of IE programming]. So you have to [evaluate] (...) because I was in the corporate world before higher ed doing the same work, whereas the corporate world is much more focused on the return on investment (...) It could be changing since I've been out for 20 years of the corporate world. And that's what I didn't like about the corporate world, was I always had to stay relevant by data and evaluation. But I still bring that here, even though I'm not required*

*to show it. I do need to maintain our relevancy, and by that [I mean] we have to evaluate [IE programming] (PID 8).*

Drawing from her corporate background where demonstrating ROIs through data was essential, this wellness manager stresses the continued importance of evaluation of IE programming to maintain relevance, even if it's not formally required.

For many companies, the reason to have wellness programming revolves around cost savings. Thus, evaluation sometimes involves examining ROIs rather than employee experiences. One wellness manager describes his company's process:

*So every month we get sent data from our wellness broker or from our (...) benefits broker, and they break down, Hey, this is how much we're spending, this is how much we were projecting to spend, and this is where you can see the trends in claims. This is where you can see we have some people who maybe have chronic illnesses, and you can see those trends. We have some people who are not using the benefits or really not going to the doctor, not getting sick, and we can see those trends as well. And so it's really helping us to say, hey, if we see that claims are becoming a little high, or we're seeing that spending is increasing, we want to know why. And then is there something that we can do to educate the employee to maybe bring that down? And that's for our pocket as well as their pocket (PID 9).*

He explains that each month their benefits broker provides data on healthcare spending, including projected versus actual costs and trends in claims to identify patterns, such as

employees with chronic illnesses or those not utilizing benefits. Although some participants report analyzing claims, others suggest they do not examine data regarding programming.

#### 2.4 Some companies invest in wellness programming but engage in little to no evaluation of programming

Nutrition experts, mainly, explored how some companies are not taking a data driven approach and assessing their programming. When asked if they evaluate any outcomes from programming, some wellness managers in our sample replied suggesting they do not. One nutrition expert working with companies felt shocked by how little they cared about evaluation. She explained:

*That is the most frustrating thing. (...) I only got [feedback] back from [one company]. I ask companies all the time for your benefit and my benefit. I would love feedback. And its crazy. It's crazy to me. I come from a corporate mindset of R-O-I, R-O-I, and you'll spend all this money, and yet they don't elicit feedback. I find that unusual, (...) why wouldn't you want more [feedback]? Yeah, it's just the exact opposite. It's kind of like I see it for what it is. They don't care about the surveys, they don't care about the ROI. It's just this checklist. (...) It's like, how effective was this? Do we have not only how many people attended, but what was the ROI in it? I worked at some pretty big companies, and they may even have a bigger infrastructure or team, but it's just checklists. It's like, okay, we need to offer these many programs, and there's no feedback or input. I see [that] problem more often, unfortunately, than the other (PID 16).*

Aligning with some wellness manager responses, this nutrition expert observed lack of data evaluation, where company decision makers have a checklist mentality rather than caring about the effectiveness of programming. She expressed her disappointment that organizations' willingness to disregard input or measure impact is a widespread issue.

Although companies will collect BMI data before and after weight loss programs, participants spoke to the absence of long-term data in this area of programming. When weight-loss evaluation is short term, it is difficult to speak to the sustainability of weight changes, leading to poor evaluation of weight loss programming. One participant highlighted her frustration with these evaluation techniques:

*A lot of evaluation, if there is any... isn't very rigorous evaluation. And then a lot of the evaluation that there is, you might be like looking at things like weight loss. And we know that like short term that can happen for some people, but usually the period of time that the evaluation is looking at would not capture what almost always happens, which is that any weight loss is regained because (...) that's not actually very changeable. And anything that's like coming from a place of restriction is not sustainable for most people (PID 3).*

She argued that short term evaluation for weight loss is misleading, as most weight is often regained over time due to the unsustainable nature of restricted methods and addressed that meaningful change is rarely demonstrated in the timeframe typically used for weight loss programs.

2.5 Ideal program initiatives believed to increase intuitive eating efforts in the workplace involve taking a holistic person-centered approach to wellness values and relative priority.

Many participants referenced the importance of creating a culture of wellness and through making changes at the organizational level and employing a person-centered approach to enact employee health behavior change. Several people orchestrated a wellness champion model because word of mouth initiatives from leaders lead to stronger outcomes than explicitly advertising programming from HR. To ideally implement a wellness culture, one nutrition expert spoke on embedding wellness experts in the workplace. She stated:

*I think it's got to be having these people on staff and having them there all the time. If a company was to hire me to be their full-time corporate nutrition expert, I'm there. I'm in the kitchen when people are eating. I'm offering demos every day. I'm embedded in the culture. I'm right there. I'm there for private sessions if someone wants to see me. I'm just like a full-time person. I would think about that in all the spaces. You would have your sleep person, or you would have your therapist person, or you would have your personal trainers. We would just all be in this space, but also the higher-ups are demonstrating that they go out and take a walk. They're taking time away. They're turning their phones off. They have priorities or boundaries in place where they say no one is allowed to email after work hours. These really clear-cut ways of how we work, and then the presence of people who are there to lead by example are embedded in the environment. I think that would be better than just having us be these consultants that drop in and just honestly not show up (PID1).*

She advocated for a more integrated version of workplace wellness programming rather than sporadic, superficial wellness programs where nutrition experts are brought on site occasionally. Similar to other participants, she also recommended that to create a culture of wellness, leaders need to model healthy behaviors and prioritize their own well-being.

Participants engaging with IE efforts ultimately believed that IE programming is required for ideal workplace healthy eating initiatives. One nutrition expert suggested how one-on-one IE coaching is the gold standard, but there are other more realistic and more affordable mechanisms to promote IE. She shared:

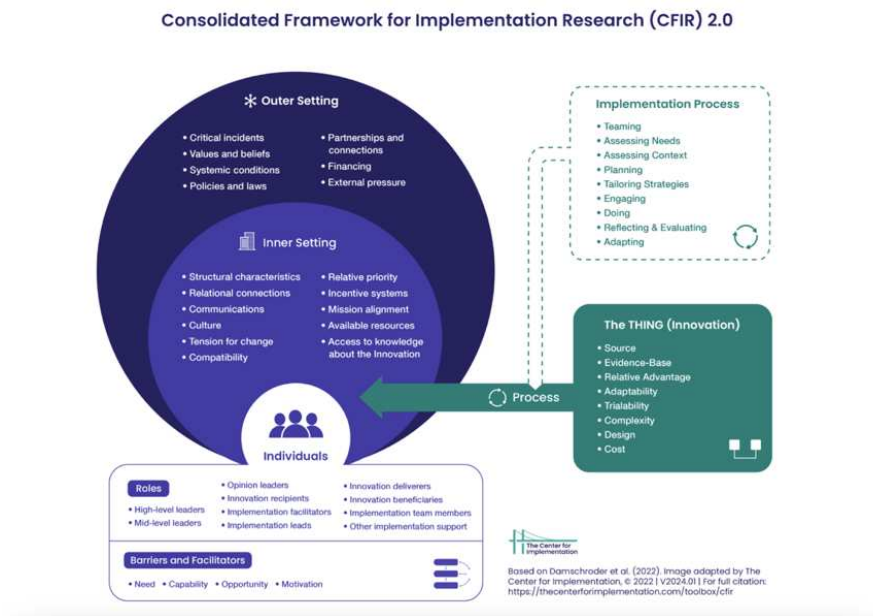
*I guess just thinking about when you talked about what can employers do. So we do also have an IE seminar that we can go to departments and do. And so again, if someone doesn't have the resources to have one-on-one coaching for their employees, having a seminar on, or maybe even a series on IE for specific group or for the entire company, maybe they record it for people. So that might be a lower cost opportunity, but still just sharing that there's this different view of viewpoint (...). We talk about improving their relationship with food in their body, and a lot of people do relate to that and want that, but they just don't know (...) how to do it (PID 15).*

She suggested that even when one-on-one coaching is not feasible, companies can still support employee wellbeing through IE seminars. Other nutrition experts spoke of the importance of tactfully framing IE to organizations and suggested emphasizing mental health benefits to increase the chance of IE programming.

## **Discussion**

Our findings suggest that while intuitive eating (IE) has been implemented successfully in some workplace wellness programs, its broader impact remains limited by challenges at multiple levels. As outlined by the two salient themes from our findings, some nutrition experts and wellness managers believe that existing IE programs are tied to positive outcomes for employees, but these programs must compete with weight loss programming that is generally prioritized because of diet culture norms and funding priorities. Evaluation methods of programming drastically differ from organization to organization depending on company values. Participants claim ideal initiatives take a person-centered approach to wellness and frame IE as a mental health outcome to gain organizational buy-in. Additionally, there are both parallels and distinct differences in the perspectives of nutrition experts and wellness managers that affect implementation of IE. These findings are substantiated in existing theoretical frameworks for health program implementation and the existing literature.

Implementation science is a growing field focused on closing the gap between what we know works and what is used in real-world settings. It recognizes that proving an intervention is effective isn't enough, as many proven practices never become part of everyday care. Instead, implementation science studies the broader context: what helps or hinders the adoption of evidence-based approaches to improve public health outcomes (Bauer & Kirchner, 2020). The Consolidated Framework for Implementation Research (CFIR) had been widely used in implementation research with the goal of understanding various contexts that impact interventions (Kirk et al., 2015). A visual representation of CFIR can be found in Figure 1.



**Figure 1. Consolidated Framework for Implementation Research (CFIR) 2.0**

More recently, CFIR 2.0 was developed to address limitations and ambiguities in the original CFIR (2009) and to incorporate a decade of learning and feedback from researchers and practitioners who applied the framework in diverse implementation contexts (Damschroder et al., 2009; Damschroder et al., 2022). Previous research has examined the CFIR framework within the context of non-weight focused approaches (e.g. IE, Health at Every Size) (Lichtfuss et al., 2024), suggesting it is a viable avenue for contextualizing our results. Our data reveal implementation patterns in the CFIR 2.0 framework such that *the THING (innovation), outer setting, inner setting, individual-level and process* impact the barriers, facilitators and opportunities of IE programming. Throughout this discussion, the researcher will contextualize findings based on the CFIR framework, both to clarify how key concepts from this dataset are supported by CFIR, but also to help determine framework-supported next steps with this line of research.

## **Facilitators to Workplace Intuitive Eating Programs**

### *Intervention Characteristic Facilitators*

As revealed in both our findings and supported by recent literature, there is a growing call for a paradigm shift in workplace wellness toward IE, a weight-neutral framework that emphasizes internal cues, self-compassion, and sustainable health behaviors (Levinson et al., 2024; Schmid et al., 2024). Weight-inclusive programs like IE have been associated with clinically meaningful improvements in physiological markers (e.g., blood pressure, blood lipids) (Bacon & Aphramor, 2011), health behaviors (e.g., dietary quality) (Van Dyke & Drinkwater, 2013), and psychosocial outcomes (e.g., self-esteem and body image) (Hazzard et al., 2021). Intervention characteristics, such as a strong evidence base and relative advantage of IE programs compared to weight programs, served as facilitators to programming. Wellness managers and nutrition experts emphasized the evidence base regarding IE interventions, citing positive mental and physical health outcomes within their own programs and broader literature. For example, nutrition experts note that IE is associated with high program satisfaction, improved relationship to food and body, and favorable biometric outcomes. These findings are consistent with Schmid & colleagues (2024) who found that an online workplace IE program contributed to decreased internalized weight stigma and eating disorder symptomology as well as a reduced intake of sugars, fast food, and sugary sweetened beverages 6 months post intervention.

Additionally, IE programs at work have a relative advantage compared to weight-loss programs. Across our interviews, most nutrition experts were familiar with IE and described positive experiences using it in one-on-one client work, often noting that it gave hope to individuals who felt demoralized by repeated failures with weight loss. Wellness managers implementing IE programming spoke of employees feeling genuinely supported by their supervisors and organizations, an effect notably absent with non-IE wellness managers, who

reported their employees perceived distrust for company wellness motives. Research supports this trend, with IE programs demonstrating higher participation and longer lasting impact in comparison to weight focused programming (Bacon & Aphramor, 2011; Schaefer & Magnusson, 2014). These differences are potentially due to the positive mental health benefits arising from IE programs and not weight programs.

### *Outer Setting Facilitators*

Outer setting facilitators refer to external contextual factors outside of an organization that support successful implementation of the program (Damschroder et al, 2022). For the present study, outer setting facilitators included dissatisfaction regarding diet culture and weight-focused programs and the rise of the weight-neutral movement. Although still not mainstream in the workplace, nutrition experts discussed a movement towards Health at Every Size and IE in their own client work and larger networks (e.g., other dietitians, supervisors). A recent study on Canadian nutrition experts found that 45.4% of nutrition experts specifically identified as using non-weight focused approaches, with only 1.6% of nutrition experts not interested in non-weight focused approaches (Litchfuss et al., 2023), signifying the rising popularity of IE adjacent methods in the nutrition field.

This emerging shift towards weight-neutral paradigms among nutrition professionals appears closely tied to a growing sense of dissonance between their formal, weight-centric training and their lived experience navigating clients' goals (Tylka et al., 2014; Jovanovski et al., 2023), where nutrition professionals see clients struggle with losing weight (Jovanovski et al., 2023) or weight-loss results do not correlate in improvements in physical health or well-being (Hunger et al., 2020). Our participants similarly described challenging conventional teachings about weight loss, often after experiencing dissatisfaction with their ability to support clients in

achieving and sustaining those goals. In addition, several nutrition experts highlighted the broader mental health consequences of diet culture on their clients, with particular concern about the proliferation of harmful advice from unqualified sources on platforms like TikTok, which are known to reinforce unhealthy diet culture trends (Munro et al., 2024; Dane & Bhatia, 2023).

### *Inner Setting Facilitators*

Facilitators within the inner setting, enablers to implementation coming from within the organization (Damschroder et al, 2022), pertain to the empowerment of wellness professionals in organizational decision-making related to corporate wellness initiatives. For instance, in our sample, the presence of a centralized wellness team enabled greater adaptability in the implementation of IE programming. This adaptability was particularly evident when nutrition experts and managerial staff within the team actively supported the shift from weight-focused interventions to IE-based approaches. Moreover, some nutrition experts reported having significant autonomy over program content when employed by the organization, which enhanced their ability to integrate IE principles with greater flexibility, which has been cited as a strength in previous literature (Larkey et al., 2021).

### *Individual-level Facilitators*

Individual-level facilitators, characteristics of the people involved in implementation that actively support the adoption of a program (Damschroder et al, 2022), also played a critical role in the implementation of IE programs. Positive perceptions and responses from both employees and IE programming staff contributed to IE program momentum and acceptance, a pattern also observed in a recent review on group-based intuitive eating interventions (Goode & Fenton, 2025). Nutrition experts with prior experience in IE noted high levels of employee engagement and consistent positive feedback on the programs' ability to increase excitement and community

building, which enhanced the perceived value of IE approaches. Many of these positive experiences coincided with employees feeling burned out by traditional weight-loss approaches. These individual experiences and attitudes were instrumental in fostering organizational buy-in, highlighting the importance of employee feedback and engagement in successful program adoption.

## **Barriers to Workplace Intuitive Eating Programs**

### *Intervention Characteristic Barriers*

Intervention barriers of IE programming related to the perceived adaptability of IE programming. For instance, although IE was perceived as a useful framework, its departure from traditional health models posed implementation challenges. While two wellness managers had successfully introduced IE programs in their workplaces, most were less familiar with the approach, often overseeing broad wellness portfolios that prioritized general health promotion rather than targeted, emotionally supportive nutrition interventions. Litchfuss and colleagues (2024) found that barriers to intervention characteristics implementation included participants doubting the health outcomes of non-weight focused approaches and did not wish to change their “practice philosophy”. We similarly found that implementation suffered when employees and organizational decision makers were seeking weight related programs.

### *Outer Setting Barriers*

Consistent with prior research (Larkey et al., 2021; Litchfuss et al., 2024), outer setting barriers, factors outside the program that hinder implementation (Damschroder et al., 2022), emerged prominently in our sample. These include cultural norms that privilege thinness and promote weight-centric wellness programs, which remain dominant despite evidence of limited effectiveness and potential harm (Sizemore, 2011; Weerasekara et al., 2016; Maes et al., 2012).

Nutrition experts critiqued such programs as overly restrictive, short-term, and potentially harmful, especially for employees who don't need to lose weight or who experience disordered eating (Park & Kim, 2019). A systematic review found only one of 23 workplace weight-loss programs led to significant weight-loss outcomes (Weerasekara et al., 2016), yet demand persists, often driven by employee interest shaped by internalized weight stigma and media around weight loss medications. However, no participant cited actual or lasting weight reduction among employees, further highlighting the disconnection between program goals and outcomes.

Nutrition experts in our study highlighted the persistence of weight stigma within broader societal narratives, noting that such stigma undermines acceptance of IE and contributes to psychological harm among employees. One pathway through which this occurs is the amplification of weight-based discrimination in the workplace (Lemmon et al., 2021), particularly in environments that promote weight reduction programs (Tauber et al., 2018). A wellness manager overseeing a weight maintenance program acknowledged that employees reported negative mental health outcomes, yet continued implementation despite these concerns. This persistence reflects a broader rigidity within workplace wellness culture, wherein deeply entrenched beliefs about weight override emerging evidence that links weight stigma to adverse psychological (e.g., anxiety, depression) and physiological (e.g., elevated inflammation, cortisol dysregulation, medication non-adherence) outcomes (Papadopoulos & Brennan, 2015; Sikorski et al., 2014).

In addition to weight stigma, participants frequently pointed to the harmful impact of diet culture on the acceptance of IE. Diet culture refers to a set of misleading beliefs about health, food, and body size, shaped by societal systems that assign moral value to certain bodies (Jovanovski & Jaeger, 2022). These broader social and environmental cues create external

pressures that position IE as fundamentally at odds with mainstream norms (Erhardt, 2021). As a result, diet culture can make it more difficult for individuals to initially adopt IE principles (Erhardt, 2021; Larkey et al., 2021). However, over time, IE has been shown to help individuals question and unlearn diet culture messages and may offer protection against internalized weight stigma (Bruce & Ricciardelli, 2016; Van Dyke & Drinkwater, 2013).

Some nutrition experts in our sample suggested that IE is considered “too progressive”, noting that knowledge of IE was low among individual clients and wellness managers in corporate settings. In a study on knowledge and opinions regarding IE in rural communities, participants were unfamiliar with IE and expressed skepticism that allowing individuals full autonomy over food choices would result in a healthy or balanced diet, particularly in the short term (Van Dyke et al., 2023). Due to the perceived progressive nature of IE, our participants revealed that organizational buy-in is low for IE programming, and engaging with IE may risk their own business deals with organizations; thus, they may conform to other models when collaborating in corporate settings.

Several nutrition experts critiqued the “reverse” stigma coming from IE culture, mainly in online forums, where people in the IE community are judgmental of those wanting to lose weight. Also, a nutrition expert in our sample critiqued IE for being a privileged approach because marginalized people with less food access have a harder time eating intuitively, aligning with previous literature that suggests food insecurity experiences relate to lower IE (Burnette et al., 2023). More specifically, food insecurity makes it more difficult to listen to bodily cues like satiety (Rasmusson et al., 2018), which is required for practicing IE. This represents a significant barrier to the broad implementation of IE programming and highlights the need for targeted efforts in communities disproportionately affected by food insecurity.

Funding priorities emerged as a major outer setting barrier to scaling and sustaining IE research and programs. Both nutrition experts and wellness managers described how securing support for IE is far more difficult than for weight loss initiatives. One key obstacle is that some insurance policies now require employees to participate in weight loss programs in order to access GLP-1 medications, rather than allowing for broader healthy eating education, leaving little room for IE approaches. The weight loss industry reached a record \$90 billion in 2023, largely fueled by rising demand for GLP-1 medications (La Rosa, 2024). At the same time, dominant academic discourse continues to reinforce weight-normative frameworks through stigmatizing language, mixed messaging, and an overemphasis on individual responsibility, offering little support for weight-neutral alternatives like IE (Zafir & Jovanski, 2022).

#### *Inner Setting Barriers*

Inner setting barriers, organizational factors that hinder implementation (Damschroder et al., 2022), were often tied to company culture and goals, as cultures within organizations varied in their support for an IE initiative. Nutrition experts noted that IE was seen as incompatible with workplaces focused on employee weight loss. Most wellness managers did not mention IE when discussing nutrition goals, and even programs not explicitly targeting weight loss often aligned more with weight-centric approaches. Maintaining the status quo was sometimes prioritized in that long standing wellness programming trumped negative feedback from employees about weight maintenance programming. This could be because of coexisting positive feedback from employees, such that qualitative work has shown that some employees respond positively to workplace weight-based programs to help with weight management efforts (Staniford et al., 2020). One solution may be to offer both weight-focused programming along with IE programming, like one organization in our sample did. However, this approach may send mixed

messages about the organization's values, especially since prior research shows that inconsistent messaging from program staff about health and weight can create confusion for individuals participating in IE programs (Larkey et al., 2021; Litchfuss et al., 2024).

Other inner setting barriers included lack of formal training in IE for nutrition experts and the inability for nutrition experts to make wellness related decisions at some organizations. These findings parallel a study on nutrition experts implementing non-weight focused approaches, where 81% of nutrition experts did not receive formal training during their education (Litchfuss et al., 2023). Limited non-diet weight-neutral curriculum in US dietetic accredited programs has been tied to lack of time in the schedule (typically only including one IE lecture) and lack of knowledge among teachers (Huebner et al., 2021). Similar to our findings, nutrition experts' belief systems do not seem to be a major barrier to IE programs in the workplace. Rather, aligning with previous research (Larkey et al., 2021; Litchfuss et al., 2023), barriers tend to include lack of knowledge regarding IE research, comfortability with IE protocol, and competing priorities. Additionally, for some organizations, nutrition experts are not involved in decision making; instead, employees working in the HR department (who often lack IE knowledge and admitted to not using evidence-based methods for programming) run wellness programming.

Lastly, inner setting barriers relate to flawed or absent evaluation methods for existing non-IE workplace wellness programming. While missing entirely in some/many workplaces, when evaluation methods did exist, they varied widely in rigor and scope in our sample. Across interviews, some participants shared that programs relied on biometrics, such as cholesterol, blood pressure, and body mass index (BMI), ROI, and participation/attendance rates as primary indicators of success. It is common to evaluate these metrics in a short-term period (Song & Baicker, 2020; Levy & Thorndike, 2019); however, such evaluations may overlook more

meaningful indicators of long-term behavior change or employee well-being. Reviews on ROI from worksite wellness programs consistently find that worksite wellness programs tend to show little or no positive ROI in the early years (Baid et al., 2021), with stronger research methods linked to lower reported ROI (Unsal et al., 2021).

A smaller number of organizations in our sample employed more comprehensive evaluation strategies, including pre- and post-intervention surveys, culture audits, and employee focus groups, though these practices remain uncommon. Interestingly, healthy eating initiatives at work were often justified by anticipated reductions in turnover and healthcare costs, yet many wellness managers did not base wellness program decisions on evidence of effectiveness. This lack of evidence-based decision making has been found as a general trend among companies engaging with wellness programming (Mattke et al., 2013). Furthermore, few companies in our sample systematically gathered or incorporated participant feedback into program design, and some conducted no formal evaluation at all, making it difficult to assess whether these initiatives are producing meaningful health outcomes or simply reinforcing existing norms.

#### *Individual-level Barriers*

Multiple barriers to IE implementation emerged at the individual-level, including employees, leadership, and nutrition experts. Nutrition experts in our sample frequently cited employees' persistent weight loss goals as a challenge, noting that they often had to accommodate these goals rather than directly challenge them. This reflects a well-documented implementation barrier: the challenge of shifting clients' deeply held beliefs about weight and health. Both Litchfuss and colleagues (2024) and Larkey and colleagues (2021) identified client beliefs as a major obstacle to adopting IE with the latter also linking this resistance to a broader community-wide low readiness for change.

In our sample, wellness managers also commonly lacked foundational knowledge of IE, which served as a barrier to implementation. Concurrently, nutrition experts leading IE programs were routinely required to justify IE's legitimacy by presenting data and research, a burden not typically placed on weight-centric programs. This reflects broader trends in the literature, where nutrition experts have reported low confidence in implementing non-weight-based approaches due to gaps in their formal education and a lack of organizational buy-in from key opinion leaders (Litchfuss, 2024).

### **Implementation Process of IE Programs**

Understanding the implementation process (e.g., what is done, by whom, and with what kind of engagement and planning) (Damschroder et al., 2022) is limited as there were only two wellness managers who had direct experience implementing IE programs, though most nutrition experts reported incorporating some IE content into their practice. Those currently delivering IE-based interventions described positive employee responses to a variety of formats, including IE workbooks, seminars, group sessions, and one-on-one coaching. Although participants described one-on-one coaching as the “gold standard” for engagement and effectiveness, others had success with group dynamics because employees felt a sense of connection with coworkers. Prior findings regarding IE implementation attributed successful implementation to the use of high-quality program materials, such as structured weekly modules and reflective activities that encouraged participants to connect IE principles to their own lived experiences (Gnau et al., 2023). Some nutrition experts noted that IE programming often had to be blended with traditional approaches to accommodate persistent employee interest in weight loss, highlighting the importance of meeting individuals where they are without reinforcing weight-centric goals.

Despite these successes, several implementation challenges emerged. Participants emphasized that IE programming is sometimes perceived as too progressive or unfamiliar, requiring time and intentional effort to support employee adaptation. Easing employees into IE materials gradually may help address initial hesitation, as suggested by prior findings that emphasize the need for a phased, supportive rollout (Gnau et al., 2023). Moreover, many healthy eating initiatives focused on changing individual behavior, and some participants expressed concern that such approaches neglected the broader organizational environment that shapes eating habits. An overemphasis on individual change rather than systemic change has been characterized as a major flaw in worksite wellness programs (Croft et al., 2024).

### **Opportunities for IE workplace wellness programs**

Participants emphasized that mental health has become a central focus of workplace wellness initiatives, reflecting broader industry trends and shifting organizational norms (Kelly & Snow, 2019; Pfeffer & Williams, 2020). Within CFIR, this represents an *outer setting* factor, as changing culture towards a mental health focus in the broader environment creates an opportunity to frame IE in relation to its demonstrated mental health benefits (Babbott et al., 2022). Positioning IE in this way may enhance its appeal to employers seeking to align with contemporary wellness standards. Additionally, many wellness managers claimed it was important to take a person-centered and holistic approach to wellness, centering on employees' diverse needs. IE programming can fill a current gap in the workplace and align with holistic wellness goals. For example, organizations can tailor healthy eating initiatives to target both mental and physical health outcomes, compared to traditional weight programs that are linked to mental health concerns (Bush et al., 2014).

IE also demonstrates strong *intervention adaptability*. In our study, hybrid wellness options were frequently discussed as popular methods of programming post COVID-19 pandemic. Online programming can potentially cut costs and make programming more accessible (Santabarbara et al., 2021). There has been success in online IE programs more generally (Barracough et al., 2019; Beintner et al., 2021) and in work settings specifically (Gnau et al., 2020; Gnau et al., 2023). For online IE programming for employees, weekly online modules with IE counselors and activity handouts were well-received, and participants felt connected to the materials even in an online format (Gnau et al., 2023). As more people work from home and workplace wellness platforms move online (Johnson, 2020), offering online IE programming to wellness managers at organizations may improve organizational buy-in for IE methods.

### **Limitations**

Although qualitative research is never intended to be generalizable, regardless of the topic or sample size, the researchers recognize this as a potential limitation of the findings in this study (Leung, 2015). While we interviewed wellness managers with a range of professional backgrounds and organizational contexts, they may not represent the full diversity of perspectives across all industries or geographic regions, and they were predominantly white women. However, our sample demographics represent the demographic trends among people in nutrition roles (El-Kour et al., 2020). For instance, a large sample of approximately 120,000 dietitian professionals reported 92% as women and 80% as white (Rogers, 2021). A further limitation of this study relates to scope and available resources. While individual interviews provided rich, in-depth insights, additional time and funding could have enabled the inclusion of focus groups with the priority audience. Such group discussions may have yielded more robust

data by allowing participants to engage with and respond to one another's perspectives, potentially surfacing dynamics and shared understandings not captured in one-on-one interviews. The absence of these interactive data therefore represents a constraint on the comprehensiveness of the findings.

### **Future Directions**

These findings highlight both the promise of IE and the structural and educational barriers that must be addressed for broader workplace adoption of IE. Future research should utilize an implementation science framework when examining the implementation of IE programming in the workplace specifically. Although there is implementation research on non-weight approaches in clinic settings (Litchfuss et al., 2024), there is scant evidence for workplace IE program implementation, especially in large non-academic organizations. As supported by CFIR, future work should build on the barriers, facilitators, and opportunities for IE programs at work that we identified.

### **Conclusion**

Some researchers have called for a shift away from weight-centric models in nutrition and dietetics, arguing that an overemphasis on weight loss can perpetuate stigma and harm, and instead advocate for a weight-inclusive approach that prioritizes health behaviors and equitable care across the weight spectrum (Levinson et al., 2024; Hunger et al., 2020). Our findings suggest that increasing the implementation of IE programs in workplace wellness settings may serve as a practical avenue for advancing this paradigm shift.

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## Appendix A

### Interview Moderator Guide (Nutrition experts)

Hi (Participant's name),

My name is Katie McMahon, and as I have mentioned previously, I am a graduate student at Colorado State University and am collecting data for my master's thesis project regarding workplace wellness. I want to thank you for taking the time to speak with me today because I really believe you have a unique perspective on the intersection between wellness and work. This interview should last around 45 minutes and everything we discuss today will be kept confidential. Just as a reminder, you don't have to answer any questions that you don't want to and are able to stop at any moment. Do you mind if I record our chat today? And do you have any questions before we begin?

1. To start off, tell me about your work.
  - a. Probe about who they work with (whether they partner with orgs as a consultant or employee; how do they fit within organizational structure), what are services offered by them, and services most requested by companies, education programs, individual client work, and daily life
2. Tell me about workplace wellness programming at (NAME OF ORGANIZATIONS MENTIONED) or at a specific organization with which you collaborate? (IF NO NAME MENTIONED)
  - a. Probe about what companies ask for, who at the company makes the request at the company (employees wanting it, HR), flexibility of programming (how is funding determined, can you develop things yourself, individual vs. group, in-person vs. online) and utilization of technology (e.g. eating behavior apps)

3. Tell me about a workplace that you have seen do a good job of promoting healthy eating among employees.
  - a. Probe about how companies support nutritious food choices or behaviors of their employees; what makes it a good program (Attendance, outcomes)?
4. Now, tell me about when you've worked with an organization that doesn't envision (operationalize) healthy eating programming congruently with you.
  - a. Probe about negative side effects and stigma; how are your goals different?
5. If you had to describe intuitive eating to a client (or group), what would you say?
  - a. Probe about how they learned about intuitive eating and their motivation to incorporate IE into practice
  - b. If you've provided intuitive eating education, how was it received?
6. How do companies evaluate the effectiveness of nutrition education programming?
  - a. what makes this a positive thing?
7. What additional information would you like to share with me regarding what we've discussed today?
8. Do you know anyone in a similar role to yours or company stakeholders you have previously worked with that you could connect to me with for future interviewing?

## Interview Moderator Guide (Wellness managers)

1. To start off, tell me about your role within the company.
2. Do you have company values or a mission relating to wellbeing? If so, what are they?
3. Walk me through wellness goals at (NAME OF ORGANIZATION)
  - a. Probe about workplace wellness programming; Who is in it? Staffing?  
Requirements/incentives?
4. Can you help me understand how you develop your workplace wellness programming?
  - a. Probe about values, goals, resources, technologies, advisory team, roles of folks involved, training/expertise, outside influence (e.g., 'headquarters')
5. What is your ideal workplace wellness program?
  - a. Probe about nutrition, nutrition education, intuitive eating if mentioned
6. What kind of evaluation does your company employ (if any) to know if your wellness programming is adding value to your employees' health and wellbeing?
  - a. Do you do surveys? Measuring BMI? Attendance? Sick days they take?
7. Today I heard (blank) What additional information would you like to share with me regarding what we've discussed today?
8. Is there anyone else at your organization who may be informative in answering some of these questions that you could refer me to?