

Sweet Talk: The Ethical Imperative of Employee Wellness Initiatives and Health Coaching to Reduce Sugar Consumption in the Workplace

Gareth Craze
Case Western Reserve University
Track: Philosophy of leadership and coaching

Overview

An increasingly vocal and prominent movement among both health science scholars and popular non-fiction writers (see e.g. Johnson, Sánchez-Lozada, Andrews, & Lanaspa, 2017; Taubes, 2016) has identified the consumption of refined sugar within modern diets as being culpable for creating and exacerbating the epidemic nature of a number of degenerative "diseases of civilization", including obesity and diabetes. In recent years, the World Health Organization has revised its guidelines regarding sugar intake, and now recommends that less than 5% of caloric intake should be derived from sugars in order to achieve optimal health (World Health Organization, 2015). Currently, the average American adult consumes around 16% of their total recommended daily energy allowance in the form of sugar (Ervin & Ogden, 2013).

Furthermore, this growing chorus of admonition has additionally implicated refined sugar consumption in producing a range of deleterious effects on mental and emotional health, particularly as it relates to its impacts on stress regulation, mood and fatigue, as well as its effects on other cognitive faculties such as learning and memory. Far from being merely a source of "empty calories", as was once widely thought, sugar is now the subject of a growing consensus across the health science literatures which attests to its *uniquely* deleterious effects on the brain, and the specific metabolic pathways through which it is capable of compromising healthy emotional function (Knüppel, Shipley, Llewellyn & Brunner, 2017).

Many modern organizations are hubs of sugar consumption, such that office "cake culture" - the eating of sweet foods as a feature of the organizational social milieu - is commonplace (Bleich, Wang, Wang, & Gortmaker, 2008), and has been for some time in many cultural contexts. From sharing donuts in the break room, to muffins and pastries being passed around during long conference room meetings, through to cleaving slices of cake in celebration of employee birthdays and meeting year-end targets, the consumption of sugar-rich foods is a socio-cultural institution that is pervasive throughout much of organizational life.

In the full version of this paper, I will present the case that the consumption of refined sugar is predictive of deleterious effects on emotional health, and that such effects might have significant negative implications for employee wellness in organizations. Given the widespread importance placed on promoting wellness in organizational life, any such effects on individuals in this respect will likely have important ramifications for the organizations they are a part of. The paper will ultimately suggest that the consumption of refined sugars – which are pervasive in modern dietary patterns, and particularly in organizational contexts (ibid.) – might ultimately contribute to individual-level emotional dysfunction and, subsequently, reduced organizational performance and effectiveness, and that this has ethical and practical implications for the degree to which organizations adopt interventionist approaches in order to curb its consumption and attenuate its most severe effects.

I will begin by sketching the relationships between emotions and organizational life, and between homeostasis and emotional health, before defining and rationalizing refined sugar as the

unique variable of interest. I will then explore the evolutionary mismatch between modern sugar consumption patterns and the evolved nutritional biology which humans have inherited from their ancestral past. Several different metabolic pathways through which refined sugars might uniquely produce deleterious effects on emotional health will then be examined in turn. Thereafter, I will outline a series of relationships, drawn from the neuroscience and cognitive science literatures, between sugar consumption and a number of individual wellness considerations which have potential significance for organizational life – particularly with respect to social and emotional contagion, stress, fatigue and mood (Grantham, Staub, Rühli & Henneberg, 2014; Mansur, Brietzke & McIntyre, 2015; Ottley, 2000; Tryon et al., 2015). Finally, I explore the role that might be played by employee wellness initiatives and health coaching in potentially mitigating any negative downstream consequences of the effects of sugar consumption. In doing so, I will make the explicit claim that organizations have an imperative ethical obligation to use employee wellness initiatives and health coaching wherever possible to offset sugar’s deleterious effects on employee wellness and emotional health.

Employee Wellness Initiatives and Health Coaching

Employee wellness initiatives (EWIs) - alternatively known as employer-sponsored wellness strategies or worksite health management programs - are designed to encourage and support employees in understanding the risks posed to their individual health in a range of areas, including diet, physical fitness, sleep and stress. Such programs may include primary care and lifestyle management protocols (e.g. nutrition and fitness planning), direct health risk

management interventions (e.g. blood pressure and cholesterol monitoring), and behavioral health interventions (e.g. psychological counseling).

EWIs are primarily purposed toward decreases in backend healthcare utilization costs (e.g. hospitalizations), with the imperative to contain direct medical costs, work-related injuries and disability claims. Obversely, these programs are also premised on reductions in absenteeism and turnover, and ultimately improvements in productivity and employee quality of life as a conduit toward enhancing overall wellbeing, corporate reputation and employer positioning. With healthcare costs in many developed nations continuing to rise, and employers continuing to shoulder a substantial part of this burden, EWIs represent an alternative to the non-interventionist "ambulance at the bottom of the cliff" model that has been broadly typical of organizations for many years (Baicker, Cutler & Song, 2010; Kumar, McCalla, & Lybeck, 2009).

With the scientific literature increasingly supporting the case that refined sugar possesses uniquely deleterious properties – which can result in many of the impacts on emotional health that will be outlined in the full paper – it will likely not be enough for EWIs to present a generic “eat healthy” position at the level of the organization, devoid of further specific information regarding specific foods and their specific implications for employee health. Rather, a properly scientifically informed approach to establishing the precise macro and micro-nutrient profiles of certain foods, and what particular impacts consumption of these foods can have on emotional health and overall employee wellness, should be a central feature of any EWI devoted to targeting reduction of sugar consumption among employees. Though some may protest that “something is better than nothing” in this respect, and that *any* organizational focus on “healthy

eating” represents a good start, a counter-cautionary response might be that the absence of precision in this domain could allow for sugar to simply sneak in the back door (as with the consumption of granola bars and other “heart-healthy” foods that are loaded with sugar). As the evidence underscoring the pathways through which sugar can wreak havoc with emotional health continues to build, nothing short of targeted approaches in EWIs will likely suffice – practically or ethically - however difficult the message may be to sell.

Whether as part of an overall EWI program or as a standalone or situation-specific intervention, health coaching has been posited as a holistic approach to modifying and improving individual behaviors that relate to health and wellbeing, and which might have implications for the organizations they work for. A variant on the modern standard coaching practices employed by many organizations, health coaching combines psychosocial support with problem solving and health behavior modification. It uses a primarily cognitive-based approach to influencing an individual's ability to manage and change unhealthy behaviors, as well as extending support to increase confidence and personal responsibility in managing individual health, and providing access to education resources where needed (Olsen & Nesbitt, 2010; Palmer, Tubbs & Whybrow, 2003)

As with other variants of coaching, health coaching is purposed toward learning, development, performance improvement and the enhancement of wellbeing, and is usually goal and solution-focused. The coach will usually take a proactive, directive role - guiding the coachee to achieve specific goals by enabling and facilitating a learning process. In the domain of health coaching, this process will often take the form of topics related to maintenance of personal health, and will

be built around individually-contoured milestones that allow the coachee to effectively monitor progress and stay on track for continued development. Extended to the organizational realm, health coaching can be used to promote organization-wide health and wellbeing, and the uptake and usage of resources and services made available through EWIs (Butterworth, Linden, McClay & Leo, 2006).

Diet and nutrition considerations are a central feature of many health coaching programs and services. Health coaches are trained to provide nurturance and ongoing support to enable behavior change among coachees with problematic eating habits, as well as providing detailed information about the rationale for, and benefits of, healthier alternatives. In the case of sugar consumption specifically, the dyadic coaching relationship may present unique challenges for health coaches. As will be presented, sugar consumption possesses many addiction-like effects for individuals not entirely dissimilar to some forms of drug addiction, in addition to its distinctive effects on stress and fatigue and other factors influencing overall emotional health. As with EWIs, precision in approach might make a world of difference. It may not be sufficient to proceed from the position that an employee is simply “eating unhealthy”. Again, rather, it seems reasonable to speculate that greater efficacy, and ultimately enduring health, will result from a more targeted approach that isolates sugar consumption, and its related effects on emotional health, specifically.

REFERENCES

- Baicker, K., Cutler, D., & Song, Z. (2010). Workplace wellness programs can generate savings. *Health affairs*, 29(2), 304-311.
- Bleich, S. N., Wang, Y. C., Wang, Y., & Gortmaker, S. L. (2008). Increasing consumption of sugar-sweetened beverages among US adults: 1988–1994 to 1999—2004. *The American journal of clinical nutrition*, ajcn-26883.
- Butterworth, S., Linden, A., McClay, W., & Leo, M. C. (2006). Effect of motivational interviewing-based health coaching on employees' physical and mental health status. *Journal of occupational health psychology*, 11(4), 358.
- Ervin, R. B., & Ogden, C. L. (2013). Consumption of added sugars among US adults, 2005-2010. *NCHS data brief*, (122), 1-8.
- Johnson, R. J., Sánchez-Lozada, L. G., Andrews, P., & Lanaspá, M. A. (2017). Perspective: A historical and scientific perspective of sugar and its relation with obesity and diabetes. *Advances in Nutrition: An International Review Journal*, 8(3), 412-422.
- Knüppel, A., Shipley, M. J., Llewellyn, C. H., & Brunner, E. J. (2017). Sugar intake from sweet food and beverages, common mental disorder and depression: prospective findings from the Whitehall II study. *Scientific Reports*, 7.
- Kumar, S., McCalla, M., & Lybeck, E. (2009). Operational impact of employee wellness programs: a business case study. *International Journal of Productivity and Performance Management*, 58(6), 581-597.
- Mansur, R. B., Brietzke, E., & McIntyre, R. S. (2015). Is there a “metabolic-mood syndrome”? A review of the relationship between obesity and mood disorders. *Neuroscience & Biobehavioral Reviews*, 52, 89-104.
- Olsen, J. M., & Nesbitt, B. J. (2010). Health coaching to improve healthy lifestyle behaviors: an integrative review. *American Journal of Health Promotion*, 25(1), e1-e12.
- Ottley, C. (2000). Food and mood. *Mental Health Practice*, 4(4), 32-39.
- Palmer, S., Tubbs, I., & Whybrow, A. (2003). Health coaching to facilitate the promotion of healthy behaviour and achievement of health-related goals. *International Journal of Health Promotion and Education*, 41(3), 91-93.
- Taubes, G. (2016). *The case against sugar*. New York: Knopf.
- Tryon, M. S., Stanhope, K. L., Epel, E. S., Mason, A. E., Brown, R., Medici, V. & Laugero, K. D. (2015). Excessive sugar consumption may be a difficult habit to break: a view from the brain and body. *The Journal of Clinical Endocrinology & Metabolism*, 100(6), 2239-2247.
- World Health Organization (2015). Sugars intake for adults and children. Retrieved from http://www.who.int/nutrition/publications/guidelines/sugars_intake/en/