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A critique of workplace wellness and a model to secure successful program implementation

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Why this paper?

The author of this paper has lived permanently in the United Arab Emirates (specifically in Dubai) for 19 years. He has witnessed many initiatives to embed the concept of wellness within corporates as well as seen many initiatives by insurance companies to develop wellness offerings for both corporates and individuals. However, there has been no consistency or persistency in promoting such offerings. In addition, many are simply disconnected activities such as a monthly park run or a vital signs testing day in the workplace.

What is required for wellness initiatives to succeed, particularly corporate initiatives is for them to be holistic, meaning well researched, designed, implemented, monitored, assessed for outcomes and realigned for the coming period based upon those outcomes. Scheme promoters also need to understand the obstacles that will be placed in their path by sceptical employers who need to be convinced of the financial benefits of investing in a corporate wellness scheme.

This paper will explore the concept of wellness, the history of its application in the United Arab Emirates, the challenges promoters of such schemes face and what approach is needed in order to succeed in making wellness a key priority for employers as well as individuals.

About the author

The author of this paper has 34 years' experience across all forms of insurance, including health insurance, in many countries. His last 10 years have been specifically focused on health system financing in developing countries in the Middle East and Africa. The author's work has included working for a "Big 4" advisory firm, Dubai government (where he was a leading figure in the development and implementation of the Health Insurance Law) and providing *pro bono* advice to other regulators in the Middle East and Africa. He has also provided advisory and consulting services in health system financing and regulation to clients of global consulting companies.

As far back as 2016, he developed a holistic workplace wellness model based on his RDIMAR approach – Research, Design, Implement, Monitor, Assess and Realign. He also developed tools to demonstrate the financial savings that employers could enjoy if they invested in a corporate wellness scheme.

Limitations on scope

This paper focuses primarily on corporate wellness schemes in the United Arab Emirates with some references to individual wellbeing.

Accreditation

All views expressed and statements made in this paper (unless otherwise specifically referenced) are those of its author.

The concepts of wellness and wellbeing

The two terms are often used interchangeably but it is important to understand the subtle differences between the two.

Gallup's view

According to Gallup¹, “**wellness** describes a healthy **lifestyle** beyond acute illness. It refers to a state of physical health in which people have the ability and energy to do what they want to do in life, without chronic suffering. Although wellness means something different at every stage of life, its primarily supported through habits of eating, physical activity and quality sleep that lead to positive health outcomes”

“**Wellbeing** encompasses the broader holistic dimensions of a well-lived life. Although there are other definitions, Gallup's global research has found five elements of wellbeing that add up to a thriving life:

- Career wellbeing: You like what you do every day.
- Social wellbeing: You have meaningful friendships in your life.
- Financial wellbeing: You manage your money well.
- Physical wellbeing: You have energy to get things done.
- Community wellbeing: You like where you live”.

The Giving Tree Collective view

Appearing on its website² is the following:

“**Wellness** is typically defined as a **proactive approach** to living that emphasizes the physical aspects of health. It involves making conscious choices towards a healthy and fulfilling life. Wellness is multidimensional, including:

- **Physical Wellness:** Engaging in regular physical activity, maintaining a healthy diet, and getting adequate sleep.
- **Emotional Wellness:** Understanding and managing emotions, coping with stress, and fostering positive relationships.
- **Intellectual Wellness:** Engaging in creative and stimulating mental activities to expand knowledge and skills.
- **Social Wellness:** Developing and maintaining healthy relationships and having a strong support network.
- **Spiritual Wellness:** Finding purpose and meaning in life, which can be achieved through religion, meditation, or personal reflection.
- **Occupational Wellness:** Finding fulfillment in your work and feeling connected to your professional goals.
- **Environmental Wellness:** Living in harmony with the earth by understanding the impact of your interaction with nature and your personal environment”.

It goes on to say that “Wellness is an **active process** of making choices that lead to better health and a more fulfilling life. It is often associated with specific **actions and practices**, such as exercise routines, healthy eating plans, and mindfulness techniques”.

On the other hand, it states that **wellbeing** “is a broader concept that encompasses overall happiness and life satisfaction. It is a more holistic measure that includes wellness but also incorporates other dimensions of life that contribute to a person's overall quality of life”. These include:

- **Physical Wellbeing:** Similar to physical wellness, it involves maintaining good health through diet, exercise, and sleep.

¹ Wellness vs. Wellbeing: What's the Difference?, Gallup, 2021

² <https://www.thegivingtreecollective.com/blog/wellness-vs-wellbeing>, 2024

- **Mental Wellbeing:** This includes emotional and psychological health, encompassing stress management, mental health, and emotional resilience.
- **Social Wellbeing:** Having strong, supportive relationships and a sense of belonging.
- **Economic Wellbeing:** Financial stability and security, including having sufficient resources to meet basic needs and pursue personal goals.
- **Career Wellbeing:** Finding satisfaction and purpose in one's professional life, beyond just the occupational wellness of work-life balance.
- **Community Wellbeing:** Feeling connected to and supported by the community in which one lives.
- **Environmental Wellbeing:** Living in a healthy and sustainable environment.

To summarise, **wellbeing** is a **state** of health and mind while **wellness** is a proactive **process** of activities to help to achieve an optimal state of wellbeing.

Individual wellness compared to corporate wellness programs

The individual approach

Focusing on wellness as a process to achieve this optimal state of wellbeing, people can be left on their own to decide whether or not to embark on a process of wellness. They decide for themselves what activities they will undertake and at what frequency. They may set their own targets or they may not. Some will have greater determination, motivation and application than others. Some individuals may come together with others to participate in activities with each other.

Self-motivation is a key factor in determining the success of an individual following their own “program” of wellness.

The corporate approach

The ideal corporate wellness program should be a holistic program of activities and initiatives. It should be based upon solid research of the corporate demographic (age, gender, nationality, ethnicity). It should be developed based upon this research, implemented by adequately experienced and qualified experts, monitored for quality, employee engagement and satisfaction, assessed in terms of outcomes over a fixed period (usually one year) and then realigned to new objectives for the coming period.

This approach can support employees in their quest for optimal wellbeing which will have clear benefits to the employer in terms of higher productivity and engagement, reduced absenteeism and lower health insurance claims costs – a key driver of rising health insurance premiums.

Various approaches taken

Unfortunately, what we have seen in the UAE market where a few companies have tried to offer a wellness program, is that these have generally been a set of unconnected, disjointed, often one-time activities with no research as to the need for them or their potential benefits, little or no audience targeting, no monitoring of success and no assessment of outcomes. They have often been supported or offered by insurance companies or healthcare providers.

Typical examples of insurance company wellness “programs” have involved park runs, on-site biometric testing days by healthcare providers (looking for business), gym membership discounts and access to selected opticians or dental clinics at a discount or the occasional “yoga in the office” sessions.

In addition to offerings by insurers, there are a number of companies offering workplace wellness solutions. Many of the owners of these companies have a fitness or healthy lifestyle background. Their approach to market is directly to employers but of course any employer taking up one of these solutions is required to pay.

Why these approaches have not worked

A piecemeal approach

The author knows of four insurers in the UAE which have promoted a wellness “program” over the last 8 years. These have tended to focus on either physical exercise activities, biometric tests, discounts for vendors such as gyms, opticians and others or occasionally a combination of two or three of these things.

However, none of these programs have taken a research driven, outcome monitored holistic approach as in the author’s RDIMAR model. (See “What is needed for workplace wellness programs to succeed?”)

Low engagement rates

In the absence of any structured approach to program development, employee engagement rates have been sporadic. “Programs” are often launched with great vigour and promotion yet while initial employee interest may be promising it soon fizzles out.

Lack of research and audience targeting

Programs have not been research based which would have enabled program development to be relevant to the specific needs of the workforce. Research would also have enabled better audience targeting resulting in possibly higher engagement rates. The author discusses the “corporate demographic” later in this paper which (in a country such as the UAE where there are so many nationalities) is key to understanding what aspects of behaviour and lifestyle should be addressed in a specific employer’s workplace wellness program based on the prevailing nationalities and ethnicities of the workforce.

The financial aspect

Wellness programs need to be paid for. Discounting the fact that most programs are unresearched, unstructured and outcomes are not monitored, employers see financing of such initiatives as a cost and not as an investment in their employees’ wellbeing at work.

Whilst insurance companies may subsidise the cost of bringing in vendors to deliver various aspects of a wellness program, the incentive for them to do so is low. This is because the UAE insurance market is overcrowded leading to intense competition. The law requires employers in the emirates of Abu Dhabi and Dubai to pay for employees’ health insurance. With overutilization promoted by healthcare providers, fraud, waste and abuse and medical inflation always running ahead of general inflation, health insurance premiums rise at an alarming rate.

Consequently, at annual renewal date, employers always seek a cheaper premium. In a largely broker driven market this can often easily be found, requiring switching to a different insurer. The main reason why insurance companies would be interested in financing wellness programs is to reduce claims costs over the medium to long term. The issue is that with this constant “churn” of business an individual insurer will not see the benefit of its investment as the employer will have moved to another insurer.

Failure to demonstrate return on investment

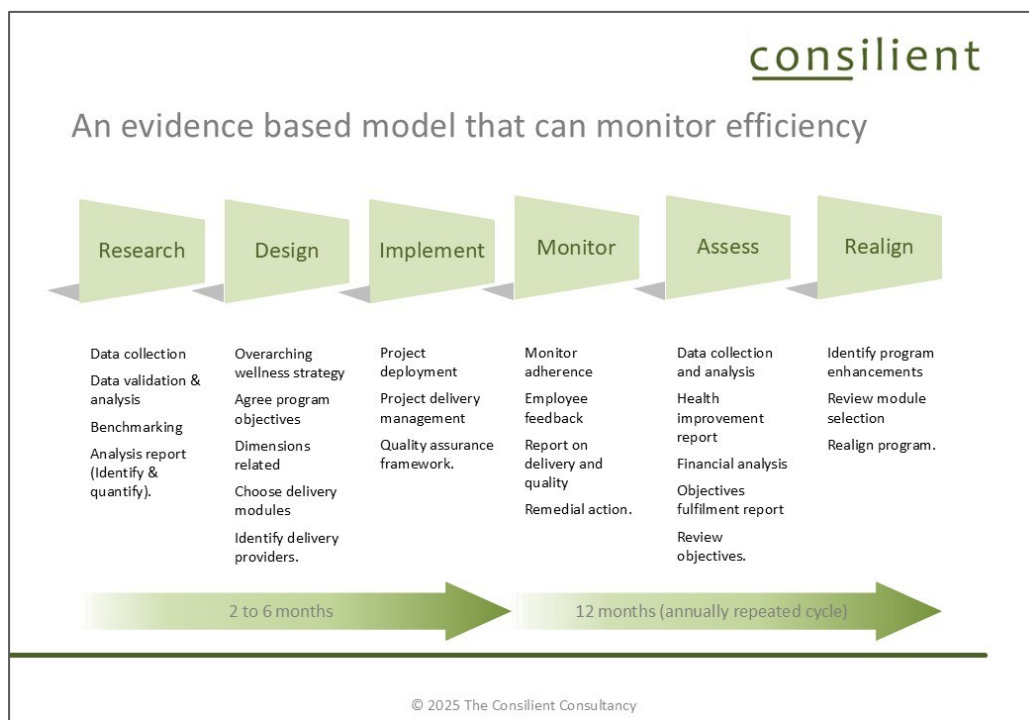
This is probably the biggest reason why employers see workplace wellness programs as a cost and not as an investment. Promoters of such schemes have been unable to demonstrate (or not even addressed) the return on investment.

This return comes in the form of improved wellbeing which in turn results in increased employee engagement, higher productivity, lower presenteeism (being present at work but not focused), lower absenteeism and lower staff turnover. The “Persuading the employer” section of this paper describes how return on investment can be estimated.

What is needed for workplace wellness programs to succeed?

A well-researched and structured program design

As mentioned above, one of the reasons for the failure of workplace wellness in UAE has been a lack of attention to a structured program design rather than the piecemeal approach. Below is a representation of the author’s RDIMAR model followed by an explanation of each element.



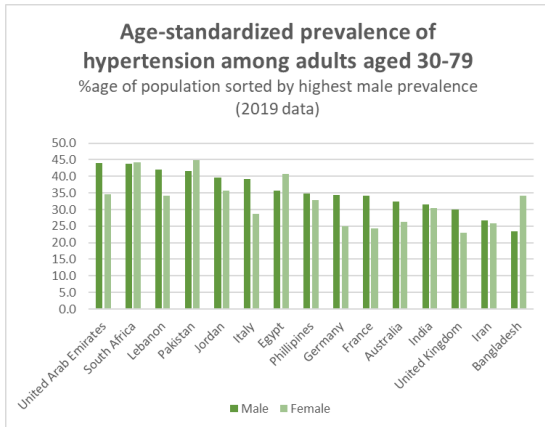
Research and the corporate demographic

Let’s start here. If you do not know the current health status of your employees, how can you develop a program to address the most pressing issues? The ideal would be to conduct an employee-wide biometric and lifestyle exercise to identify health threats such as obesity, diabetes, cardiovascular disease, smoking and alcohol consumption, although the latter two, being self-reported, may be unreliable. There are also tools to measure mental health status. However, this may be seen as intrusive by employees and there would also be privacy and data protection issues to consider.

In the absence of such an exercise to determine the health status of an employer’s workforce, some interesting pointers can be drawn from WHO health statistics by country. These can give a good indication of the sort of health threats your workforce may face depending on health and lifestyle indicators in their home country.

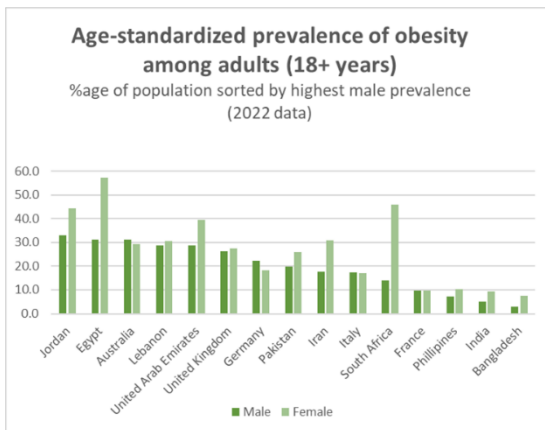
Whilst the home country indicators may not be 100% transferable once someone moves to the UAE (for example, people from countries with generally low alcohol consumption may change their personal consumption once in UAE due to higher income, ease of access, work-related stress and other factors).

The statistics show some striking differences in main health threats between different nationalities which are typically found in the UAE expatriate workforce. Whilst not perfect, in a country such as UAE with such diverse workforces with some sectors dominated by specific nationalities of workers, the corporate demographic can indicate which areas of health a wellness program should address based upon the predominate nationalities within a specific employer’s workforce. Here a few examples.



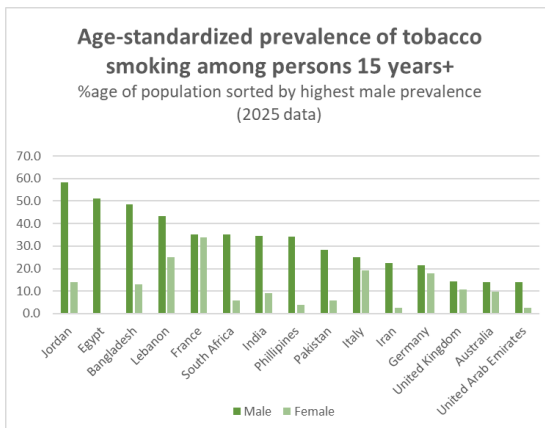
In general terms, hypertension in males is higher than in females with exceptions including Pakistan, Egypt and Bangladesh.

Another point of note is that hypertension in females is significantly lower in countries such as Italy, Germany, France, Australia and the United Kingdom.



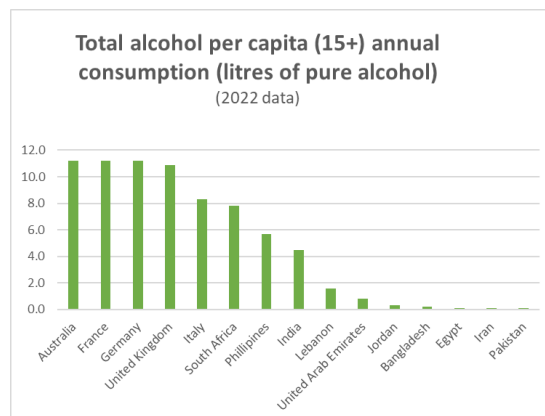
If your workforce is primarily from Philippines, India or Pakistan you should not be facing an obesity problem.

However, if they are from Middle East countries this may be a significant risk which may need to be addressed in a workplace wellness program.



In most countries outside Europe smoking amongst females is significantly lower than amongst males.

However, if your workforce consists of male workers from Middle East countries and Bangladesh, the effects of smoking could pose a significant risk to their health and may need to be prioritised in a workplace wellness program.



If your workers are predominantly from the Middle East, Bangladesh or Pakistan you may not be facing alcohol-related health risks.

However, if you have workers from European countries or Australia alcohol consumption may pose a risk to the health and performance of your employees.

Another source of information that may indicate the health risks to be addressed is the employer’s health insurance claims data. This data should be available on an anonymized basis. Below are examples drawn from one UAE employer’s claims data (workforce of 17,000).



A note of caution needs to be applied when interpreting such claims data. You will see that “Acute upper respiratory infection (unspecified)” figures are significantly higher than all others across 3 metrics. What might this indicate? Perhaps the fact that Acute URI -U diagnosis by claims count is 5 times higher than hypertension or fever as a diagnosis is a true reflection of the facts. But perhaps use of this diagnosis is simply too convenient for physicians to use.

Design

In order to design a program, there should be an overarching wellness strategy with clear objectives in terms of health improvements. The supporting infrastructure also needs to be developed including agreement on the extent of deployment, a data management functionality, communication and reporting and an employee-facing platform.

Different program modules will also need to be agreed upon such as physical activities, those activities that can support mental health and those which address lifestyle behavioural change such as smoking cessation programs or adopting a healthy diet.

Having decided upon the modules of the program, vendors will need to be selected who can deliver them. There will also need to be a system of vendor reporting so that the employer can understand the extent of employee engagement as well as monitor the quality of delivery and employee satisfaction with vendors.

Implementation

Once all the above is in place, the next step is implementation. This will involve both program deployment and employee enrolment. The employer should appoint an internal program owner as well as a number of ambassadors who will support and promote implementation. In integration with the finance function is also important to manage budgets and payments to vendors.

Implementation should also include staff orientation meetings, introducing vendors, launch of the e-communications portal or platform and publishing a timetable of events.

Enrolment involves a campaign to promote enrolment and facilitation of an online enrolment process. Following this, employees should be encouraged to participate in a health risk assessment program to help them understand their health risks and status in order to be better informed as to which are the most appropriate and relevant program modules for them. Privacy and data security are key considerations for any health risk assessment.

Monitoring

This step is critical to understand employee engagement and adherence, vendor quality and employee satisfaction as well as to determine any remedial action to be taken. Monitoring should include the provision of various reports including the effectiveness of internal processes.

Changes in health status of employees should also be monitored by way of periodic health risk assessments and self-reporting.

Assessment

Assessment of the program's effectiveness should be undertaken during the final two months of the annual program cycle and should include:

- Data collection and analysis of all program aspects and objectives
- Developing a report on health and lifestyle status change
- Obtaining employee feedback and reporting findings
- Analysing health insurance claims data during the period and developing a report linking findings to health status
- Developing a report for submission to the company's health insurer to be taken into account in renewal negotiations
- Developing a program objectives fulfilment report

Realignment

This final stage in the model involves two aspects.

Firstly, and based upon the assessment findings:

- Identify program enhancements
- Redesign and/or review module selection
- Review provider partners
- Review employee engagement methods
- Review financial perspective priorities

Secondly, realigning the program to address:

- Environmental changes
- New health concerns
- Unfulfilled objectives
- New objectives

Persuading the employer

Understanding what employers say they need

According to "Workplace Wellness in Australia"³ employers stated that they wanted to see certain improvements in workplace wellness offerings, namely

³ Medibank Health Solutions/Price Waterhouse Coopers, 2010

- Tailoring program design to suit the specific company’s needs. Currently employers feel there are too many ‘off-the-shelf’ products;
- Upgrading the models of delivery (e.g. by providing multiple modes of delivery and breadth of services) to enable increased impact and integration;
- Clarifying the program offerings and their evidence base at the commencement of a program and identifying how they will meet the need;
- Robust and consistent monitoring and measurement of program performance – seek input from employers and find out what is needed to support the value of the investment.

Demonstrating cost savings

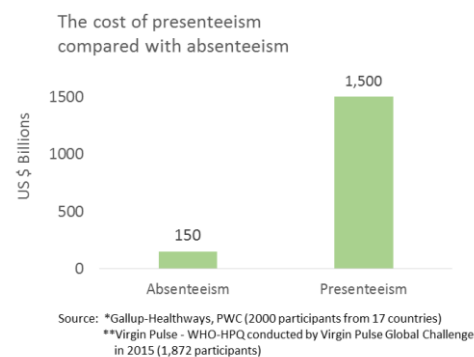
In the author’s experience, persuading an employer’s human resources department of the benefits of a well-structured workplace wellness program is relatively easy. However, as soon as the finance department becomes involved the discussion becomes all about “cost”.

As mentioned previously, promoters of workplace wellness have been deficient in providing the necessary data to demonstrate the savings that an employer can achieve. One way of doing so is to take the employer’s own data and combine it with a number of assumptions based upon research of the outcomes from wellness programs to produce an estimation of the savings that a program might achieve.

Such research is not easy to find, is often based on evidence from US, UK or Australia, may reference only outcomes for one or a few more employer’s schemes and is often quite old (up to 20 years). However, one such study looked at workplace wellness schemes in 56 US companies ⁴. It found amongst other findings:

- 27 percent reduction in sick leave absenteeism.
- 26 percent reduction in health care costs.
- 32 percent reduction in workers’ compensation and disability management cost claims.
- Rol ratios averaged savings of \$3.93 for every dollar invested

However, absenteeism is just one cause of lost productivity. Another is reduced employee engagement at work, known also as “presenteeism” meaning that an employee with either physical or mental health issues may show up for work but not perform to an optimal level. The chart alongside indicates the cost of “presenteeism” to be 10 times the cost of absenteeism with 4 work days per employee lost per year due to absenteeism and 57.5 effective workdays per employee lost due to presenteeism.



An effective tool to demonstrate potential costs savings

Using some of the above information and an employer’s own data and assumptions, it is possible to estimate potential costs savings for an employer which establishes a data-driven, well-structured and monitored workplace wellness program.

⁴ Healthy Workforce 2010 and beyond, U.S. Chamber of Commerce Labor, Immigration and Employee Benefits Division. <http://www.uschamber.com/reports/healthy-workforce-2010-and-beyond>

Area of saving	Existing cost (AED)	Potential improvement	Cost saving (AED)
Absenteeism		Assume a reduction of only 1/3 that of US experience, i.e. 9%	
Presenteeism (i.e. improved productivity)		Assume this is 5x cost of absenteeism and assume a 25% reduction	
Reduction in rate of increase in insurance premiums		Assume current rate of increase of 12% pa will reduce to 6% pa	
Reduction in recruitment costs		Assume a reduction in attrition rate of 5%	
Total estimated savings			

Here is an explanation...

- **Absenteeism:** Enter the employer’s existing annual cost of absenteeism and apply to this a conservative reduction of only one third of that shown in the US report.
- **Presenteeism:** Assume this is not 10 times but just 5 times the employer’s annual absenteeism cost and assume a 25% reduction.
- **Insurance premium increases:** These run according to what is known as “medical trend” which in UAE sits at around 12% per annum. It is higher than the increase in general consumer prices due in part to the increasing costs of new medical interventions and technological innovation in treatment. Let’s assume that this 12% rate of increase may reduce to 6%.
- **Recruitment costs:** Enter the employer’s annual recruitment costs and then assume a reduction in the attrition rate of just 5%. Training and visa costs of replacement staff can also be included.

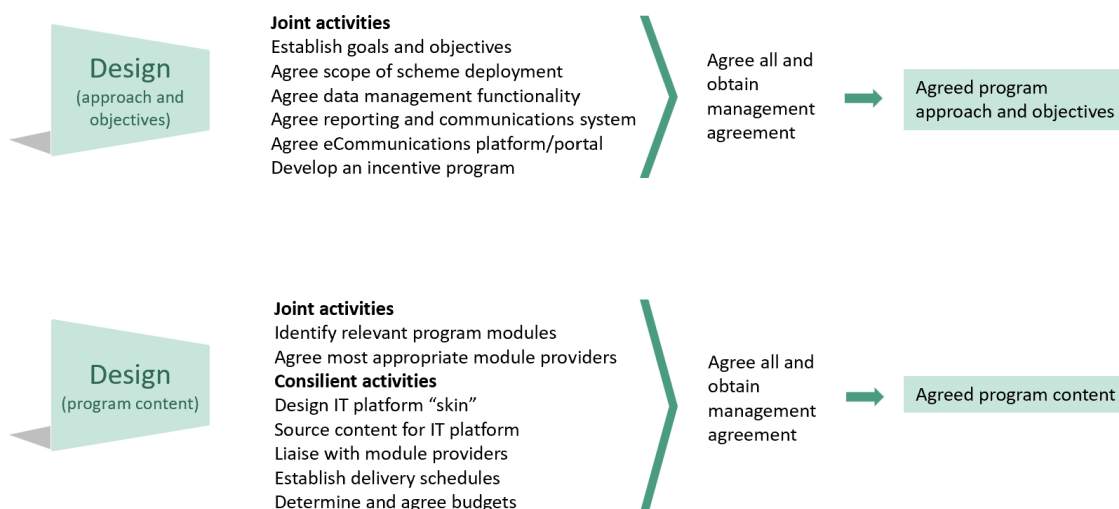
By making these calculations you will surprise the employer as to the savings that can be made and turn the discussion from a “cost” one into an “investment” one.

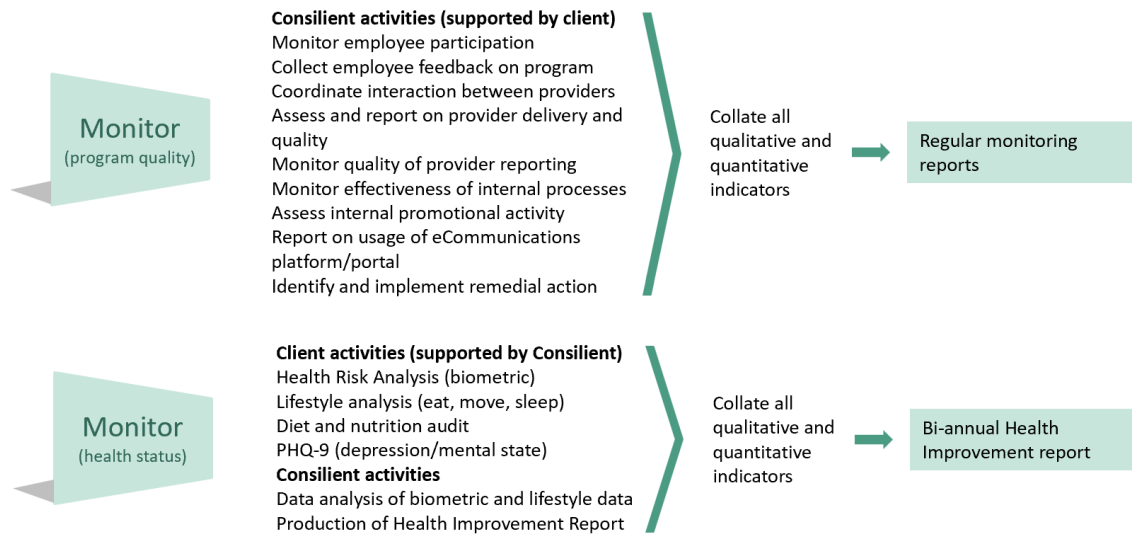
How The Consilient Consultancy Limited can support

Firstly, Consilient does not **deliver** workplace wellness programs. What it does is to **develop** programs using the RDIMAR model, identify suitable vendors who can deliver program modules, identify suitable software platforms upon which the program can run, support program monitoring and provide the necessary data analytics to assess program outcomes.

Program development

As explained previously, the basis for Consilient’s program development is the RDIMAR model. As part of the process Consilient will detail the precise activities which it will undertake and those activities which would be conducted jointly by Consilient and the employer. Examples are shown below.





Vendor selection

Consilient has an array of vendors who are experienced in delivering various modules of a workplace wellness program including clinical, physical and mental health modules. Examples include vendors who deliver biometric testing, dietary advice, smoking cessation programs, stress management, achieving worklife balance, office based yoga classes and financial advice.

Monitoring and analysis

Consilient can provide as much of the program monitoring and analysis that the employer wants to outsource.

Program assessment and realignment

After completion of the program outcome analysis, Consilient can work with the employer to identify successful outcomes and those activities which did not work as expected against objectives. Based upon this assessment Consilient can then work with the employer to realign the program objectives and structure for the next (usually 12-month) cycle.

Financial arrangements

Consilient will charge a fee for its services which will be based upon the extent of its involvement in program design.

The employer will contract directly with program module vendors and make payment in accordance with the mutually agreed terms of those bilateral contracts.