INTRINSIC MOTIVATION
The Foundation of Outstanding Well-Being Programs
Well-being practitioners have countless strategies available to encourage health behavior change. Industry experts advocate incentives, policies, environmental changes, and promotion tactics, to name a few examples. But none is likely to achieve desired outcomes unless participants accept personal accountability and are intrinsically motivated to change their own behaviors.

An astute practitioner may ask, “If a participant takes ownership of their behaviors, why do they need a wellness program at all? Shouldn’t we be more concerned about people who have no motivation?”

Behavioral researchers, however, argue that everyone harbors the elements of motivation. The role of well-being practitioners is to provide the environment and resources that allow participants to tap into their motivation, to hold themselves accountable, and to navigate obstacles.

**Intrinsic and Extrinsic Motivation**

In the annals of health behavior change research, 2 broadly defined engines drive participants to adopt a new behavior — like exercise, healthy eating, meditation — or to drop an unhealthy behavior like smoking.

*Intrinsic motivation: genuine desire to take action.* Participants experience satisfaction in the behavior, whether based on believing they’ll achieve a long-term goal such as better health or, more commonly, immediate satisfaction like someone who discovers joy in exercising or preparing a healthy meal.

*Extrinsic motivation: desire for external consequences.* Participants want to earn an incentive, achieve a goal set by someone else, or avoid punishment; personal accountability is often absent.
Generally, wellness programs have favored *carrot* and *stick* strategies to bolster extrinsic motivation. One survey found that nearly half of employers with wellness programs emphasize extrinsic rewards — specifically financial incentives — to achieve participation or a health outcome like lower blood pressure or quitting smoking. Another survey showed the percentage of large employers offering incentives as high as 74%, with an average incentive of $742... rising annually.

Larger incentives often take the form of health insurance premium discounts (carrot) or surcharges (stick). But there’s little evidence these strategies work. Writing in the *New England Journal of Medicine*, several leading proponents of extrinsic motivation acknowledged: “Evidence that differential premiums change health-related behavior is scant. Indeed, we’re unaware of any health insurance data that have convincingly demonstrated such effects.”

By more fully understanding intrinsic motivation and learning how to leverage it within employee well-being programs, practitioners can improve different types of outcomes — participation, health metrics, satisfaction — and decrease their reliance on costly, mostly ineffective extrinsic approaches.

**The Science of Intrinsic Motivation**

Researchers have formulated several theories to understand intrinsic motivation. These 3 stand out as withstanding scientific scrutiny and the test of time:

- Decisional balance
- Self-efficacy
- Self-Determination Theory.
Decisional Balance

Intuitive to most people, decisional balance is simply weighing the pros and cons when making choices.

Irving Janis and Leon Mann originally proposed the theory to help understand how all decisions are made. Behavioral health researchers later came along and studied how this influences decisions to change a health habit.

In decisional balance calculations, people weigh factors ranging from quantifiable — cost of cigarettes may be a pro to consider quitting; cost of membership may be a con to contemplate joining a gym — to subjective, such as approval/disapproval of others or feelings of accomplishment or guilt. Extrinsic factors such as incentives and penalties may influence decisional balance.

For well-being practitioners, here’s the bottom line: The more employees understand the many benefits of healthy behaviors, and the more tools and techniques available to help them overcome the cons, the more likely they’ll decide for themselves that participation is something they want to do. And that improves their prospects for success.

Self-Efficacy

Stanford psychologist Albert Bandura conceptualized self-efficacy — belief in one’s own capacity to modify a behavior — as a key component of intrinsic motivation. He demonstrated that greater confidence in the ability to change leads to a better chance of actually doing it.
These 4 conditions increase self-efficacy:

- **Previously accomplishing something similar.** If Shawna is trying to reduce the sugar in her diet, for example, she’ll experience empowerment by reflecting on successfully switching from whole milk to low-fat milk a few years back. A well-being practitioner or skilled health coach will guide participants to identify past achievements and lessons learned that apply to current challenges.

- **Observing someone “just like me” having success with the same behavior.** This is a reason testimonials are an effective tool in well-being programs, especially when they share relatable details about overcoming common obstacles.

- **Encouragement from others.** Bob’s confidence is bolstered when his colleagues are pulling for him. Teams, buddies, and health coaching relationships naturally create circumstances where effective encouragement takes place.

- **Excitement about the new behavior.** Someone who looks forward to eating more healthfully as part of a team campaign will have a higher level of confidence in ability to succeed. On the other hand, excessive anxiety about a behavior can reduce self-efficacy.

### Self-Determination Theory

This framework describes the essential conditions for intrinsic motivation to drive sustainable behavior change. The theory was conceptualized by Edward Deci and Richard Ryan;\(^\text{10}\) a version of it was popularized in Daniel Pink’s best-selling book, *Drive*. According to self-determination theory, motivation is driven by 3 factors:

- **Competence:** Deci and Ryan defined competence similarly to self-efficacy, although the term implies a level of mastery and not simply confidence.

- **Autonomy:** Motivation is most likely to emerge and achieve a desired outcome if the person engages in the behavior change of their own free will, driven by an innate desire. Autonomy is related to personal accountability.

- **Relatedness:** The sense of social connection involves the need to interact and to have caring relationships with others.

Deci and Ryan viewed competence, autonomy, and relatedness not just as conditions necessary for innate motivation to flourish, but as fundamental conditions to maintain overall well-being.
As an example of how self-determination theory may come into play for behavior change, consider Fred, who wants to make healthier food choices.

**Competence:** He'll benefit by knowing what items are most nutritious, how to interpret food labels, and how to shop for as well as prepare healthy meals.

**Autonomy:** By deciding on his own to eat more healthfully and voluntarily joining a workplace wellness program *when he’s ready*, Fred will be more motivated than someone who’s been told they must change. He has a greater chance of success if he accepts accountability for his own choices, rather than believing someone else controls his diet.

**Relatedness:** Fred shares his healthy eating goals with his spouse and friends, asking for their support. A participant who is often isolated, eats alone most of the time, and has no one else in their life who cares about their health has limited chances of success.

**Recipe for Health Behavior Change**

Based on the principles of decisional balance, self-efficacy, and self-determination theory — taken together — practitioners can understand long-term behavioral change as being linked to at least 5 ingredients for intrinsic motivation to flourish:

- Having the skills and resources to facilitate the change
- Expecting a successful outcome
- Believing the benefits of change outweigh the potential costs
- Having supportive relationships
- Feeling empowered.
**Risk of Relapse**

Knowing that people use decisional balance as well as self-efficacy when they decide to make a change and need self-determination to maintain motivation inevitably leads to this question: “What goes wrong with motivation when someone is making a change and they experience a setback or total relapse?”

Research identifies several factors that can stop a driving force in its tracks:

- Negative emotions like stress, guilt, depression, and interpersonal conflict\(^ {11,12}\)
- Feeling out of control\(^ {13}\)
- External cues and triggers, including peer pressure and temptation\(^ {11,14}\)
- Boredom\(^ {15}\)
- Removal of incentives\(^ {16,17}\)

In one way or another, most conditions associated with relapse are simply the opposite — or the absence — of conditions needed for intrinsic motivation. For practitioners and participants, identifying the missing link is the first step toward restoring motivation.

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**Extrinsic Strategies Can Backfire**

In comparing intrinsic and extrinsic strategies, Deci and Ryan drew a line in the sand with self-determination theory. They demonstrated that strategies laden with external rewards decrease motivation: “Research revealed that not only tangible rewards but also threats, deadlines, directives, pressured evaluations, and imposed goals diminish intrinsic motivation. Choice, acknowledgment of feelings, and opportunities for self-direction were found to enhance intrinsic motivation because they allow people a greater feeling of autonomy.”\(^ {1}\)

This helps explain why researchers were unable to find evidence of successful wellness programs that tied insurance discounts or surcharges to participants’ biometric health results.\(^ {5}\)
Intrinsic and Extrinsic Are Not Always Black and White

Avoid getting bogged down in distinguishing a strategy as intrinsic or extrinsic when the difference isn’t clear. For example:

- Nudges that make the healthiest choice the easiest choice, such as displaying healthy foods in the most visible locations or making staircases more attractive so employees choose them over elevators.\(^{18}\)

- Social contagion, which suggests people are more likely to be intrinsically motivated to make a change if their social connections — including friends and coworkers — make the change.\(^{19}\)

- Games, where intrinsic motivation may be bolstered by extrinsic features such as badges, league standings, and the vibrations/light show a Fitbit\(®\) performs on a user’s wrist when they reach 10,000 steps.\(^{20}\)

The more employees understand the many benefits of healthy behaviors, and the more tools and techniques available to help them overcome the cons, the more likely they’ll decide for themselves that participation is something they want to do.
11 Ideas for Fostering Intrinsic Motivation

You can cultivate intrinsic motivation through program design, communication strategy, and a supportive environment. This list will help you brainstorm. What ideas can you add?

1. **Use positive messages that build confidence.**
   “Registering is your first step to success!” is an encouraging call to action for a walking campaign. “You can do it; we can help!” will fire up potential participants.

2. **Find out what obstacles employees face** (they don’t feel they have enough time or they perceive activities as too costly), then address them in your programming and materials to influence decisional balance.

3. **Consider incremental programs** that allow participants to build on skills and confidence acquired by previous successes. A physical activity program with different sessions for walkers, joggers, and more serious runners is an example.

4. **Offer stress management or resilience programs** to help participants ward off relapses.

5. **Focus on immediate rewards.** For physical activity, promote feeling energized and upbeat rather than preventing heart disease or losing weight. To encourage healthy eating, emphasize the great taste of healthy food rather than disease prevention.

6. **Make it easy for employees to participate in groups.** Voluntary team-based campaigns are a way to do this. Another idea: At the end of group events such as lunch ’n learns, have the facilitator encourage attendees to form support groups or accountability partnerships to keep each other on track.

7. **Don’t promote any incentives in your program as the main reason to participate.** Reinforce the potential joy of participating, not the extrinsic reward.

8. **Provide skill-building activities**, like cooking classes or how to get started with fitness.

9. **Partner with providers knowledgeable about intrinsic motivation.** Ask how they build self-efficacy, autonomy, and relatedness into their products and communication tools.

10. **Share participation and outcomes data with employees tied to testimonials that convey emotion and gratitude.** Some who may be sitting on the fence about participating will experience increased self-efficacy by seeing the success of others.

11. **Incorporate decisional balance sheets into self-directed programs or coaching.** These are simple templates — you can make them yourself — where participants record their pros and cons. Sometimes this exercise helps them overcome a negative bias.

Don’t feel you have to implement all of these or address every aspect of every intrinsic motivation theory. Choose a few ideas that make the most sense for you and your population.
Family Ties and Personal Accountability: A Well-Being Story

Linda treasured the time with her grandkids. They could spend hours in front of the TV — Tyler even taught her to play his favorite video games and Olivia shared popular cartoons. It felt like quality time, but it was actually just screen time. All that sitting was taking its toll on Linda. “I felt sluggish, with too little energy to finish the housework, much less the watercolors I love. I wasn’t sleeping as well as I used to either, and normal work stress was bothering me.”

As the months wore on, Linda got tired of feeling tired and fed up with buying bigger jeans. She decided to finally try the fitness challenge offered at work. All she had to do was walk. How hard could that be?

At the start, it was hard. “The first day, I changed into walking shoes and headed out — certain that walking 30 minutes would be a cinch. In a few blocks, I was already slowing down, my heart was pounding, my legs were tired… and I’d been walking all of 10 minutes.” This would take patience and persistence. But Linda had made a commitment to herself and her team of coworkers; she wasn’t about to let them down.

Within a couple weeks, something unexpected happened: Linda started to get into it. The exercise itself became easier, but more important, she experienced a mental and emotional lift with each walk. She enjoyed greeting neighbors on her morning treks. Nearby strolls led to longer adventures, and soon she was exploring new parks and trails. Even rain didn’t stop her; Linda zipped up her slicker, seeing herself as brave and accomplished for walking right through it. Whether she could only fit in 1 mile, or push herself to do more, she’d always feel renewed and energized. “I remember I couldn’t believe when I got back to my car and realized I’d been walking twice as long as my goal. The time had flown by.”

But Linda’s enthusiasm didn’t automatically rub off on her grandkids. She’d invite Tyler and Olivia to join her, trying to make the walks sound exciting. She told them all about the creek, the colorful butterflies, and the sweet forest smell after the rain. But they were glued to their screens — barely looking up to mutter “no thanks.”
“I felt like our time together was slipping through my fingers. I desperately wanted to share my newfound fitness and love for the outdoors with the kids. I hadn’t felt this good in years. I dropped 7 pounds without really trying, was sleeping through the night, had less stress, and finally had enough energy to get back to my artwork. I wanted Tyler and Olivia to feel that same rush and excitement.”

Then it dawned on her — just telling them what they were missing wasn’t going to work. She’d have to show them. So to capture the beauty of her walks, Linda shot bright green moss clinging to rocks, a shaft of golden light piercing through the pines, a video of a little waterfall churning up foam. “Look how beautiful this is! You should come out with me and see it.” But of course this didn’t convince the grandkids. They’d nod politely and turn back to their screens.

So how did Linda finally get Tyler and Olivia out on the trail? Was it a stunning image of a double rainbow? A tale of trolls and fairies in the enchanted forest? A bribe? No…

It was poop.

That’s right, Linda took a picture of poop. The kids were thrilled. It was cougar scat, sitting right in the middle of the trail. They researched it together, comparing Grandma’s picture to field guides. It had fur, maybe even bones in it. They couldn’t wait to see it for themselves. “Our friends will never believe this!”

Once she got the kids out there, they got hooked too. They’d beg to join Grandma on her hikes, and regale their mother with breathless tales of near mountain lion sightings. They waded in a creek. They found brambles filled with juicy blackberries. Instead of streaming videos, they had lunch by a stream. They looked forward to hikes in new places, though once a trip around the block had elicited groans. “Our walks became so much more interesting and exciting to them than any device. We explored longer trails on weekends in nearby towns. We got walking poles plus new hats, jackets, and hiking boots. By the end of the campaign all of us, who could barely walk 4 blocks when we started, were hiking 4 miles and loving it.”

When the wellness challenge ended, Tyler and Olivia made Linda promise their adventures would continue. “Of course! The program gave me the jumpstart I needed, but now my motivation came from within. Not only did I find a fun way to get active and feel better, but I’ve learned how to really bond with my grandkids. Now our time together creates lasting memories — and lifelong well-being.”


13 Umberson, D, Crosnoe, R, Reczek, C. Social relationships and health behavior across the life course, *Annual Review of Sociology*, 36, 139-157, 2010


