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“Assessing Intrinsic and Extrinsic Motivators in a Structured Wellness Program”

Physical wellness encompasses an individual's physical health and health-related behaviors, such as physical activity, nutrition, and medication adherence (Williams et al., 2011). Most individuals are intrinsically motivated toward physical wellness (Sebire et al., 2009), and a positive correlation between physical wellness and personal autonomy has been identified (Williams et al., 2011). Studies have also found that extrinsic motivation, such as incentives or competition, can increase gym attendance (Courtemanche et al., 2021). Furthermore, individuals' perceived physical wellness has been positively correlated with a sense of community and empowerment provided by gyms and group fitness classes (Carter & Alexander, 2019; Pickett et al., 2016). Structured programs can provide both intrinsic and extrinsic motivators for improving wellness by cultivating community and support, encouraging competition, and allowing the opportunity to experience satisfaction with individual performance (Carter & Alexander, 2019; Courtemanche Hopson, & Groskreutz, 2021; Pickett et al., 2016; Sebire, Standage, & Vansteenkiste, 2009).

The current study builds on previous research by Smeltzer et al. (2025) examining motivation to participate in wellness activities. This survey-based study aims to examine whether intrinsic factors motivated participants to join the LSUHSC three-week wellness challenge and continue participation in wellness activities following completion of the challenge, especially in the area of physical wellness. We hypothesized that people who participate in the wellness challenge are already engaged in physical wellness activities and are more intrinsically motivated towards wellness in general.

Prior to participation in the challenge, participants completed a pre-survey to measure six dimensions of perceived wellness using the Perceived Wellness Scale (PWS) and motivations of exercise behavior using the Behavioral Regulation in Exercise Questionnaire-2 (BREQ-2). During the challenge, participants tracked their progress across five wellness activities (e.g., hydration, sleep, physical activity, mindfulness, nutrition) and completed a post-survey at the end of the challenge which included the PWS and the Client Satisfaction Questionnaire (CSQ-8). A second post-program follow-up survey was sent four weeks later to assess continued engagement in wellness activities, motivation, and perceived wellness.

Pre-survey results showed that identification motivation (i.e., tendency to value exercise and find it useful in helping to achieve physical goals and wellness) had the highest mean value on the BREQ-2. Pre-survey results also showed individuals did not feel internal pressure or controlled by external rewards to participate. In the post-survey, extrinsic motivation was significantly associated with perceived wellness ratings; while intrinsic motivation was significantly associated with higher perceived wellness and higher activity levels. Therefore, higher intrinsic motivation is associated with feeling more well and participating in higher activity

levels during the challenge. One-month post-challenge, wellness activity levels were associated with intrinsic motivation.

In conclusion, our data supports our hypotheses that individuals participating in wellness challenges likely already have higher degrees of physical wellness and activity levels due to intrinsic motivation for exercise. To further the culture of wellness at LSUHSC, future research should explore how to motivate individuals who currently are less inclined to participate.