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Standardizing the Body: How Health Tracking Enforces Hegemonic Values in the Workplace

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Abstract: Health tracking technology in the workplace entrenches social divides, legitimizes discrimination, and commodifies health in order to enforce dominant group values of efficiency and discipline.

INTRODUCTION

Workplace health tracking involves collecting data on individual employee health through technology such as step counts in health apps, algorithmic data mining, wearables such as Fitbits, or calorie and macronutrient tracking. Structured workplace programs encourage employees to be more proactive about their health, and highlighting health metrics can provide a sense of motivation and achievement. Many employers hope to encourage work-life balance and design for a workplace resilient against burnout and stress-related illness. While marketed as a tool for employee wellness, workplace health tracking in part functions as a mechanism that entrenches social divides, legitimizes discrimination, and commodifies health to enforce dominant group values of efficiency and discipline.

To uncover these power dynamics, this paper employs the framework of strong objectivity, a standpoint theory. By applying strong objectivity to corporate wellness programs, it becomes clear that these systems do not merely measure health, but enforce the values of corporations and dominant social groups onto the health and lives of workers. This paper argues that by framing health as a quantifiable, individual responsibility, these technologies transform personal health into a professional requirement, extending the office into personal life. This work is in partial fulfillment of the ENGR184 course using the blueprint curriculum in Ref [1,2] and captured in a collection [3].

METHODS

In "Survival of the (Data) Fit: Self-Surveillance, Corporate Wellness, and the Platformization of Healthcare," Vassilis Charitsis explains, "... new corporate wellness programs devised by insurance companies require employees to share their self-tracked data; in return, these corporations provide financial rewards (or penalties) for specific activities and goal achievements" [4, p.3]. Insurance companies offer corporations reduced insurance premiums in the hopes of fielding lower health care costs for policyholders, introducing additional motivation for monitoring employee health. While wellness programs and health tracking are marketed as individual empowerment, they simultaneously increase corporate control and generate profit. This discontinuity in objectives creates a system not primarily focused on holistic wellness for all employees.

Throughout this paper, standpoint theory and strong objectivity will be used to examine personal health tracking. Standpoint theory argues that a person's social position shapes what they can know and understand about society, and that dominant beliefs and knowledge in societies primarily represent the interests of the most privileged [5]. Strong objectivity uses standpoint theory to argue that empirical science employs and reinforces the biases and values of dominant groups. Even the determination of what is scientific and what is worth scientific study is influenced by the values of dominant groups. As Harding explains, "Thus, dominant conceptual frameworks tend to serve the economically and politically most vulnerable groups only in those cases where the values and interests of the latter coincide with those of the former" [6, p.34]. Analysis under strong objectivity makes clear how personal health tracking is a technology designed for the elite, which is not accessible to many and reinforces divides between the privileged and marginalized. This divide is exacerbated by the false objectivity of personal health

tracking, where health is defined according to the culture of the dominant group and its enforcement diminishes other cultures.

In the United States and other cultures where empirical science is most lauded, the dominant social groups are largely white, male, able-bodied, cisgender, and wealthy. Following Harding's claim, empirical science is designed to solve the problems of these groups. This paper will first apply this claim to health tracking in the workplace, discussing how the technology is only accessible to white-collar workplaces. Within these workplaces, the limitations of health tracking technology highlight those who cannot participate, further marginalizing those lacking traits of the dominant social group. Disabled or plus-sized employees may be singled out as unable to participate or generate the same health data. Workplace health tracking fulfills Harding's claim: a hegemonic culture serves the most vulnerable groups only when their concerns coincide with those of the most privileged groups. When personal health tracking fails to serve the most vulnerable, it emphasizes their lack of privilege and furthers social divides. This is exacerbated in workplaces, where employees are ostensibly placed on neutral ground and judged by their output, by expanding worker output to include health markers and decisions in their personal lives.

Although health tracking claims to be rooted in objective science, strong objectivity also requires questioning what is objective. Health tracking systems rely on metrics and behavioral expectations derived from populations that already possess the resources necessary to meet them. This results in definitions of health and normalcy that often place marginalized groups on the outside of these markers. Additionally, by not considering marginalized groups in the design of health tracking tech, there is an issue of inaccessibility. Workplace health tracking especially creates discrimination issues for disabled employees, as well as privacy issues when the inaccessibility of health tracking forces disclosure of health issues.

Corporate health tracking transforms personal data into metrics of professional discipline. The quantification of health data and moralizing of health places expectations on workers to embody values of discipline and efficiency in personal life. This emphasis on punitive values and algorithms extends work into personal life and reduces the complexity of lived experience to performance. More structured health activities, such as running or push-ups, produce better data than activities with more room for self expression. Because health tracking algorithms are built upon the standards of dominant social groups they inherently discriminate against marginalized populations who cannot access the technology or meet narrow definitions of normalcy. This moralization of health frames wellness as an individual responsibility, turning individual health into a job requirement.

RESULTS AND INTERPRETATION

As Harding describes, personal health tracking is a science designed to solve the problems of the elite, and is largely inaccessible to the rest of society. This design and resulting elite consumer base entrenches divides between dominant and marginalized groups. In an article on workplace wellness bias, Barbara Zabawa describes this, "The reputable studies regarding workplace wellness program impact that do exist show that these programs tend to have more engagement and success in populations that are already healthy, that are classified as white-collar workers, that hold management-level positions, and that have obtained higher levels of education" [7, p.54]. The solutions of corporate wellness programs are designed to interface with a lifestyle including leisure time, access to a variety of food options, and mainstream self-care activities. The high cost of wearable health technology such as the Oura Ring, which provide high quality health data and enrich workplace wellness programs, mean that programs are more enticing to and successful for those with higher salaries. Additionally, wellness tracking often addresses problems with individual-based solutions, which lack the nuance needed by those outside of normalized health metrics. For marginalized communities, positive health outcomes more often come from programs which engage with the community, such as local cooking classes or postpartum support groups. This is reflected in the consumer base which is interested in these programs; even when presented in workplace wellness programs, those engaging and seeing results from wellness programs are the most privileged. Beyond appeal, self-tracking programs are not accessible to many. Charitsis explains, "For instance, it has been shown that not everybody has the necessary autonomy in their

workplace to actually engage in self-tracking practices; white-collar workers have a higher level of flexibility that allows them to use activity trackers effectively (Esmonde and Jette 2018)" [4, p.4]. Health tracking on a corporate level is most practiced in white collar workplaces where there is greater emphasis on workplace culture and the space and time for organized promotions. Even this is made possible by the assumption that employees in these spaces have an equal workload outside of their office. Many workers with extended hours, multiple jobs, or those acting as caregivers outside of work do not have the ability to engage in self-tracking or participate in other aspects of corporate wellness programs. Within workplaces, the limitations of health tracking technology highlight those who cannot participate, further marginalizing those lacking traits of the dominant social group.

Despite these limitations, corporations continue to adopt health tracking technologies due to their potential financial benefits. One study on healthcare cost management found that employees participating in a wearable tracking program cost an average of \$1,292 less than nonparticipants, demonstrating the financial incentives driving employer adoption of such programs [8]. From a corporate perspective, reducing healthcare expenditures and improving workforce productivity represent compelling motivations for implementing wellness initiatives. However, these financial benefits reinforce inequalities within the workplace. When participation in wellness programs becomes linked to insurance premiums, bonuses, or other benefits, workers who cannot participate fully may face indirect economic penalties. As a result, corporate health tracking systems may disproportionately reward already privileged employees while disadvantaging those whose working conditions or personal responsibilities limit their ability to engage with such technologies.

Advancements specifically do not serve, and can even facilitate discrimination against those facing some of the most significant health challenges. Corporate use of personal health technology clearly illuminates who is unable to participate, including disabled workers. Discussing access to data, Kalindi Vora notes the gaps in personal health technology. "Wearable health technologies can offer personal and individualized data that is often not available to patients with chronic conditions. This is particularly true for people who have been marginalized or even excluded in medical research and practice" [9, p.3]. Again, as Harding notes, empirical science is shaped by dominant groups in society and therefore the products primarily serve these groups. Disabled people who may be wheelchair bound or experience chronic fatigue are not considered in the creation of much wearable health technology and may not be able to participate in health tracking in the workplace. Healthy levels of activity for them may also differ from the mainstream. This further excludes them from spaces and limits their access to data, health, and possibly wage or insurance benefits. Their inability to participate in workplace health tracking programs also poses a discrimination and privacy issue, as they must disclose disabilities to employers and employers may view this as a liability. These concerns are discussed in the article "Workplace health surveillance and COVID-19: algorithmic health discrimination and cancer survivors," which discusses cancer survivors who face stigma regarding their ability to work. Algorithmic decision making used in corporate wellness programs uses data mining to combine digital traces and gain medical information about individuals [10]. The algorithmic nature of corporate wellness programs can require employees to disclose personal health issues, or algorithms may result in employers learning employee health information without any employee input. This can result in employees facing greater discrimination and stigma regarding their ability to contribute fully. Health tracking programs also affect other marginalized communities, through designation of "normal" health metrics. Zabawa also discusses the case of BMI use as a health metric, explaining, "Employer use of the one-size-fits all BMI unfairly punishes historically marginalized groups, particularly black women, because what constitutes an unhealthy BMI for black women is on a much higher scale than what an employer typically uses to determine whether an employee has an unhealthy BMI" [8, p.55]. Definitions of health are designed around the dominant group, in this case able bodied white men. Metrics such as daily step goals or Fitbit activity goals are standardized, ignoring differences in health needs for groups such as women and seniors. Employees working multiple jobs often do not have time to cook homemade meals or go to the gym, but rather than designing for their needs, health tracking technology places them in an "unhealthy" outgroup. Strong objectivity further highlights how scientific knowledge produced within these programs reflects dominant group values. Exemplifying the argument for strong objectivity, even health markers

supposedly based on empirical data are biased towards dominant groups through whose data they rely on and who is considered normal. An office wide goal of 10,000 steps a day may not be feasible for seniors, employees with young children, or disabled employees. Here the health of the dominant groups is platformed, while marginalized groups are expected to conform to the standards of the dominant.

The limited access to health tracking, discrimination facilitated by narrow definitions of health, and commodification of health as an employable skill all push hegemonic values, most notably of optimization and productivity. The emphasis on algorithms places value on skills and attributes which are quantifiable, and attempts to quantify those which are not. In "The Quantified Self: What Counts in the Neoliberal Workspace," Phoebe Moore and Andrew Robinson discuss the emphasis on quantification as, "A central aspect of such technologies is the quantification of what were formerly treated as immeasurable, qualitative aspects of the labour process or the self – such as mood, fatigue, psychological well-being, the desirability of cultural products and the worker's breaks and time-off" [11, p.4]. Viewed through the lens of strong objectivity, this emphasis on quantification reveals how scientific metrics can encode cultural values. The aspects of life that health tracking measures, such as steps, sleep duration, calorie intake, reflect assumptions about what constitutes a productive and disciplined worker. Regenerative activities and social labor such as time with family or childcare cannot be easily measured and so are excluded from an image of productivity. By privileging these measurable behaviors, corporate wellness programs encourage employees to internalize the values of efficiency and optimization associated with dominant economic systems. Corporate promotion of apps tracking work hours of highest efficiency reframes employee attention and cognitive capacity as a machine-like function to be optimized for the office. Health tracking also allows corporations to extend this optimization into employees' personal lives and health. Workers may not have deadlines during their breaks or time off, but they can continue to perform by staying healthy. Rest is reduced to training time, preparing individuals to return to work with a higher capacity for productivity. In "The Quantified Body: Identity, Empowerment, and Control in Smart Wearables," Maijunxian Wang connects this optimization to societal values, claiming, "More critically, the discourse of self-optimization aligns seamlessly with neoliberal values of discipline, efficiency, and productivity. The 'empowered' subject is expected to become not only healthier, but also more compliant, efficient, and data-conscious" [12, p.5]. Corporate health tracking is a tool of employers, and so, as expected under a profit based system, has the goal of creating better workers. Health tracking explicitly advertises the ability to improve self-discipline, efficiency, and productivity, all attributes that create workers capable of producing more capital. This focus excludes activities which do not produce capital and are performed solely for joy, such as watching television with friends or sunbathing. Health tracking used as an incentive, as described earlier, becomes a form of workplace surveillance and discipline. Employee success in demonstrating these traits is measured through health tracking and rewarded through insurance or wage benefits.

This emphasis on discipline and algorithms limits self expression and blurs the line between personal life and professional performance. The quantification of health and push towards values optimizing workplace skills is reductive, as Brett Nicholls describes, "...the process of objectification reduces the body to a kind of machine" [13, p.110]. This transformation aligns closely with dominant economic values emphasizing efficiency, discipline, and productivity. Activities focused on self expression or joy rather than optimization are devalued through this focus on discipline. For physical activities with less rigid definitions, such as dancing, it is more difficult to measure calories burned and quantify productivity. For activities which are easily quantified, such as walking, the focus on function may remove an aspect of reflection and self expression. Leisure activities are also reframed as opportunities for self-optimization, preparing workers to return to their jobs with greater physical and mental capacity. Even sleep can be reframed as "training," a technique employed by the company Saatva in recent mattress ads [14]. As more aspects of daily life are tracked, numerical data replaces complex lived experience, and even routine behaviors can acquire moral meaning through health metrics. Throughout this paper, Nicholls connects health apps and "datafication," the belief that data consists of symptoms of people's behavior or mood. Dataism involves a trust in the algorithms and power structures which collect, interpret, and communicate data. Workplace health tracking provides an example of where this ideology falls through. The algorithms used are not built to serve marginalized groups, and the values

pushed through this power structure separate employees from individual personhood, rather pushing them towards mechanistic discipline and optimization. Debra Mackinnon and Steven Richardson connect the moralizing of health and the blurring of lines between worker and individual, claiming, "When wellness takes on the qualities of a moral imperative, we have the duty to be healthy, or at least, to make our bodies appear healthy — and part of that now includes casting oneself as a healthy worker" [15, p269]. Being a good worker is no longer limited to the office, but is a trait one can exemplify in all aspects of life. Workers can demonstrate their commitment through tracking steps in their marathon training, or their resilience against stress driven burnout through sleep and heart rate data. Implicitly, this data also reveals how much load employees take on outside of the office, allowing for discrimination against those unable to perform health due to responsibilities caring for family members or working multiple jobs. Corporate use of health tracking frames health as within an employee's control and the datafication of tracking technology quantifies individual health. This results in discrimination against those who cannot access tracking tech, as well as marginalized groups who the tech was not designed for. For those who can perform health tracking, it is a technology which enforces hegemonic values, and places work requirements on employees' personal lives. Monitoring macronutrient intake through workplace apps encourages employees to view food as a tool for performance, sacrificing the expressive, social, and sensory experiences of eating in favor of mechanical efficiency. Through quantification and emphasis on individual responsibility, health is moralized and part of a job description which extends into personal life.

CONCLUSION

While current health tracking models reinforce hegemonic values of efficiency, a more equitable approach requires a shift from top-down surveillance to community-engaged participation. Following standpoint theory, the lived experiences of marginalized workers should be centered and power structures identified. The power imbalance between management and employees should be considered, as well as imbalances between workers with greater means outside of work. To alleviate these imbalances, financial incentives for participation in wellness programs should be removed, as these require rigid categorization and promote discrimination. Participation should be optional, not coerced, with data sharing restrictions to protect workers' privacy. Workplace health promotions should be designed for employees most in need, including those with caretaking roles outside of work and those already facing health challenges. Programs may provide caretakers with significant time demands the option for hybrid work or a four day workweek, giving them time for self care and exercise. Hybrid work can also act as an accommodation for disabled employees.

Ultimately, employee health is personal, and placing responsibility on employers blurs boundaries between work and personal life. However, companies can indirectly promote workplace health by reducing stress at work, making accommodations, and creating a culture which promotes wellness and individualized care. Social biases towards individual responsibility and valorizing productivity can be identified and avoided in favor of socially aware solutions. On a larger scale, more workers' rights to healthcare and paid sick leave would likely significantly improve health metrics. Most European countries that boast lower rates of heart disease and chronic illness provide these accommodations. Focusing on individual, or even corporate, responsibility and cultural differences may obscure these structural barriers to employee health. Corporate political advocacy and donations for the rights of marginalized groups as well as general workers rights should receive more attention, as they may produce more significant impacts for employee health metrics.

By transitioning from algorithmic discipline to structural supports such as mandated paid sick leave and hybrid work flexibility, corporations can reject a standardized approach to health which measures success by productivity. Workplace health tracking may serve to dismantle, rather than entrench, the social divides that currently moralize physical health as a professional qualification.

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