



Participant satisfaction : a naturalistic inquiry of a campus wellness program
by Mary Lynn Compton

A thesis submitted in partial fulfillment of the requirements for the degree of Master of Science in
Physical Education

Montana State University

© Copyright by Mary Lynn Compton (1991)

Abstract:

Participants' perceptions of the effectiveness of worksite wellness programs have not been the focus of the health promotion literature. The lack of inquiry in this area has been attributed to employers' needs to focus on quantitative study in an attempt to demonstrate a cause-and-effect relationship between the implementation of some type of health promotion program and decreased health care and disability costs.

The purpose of this study was to explore the reasons employees participated in the Montana State University (MSU) Employee Wellness Program, and to discover employees' perceptions of the benefits of participation. A purposeful sample of 19 MSU Wellness Program participants was selected based on their program experience and ability to communicate their experiences. Naturalistic inquiry (Cuba, 1978) and ethnographic interviewing (Spradley, 1979) methods were used in data collection and analysis. The Ethnograph (Seidel, Kjolseth, & Seymour, 1988) computer software program facilitated the content analysis of the interviews. The data yielded descriptive results.

The study uncovered peoples' satisfaction with the Employee Wellness Program. Their reasons for continued participation and adherence to healthenhancing behaviors were associated with the perceived benefits and satisfaction with the program. Participants also identified the . need for empowerment from external sources through awareness-building, enhanced physical and mental fitness, and support from program staff, supervisors, and significant others. Participants stressed the positive effects, both personal and job-related, that they experienced from participation.

The participants provided valuable recommendations for the program director and administrators of the Employee Wellness Program. Naturalistic inquiry provides rich descriptions and can be utilized as a needs assessment or evaluation tool to discover the cost-effectiveness of a health promotion program. It is recommended that a similar inquiry be conducted to discover the perceptions of non-participants and program drop-outs.

**PARTICIPANT SATISFACTION: A NATURALISTIC
INQUIRY OF A CAMPUS WELLNESS PROGRAM**

by

Mary Lynn Compton

**A thesis submitted in partial fulfillment
of the requirements for the degree**

of

Master of Science

in

Physical Education

**MONTANA STATE UNIVERSITY
Bozeman, Montana**

May 1991

• COPYRIGHT

by

Mary Lynn Compton

1991

All Rights Reserved

11378
C7394

ii

APPROVAL

of a thesis submitted by

Mary Lynn Compton

This thesis has been read by each member of the graduate committee and has been found to be satisfactory regarding content, English usage, format, citations, bibliographic style, and consistency, and is ready for submission to the College of Graduate Studies.

5-17-91
Date

Gary F. Evans
Chairperson, Graduate Committee

Approved for the Major Department

5/17/91
Date

[Signature]
Head, Major Department

Approved for the College of Graduate Studies

6/7/91
Date

Henry L. Parsons
Graduate Dean

STATEMENT OF PERMISSION TO USE

In presenting this thesis in partial fulfillment of the requirements for a master's degree at Montana State University, I agree that the Library shall make it available to borrowers under rules of the Library. Brief quotations from this thesis are allowable without special permission, provided that accurate acknowledgement of source is made.

Permission for extensive quotation from or reproduction of this thesis may be granted by my major professor or, in his absence, by the Dean of Libraries when, in the opinion of either, the proposed use of the material is for scholarly purposes. Any copying or use of the material in this thesis for financial gain shall not be allowed without my written permission.

Signature M Lynn Compton
Date 5/31/91

This thesis is dedicated in memory of my mother

Glenna Compton,

who always said that I was smarter than I thought I was.

VITA

Mary Lynn Compton was born in Keyser, West Virginia on April 18, 1953, the third daughter of Chester J. Compton and Glenna Louise Kemp Compton. She graduated from Keyser High School in 1971.

Ms. Compton attended Potomac State College of West Virginia University, Keyser, from 1971 to 1973. She graduated from Slippery Rock University, Slippery Rock, Pennsylvania, in 1976 with a Bachelor of Science degree in Health, Physical Education, and Recreation. In September of 1989, she entered the Physical Education Graduate Program at Montana State University, to pursue a Master of Science degree with an emphasis in exercise science and health promotion.

Ms. Compton's work experience has included teaching health and physical education at the secondary school level, instructing fitness and wellness programs for the YMCA, designing and instructing programs for cardiac rehabilitation, adult and children's fitness, and community and worksite wellness. She is currently employed as the Health Promotion Director at Montana Deaconess Medical Center, Great Falls, Montana.

ACKNOWLEDGEMENTS

This study was made possible only through the assistance and support of many individuals. I would like to express heartfelt gratitude to:

Dr. Gary Evans for his guidance, positive strokes, and interest.

Dr. Alex McNeill for inviting me to join the Graduate Program, and his willingness to share his expertise and a joke.

Dr. Gary Conti, who shared with me his endless wealth of knowledge of qualitative research and naturalistic inquiry, which made this study a reality.

All the Wellness Program participants who gave of their time and energy.

Linda Kaul for doing my job at work, while I was working on this.

Phyllis Williamson for her undiminishing supply of books, articles, good humor, and love that gave depth to the content of this study.

Kathy Benton for her support and expert computer advice.

Kay Williamson for her shiploads of rice krispy squares.

Terry Flanagan for her relentless proof-reading and editing assistance, and her patient and gentle guidance.

My friends, family, and co-workers who helped me to persevere and keep perspective, and who were always there even when I was not.

TABLE OF CONTENTS

	Page
ABSTRACT	x
CHAPTER	
ONE INTRODUCTION	1
Background and Rationale	1
Purpose of the Study	3
Significance of the Study	4
Delimitations of the Study	5
Limitations of the Study	6
Operational Definitions	7
TWO REVIEW OF RELATED LITERATURE	11
Introduction	11
Definitions of Health Promotion Programs	12
Employers' Rationale for Program Implementation	16
Economic Rationale	18
Ethical and Social Issues	20
Cost-Benefit and Cost-Effectiveness of Health Promotion	23
Employees' Reasons for Participating and Their Perceived Benefits	26
Summary	26
THREE METHODOLOGY	28
Design	29
Participants	33
Subjects' Rights	35
Procedures	35
Developmental Research Sequence	37

TABLE OF CONTENTS--Continued

	Page
FOUR FINDINGS	40
Introduction	40
Participants	42
Types of Programs	43
Reasons Participants Joined	44
Health Problems and Concerns	45
Fear of Fat	48
Physical Fitness Improvement	52
Powerful Others	53
Factors Contributing to Reasons for Joining	55
Convenience and Financial Benefit	55
Diversity	57
Social Support	57
Reasons Participants Continued to Participate	58
Personal Benefits	58
Physical Conditioning	59
Energy Level, Self-Esteem, and Stress Management	60
Awareness and Health Perceptions	63
Social Support	67
Spousal Support	68
Wellness Program Staff	69
Job-Related Benefits	74
Job Satisfaction	75
Attitude, Morale, and Health Perceptions	76
Productivity and Job Effectiveness	78
Networking Opportunities	79
Supervisory Support	80
A Serendipitous Finding	82

TABLE OF CONTENTS--Continued

	Page
FIVE SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS .	84
Summary	84
Conclusions	87
Recommendations	88
Support as External Motivation	89
Staffing	89
Equipment	90
Activity Classes	91
Incentives	94
Wellness Program Promotion	96
Additional Recommendations	97
BIBLIOGRAPHY	99
APPENDICES	107
Appendix A--Interview Guide	108
Appendix B--Consent Form	111
Appendix C--Copyright Permission	113

ABSTRACT

Participants' perceptions of the effectiveness of worksite wellness programs have not been the focus of the health promotion literature. The lack of inquiry in this area has been attributed to employers' needs to focus on quantitative study in an attempt to demonstrate a cause-and-effect relationship between the implementation of some type of health promotion program and decreased health care and disability costs.

The purpose of this study was to explore the reasons employees participated in the Montana State University (MSU) Employee Wellness Program, and to discover employees' perceptions of the benefits of participation. A purposeful sample of 19 MSU Wellness Program participants was selected based on their program experience and ability to communicate their experiences. Naturalistic inquiry (Guba, 1978) and ethnographic interviewing (Spradley, 1979) methods were used in data collection and analysis. The Ethnograph (Seidel, Kjolseth, & Seymour, 1988) computer software program facilitated the content analysis of the interviews. The data yielded descriptive results.

The study uncovered peoples' satisfaction with the Employee Wellness Program. Their reasons for continued participation and adherence to health-enhancing behaviors were associated with the perceived benefits and satisfaction with the program. Participants also identified the need for empowerment from external sources through awareness-building, enhanced physical and mental fitness, and support from program staff, supervisors, and significant others. Participants stressed the positive effects, both personal and job-related, that they experienced from participation.

The participants provided valuable recommendations for the program director and administrators of the Employee Wellness Program. Naturalistic inquiry provides rich descriptions and can be utilized as a needs assessment or evaluation tool to discover the cost-effectiveness of a health promotion program. It is recommended that a similar inquiry be conducted to discover the perceptions of non-participants and program drop-outs.

CHAPTER ONE

INTRODUCTION

Background and Rationale

I learned that my health was okay from the screening, and I learned new tricks from the nutrition session. I have a good fitness instructor, the camaraderie is wonderful, and I made a friend. (MSU Wellness Program participant)

In the past decade, wellness programs have become popular phenomena in worksites throughout the United States. Wellness, or health promotion, programs have been implemented for a variety of reasons. The rationales range from personal preference of the chief executive officer or administrator to expectations of financial gains (Warner, 1987). The primary reason for intervention with worksite wellness programs and policies has been to contain rapidly escalating health care costs (Evans, Harris, McNeill, & McKenzie, 1989; Selleck, Sirles, & Newman, 1989; Warner, 1987; Warner, Wickizer, Wolfe, Schildroth, & Samuelson, 1988). By 1984, corporate net profits were overshadowed for the first time by employee health care and benefits costs (Wall & Nicholas, 1985).

Employers have expected a broad range of benefits as a result of creating health-strengthening environments (Hollander & Lengermann, 1988). Expected benefits include improved employee health, morale, and

productivity; reduced absenteeism, turnover, and worker's compensation costs; improved company image; and reduced health care costs. These benefits are categorized as purely economic, physiologic, sociologic, or a combination of the three.

Certainly the individuals' physiological benefits from improved fitness have been well documented (Chenoweth, 1983; Dunnagan, 1987; Gettman, Pollock, & Ward, 1983; O'Donnell, 1984; Paffenbarger, Hyde, Wing, & Hsieh, 1986; Shephard, 1983), and the health promotion literature is replete with cost-benefit studies that both support (Bly, Jones, & Richardson, 1986; Bowne, Russell, Morgan, Optenberg, & Clarke, 1984; Patterson, 1986) and refute (Elias & Murphy, 1986; Warner et al., 1988) the economic benefits for employers. Warner et al. (1988) conducted a review of 650 references covering 10 health promotion (HP) program areas. The reviewers found meaningful cost-benefit information in only 2 of the 10 program areas; hypertension control and smoking cessation programs. Most of the studies had serious flaws from inadequate data, poor methodology, and false assumptions.

The dearth of sound evidence on the economic merits of workplace HP should not be interpreted as a negative assessment of the potential of such programs, however. Rather, it recommends a healthy skepticism in reading the literature and development of a new research-based body of understanding. (Warner et al., 1988, p. 106)

The economic and physiological studies have largely neglected the issue of program benefits as perceived by employees who participate in wellness and health promotion. Do participants perceive the benefits in the

same manner that management and program staff perceive them? Have employers addressed the issues of social costs and benefits that are outside the realm of purely economic interests? Have the employees interests and expectations of worksite wellness programs been met? Reports are lacking as to whether managers have met the real and perceived needs of the majority of employees.

The employer who offers wellness programs primarily as a benefit to enhance the health and well-being of employees may find that healthier, satisfied employees do mean less workplace stressors and absenteeism, decreased incidence of job-related injuries, higher productivity, improved morale, and hence, successful cost-effectiveness. Numerous authors have supported those beliefs based on survey data obtained from corporate executive officers and other top managers (Davis, Rosenberg, Iverson, Vernon, & Bauer, 1984; Holmes, 1986). However, few have reported the social, economic, psychological, or physical health benefits as perceived by the participants themselves (Chenoweth, 1983) except as related to health locus of controls. If business and industry expect to institutionalize a health-promoting culture, the rationale for program implementation must extend beyond the sole purpose of the companies' bottom line.

Purpose of the Study

The purpose of this study was to interview participants in the Employee Wellness Program offered by Montana State University in order to discover

their reasons for participation and their perceptions of the benefits of participation. The dearth of data available concerning the participants' feedback on how effectively programs are meeting their needs constitutes the rationale for the study.

Significance of the Study

Wellness, or health promotion programs are rapidly becoming a part of employee benefits in university and corporate settings across the United States in an attempt to decrease the company's health care and worker's compensation costs and to boost productivity. For the most part, efforts to measure the cost-benefits and cost-effectiveness of worksite wellness programs have verified the complexities of performing valid, quantitative data collection in the workplace (Fielding, 1988). Due to employee turnover, the inability to secure control groups, and the difficulty in measuring issues such as productivity, job satisfaction, and overall health costs, conclusive results have been shown in only a few longitudinal experimental studies (Bly, Jones, & Richardson, 1986; Bowne et al., 1984; Elias & Murphy, 1986; Shephard, 1983; Smith, 1986).

More qualitative, naturalistic inquiries describing employees' reasons for participating in wellness programs and their perceptions of program benefits have rarely been mentioned in current literature. The majority of experimental studies have focused on the bottom-line benefits to the employer and have overlooked the participants' perspectives. That focus is relative to the

financial savings of decreased health care utilization as a result of intervention with some type of health promotion program. However, it is the participants who make up a health enhancement program, and it must be judged by how well it serves the people who participate. Managers have proposed that they know what's best for workers, but what are the perceptions of the employees? Are the needs of the workforce being assessed and met? What could the participants contribute to the cost-effectiveness and cost-benefit issues? This can be determined only by asking those participants through a systematic research approach. By asking the participants, knowledge can be gained regarding the benefits of worksite health promotion and the reasons employees participate.

The use of qualitative or descriptive research is warranted in areas of study that are not conducive to traditional forms of scientific research (Polit & Hungler, 1989). Qualitative, naturalistic research is a natural and effective method for obtaining information from participants regarding their perceptions of the program. It is "holistic, that is, concerned with humans and their environment in all their complexities" (Polit & Hungler, 1989, p. 312). The data collection for this study followed Guba's (1978) conceptualization of naturalistic inquiry and Spradley's (1979) Developmental Research Sequence.

Delimitations of the Study

This study was delimited to a purposeful sample of employees who had participated in one or more types of programs offered through the Wellness

Program at Montana State University between 1985 and 1990. The types of programs, or domains, were categorized as either physical activities such as aerobics, racquetball, weight training, and running; or health screening, education, and awareness-building programs like cholesterol and mammogram testing, smoking cessation classes, and nutrition education.

Data were gathered through naturalistic and ethnographic interviewing techniques during the spring quarter of 1990. Data analysis was inductive, meaning the participants' specific responses were categorized into a general theme. The data yielded descriptive results.

Limitations of the Study

This study was limited by the participants' interpretations of the questions during the interviews, and by the interpretation of the data by the investigator. Although bias could not be completely eliminated, it was limited by triangulation of the data among the participants interviewed. The role of the naturalistic inquirer is not to make judgements concerning the information obtained, but to report the data as told by the participants. The data from this study are not generalizable to other wellness programs. Due to the descriptive nature of the methodology, the data analysis did not yield statistical information.

Operational Definitions

- (1) Benefit, job-related: Any perceived improvement in job satisfaction, worktime attitude, morale, health, productivity, and networking opportunities as a result of participation in a physical activity, education, or health screening program.
- (2) Benefit, personal: Any perceived physical, psychological, educational, social, or financial gains or betterment resulting from participation in a physical activity, education, or health screening program.
- (3) Categories: Units within which to classify and interpret observed outputs (Guba, 1978, p. 43).
- (4) Categories, saturation of: A point during naturalistic interviewing when successive examination of sources yields redundant information, or produces diminishing returns (Guba, 1978, p. 60).
- (5) Componential analysis: A search for attributes within domains that signal differences (Spradley, 1979).
- (6) Cost-benefit: When expense and return net zero (or profit) in actual dollars.
- (7) Cost-effectiveness: The cost of reaching pre stated program goals, usually behavior change, without regard to the financial cost to achieve the goal (LaRosa, Haines, & Kiefhaber, 1985).
- (8) Domain: Any symbolic category that includes other categories; all members of a domain share at least one feature of meaning (Spradley, 1979, p. 100).

- (9) Domain analysis: The process of questioning to find different kinds of domains; to confirm or disconfirm hypothesized domains by identifying semantic relationships (Spradley, 1979).
- (10) Ethnographic interview: Friendly conversations into which the investigator slowly introduces new elements to assist participants in responding to varied categories (Spradley, 1979).
- (11) Ethnographic analysis: A search for parts of a culture, the relationship among the parts, and their relationship to the whole (Spradley, 1979).
- (12) Focused interview: A loosely structured interview in which the investigator guides the participant through a set of questions using a topic, or categorical guide (Polit & Hungler, 1989).
- (13) Health promotion: The science and art of helping people change their lifestyle to move toward a state of optimal health (O'Donnell, 1986, p. 4).
- (14) Health promotion program: Any health-enhancing programs offered by companies to increase well-being of employees and decrease health care costs; also called wellness programs and occupational health promotion programs.
- (15) Holistic: Emphasizing the importance of the whole and the interdependence of its parts; associated with humans and their environment in all their complexities (Polit & Hungler, 1989).

- (16) Inductive reasoning: The process of reasoning from specific observation to more general rules (Morse, 1989).
- (17) Naturalistic inquiry: Any form of research that focuses on people through interviews and/or observation and aims at discovery and verification (Guba, 1978).
- (18) Negative cases: Terms or explanations verbalized by a participant which contradicts or differs from information learned from other participants.
- (19) Participants: Individuals involved in the Montana State University Employee Wellness Program who participated in the study due to their experiences and ability to communicate their experiences.
- (20) Purposeful sample: A type of non-probability sampling method in which the researcher selects subjects for the study on the basis of personal judgement about which ones will be most representative or productive (Polit & Hungler, 1989).
- (21) Rich description: Abundant and vividly described information that reveals participants' views and beliefs about their experiences.
- (22) Semantic relationships: Two categories which are linked together; semantic relationships link a cover term to all the included terms in the topic being studied (Spradley, 1979).
- (23) Semi-structured interview: A loosely structured interview in which the investigator asks general, open-ended questions allowing the participants to tell their stories in a narrative fashion (Polit & Hungler, 1989).

- (24) Taxonomic analysis: A search for the internal structure of domains that leads to identifying contrast sets (Spradley, 1979).
- (25) Themes: Commonalities across categories and natural variation in data as described by participants; the analysis of data begins with a search for themes (Polit & Hungler, 1989).
- (26) Thin description: Categories that infrequently appear during the interview and the data collection indicating the need for further investigation.
- (27) Triangulation, data source: Testing one source against another until the investigator is satisfied that the interpretations of shared and discrepant views is valid (Guba, 1978).

CHAPTER TWO

REVIEW OF RELATED LITERATURE

Discovery has been the aim of science since the Renaissance. (Strauss & Corbin, 1990, p. 15)

Introduction

For the first time in modern history, two of America's most precious freedoms are threatened: the right to basic health care and the freedom of choice. Employers have begun to place restrictions on health care benefits according to workers' health profiles and lifestyle behaviors. It is understandable that employers have intervened since more than one-third of the nation's medical bill is subsidized by business and industry (Opatz, 1985; Wilson, 1988). The United States Chamber of Commerce estimated that in 1986, \$4.5 billion were shifted from public programs to private sources (Chapman, 1989a).

The wellness movement is especially evident in the corporate search for alternatives to subsidizing the cost of health care for employees. One alternative has been to provide health-promoting programs and policies. The focus of worksite health promotion, or wellness, programs is to decrease utilization of health care dollars, to decrease employees' risks of acquiring

chronic illness, to enhance well-being, and potentially to decrease overall health care costs.

The growth of health promotion and the wellness philosophy in the workplace has been frequently described in the literature. Schmitz (1989) explained that several factors occurring simultaneously have had an impact on the birth and development of the field. Those factors include:

(a) the shift in disease burden from acute to chronic, (b) the health care cost crisis, (c) increased corporate receptivity, (d) a realistic assessment of the current health care system, (e) increased government intervention, (f) the wellness movement, and (g) major cultural changes. (p. 8)

This literature review focused on the following aspects of worksite wellness programs: (a) definition of wellness and health promotion programs; (b) employers' economic, ethical, and social rationales for offering programs and policies; (c) cost-benefit versus cost-effectiveness of wellness programs; and (d) employees' rationale for participating and their perceived benefits.

Definitions of Health Promotion Programs

"Health promotion is the science and art of helping people change their lifestyle to move toward a state of optimal health" (O'Donnell, 1986, p. 4). Although no consensus definition exists to describe health promotion or wellness, O'Donnell's definition was used in this review to describe any efforts made by employers to improve the optimal health of their employees. Contributors to this field have come from diverse backgrounds, thus creating a varied focus on program content, goals, and definition. O'Donnell (1986)

listed 39 disciplines which have contributed to the evolution of health promotion. Several examples include nursing, physical education, exercise physiology, finance, ergonomics, marketing, occupational medicine, insurance, biostatistics, economics, social work, and government policy.

Professionals in the medical setting commonly use related terms such as disease prevention, self-help, self-care, or risk-reduction interventions. Occupational health programs have frequently been referred to as health promotion programs. However, occupational health programs are more specifically "designed to protect the physical health and safety of employees at the work place and to prevent work-related illness and injury" (American Hospital Association, 1982, p. 8). Popp (1989) stated that the title of an employee fitness or health promotion program makes no difference as long as the goal is to help employees prevent chronic illness. However, health promotion involves more than attempting to prevent chronic illness or to reduce risk. O'Donnell's (1986) definition looks beyond the risk-reduction focus by describing health promotion, or wellness, as a broad term encompassing disease prevention and health enhancement.

Opatz (1985) differentiated between wellness and health promotion:

Wellness can be defined as the process of adapting patterns of behavior that lead to improved health and heightened life satisfaction....Health promotion, as a special case of the wellness concept, can be usefully defined as the systematic efforts by an organization to enhance the wellness of its members through education, behavior change, and cultural support. (p. 7)

Larry Chapman (1989b) defined the concept of wellness as "an intentional choice of a lifestyle characterized by balance, personal

responsibility and maximum enhancement of physical, mental and spiritual health" (p. 9). Chapman (1989b) also outlined the definition of a wellness program as "an organized program intended to assist employees (and their family members) in making voluntary behavior changes which reduce their health risks and/or enhance their ability to perform" (p. 1).

Wellness is the term more commonly recognized by the public and by lay persons in general, whereas health promotion is frequently used by health care professionals, corporations, and government policy makers (Schmitz, 1989).

Part of the difficulty in clarifying a universal meaning of health promotion is the dramatic variance in the actual content of worksite programs. For example, the American Hospital Association's (1990) definition of health promotion services is:

Education and/or other supportive services that are planned and coordinated by the hospital and that will assist individuals or groups to adopt healthy behaviors and/or reduce health risks, increase self-care skills, improve management of common minor ailments, use health care services effectively, and/or improve understanding of medical procedures and therapeutic regimes. (p. xxiv)¹

Although 83.6% of the United States hospitals responding to the American Hospital Association's 1989 annual survey reported that they offered

¹From AHA Hospital Statistics, American Hospital Association, 1990 (Chicago: American Hospital Association). Copyright 1990. Reprinted by permission.

health promotion services (American Hospital Association, 1990, p. 212),² it appears to be impossible to decipher what types of programs or services were actually offered. Employers reporting the existence of programs may infer that one or a combination of the following programs are offered: (a) awareness builders such as posters and payroll stuffers; (b) educational lectures; (c) health risk or wellness questionnaires; (d) health screenings; (e) nutritional awareness and weight management; (f) stress management; (g) cardiovascular health; (h) health-promoting environmental policies; (i) the promotion of physical, emotional, or spiritual health; and (j) physical fitness classes. Fitness programs range from basic exercise classes to comprehensive, on-site fitness facilities. During the literature review, the investigator noted that companies frequently reported having wellness programs when only physical fitness classes or facilities were made available (Allen & Delistraty, 1987; Chenoweth, 1983; Gray, 1984; Shephard, 1983) as opposed to comprehensive wellness components. Viewed in a holistic sense, an attempt to enhance the health of a workforce is complex, includes many variables, and involves more than simply improving employees' physical fitness levels.

As health promotion and wellness programming continue to mature, the meanings and implications will become more clearly defined. For the

²From AHA Hospital Statistics, American Hospital Association, 1990 (Chicago: American Hospital Association). Copyright 1990. Reprinted by permission.

purposes of this review, the terms "wellness program" and "health promotion program" will be used synonymously to describe any program, service, or worksite policy offered by an employer that is designed to facilitate one or more of the following: (a) the health screening process; (b) the enhancement of physical, psychological, spiritual, or social well-being; (c) assistance for individuals to decrease their risk of acquiring chronic illness; and (d) a potential decrease in health care costs.

Employers' Rationale for Program Implementation

According to Warner (1987), "No one knows precisely how much health promotion programming is occurring in the business community" (p. 40). The major limitation to knowing is that

...there are no generally accepted criteria as to what constitutes a worksite health promotion or disease prevention program. Program components as well as level and frequency of activity vary among companies that claim to have established programs. (Davis et al., 1984, p. 542)

Others have reported between 20% (Conrad, 1987) and 66% (Davis et al., 1984) of all U.S. employers offer some type of wellness program. The primary rationale for the organization and implementation of worksite health promotion programs is obvious: to impact the alarming escalation of health care costs, and to respond to the concern of millions of Americans interested in improving and maintaining their health (American Heart Association, 1988; O'Donnell, 1984; Opatz, 1985; Wilson, 1988). Employers frequently began programs with the expectation of decreasing health insurance costs, disability

and death benefits, treatment costs (Bowne et al., 1984), absenteeism (Elias & Murphy, 1986), on-the-job accidents, turnover rates, and increases in productivity, worker morale, worker health, and quality of life (Hollander & Lengermann, 1988).

Programs owe their beginnings to the changing conditions in the field of health and health care. Since the life-threatening diseases of the early 1900's have been eradicated, the primary causes of disability and death in industrial nations are no longer a result of pneumonia, influenza, and tuberculosis. Opatz (1985) outlined a popular explanation of "the dramatic shift in the ways we have been dying since the turn of the century" (p. 3). At the turn of the twentieth century, the three leading causes of death were due to infectious diseases (Schmitz, 1989). In 1987, diseases of the heart and blood vessels, cancer, and accidents were the leading causes of death in the United States (American Heart Association, 1989). More Americans currently suffer with chronic ailments than at any other time in history.

Life expectancy has risen significantly and today's major causes of morbidity and mortality are directly or indirectly the result of personal lifestyles, such as poor dietary habits, substance abuse, and sedentary and stressful living. (Selleck et al., 1989, p. 412)

The LaLonde Report, published in 1974, identified four primary contributors to premature death and disability: human biology, environment, lifestyle, and health care (Schmitz, 1989). "Lifestyle factors consistently account for 50% of the causes of death, regardless of etiology. Thus,

improving lifestyle practices has the greatest potential for influencing morbidity and mortality" (Schmitz, 1989, p. 10).

Current technology can sometimes prolong the life of the chronically ill individual, but the prevention and cure of heart disease and cancer, and the reduction of accidents on and off the job are not achieved through the use of elaborate medical diagnostic and treatment equipment. The risk factors associated with premature morbidity and mortality, tobacco and excessive alcohol use, dietary fat consumption, obesity, and sedentary lifestyle are largely within the control of the individual (American Hospital Association, 1982).

Economic Rationale

The most commonly cited reason that companies offered health promotion programs was to decrease the level of health care costs and their rate of growth (Bly et al., 1986; Bowne et al., 1984; Fielding, 1982; Opatz, 1985; Popp, 1989; Warner, 1987). Chapman (1989a) described the emergence of wellness programs as one of four primary approaches to control health care costs in America, the other three approaches being cost-sharing, utilization management, and selective use of providers. In 1950, the nation's health care bill totaled \$12 billion, or 4.6% of the gross national product (Wilson, 1988). By 1986, the annual bill reached approximately \$450 billion, or nearly 11% of the gross national product (Bonk & Bensky, 1989; Wilson, 1988). In the past decade alone, national health expenditures have tripled (Schmitz, 1989). Employers are faced with exorbitant health insurance

premiums that far exceed allocations for insurance benefits (Evans et al., 1989) and the expense literally threatens the existence of organizations. By the year 2000, the cost of health care in the United States will exceed \$1 trillion, or \$4,000 per person per year (Opatz, 1985).

Unhealthy lifestyle behaviors of American workers have increased employers' costs (Bly et al., 1986; Bonk & Bensky, 1989; Opatz, 1985; Selleck et al., 1989). Tenneco's study demonstrated that their sedentary female employees incurred nearly 58% more health care costs than female exercisers, and sedentary male workers had 45% higher costs than their fit counterparts (Elias & Murphy, 1986). Smokers experience \$190 more per year in medical costs than nonsmokers, and heavy smokers utilize the health care system a minimum of 50% more than nonsmokers (Fielding, 1982). Workers who do not subscribe to a wellness lifestyle have higher annual inpatient costs (Bly et al., 1986) and higher disability costs (Elias & Murphy, 1986) than those who do participate.

The conventional wisdom is that health promotion and disease prevention programs are sound financial investments and therefore cost-beneficial. However, many scholars have challenged that wisdom based on questionable evaluation issues that are discussed further in the following section on cost-benefit and cost-effectiveness issues. A recent concern about previously ignored indirect costs has raised additional questions about the net financial benefits. Those costs are associated with long-term health care, pension, and disability costs incurred by employees who remain on the job in their late

years or live longer into their retirement due to the success of health promotion programs. This issue deserves to be qualified and reevaluated (Warner, 1987).

Ethical and Social Issues

"The consideration of ethics for practitioners in worksite health programs is a frontier area" (Roman & Blum, 1987, p. 69). Because the focus of wellness programming has been primarily on health care cost-containment, and because the field is young, important ethical and social issues appear to have been overlooked. Authors who have contributed to this area of the literature recommended that health promotion managers and others who set worksite policy address the following ethics during program planning: (a) know the workers' rights to freedom of choice, i.e., that programmatic strategies do not extend employers' rights to a degree of ownership on employees' bodies, and careful plans must be laid when deciding what will be mandatory for workers; (b) avoid the use of subtle forms of coercion into programs; (c) design education and information-giving that avoids victim-blaming; (d) decide if the interests of both the employer and employee are being served; (e) avoid any restriction of participation based on individuals' job titles or responsibilities; (f) avoid providing benefits only to those who are expected to provide the biggest payoffs; (g) avoid paternalism and elitism; (h) ensure the reliability and validity of assessment devices; (i) assure workers that recommendations from assessments are based on sound, scientific information; (j) ensure that prescriptions will do more good than harm;

(k) provide detail on how health records will remain confidential; (l) avoid job discrimination based on poor health; (m) avoid the temptation of "drumming up business" to improve the economics or visibility of a program for internal political reasons; and (n) ensure that participants are thoroughly informed about the program (Matteson & Ivancevich, 1988; Popp, 1989; Roman & Blum, 1987). Roman and Blum (1987) suggested that a practical question to ask during the development and evaluation stages of health promotion programs is "Whose side are we on?" (p. 64).

Employers who offer health promotion programs may be viewed in a positive way by employees who participate. On the other hand, management may be viewed as paternalistic and as manipulating workers without actually providing real benefits (Shain, Suurvali, & Boutilier, 1986). Some authors indicated that most employers do not have a genuine concern for improving the health of America as a society, but are interested only in the company's bottom line. However, in a survey of Colorado businesses, 82% of the responding companies with existing programs identified "improvement in employee health" as the leading reason for implementing the program (Davis et al., 1984).

If, in fact, the whole is greater than the sum of its parts, should directors of health promotion design programs and services that will benefit society as a whole, emphasizing cost-effectiveness as opposed to direct profit potential? Warner (1987) stated that emphasizing the cost-effectiveness of

health promotion "would force recognition that health, and not profit, is the principal benefit of health promotion programming" (p. 39).

Because of the economic concerns of employers, a new trend toward "predictive medicine" at the worksite is emerging and is in direct opposition with prudent social and ethical issues. The premise of predictive medicine is that employment with a given company may be contingent on the individual's genetic predisposition for disease. The federal government's "human genome project" will enable medical providers to detect a broad range of predispositions to genetic diseases. Based on this new knowledge, employers may want to test employees and new applicants to detect their risk of developing diseases such as alcoholism, coronary artery disease, or Alzheimer's disease (Orentlicher, 1990). Preplacement exams including drug testing, physical examinations, and functional capacity testing are becoming commonplace (Anstadt, 1990). The Americans with Disabilities Act, passed by Congress in 1990, is designed to protect employees from discrimination based on disability and "restrict employers from using tests for genetic risks of disease" or use of "medical tests to detect disabilities in employees" (Orentlicher, 1990, p. 1005). Are companies and states exhibiting blatant disregard for the ethical concerns of society? Are they taking the economic argument so far that they will create a culture of "disabled citizens"?

Cost-Benefit and Cost-Effectiveness
of Health Promotion

Health promotion advocates commonly assume that promoting wellness and risk reduction is inherently good, and that programs should be supported without question. However, survival often depends on evaluation and documentation of the cost-benefits and cost-effectiveness of a program (Higgins, 1986).

Two types of cost analyses have been described (Fielding, 1982; Higgins, 1986; LaRosa, Haines, & Kiefhaber, 1985; Popp, 1989; Warner et al., 1988). The cost-benefit analysis calculates both the costs and the benefits of a program in a dollar value, followed by comparing the costs to benefits by the use of a ratio. If the program alters behavior and generates a net cost savings, it is considered a cost-beneficial success (Warner, 1987). The cost-effectiveness analysis includes a determination of costs and benefits, but is not calculated into a dollar value. Rather, it measures the cost of reaching pre stated program objectives, usually behavior change, without regard to the financial cost to achieve the goal (LaRosa et al., 1985). To obtain a true picture of the cost-benefits and cost-effectiveness of worksite health promotion programs, evaluation of wellness programs must become part of the planning process. "A creature of the times, health promotion has come to be defined in economic terms" (Warner, 1987, p. 53). However, it is unclear whether health promotion programs in general attain the expected economical benefits.

A controversy over the accuracy and adequacy of program evaluations is apparent (Fielding, 1988; Popp, 1989; Warner et al., 1988). Controlled scientific studies on the cost-benefits of health promotion programs are scarce. Bowne et al. (1984) cited weak methodology, inadequate data and sample size, false assumptions, and lack of longitudinal research as common problems in many studies. Fielding (1988) explained that worksites are difficult places to conduct research due to high employee turnover, operational differences, the time and cost associated with long-term data collection, difficulty in establishing control groups, and the challenge of randomizing subjects which denies program benefits to a significant number of employees.

Two longitudinal studies demonstrated the cost-benefits of health promotion programs. Johnson and Johnson's "Live for Life" program involved over 11,000 employees during a five-year period. The researchers explored the relationship between their health care costs and utilization rates and the availability of a comprehensive worksite health promotion program. The mean annual inpatient cost increases for two experimental groups were \$43 and \$42 per person, and the control group had a mean annual increase of \$76 per person ($P < .001$). For the period of the study, a total of \$980,316 was saved compared to pre-program years (Bly et al., 1986).

Prudential's Southwestern Home Office's five-year study of major medical and disability costs for employees yielded positive cost-benefit results from their physical fitness and health promoting efforts. With a participation

rate of 19.1% (N=265), the average combined medical and disability cost savings per participant was \$353.38 for a savings of \$1.93 for every dollar invested in the operation of the program. The Prudential group experienced a 45.7% decrease in major medical costs during the post-entry year (Bowne et al., 1984).

In a review of the literature on programs containing health care costs, Elias and Murphy (1986) identified problems with the Prudential study which "limit its usefulness in attributing cost savings to health promotion programs" (p. 760). Those problems included: (a) bias, (b) a noncomparable control group, and (c) lack of a mechanism for monitoring adherence to the fitness program.

Despite the paucity of well-documented data to show a cause-and-effect relationship between worksite health promotion programs and health care cost savings, companies have actively maintained wellness programs (Popp, 1989). Warner et al. (1988) recommended:

The dearth of sound evidence on the economic merits of workplace HP [health promotion] should not be interpreted as a negative assessment of the potential of such programs, however. Rather it recommends a healthy skepticism in reading the literature and development of a new research-based body of understanding. (p. 106)

Goodman and Steckler (1989) stressed that until wellness is institutionalized, i.e., "the innovation is becoming a stable part of the organization" (p. 66), such programs will not survive "regardless of how theoretically sound, well implemented, successful, or desirable they may prove to be" (p. 64).

Employees' Reasons for Participating and Their Perceived Benefits

Millions of Americans have taken an interest in improving and maintaining their own health. Despite this trend, society as a whole has continued to follow an illness-oriented medical model for health which is dependent on the curative medical system. A review of the literature clearly shows the lack of research on the reasons employees participate in wellness programs and how they perceive the benefits of participation. Some authors have described the use of worker needs assessments, but little attention has been given to the benefits as perceived by the employees. This lack of attention to the participants' viewpoint is a weak link in the health promotion literature.

Summary

The trend for employers to offer some type of health promotion program for workers is substantial. The theory supporting health promotion is one of a cause-and-effect relationship; i.e., if individuals change negative health behaviors, they will reduce their risk of lifestyle related illness, decrease health care costs, decrease absenteeism, and boost productivity and morale (Goldbeck & Kiefhaber, 1981). Researchers have been unable to demonstrate a causal relationship from present studies. Much of the research has quantitatively measured physiological parameters such as fitness improvement, weight loss, or changes in blood lipids and blood pressure as a result of complying with fitness and dietary regimens. Changes in absentee

rates have also been quantitatively measured. Qualitative study is needed to determine how employees perceive the program benefits and the reasons why they participate. Discovering answers to these questions could yield new information regarding how program success is viewed, if the correct strategies are being used to recruit unhealthy workers, and if the programs are cost-effective.

CHAPTER THREE

METHODOLOGY

The trouble with generalizations is that they don't apply to particulars. (Lincoln & Guba, 1985, p. 110)

The purpose of this study was to explore the reasons why employees participated in the Montana State University Employee Wellness Program, and to discover their perceptions of the benefits of participation. It was a case study in which the design was a natural construct to discover wellness participants' beliefs about the effectiveness of the Wellness Program. Participants' perceptions about worksite wellness programs is one area of the health promotion literature in which little information is available. "Qualitative research is often based on the premise that knowledge about humans is not possible without describing human experience as it is lived and as it is defined by the actors themselves" (Polit & Hungler, 1989, p. 312). The following sections describe the study design, the participant sample, and the procedures.

Design

The design for this study was naturalistic inquiry. Naturalistic inquiry (Guba, 1978) and ethnographic (Spradley, 1979) methods were used to elicit knowledge from the participant's point of view. Naturalistic inquiry is an effective method of research when the goal is to better understand peoples' perceptions (Fetterman, 1989; Guba, 1978; Marshall & Rossman, 1989; Morse, 1989; Spradley, 1979). The design is a general and flexible one that is emergent and variable. "The design is a hunch as to how you might proceed" (Bogdan & Biklen, 1982, p. 47). It is a holistic one that helped the investigator discover the phenomena as a whole. This inquiry facilitated the discovery of peoples' everyday reasoning about what they knew, how they knew it, and their concerns and beliefs of reality as they saw it. Because the purpose was to understand the complexity of phenomenon rather than to measure it, the research was generated from research questions rather than hypotheses. Information for this study was learned from the participants and the research questions were used as the guide to discovery.

The nature of this research problem involved learning from the insiders' perspectives in order to describe the reality about the everyday experiences of the participants. In an attempt to learn more about the reality of the Wellness Program, the chameleon-like qualities of peoples' perceptions created not one objective reality, but multiple, or alternative realities.

Much of the reality with which the naturalistic inquirer must deal exists only in the minds of individual people and depends heavily on their separate perceptions....the reality manifold is constantly

changing in terms of time, people, episodes, settings, and circumstances. One should expect 'reality' to be different at different times, recognizing the differences will depend on the situation and not necessarily or merely on a lack of reliability in methodology (Guba, 1978, p. 15).

Naturalistic inquiry has its roots in ethnography (Guba, 1978), which has traditionally been used in anthropological and social research and more recently in the evaluation of physical education.

Traditional methods of inquiry have not provided adequate answers to the complex questions in the rapidly growing field of health promotion. A trend toward naturalistic research was recently discussed in detail in a 1989 Research Quarterly publication. As outlined in Locke's (1989) article, he described the uses for naturalistic inquiry:

It is ideal for clarifying situations in which the operative variables are unclear, determining why interventions have unpredicted effects, defining fresh ways to look at overly-familiar problems, understanding how tasks, policies, roles, or other systemic elements are perceived by participants, and for ferreting out of a social setting those subtle influences which may be disguised or displaced in their behavior representations. (p. 11)

Worksite wellness program operations encounter all of the above mentioned situations.

Interviews were conducted to discover new knowledge and to produce narrative descriptions of the findings. One or more hypotheses were expected to emerge from the information discovered. "Both questions and answers must be discovered from informants" (Spradley, 1979, p. 84). As new questions and input arose from discussions with participants, those

questions were added to subsequent interviews for the purpose of data source triangulation.

Rigor is necessary in all research. Traditional research uses internal validity, external validity, reliability, and objectivity to establish rigor. In naturalistic inquiry, credibility, transferability, dependability, and confirmability are used to establish rigor.

Credibility is similar to the experimental researcher's concept of internal validity or the truth value (Lincoln & Guba, 1985). Credibility demonstrates "...that the inquiry was conducted in such a manner as to ensure that the subject was accurately identified and described" (Marshall & Rossman, 1989, p. 145). Qualitative researchers ask the question, "Do the measures used by the researcher yield data reflecting the truth?" (Polit & Hungler, 1989, p. 249). The use of triangulation lends credibility to the data. "Triangulation refers to the use of multiple referents to draw conclusions about what constitutes the truth" (Polit & Hungler, 1989, p. 249). Pragmatic validation, or data source triangulation, was achieved in this study by obtaining information from one participant, then verifying the data by asking other participants about the same content. Therefore, "the standard, or the rules for establishing the standard, is developed against which information is compared" (Morse, 1989, p. 159). Data was collected until the information gained from the participants became redundant. At this point, the categories of information were considered saturated, and data collection was concluded.

In naturalistic inquiry, the issue of external validity, or generalizability, is better described as transferability. Transferability is "an empirical matter, depending on the degree of similarity between sending and receiving contexts. Transferability inferences cannot be made by an investigator who knows only the sending context" (Lincoln & Guba, 1985, p. 297). Naturalistic inquiry discoveries are usually not generalizable to other settings and contexts. However, the investigator

cannot specify the external validity of an inquiry; he or she can provide only the thick description necessary to enable someone interested in making a transfer to reach a conclusion about whether transfer can be contemplated as a possibility....It is his or her responsibility to provide the data base that makes transferability judgements possible on the part of potential appliers. (Lincoln & Guba, 1985, p. 316)

The participant selection, the setting of a college campus, and the specific constructs of the types of programs investigated help to make the results of this study transferable to another context if the applier believes the context is sufficiently similar. The investigator attempted to provide sufficient thick description so that a potential applier can determine if the results of this study are transferable.

Dependability is an appropriate criterion in naturalistic inquiry, as opposed to reliability. Replication is usually not an issue for the naturalistic inquirer. "The inquirer may often be more interested in differences than similarities" (Guba, 1978, p. 70). Dependability infers that if an inquiry audit were performed, the researcher would have demonstrated a fair

representation of the topic being investigated and that the findings and interpretations were accurate and supported by the data.

The investigator's concern for objectivity, or neutrality, is evidenced by striving for confirmability, which is the "agreement among a variety of information sources" (Guba, 1978, p. 17). During the data collection, categorical information was obtained from a participant and that data was confirmed by cross-examination and data source triangulation with other participants. In the interest of neutrality and objectivity, the investigator conducted the interviews acting only as the transducer in the process. The conclusions of this study came from the data, not the investigator.

Participants

Naturalistic inquiry techniques require that participants be chosen because they have the expertise of being a participant in a particular setting, because they can communicate detailed information about their experiences, and because they fit the needs of the study (Morse, 1989). Spradley (1979) identified the essential qualities of a good informant as having thorough enculturation, current involvement in a program, and adequate time to interview. Therefore, a purposeful sample (Morse, 1989) of participants from the Montana State University Wellness Program was selected from a list of current participants provided by the Wellness Office staff. To be considered as a candidate for the study, a participant was required to have participated for a minimum of one school year in one or more of the following program

offerings; health screens, nutrition programs, and physical activity classes. The participants were identified by the Wellness Office staff as knowledgeable based on their duration of program involvement, adherence to the programs, or atypical experiences which would lend a broad range of concepts to the development of the phenomenon.

There are no universal guidelines regarding the number of participants required to validate a naturalistic research study. Data is collected until enough information is gathered to provide a clear understanding of the situation. Thus, enough cases were included to identify outliers and incorporate their meanings into the results of the investigation. Typically, interviews continue until the categories in question become saturated, meaning that the information becomes redundant. Therefore, no specific number was set for the sample size prior to the beginning of the study. During the study, interviews were conducted with 19 of the current participants in the Wellness Program.

Two participants were initially interviewed as pilot interviews. Both yielded descriptive data and the data were included in the final analysis. As the interviews progressed and more specific categorical information was sought, new participants were contacted and interviewed. Three participants were recommended by participants who had been previously interviewed. Of the 20 potential informants contacted by the investigator, 19 agreed to be interviewed and their data were included in the final analysis.

Subjects' Rights

Researchers are obligated to protect the rights of the participants, including anonymity, confidentiality, fair treatment, and privacy (Polit & Hungler, 1989). The primary ethical concern during interviewing "is that of beneficence, which encompasses the maxim of 'above all, do no harm'" (Polit & Hungler, 1989, p. 23).

The rights of the participants in this study were protected in the following ways: (a) participation was voluntary, (b) a thorough explanation of procedures and objectives of the study was reviewed with each participant, (c) each participant was informed that he or she could terminate the interview at any point, (d) interview questions were asked in a sensitive manner so as not to cause emotional distress, and (e) an informed consent was presented to and signed by each participant prior to the interview.

Procedures

Participants were solicited by telephone from a list of Montana State University Employee Wellness Program participants provided by the Wellness Office staff. All but one of the program participants contacted agreed to participate in the study, and the interviews were scheduled. As the interviews progressed, additional participants were selected to fill in "thin" areas of information, or to further investigate negative cases. Thin areas were those categories that infrequently appeared during the interviews, indicating a need for further investigation. Any issue that was mentioned by a participant that

was contrary to the information from previous discussions was also further investigated. Data collection continued until all categories under investigation had been saturated, no further negative cases were found, and no further data source triangulation was necessary.

The interviews were semi-structured or focused, meaning that the interviews began with a set of broad, open-ended, descriptive questions relating to the objectives of the study. An interview guide was used only as a topical checklist and as a reminder to cover all categories. Because new concepts and topics emerged with many of the participants, additional questions were added to the categories for further inquiry with the next participants.

Since discovery is the purpose of naturalistic inquiry, data collection was structured to encourage variation in concepts. The questions encouraged conversation as opposed to "yes" or "no" answers (Morse, 1989; Polit & Hungler, 1989; Spradley, 1980). For example, "Tell me what personal benefits, if any, you have experienced by participating in the health screening," elicited more description than asking for a response to a checklist of possible benefits such as, "Did you know whether your cholesterol was high prior to the health screening"? This mode of questioning also allows the answers to be taintless, eliciting the most candid responses.

The baseline questions were constructed based on program variables identified by the Wellness Program staff and concepts derived from the literature. All questions were organized into general categories, and the

baseline questions in each category were asked of every participant. However, additional questions emerged from the pilot interviews and subsequent interviews and were asked of the participants in upcoming interviews. Some questions were revised and expanded based on the data obtained from preceding participants. "Both questions and answers must be discovered from informants" (Spradley, 1979, p. 84).

Once the participants were selected, the interviews were conducted and recorded on audio tape. Each interview lasted between 60 and 90 minutes. During and after each interview, field notes were recorded to expand on the information gained, data were analyzed, and questions were refined before proceeding to the next interview. Nineteen interviews were completed in 14 weeks. After the data collection was completed and all tapes transcribed verbatim, the text-based data was analyzed using the software program The Ethnograph (Seidel, Kjolseth, & Seymour, 1988). The program was loaned to the investigator for the duration of the study by the Center for Adult Learning Research, Montana State University, Bozeman. The interview responses were coded and prepared for computer analysis.

Developmental Research Sequence

Data collection and analysis for this naturalistic inquiry followed Spradley's Developmental Research Sequence. The creation of the domain and taxonomic analyses allowed the investigator to discover information and analyze the data from the interviews.

"Domains are the first and most important unit of analysis in ethnographic research" (Spradley, 1979, p. 100). A domain is a category that includes other categories, with the first element being a cover term. Domains are the broad picture and include cover terms and semantic relationships. The cover term awareness is a category and includes other categories such as: "my cholesterol numbers," "nutrition information," "exercises I didn't know before," and "feeling better balanced." Semantic relationships are two categories linked together, such as a blood pressure test and a type of screening. "In a domain the semantic relationship links a cover term to all the included terms in its set" of topics being studied (Spradley, 1979, p. 101). For example, participants identified the included terms "going to noon aerobics," "knowing my cholesterol level," and "spending time with friends in the program" with the cover term levels of satisfaction in the domain of personal benefits.

The taxonomic analysis revealed the internal structure of the domains. The taxonomy is an in-depth analysis of the domains and allows for discovery of similarities among terms (Spradley, 1979). A componential analysis, the process of searching for attributes that signal differences, was also part of the analysis.

As the process continued themes evolved. The more frequently and the more in-depth the participants mentioned a semantic relationship, the more it was valued and the stronger the theme. The researcher wove the themes into an integrated whole, and this whole became the results of the

study (Spradley, 1979). The values of the individuals as well as the group were extrapolated from the results of the study.

CHAPTER FOUR

FINDINGS

When you get depressed about the job, one of the positive things you can think about is that because of the wellness program, it's still a good reason to be here. I personally would not take time out of my life to play racquetball otherwise. (MSU Employee Wellness Participant)

Introduction

This study uncovered peoples' satisfaction with an employee wellness program. It was a case study in which the design was a natural construct to discover wellness participants' beliefs about the program. The content analysis of the interviews provided a better understanding of the reasons that participants first joined the campus wellness program, the benefits they experienced, and ultimately their satisfaction with and adherence to the program.

Reasons participants joined and stayed involved in wellness activities varied widely yet exhibited common themes. Some individuals valued most the psychological rewards. "I like the workout; it's such a positive mental exercise." Others believed that the physical improvements made it worth the time invested. "Well, I certainly think that I controlled my weight better than I would normally." The commonality among the participants' comments was

that the program met their expectations, and their perceived benefits were associated with their reasons for participation.

Participants appeared to be both internally and externally motivated to join and participate in the wellness activities. These employees had been participating for one to five years in an attempt to have some "control over their bodies" and "control over their health," indicating that they were internally motivated. Some individuals only subscribed to a wellness behavior, such as exercising, if there were external incentives such as a regular class schedule and socialization with others. Some participants joined because of the effects of "powerful others"; their physician, spouse, supervisor, or co-workers. These theoretical dimensions identified the source of reinforcements for health-related behaviors and can be identified by the types of comments made by the participants. An internally motivated participant made the comment, "I exercise frequently. Not exercising twice a day upsets my psyche more than my knees!" Externality is the belief that most happenings are a matter of chance, and the individual is not likely to be motivated to make changes without an external impetus. One participant appeared to be externally motivated when she said, "I probably should control my weight better, but I just have such a hard time finding time to exercise. Most of my family is overweight anyway." One individual who initiated behavior change because of the influence of a powerful other stated, "The doctor told me that I had to exercise more than three days per week to improve my cholesterol; so I am."

Participants

Nineteen participants from the Montana State University Employee Wellness Program provided rich descriptions of their experiences and their perceived benefits from participation in the program. All participants were involved or had been recently involved in one or more educational, physical activity, or health screening programs. The sample included 11 female and 8 male participants ranging from 25 to 66 years of age ($M = 45.0$). One participant was a psychologist, six held faculty or administrative positions, and ten were classified employees holding clerical or support positions. One participant was a retired faculty member, and one was the spouse of an employee. The length of time of participation in the program ranged from 1 to 5 years ($M = 3.24$).

Participants were contacted for an interview after being identified by the wellness office staff as "participants who could communicate their experiences." The interviews lasted from 45 to 90 minutes each, and participants responded to open-ended questions about their reasons for taking part in the programs and the benefits of participation as they experienced them. The text based data was analyzed using the software program The Ethnograph (Seidel, Kjolseth, & Seymour, 1988).

Interview data was gathered from the 19 participants. Two participants were reluctant to reveal much information, particularly in the early part of the interviews. They had many contradictory responses and did not mention as many significant benefits as the other participants had mentioned. One, a

52-year-old woman, was quite colorful and seemed to get a great deal of pleasure out of being contrary during the interview. She attempted to stump the investigator throughout the interview. However, later in the interview she became more trusting of the investigator and began talking about her health concerns and her perceived benefits. The other participant responded in an analytical tone because he had written a doctoral dissertation on the campus wellness program. He had a tendency to speak about the issues from the standpoint of "what's in the literature" as opposed to speaking about his own perceptions and experiences.

Types of Programs

Most participants had taken more than one type of activity class. Eight individuals participated in the aerobics classes, six took a weight training class, five participated in the stationary biking class, five took the basic exercise, and four joined water aerobics. Other activity classes which participants attended included racquetball, volleyball, yoga, Tai Chi, and aerobic walking.

Individuals participated in the following educational programs: smoking cessation (1); cooking class (1); consultation with the campus nurse practitioner (1); consultation with the wellness program physician (5); and consultation with the nutritionist (7). Most participants had done at least one health screening including cholesterol screening (13), the Lifestyle Management Report (10), the mammogram (4), glucose screening (2), and

body fat testing (1). Eight of the participants interviewed had been to a campus health fair and reported that they became more aware of their current health status from the objective test results and from the facts they received from health fair staff. They also indicated having been motivated by the experience to subscribe to more health-enhancing behaviors.

One common concern found in the health promotion literature is that instructor-led activity classes may encourage participants to become dependent on the class or the instructor and that this may inhibit the development of independent activity behaviors. However, in addition to the classes, most of the participants did some form of individual or group activity on their own. Two participants walked, four ran, five used the stationary cycles, two played handball, two played racquetball, one cross-country skied, and one was a hiker. Indeed, one participant dropped out of her walking class and explained, "I liked the class a lot, and I never finished it because I enjoyed the walking so much that I did it on my own."

Reasons Participants Joined

A recurrent theme that evolved from the interviews was that the participants originally joined some component of the wellness program because they expected the program to fulfill their needs and wishes. Their expectations of achieving positive changes in their physical and psychological self focused most frequently on health problems or health concerns, body weight issues, and physical fitness benefits. They also joined due to the

influence of powerful others, convenience and financial benefits, diversity, and social support. Participants stated that the satisfaction they experienced was their reason for continued participation in classes and adherence to health-enhancing behaviors.

Health Problems and Concerns

Ten participants joined expecting to maintain their health, improve the status of their health, or prevent further health problems from occurring. They also expressed a desire to have some control over avoiding a catastrophic health problem. These individuals could be described as being internally motivated to subscribe to healthy behaviors: "If I take care of myself, I can stay healthy."

Two of the ten individuals discovered a health risk during health screening at a wellness fair and have made lifestyle changes to improve their health status and to decrease their risk of future health problems. A 37-year-old male explained, "My health concerns originated from several different sources. Originally from the first health fair that my wife and I went through two years ago, I discovered that I had some cholesterol problems. I didn't do too much changing then. I made some diet changes through the nutritionist in the wellness program....But then I had a cousin in his late fifties who died of a heart problem. It was recommended then that I get an EKG. From the information on my tests and blood screens done through the wellness program, I've been steadily increasing on the favorable things." The second individual was a 35-year-old woman who was surprised to find that

her cholesterol was high "because I am a vegetarian." She has taken steps to reduce her cholesterol level.

Another man recalled the reason he joined the program, "I had a back injury. After I saw the doctor, I went to the physical therapist. Later he said to either keep seeing him or enroll in this program. I wasn't sure I needed to because I thought I was fairly active. But I enrolled and the instructor put me in the adult fitness program for people in a risk category. She wouldn't let me quit....Eventually I felt better. The instructor had goals written out, and it took me about three months to get to that point. I never told her that. I must have been somewhat out of condition to take that long."

A 66-year-old participant explained that he joined because of a health problem. "Well, I was sort of pushed into it. I had been using a bike at home. Then in the fall of 1988, I had a heart attack and that really pushed me to have something more structured. At home I ride the bike when I get around to it. When you are enrolled in a class and you have to do it three times a week, it really makes a difference."

Joining because of an injury, one faculty member said, "I usually run on my own during the lunch hour. I use the indoor facilities for running. A little over a year ago I pulled an Achilles tendon, so I laid off running and started using the stationary bike and the weight room."

Another faculty member spoke of his need for wellness and fitness because of a serious health problem: "I found out I have a rare genetic disease, and one of the side effects of the disease is joint problems. I used

to run every noon, but I can't run anymore so I ride the bike or climb the stairs. I probably shouldn't be doing the stairs. I probably should be in the water aerobics, but I haven't taken the time and effort to get into it yet."

Regarding a mammogram which was provided through the wellness program, a secretary described her reasons for taking part in the programs offered. "I was anxious to have the test because I do have the cystic disease and I wanted to have it checked, so that was a big benefit to me. I got it free, and I didn't have to pay for it." She had also just registered for a smoking cessation clinic as her most recent program activity. She had obvious expectations of the course leading to future good health: "I attended the wellness classes, then if I do quit smoking from this class, it's obviously going to make me healthier and maybe there won't be any problems down the road."

Another participant indicated that the wellness program was there for his wife when she experienced a health problem. "My wife has taken advantage of the Wellness Program classes over the long haul. Before that she ran. Several years ago she was in citizen races, and she had a good time. Then at 47 or so, a congenital deformity bothered her for the first time, and she had to have surgery. Since then she can participate in water aerobics. It really changed the whole family. The water aerobics has done her a lot of good although some of the maneuvers bother her. She does well."

One woman talked about her fear of "getting heart disease" because of her family history. "I think the main thing is, in my dad's family there's a real history of heart problems. All of them have high blood pressure and high cholesterol, and it really makes me feel good when I go to the doctor and my heart rate is really low and my blood pressure is low, my cholesterol is excellent, and I'd like to keep that up! I think, 'Why not keep that up?'"

Fear of Fat

Participants reported that the wellness program gave them an opportunity to exercise on a regular basis and learn more about nutrition, therefore helping them to control their weight. Sixteen of the nineteen participants mentioned "weight control" as a reason for joining and continuing to participate in the program. However, an interesting theme evolved from the data: a number of participants were excessively occupied with the status of their weight and their appearance. Many participants joined the activity programs because of "fear of gaining weight" or the "paranoia of getting too fat." This finding supports similar views in the literature in which the authors described America's obsession with the desire to be thin. Although the participants exhibited internality by taking action to avoid gaining weight, they had a strong sense that weight gain was a matter of chance, and that they were destined to be fat.

The participants seemed to be driven by a "fear of fatness" of the physical self, but the need for a psychological benefit, peace of mind, was also desired. Were the participants exhibiting fanatical behaviors possibly

harming themselves instead of improving their wellness? Two participants reported that they "skip lunch to exercise at noon" and sometimes do not eat all day. One, a 25-year-old woman, explained her situation: "My husband thinks I'm obsessed. Some days he gets real worried about me being anorexic. Everyone's always said that because I'm so skinny, I don't have anything to worry about. I thought that would be true if I exercised all my life. But then your body changes, and pretty soon you start putting on the pounds. Sometimes I do have to watch myself because I'm always in a rush in the mornings and I am really terrible about taking time to eat. With the wellness programs at noon, sometimes I go and then come back to an office with people waiting for me. All of a sudden it's 4 o'clock and I haven't eaten all day. I know that's not good, but I can go all day without eating and not notice it. Some days I've played racquetball at noon, and then go home at 4 o'clock and run three or four miles without having eaten. That's why my husband really keeps an eye on me."

The other participant, a 40-year-old male, said, "I like to eat, and I'm concerned about weight control. If I don't run [at noon], I end up eating lunch. One of those things I have to do with all these employers coming into our interview rooms down here is to take them to lunch. Typically, I do not eat lunch; it's probably not healthy, but I don't eat anything in the afternoons unless it's popcorn. Going to lunch I just feel stuffy all afternoon. But then I probably eat too much at the evening meal which is the worst. I need to start looking at that probably a little bit more and have an apple, yogurt, or

popcorn or something in the afternoon. My dad's in pretty good shape and he controls his weight pretty good." In an attempt to clarify the intent of the participants' discussions, they were asked, "Do you feel paranoid about weight gain?" The standard answer was "yes."

A 45-year-old man said that he exercises both at noon and at 5 o'clock every day. When asked why he exercised so frequently, he replied, "My vanity is probably stronger than I realize! I like to keep a 32-inch waist and I like to be able to wear my clothes throughout the year. Not exercising twice a day upsets me more in my psyche than in my knees. I've got this phobia that I'm going to be this 300 pound person and it's waiting to come out." A female participant explained her fear of becoming overweight. "Well, I've always had a paranoia about being fat, and so I won't let that happen. I think a lot of people, as long as they are thin, never worry about it. All of a sudden, they've had one or two children, and they've got all this weight. They don't know how to take it off and regulate it. That's one thing I've always tried to make a point of is that I want to regulate it, keep it under control, and know how to do that before I start having a harder time keeping it off."

One woman initially joined the program with the expectation of weight control. She was fearful that she was destined to be fat because she had a family history of obesity. She explained, "I know my future holds an increase of weight if I don't do something about it. I've been fighting it all along."

Another woman talked about joining the program for weight control and about the pressure she gets from her husband. "See, my husband tells me, he'll tease me, that he doesn't want a fat wife, you know? But he said he'd never worry about it because I wouldn't allow myself to get fat for him. I mean, I like to look nice for him, but I do it for myself more than that."

A 53-year-old woman talked at length about her distress over her weight problem. She attributed the excess weight gain to having a hysterectomy, quitting smoking, loving to eat, and not exercising as much as she needs to. "In 1980 I quit smoking and had a total hysterectomy. Even though I never exercised then, I weighed 140 pounds, and now I weigh about 190. I had always maintained about 140 pounds. I just eat more than I should at a meal. I never ate desserts when I smoked, and now I do. I'm not as active now either. I've had trouble making the class lately because of work, and I don't want to walk alone! I like to chat. I get to groaning and moaning because I'm so overweight. I like to have a good time." She spoke of other health problems and how she believed those problems attributed to her inability to lose weight. "As far as losing any weight from attending aerobics, no! But I do eat less when I get home after I've exercised."

The 25-year-old female participant concluded, "One of my motivations is that I have a real fear of having my first kid or something and then having an uncontrollable weight problem and not being able to take it off. I think I'd rather have the fear and have some motivation."

Physical Fitness Improvement

"I love the exercising! It's such a positive mental exercise as well as physical." Although most of the individuals participating in physical activity classes echoed the obvious, "I'm taking it for physical fitness," they seldom listed fitness as a goal by itself. They normally coupled fitness with some other benefit. A faculty member talked about fitness and weight control. "I joined for the physical fitness. When I was in graduate school I was in very, very good shape. Then I had a kid, and my shape became bothersome to me....I gained ten pounds too much and I didn't lose the ten pounds. I'm still struggling with that."

A 32-year-old woman said she joined because "I like doing the aerobics. The noon hour was the best time and they usually let me go a half hour extra to make it." A 53-year-old participant was "not sure" why she initially joined an aerobics class. She recalled, "I'm not sure, because I've never been an exerciser, and I don't like it. I just decided I needed to do it for the physical well-being." Another female participant explained that she joined with the hope of improving her general endurance. "In my case when I started working here I was tired. I only worked four hours and I was exhausted. Then I started working out, and now I work full time, and I feel good!"

A 50-year-old faculty member said he does one primary activity in the wellness program. "I play handball every day at noon unless I have some

administrative things I have to do. It's a priority. I don't know how I'd get along without it some days."

An administrator said that she has always been active and intended to "stay active my whole life." She joined for the "benefits of physical fitness, to keep my weight under control, and for stress release."

One woman had joined as a volunteer in the first pilot class for the wellness program to "get more physically fit and control my weight....The pilot was at 6:30 in the morning and that was perfect for me. They are not offering it since then, so my husband and I go to a downtown club in the mornings. We still participate in the health screens."

A man who had been participating since the inception of the program gave his rationale for taking part. "At the time the program first started there was a lot of physical conditioning testing in conjunction with the wellness program, and I was interested in the testing." The testing gave him a better understanding of the changes he needed to make in his exercise routines to foster improvement.

Powerful Others

The influence of physicians, spouses, supervisors, co-workers, and friends had an impact on the participants' reasons for joining and continuing participation. However, the influence of others had an even greater impact on long-term adherence to the wellness program than on the reasons for joining. Participants reported that the external motivation of "an activity class"

or a "set time to exercise with friends" was the factor that kept them participating.

Some participants joined because their physician directed them to do so. One participant who had heart disease stated, "My doctor told me to get into the class for my heart and so I could be supervised." His source of reinforcement was due to a powerful other. He explained that he continues to attend because he will "do what my doctor tells me to!"

Although some individuals were also internally motivated to comply with health-enhancing behaviors, they originally joined as a direct result of the recommendations of a "powerful other." A retired faculty participant said, "The reason I joined was because my doctor said to get into that [high risk] class." One very compliant participant said that his doctor gave him a choice between continuing to see a physical therapist and joining the high risk class. "So I joined the program....That was four years ago and I'm still going."

"Because of my spouse's encouragement" was the reason one participant joined. Another explained with a smile, "I was not working here yet, but my husband was. He came home and said that I should take advantage of a health screen that they are doing....So we went and they explained to us what they would do, and that's how I first got involved."

An administrator spoke of the peer pressure she had experienced. "I first learned about the program from a flyer that came in the mail and from a friend of mine who already worked here and was involved in the program. Almost everyone then that I worked with was involved in the program. You

were kind of an outcast if you didn't go! That's where I get my motivation." Two women learned about the program through their supervisors. One said, "I would say that she's the one who really encouraged me to go." The other explained, "I started working on campus and my supervisor encouraged me to start the exercise programs, so I signed up for the water aerobics because I have tried aerobics and I have two left feet!" These individuals were strongly influenced by the behavior of others in their departmental environment. They also attributed their continued participation to the support of their co-workers and supervisors.

Factors Contributing to Reasons for Joining

People cited a variety of other reasons for initially joining the program such as convenience, financial benefits, diversity, and social support. However, these were actually secondary reasons that "made joining the program easier." One secretary was emphatic that the benefits of "having facilities right on campus makes it so convenient," but her primary impetus for joining was for weight control.

Convenience and Financial Benefits

All of the participants interviewed agreed that the direct cost savings of the provisions of on-site facilities, health screening, and access to information from knowledgeable staff were major benefits to them. A 59-year-old wellness advocate talked about the benefits of joining. "I think the biggest things were the financial savings, the screening process, and the mammogram. I

probably do a little more because it is right here and the price is right." Another participant mentioned her rationale for taking advantage of the program. "One thing is the convenience. You are right here and you can go and be done with it and get on with your life." Regarding the convenience of having physical activity facilities on site, another participant explained enthusiastically "look at the facilities that you have around here to use! You'd pay how much money to be in a health club? You have all these facilities here!" A 59-year-old residence hall worker explained one of her reasons for joining. "The program really appealed to me because of the cost."

Addressing the benefits of the health screens, one faculty member said with a grin, "I feel that, for the money, it isn't a bad deal." While talking about the health screenings one administrator explained, "It's easier for us since we are not your average office building here in the sub. When they hold their screenings here we always know about them because we are finding the rooms for them." A 39-year-old participant gave her opinion on the cost savings of the program. "My husband and I have a \$500.00 insurance deductible, and I get very upset when it costs that much to get routine health care. So a lot of things I strictly don't get health care for; we just don't go because we can't afford it. I won't go to a doctor and pay a fee just for information on how I am doing. But the wellness program afforded me just the opportunity to have that done. The knowledge of the blood cholesterol is something everyone is concerned about. It was nice to have it done! It was not something I would have paid for." Another participant said that she

also would not have paid for the cholesterol screening the first time. However, "now that my awareness has been improved, I know I would pay for the test."

Diversity

Diversity of aerobic activities was one participant's reason for joining. "Running was something I'd been doing forever anyway; doing the aerobics is just to give some diversity to running." A 45-year-old faculty member said that he participated in "aerobics, volleyball, racquetball, handball, jazz dance, basic exercise, weight training, yoga, and Tai Chi. It's a good way to enjoy all these sports. I also run regularly." A secretary explained that the diversity made exercising "more fun" for her. She talked about running, playing racquetball, weight lifting, and doing aerobics.

Social Support

The importance of finding and being with other people who had a similar interest in wellness was frequently stated as a reason for joining. This form of external motivation also had a strong impact on people continuing with their exercise programs. "I guess that I wanted an opportunity to exercise, and I needed some outside regimen to get me to exercise regularly. I'm more motivated to do it if other people are there, and I feel that I do exercise more if I'm going to a program at any time," stated a 42-year-old man. "I thought if I joined a class it would be more fun. I also needed the cheerleading and encouragement from someone," explained one woman.

Another participant said that she joined a class to "meet people and make new friends." A clerical worker said, "My friend dragged me over there one day. We do a lot of things together and it motivates me to exercise."

Reasons Participants Continued to Participate

The wellness program participants joined the program to fulfill their expectations. The reasons that the individuals continued to participate in the wellness program were a result of the perceived benefits and rewards that they experienced. The satisfaction they experienced was contingent on the program's ability to meet their expectations.

Participants cited both personal and job-related benefits as a result of taking part. None of the participants indicated that they did not experience any positive, personal benefits. Although most personal benefits were also job-related benefits, the discussion was divided between the two categories.

Personal Benefits

Personal benefits refer to any perceived physical, psychological, educational, social, or financial gains or betterment resulting from participation in a physical activity, education, or health screening program. Participants complied with exercise programs and healthy behaviors when they were satisfied with the benefits they experienced, and they received support from their peers, spouses or significant others, and supervisors.

One woman captured the feeling of the personal benefits she had experienced. Her feelings became apparent during a discussion of her

frustration over a transportation barrier that kept her from attending her exercise class after work. "My energy level was much higher, and my mental attitude was better. I had less depression, less stress, and just a whole general good outlook on life. The sun shines brighter when one exercises."

Most of the people who were interviewed discussed multiple benefits of participation. One faculty member explained, "There are lots of benefits. It is obvious that regular exercise makes you feel better; you feel more 'ready'. For me, even when I have gone into the handball court and lost completely, I've pushed my body, and I come out feeling great! When you get your body to do certain things you want it to do, you get some feedback of self-awareness in a very positive sense; it gives me a high. When I can't get my body to do what I want it to, then I have to say 'at least I've had some good exercise'. So there is the physical and the psyche that is affected. Right now all my comments would be positive for the program. I'm a before and after person and I've seen people involved in the program who wouldn't be doing anything otherwise, and that is good. I've always tried to maintain some type of activity. I'd jump rope in the morning if I couldn't do anything else. The screening is real positive because you may think you are healthy and you're not. I think it is an enormous benefit, and compared to the downtown cost it is quite a savings."

Physical Conditioning. Participants experienced various types of physical benefits from participating in the program. One woman who experienced musculoskeletal changes explained, "Probably my favorite class,

and others say the same thing, is the basic exercise. You end up doing exercises that you wouldn't at home. You get a pretty extensive workout with concentration on flexibility and strength building. I'd have to say it's been a pretty positive class, and I look forward to going."

The female participants frequently used the term "toned up" as an important reason for attending their exercise classes. One woman commented, "If I attend consistently I feel more muscular, more toned up." One man said that he likes the class because it helps him to "maintain flexibility and agility."

Most of the participants at least mentioned "weight control" as a reason for joining the wellness program and complying to a wellness-oriented lifestyle. One faculty member stated that regular participation is important for his weight maintenance. "Well, I certainly think that I controlled my weight better than I would normally, and I feel better all over; increased strength and decreased body weight." One man commented on the satisfaction of another wellness participant. "I know one lady that probably has lost 60 pounds. It's really neat because it's a real part of her life now!" One woman stated that she had joined with the expectation of weight control, and said she has experienced other benefits that motivated her to continue to participate, "plus I feel better in general, and I sleep better."

Energy Level, Self-Esteem, and Stress Management. All participants identified both physical and psychological satisfaction as their reasons for

participating. "I think it all kind of works together. If you feel better physically, you feel better emotionally and you're probably in a better mood!"

An office worker listed several physical and psychological benefits and emphasized, "I can really tell the difference in my energy level! I can tell in the office if I haven't gone to exercise at noon. I'm asleep by 2:30!" Others also talked about the increase in energy they experienced. "Oh, I just feel better. I definitely have more energy, and I'm always wanting more energy!" One woman believed she had more energy since she joined a fitness class. "In my case, when I first started working I was tired. I only worked four hours and I was exhausted. Now I work full time, and I feel good!"

Only one participant stated specifically that he did not experience a higher energy level as a result of exercising. "No, I don't think so. It's usually about the same." This faculty member also stated a concern about compulsive exercisers and the negative effects of over exercise on their health. "I think that generally, in the long run, it's good for people to exercise...but I think that people who have highly elevated levels of physical activity, that in fact, it could be worse for them."

Several participants talked about their experiences of "improved self-esteem" from regularly participating in a physical activity class. That satisfaction was their primary motivation for continuing participation. A faculty member emphasized, "My vanity is probably stronger than I realize....Basically I feel good about myself. That's the most important thing is self-esteem. You can take things away from a person, but you can't take away his self-esteem."

An office worker said that she had experienced a notable difference in herself. "In a lot of ways I didn't have any self-confidence, and I think getting out and doing this kind of physical stuff really helps." Another woman smiled and said, "I like myself much better emotionally." Explaining how physical improvement leads to psychological improvement, one participant said emphatically, "I know if you are a fit person you are healthier; and if you are healthier, then you feel better about things. It seems to get your adrenaline going. You feel better about yourself, and about what you are doing." Speaking comparatively about active and sedentary individuals, another participant said, "If you are a couch potato, the longer you sit there the lazier you get. I don't think anybody can feel good about themselves that way. Whereas if you have the energy level, then you're going to get more things accomplished, and you're going to feel better."

The psychological benefits of physical activity became more apparent as the participants talked about the intrinsic rewards they had experienced. Nearly every participant talked about personal stressors, job-related stressors, or both as a reason for exercising. One participant thought that stress release was the most important benefit for herself and her co-workers. "Basically I found that I deal better with stress if I exercise, and I also have an easier time keeping my weight under control; but most of it is stress release." This same respondent observed another wellness participant's need for stress release through physical activity. "Another gal does her running in the morning, and then noon is kind of a time to herself. She has two teenage

boys and a husband and it is kind of her time. I know it's a big stress release for her."

The participant who had recently moved out of town commented on her experience of managing stress while participating in the wellness weight training program. "I am walking now, which I do on my own time, but it's not as good as the weight training. I got the relaxation and, you know, it helped to eliminate a lot of stress." A faculty member spoke positively about his water aerobics class as a form of stress release. "Well, I think it's for relaxation and stress management. I come out of the swimming pool and feel invigorated and much more." An administrator said running at noon is the best thing for him. "I especially like to run in the middle of the day. It gets out some of the morning frustrations, you get a deep breath, and get ready for the afternoon as opposed to going straight through all day."

One individual talked about the spiritual aspect of fitness. "It is a good tool socially and spiritually. I find a lot of contradiction in the spiritual and the religious, and working out is probably the best thing for me." Other participants alluded to a similar need to achieve "saneness" and "balance" in a fast-paced day and defined it as "stress management." One faculty member and his wife had attended the stress management seminars at the counseling center. "They were real good; a lot of it was review for me." The majority of the discussions about stress were job-related.

Awareness and Health Perceptions. The first step toward improving one's own physical and mental health is awareness. "One main benefit is

being aware of your fitness level and also awareness of your nutrition. You're just more aware of what else you are doing. It has made much more of a fitness promoter out of me since I've had kids. I watch what they eat and make sure they aren't 'couch potatoes,'" explained one administrator. A male participant believed, "I think that the knowledge about cholesterol, the general effects of regular exercise, and those sort of things are all things you can do to improve your fitness." Another man was thankful stating, "I became more aware of my blood pressure and some of the things about it."

A residence hall worker spoke of the increased awareness that she gained from the wellness staff that saved her from encountering further health problems. "I had learned some information from a book I had read when everyone was into the cholesterol thing. The author wrote about taking niacin for cholesterol problems. That's the first time I ever started taking something like that, and I started taking niacin. Then it showed that I had a liver dysfunction. I talked to the wellness program doctor about it, and he said to quit taking the niacin. Three or four months later I had another test and the dysfunction had cleared up! So I said, 'Oh, that was a good lesson for me!'"

Several participants believed they had learned more about nutrition through the wellness program's services. One young mother said, "Since I've had my two children, my own nutrition has improved because I want them to eat better." Another woman said, "My husband and I have started watching our diets," and yet another stated, "I've become more aware of my nutrition, my strength, and my body weight." One participant applauded the usefulness

of the nutrition questionnaire. "That's one of the things the questionnaire showed me; I used to skip breakfast just because of time. I've made a bigger effort not to do that, and I've made a bigger effort to eat more raw vegetables. I don't smoke, and I don't drink much. I do drink some coffee." Another participant who did not eat breakfast in the past had also made improvements: "I just didn't take the time and I never paid attention to eating before. But now I will grab something small in the morning, and take a banana or an orange or something for about 10 or 11 o'clock. That way if all I have time to grab is maybe half a sandwich at 1 o'clock, at least I've eaten a couple of times. So I may eat four or five times per day."

Participants' beliefs about the frequency of illness relating to participation in the wellness program varied. Most of the participants interviewed hesitated prior to their response and seemed unsure about the relationship between their level of wellness and the frequency of "feeling poorly." A 59-year-old residence hall worker responded, "Well, I'm hardly ever sick, so I don't know if I can attribute that to the wellness program or not." An obviously internally motivated participant talked about the connection between a wellness attitude and general health. "I think it's both physiological and mental. I guess I'm a firm believer that illness is a lot of the mental aspect, and if you have a positive attitude you're going to fight it [sickness] off a lot sooner than somebody that's all of a sudden moaning and has to lay on the couch. Well, of course, you're not going to feel better." A 25-year-old office worker said, "I think it makes a difference. Because I see some of

my friends that weren't active and I remember them being sick a lot in high school. Sure you pick up colds and especially working in an office like this, every other person that comes in is carrying something. But I think if you're healthy, if you're eating right and exercising, and if you have the right way of living, I think your body has more to fight it off."

Explaining his perspective, one 37-year-old man said, "I've never been sick much, and I tend to think an employee that is overweight is sick more often. Even though the weight doesn't have anything to do with it directly, the sickness and overweight seem to go hand in hand."

Some participants experienced physiological improvements as a result of increased awareness and behavior change. "I guess from the screening, awareness is the benefit. I wouldn't have guessed that my cholesterol was high because I'm a vegetarian. But I probably eat a lot of cheese, and that probably had a lot to do with it. I wouldn't have guessed that. So it really increased my awareness about that. I'm trying to cut back on cheese." Speaking about her cholesterol levels, one participant explained that the balance of her cholesterol had improved. "My ratio increases. Yes, I definitely attribute that to the wellness. I am very grateful for that part of the program because both of my parents died from coronary disease. I had a blood workup done with my doctor and it was high then, running about 267 mg/dl, but he seemed to think it was okay. He didn't seem too concerned, and I didn't know what the range should be. So then the next year I had it tested with the wellness, and it was 263. They [wellness staff] were quite

concerned." A second participant talked about the changes he had experienced: "Another situation aggravating my cholesterol was my affair with the Pepsi can. I drank over a six pack a day and I was overloading my system. I wasn't quite as active either. It [the affair] ended shortly after the blood screens and resulted in my losing about 25 pounds in about six months. The cholesterol has been below 200 since then, and it was 210 before. The LDL ratio was originally very high; the top category. I came down one full category bordering on normal now." A retired faculty member enthusiastically explained, "It just makes me feel better. I almost always feel better after biking. We discovered that it lowers my blood pressure appreciably. It does this immediately." The education provided by the wellness staff enhanced the participants' awareness of their cholesterol and blood pressure levels and helped to motivate them to make lifestyle changes that lead to improved health and satisfaction with the program.

Social Support. Social support was one reason that individuals continued to participate in the wellness programs. "I think the wellness program forces you to build relationships with other people that you normally wouldn't because you are going to class and meet somebody that you probably wouldn't have met if you're going to go out and run by yourself everyday." A faculty member admitted, "I'm so lazy; I need the class to get moving, and I always feel better afterward."

Comparing the benefits of different types of activities, one faculty member explained, "I don't think the water exercise is any better than the

cycling as far as I'm concerned. I enjoyed it because I enjoy being in the water, but it was a social thing and that was fun." Another man described the effect of social support on his adherence to activity: "I don't need [external] motivation to play handball. See there is this association thing. If you show up and don't have a court to play in, somebody is going to ask you to play. I guess I need that. If I were to run, I probably wouldn't do it very long without the sociability factor."

Another participant talked about how important it was to have a class to attend as a motivational stimulus. "I enjoy coming. I look forward to exercising at noon with the other people." A 66-year-old man explained that the leadership in his exercise class was a motivation for him to exercise regularly. "The exercise class hasn't ever been that structured. People come and go and do their own thing. It's nice to have someone there that is in charge. He talks to you and pats you on the back when you lose weight and do well. It would be much easier to do this at home, but I need that regularly scheduled class to see other people and have an instructor. I've never been as regular at doing it at home!"

Spousal Support. All of the participants reported receiving positive support from their spouses and significant others. One woman said, "Yes, my husband's very supportive. If I haven't been exercising he'll grab me and give me a hard time!" Another woman stated, "He's real supportive, more from the fact that I feel better when I exercise....He did take part in the back class and he enjoyed that. He does the blood screens and the lifestyle

assessment with me." A 37-year-old man discussed his wife's participation in the wellness program. "Yes, she is supportive of me, and I support her. She does the aerobics although she isn't going now. She has also done the weights and the walking program." One woman said her husband also was supportive, but "I haven't conned him into the classes yet!"

A faculty member said that he and his wife were also very supportive of each other. "We've been active in the outdoors all our lives. Our children grew up in a very active environment." A 40-year-old man said that his wife is supportive of him: "She also has participated in the wellness program. She did the LMR once and she did an eating program with the dietitian. I don't think she's been in any of the activity classes....She also had the mammogram, and we've both been to the counseling center together for the stress and family relations things."

Wellness Program Staff. The staff who taught the wellness classes had a major impact on the participants' adherence to the wellness program, how they viewed the program, and the satisfaction that they experienced. Most of the participants were quite familiar with the names of their instructors and a few had built strong relationships with their instructors. Fictional names have been used in the following quotes. A faculty member recalled, "The first time I took yoga with Alice I found that to be real nice. I think a lot that has to do with wellness are the instructors. Alice is super and Pam is great. I can't stand Margo's classes. She doesn't have the rhythm and she doesn't have the 4-8 count. Pam is really good and she has us use a lot of muscles that

are not used, muscles that seem to be hidden. Cindy in volleyball is good. If you don't have people like that, those wellness programs are not going to go. When I first started here there was a Bob and a Marlene that were only here for a few classes. They were very good." Another participant stated, "Marlene Smith was excellent on the stationary cycle program. Then we had someone else next quarter, and I didn't really find that they were quite into it. The racquetball has been excellent, and of course, I enjoy Esther the teacher." Responding with a slightly different view about one of the instructors, "I enjoy Margo and Esther and a gal that taught basic exercise during fall quarter. They are all pretty good and some are just especially good. We've got some real good enthusiastic leaders."

Comments about the weight lifting class instruction was positive. One participant said, "The staff was real helpful in overcoming the possible timidity that a person might have when you walk into a weight room and see all those hulks." Some people liked the freedom and individual attention that certain instructors provided. A secretary reported, "I enjoy weight lifting. I enjoyed the class because we were given instruction and help anytime we needed, but then we were left alone to do our own thing. So I like that, and I like the program."

A faculty participant reinforced the issue of the importance of having the right staff: "I think a lot depends on the instructors that are available, too. I had experience with the weight training one quarter. We had a lady from downtown, and she would give these cheesy grins like you were supposed

to be enjoying yourself, and if you weren't....it was sort of distasteful. I relate to Esther in water aerobics. She's got a good sense of humor, and she doesn't make it quite like that. We'd enjoy ourselves naturally; she wasn't telling us we had to enjoy ourselves." One participant talked about the staffing issue and said, "There was a lady who was doing part-time instructing for wellness; I think she was from one of the fitness places in town. I felt that she was one of the worst instructors and that she didn't really fit with the program." Although several participants mentioned they did not like "the substitutes from the downtown clubs," the implications were that they actually didn't like to have any substitutes teaching their fitness classes.

"Marlene watched me very closely following my heart attack. She watched the blood pressure especially close. She was quite 'motherly', probably because I had the heart attack so recently. Our new instructor, Larry, was a little that way at the beginning wanting to be sure I had my nitroglycerin with me; he was always watching me. Since it has been so long that I have been doing this and I was doing fine, now he's not as concerned" explained a retired participant.

A faculty participant talked in depth about how the program staff, instructors, and student interns impacted the attrition and compliance rates of the campus wellness participants. "People who run wellness programs can occasionally forget that a motivation and reward system is extremely important to many of the people. Every quarter there will be some number, maybe 25, who will start these conditioning classes, and by the end it's down

to the hard core 8 to 10. The number it goes down to is partly a function of the instructor or interns who are in there. Those who are very good on a day-to-day basis at interacting with the participants, motivating and encouraging them, and making them feel like it's important that they come lose fewer students during the quarter than those who have little interaction. I think the wellness program lost an extremely valuable individual when Marlene Smith left. She was marvelous at that aspect of running a wellness program, motivating people, making them feel welcome and important, and feeling good about themselves. She was able to pass that onto many of the interns that worked with her, and I miss that. Other people that I've encountered haven't had the same concern for the participants. Larry is much more passive. He's willing to respond to questions and help with specific problems as they arise. In fact the interns in there this year have had almost no interaction with the participants other than if you just go to them. But if you're just sitting there on a bike riding, nobody would ever say anything to you in 40 to 50 minutes. When Marlene was there, there was always someone talking to the people about how they were feeling and progressing. A lot of the people need that motivation. If they don't, they don't keep coming. You need a technician less than you need someone there to make you feel good that you are doing it."

Another faculty member commented on the student interns' training. "Yeah, it was quite noticeable actually. The quarter when Marlene wasn't coming very much, the level of attention from the student interns was very

different, and you could really see that they needed the supervision that they got from Marlene when she was working full time." A 53-year-old man echoed the same theme: "I can understand that we have some student assistants, some of whom were excellent and some of whom, for example, hadn't learned to take blood pressures. I didn't really think that their training for that was very adequate because students were taking blood pressures in the adult fitness class and would pump it up too fast or whatever and it was painful. I felt their training for that would have been better from the nursing school."

Several participants stated that they had received education from the wellness program physician. A secretary said, "I made an appointment and went over and talked to the doctor. The cholesterol was all broken down, but of course I couldn't understand it. He explained it all and was pleased with it. That was good to know because I had never had a cholesterol count before."

One faculty member had some negative comments. "One thing I wanted to comment on was the Lifestyle Management Report. I haven't done another one of those because I thought it was really pointless. I knew what the questionnaire was asking for. It was biased, and your answer was forced. It's an all or nothing answer. The doctor also seemed to be biased. He should become aware of the difference in attitudes."

The wellness program's clerical and support staff can have a powerful effect on participants who come into contact with them. Recalling a

frightening, emotional experience, one woman explained that she received positive support from an office staff person. "She was very supportive of me and gave me information! I had never had a mammogram. So I said do you think that it hurts? My friend said it doesn't hurt. Then I called the wellness office and asked for the results [of the mammogram]. She said, 'I cannot tell you; the doctor will talk to you'. That's when he said that I had a lump and that he wanted me to send all the papers to my doctor and see him. By then I was worried, and the office was very supportive. She was very sweet and very, very nice. I was crying my head off and she was very kind. I had a biopsy and everything was fine."

Job-Related Benefits

Job-related benefits are defined as any perceived improvement in job satisfaction, worktime attitude, morale, health, productivity, and networking opportunities as a result of participation in a physical activity, education, or health screening program. Participants stated that their supervisors' support of their participation in the wellness program had a direct effect on their morale, job satisfaction, and productivity.

Job-related benefits were favorable benefits for the employer as well as the employee. Personal and job-related benefits were not separate entities. Personal benefits could usually be identified as job-related benefits, and the job-related benefits had a direct, personal effect on the individual. One wellness program participant explained that personal improvements essentially enhance the effectiveness of her work. "Whether you are out there selling or

whatever, you just feel better because your body feels better. If I go for two weeks without working out for some reason, I don't feel as good and it shows in everything I do especially at work."

Two of the participants interviewed said that they did not see any job-related benefits. Their experience was that any benefits were personal. One participant said, "The library doesn't have anything to do with it. I think the benefits are all personal."

Job Satisfaction. Participants often alluded to job satisfaction when they talked about the benefits they had experienced from participating in the wellness program. Several participants talked directly about the issue. One man explained, "I think it probably boosts your loyalty. It makes you more aware that working for the university has more advantages than just working downtown. The wages aren't great, as we know, but you have to look at it as a package deal." Another participant reinforced that same theme: "I would definitely say there is more job satisfaction because you don't have the additional dollars going out to keep fit."

A 25-year-old participant described how the fitness class helps her to get through "blue days." "I think you have a whole different outlook. I don't know what other people think, but I look forward to coming to work. I'm sure you probably have those days where you feel like you can't get out of bed. Well, for the most part I enjoy my job. I enjoy coming and I look forward to exercising at noon with these other people." Yet another echoed the same point: "When you get depressed about the job, one of the positive things you

can think about is that because of the wellness program, it's still a good reason to be here. I personally would not take time out of my life to play racquetball otherwise." A 39-year-old participant talked about her satisfaction from the effects of exercising at noon. She had not been exercising due to a recent move out of town and explained, "If you have something going on besides just the mundane day to day work things, you're going to be more motivated to come to work." An office worker explained, "I like the organization. It makes you go over there and do something rather than just saying, 'Well, what do I want to do today?' You can do it at noon, and with my job and the amount of people that come through the door demanding things, it's the best stress release!"

Attitude, Morale, and Health Perceptions. As one woman spoke of her involvement in wellness, she associated being a fit worker with being effective in her job. "I think clients perceive you differently when they come through the door and see that you do take care of yourself and that you are in good condition; versus if they come in and you look like you don't care about yourself, they will think you don't care about your job. And about dealing with stress at work; when someone comes through the door, I feel like smiling at them and making them feel welcome!"

Individuals from two departments noted that "nearly all the staff in this office are active." When asked why, one administrator said, "I'm not sure. I think awareness has a lot to do with it. I think the people here are aware that if you are going to be mentally and physically fit, it [activity] has to be part of

your life." A clerical worker from a department who's staff were quite active explained, "I don't know of anyone who exercises on a regular basis that doesn't have a positive attitude. Most of the people here are at least conscious of what they can do. It's just the attitude here. It is easier for us to take part because of the flex time and support. If I were in another office, it wouldn't be so easy."

Participants believed that attitude and "office morale" had an effect on peoples' well-being or lack thereof. A program administrator explained her perception. "I feel that wellness does play a part in our work. We had a person in our office that was sick all the time and she didn't exercise at all. Now we have a staff that hardly ever misses a day. A lot of that is in your mental attitude; I mean, you can feel as bad as you want to feel! I think you're going to catch the same number of colds or whatever but when you handle them differently, from the mental standpoint, it doesn't get you quite so down, and I think there is a difference. I think it's about your attitude. Another woman and her husband are always sick. They are just a sickly couple and for no reason that I know of. Everyone gets the same thing, but they get it worse. Neither one of them are particularly active at all. I think there is a relationship with it. Since I have been working out, my level of illness has dropped drastically. It's good news when they can't find your record at the doctor's office!" A 37-year-old participant made a general observation that "there is a relationship between wellness and physical activity programs and the increase in a person's productivity and decreased

sickness. Some people say they get sick less often. I don't smoke or have any nasty habits along that line, and it's rare that I get sick."

Productivity and Job Effectiveness. "The wellness-at-work is such a helpful thing to offer people. And I think that productivity is such a mental thing. I think I'm more productive when I'm exercising," explained a psychologist. An administrative assistant said, "I guess what the workout does is take the edge off. When we talk about people skills you are more people oriented. If the office role models have well-being, they are more effective with clients."

A faculty member described how his daily exercise program energizes him for better work performance: "It's helped me immensely! I get totally lost in it! Three of the classes are especially helpful. One is the aerobics, another is yoga, and now Tai Chi. When you get totally involved with the wellness program you phase out the work stress. You don't take it in with you to workout, and it gives you an hour of time just to concentrate on your body. You forget about those things that bother you so; therefore it's helpful. You come back with renewed vigor. What I'm saying is that the main benefit for me is greater creative thinking. Something I see is that if I get to the office at 7:00 a.m., by noon I'm ready for a break. Having exercised rejuvenates me for the afternoon so I can go full force from 1:00 p.m. to 5:00 p.m." Another participant echoed a similar theme: "I know that's true. I do a lot of problem solving, and I know if I've had a really tough day and if I can take about 30 minutes with my mind off the work, it really helps. I think your production level is much higher if you're in wellness."

An office worker talked about several physical and psychological benefits of participating in wellness but emphasized, "I can really tell the difference in my energy level! I can tell in the office if I haven't gone to exercise at noon. I'm asleep by 2:30!" A 55-year-old participant testified, "In my case, when I started working here I was tired. I only worked four hours and I was exhausted. Then I started working out, and now I work full time, and I feel good!" A faculty member said that his noon exercise was key for him if he wants to accomplish things in the afternoon: "The days I spend like this and eat a big lunch, I go back and think, 'Oh, afternoon lag.'"

Networking Opportunities. A faculty member explained how the opportunity to network through wellness was beneficial. "I think the wellness program forces you to build relationships with other people that you normally wouldn't. You are going to go to class and meet somebody that you probably wouldn't have if you are going to go out and run by yourself. That is very beneficial both socially and job-wise." Another faculty participant stated, "Two things I see from participating in wellness; first of all, the benefits you receive aerobically or the exercise you get. Secondly, the social interaction you get ranging from secretarial staff to deans and administrators from other areas of the campus. If you can get along at work as well as outside the office, I think it's the best way to build relationships." A handball player said that he did not discuss "work issues" during exercise, but "maybe while you're dressing out or showering afterward, you can take the opportunity to discuss problems of the campus."

Supervisory Support. Based on the participants' responses, most supervisors were advocates for the individuals continuing to participate in fitness classes that were held during the work day. One participant, also a supervisor, said, "Our office is pretty geared for stress. If someone is having a tough day, I'll tell them to take an extra 15 minutes or whatever they need to workout." An employee who works for that supervisor responded during her interview, "The boss is very supportive of me. She is flexible if you come in 15 minutes late." When asked if she felt more loyalty toward the university or the state system for providing the program, she replied, "I don't think so much loyalty for the state as it is loyalty to my supervisor." The supervisor outlined the issue: "I'm sure in some respects my philosophy has an effect on the staff. I endorse the fitness mode, and I know it's tough to get dressed out and go over and get back here on time. We all understand that some days it will take longer, and I'm pretty good with that. The staff all work together. It is almost impossible to get back in an hour. You have to be extremely timely and cut your workout to a real minimum. If noon is your only time during the day, you don't want to cut your workout short. I guess if I had somebody that I thought wasn't working up to full capacity that would be a different story. But my staff gives 110 percent. That's why they need to take some extra time, and that's fine."

Another administrative supervisor said that her boss was supportive of her exercising and taking some extra time at noon. "Yes, he knows, because I see him over at the gym, too. He's real active. He runs a lot." Another

administrator-participant said that his office is "so underfunded and the people are overworked, and it's sometimes 12:15 before they get to take lunch. They work right up until 5:30; it's incredibly intense all year long. So what can I do to encourage them or give incentives? The other side of the coin is that I haven't had anyone begging me to do it. If someone was really chomping at the bit, I guess I would make more effort to prove the need, as opposed to nobody caring anyway. They are not that interested."

A faculty member said he thought that there were less time barriers for faculty than for those employees in more structured positions. "We [faculty] have the flex time. We really don't have the time constraints of some of the other positions." A classified worker stated that she did have flex time in her office. "I'm to be at work at 8 a.m. But if you want to exercise from 7:30 a.m. to 8:30 a.m., you can take a half hour lunch; a half hour is plenty long to eat your lunch." An office worker said that she doesn't have flex time because she rides the bus to and from work. "My bus gets here at a quarter to eight and it leaves at a quarter after five. If I went to class at noon like a couple of gals in our office, I would have no time to make up the extra time taken at noon. They leave about ten minutes to twelve and don't get back until ten after one; then they make up the time before or after work." The flex time is allowed by her supervisor. She clarified, "We don't have a problem with flex time in our office and that makes you feel good about your job. And even though I'm not actively participating right now because of my transportation

problems, it makes me feel good about the university and maybe they care anyway. I've worked at places that they don't care."

A library worker talked about her supervisor being supportive of the wellness program: "One woman I worked with didn't want to go for the blood test because she hates needles. But my boss and I made her go. She took the blood test and the mammogram. It worked out real well!"

A Serendipitous Finding

The interview process appeared to be a positive experience for most of the participants. This finding was also documented in Keneipp's (1985) article on mid-life, childless women. "Spontaneous mention by respondents of the learning that occurred via the interview process was an unexpected outcome" (p. 182). Four of the participants became quite excited and motivated to return to exercising or to boost their exercise frequency as a result of the interview itself. "Yeah, I miss it. You know, the more we talk about it, the more I miss it! I'm really ticked off that I can't go anymore. And probably I could go back; it's something I need. I probably could drive in twice a week and go to class on those days. During the winter I wasn't willing to drive; I wanted to take the bus." One woman who described herself as "definitely externally motivated" had not attended a class for a while. "I need it more now than I did when I started....it's a really good program. My friend from Linfield Hall still goes. She finally gave up calling me. Maybe I should call her." A retired faculty participant was thankful to have the

investigator come into his home. After discussing a variety of wellness activity programs, he said, "I think I'd like to do some new things like golf." Several participants thanked the investigator for "coming to get my point of view." One woman said, "This was fun! It kind of fired me up. Thanks a lot."

CHAPTER FIVE

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

The concepts of reducing health care costs by keeping people healthy, and enhancing productivity by making people more able make so much intrinsic sense that most executives accept them at face value. (O'Donnell, 1988, p. 75)

Summary

The general purpose of this study was to discover participants' perceptions of the Employee Wellness Program offered by Montana State University. Specifically, the study was designed to discover: (a) the reasons participants joined and participated in the wellness programs, (b) the perceived benefits acquired from adherence to the program, (c) the participants' levels of satisfaction with the program, and (d) the participants' views of the success of the program as compared to information obtained in the review of the literature.

The literature review focused on the definition of wellness and health promotion programs, economic issues, ethical and social aspects, cost-benefits and cost-effectiveness of wellness programs, and employees' rationales for participating in the programs and their perceived benefits. Participants' views of how successful wellness programs meet their needs are a weak link in the health promotion literature.

To discover the reasons for participation and adherence to the program, naturalistic inquiry was conducted with 19 participants from the Employee Wellness Program. An interview guide designed by the investigator included categories that were identified in the literature as indicative of effective health promotion programs.

The participants talked about the program's positive effects on their health-related behaviors as an outcome of participation in the Employee Wellness Program. All 19 participants cited personal and job-related benefits as a result of participation in the wellness program. The reasons participants joined the program included (a) concern for their health, (b) fear of gaining fat, (c) physical fitness improvement, (d) the influence of powerful others, (e) convenience and financial benefits, (f) diversity of aerobic activities, and (g) social support. The reasons given for continued participation in the program and adherence to positive health habits were (a) physical conditioning, (b) higher energy levels, (c) better self-esteem, (d) improved stress management, (e) control over personal health, (f) social support, (g) spousal support, (h) caring program staff, (i) job satisfaction, (j) improved morale, (k) better productivity, (l) networking opportunities, and (m) supervisory support.

Most employers seem primarily interested in the cost-benefits of health promotion programs. However, if "health, and not profit, is the principal benefit of health promotion programs" (Warner, 1987, p. 39), then the success of a program must be based on the cost-effectiveness of a program, meaning

that the program's objectives are met. Successful cost-effectiveness measures the cost of reaching pre stated program objectives, usually behavior change, without regard to the financial cost necessary to achieve the goal (LaRosa et al., 1985). Cost-effectiveness goals may include decreased absenteeism and turnover rates and increased productivity, good health, morale, and quality of life (Hollander, Lengermann, & DeMuth, 1985). The participants in this study reported experiencing all of those benefits.

The content analysis of the participants' responses provided information about the program's success in meeting their needs and promoting changes in their behavior. Participants identified having "improved health" and a "cost savings from the health screenings." They also spoke of changes in their lifestyle that enhanced their health: "I used to work four hours a day and I was tired. Now that I'm in wellness, I work eight hours and I feel good!"

Authors of health promotion have mentioned that employers who push wellness programs may be perceived as paternalistic or as manipulating workers (Shain, Suurvali, & Boutilier, 1986). In contrast, the participants in this study spoke very favorably about the university for making the program available. The participants experienced satisfaction, were compliant with the program, and spoke positively about their program experiences. Since the stated objective of the Montana State University Employee Wellness Program is to promote health-enhancing behaviors, the program must be judged cost-effective.

Conclusions

The findings from these interviews revealed the program's impact on the daily lives of the participants. The domains and categories explored with the participants repeatedly lead to the same theme: participant satisfaction. Employees who participated "expected to get something out of it." They cited their perceived benefits categorized in the following way: (a) physical satisfaction: "I'm more toned up" or "I'm healthier"; (b) psychological satisfaction: "I have more energy" or "participating has improved my self-confidence"; and (c) social satisfaction: "I look forward to exercising with the others at noon." Participant satisfaction involved a combination of the three domains for most of the participants. Potential satisfaction got these employees involved, and achievement of satisfaction kept them involved.

Another recurrent theme was the participants' need for personal empowerment. "I want to have some control over my health." Empowerment was achieved through enhanced awareness and the support of powerful others. It was evident that the participants who had lowered their cholesterol counts or had lost and maintained body weight experienced the satisfaction of a positive outcome resulting from personal empowerment.

The Wellness Program staff had a direct effect on the participants' satisfaction. The effectiveness of the staff was associated with the participants' adherence to the activity programs. The motivational qualities of an exercise leader frequently determined whether a participant continued or dropped out of an activity class.

A number of the participants exhibited obsessive and unhealthy behaviors associated with their desire to "have a better body." Sixteen out of the nineteen participants stated that they participated in the program to "control their weight" or because they were "paranoid about getting fat." Seven participants, or 37% of those interviewed, reported "skipping lunch" so they could replace food intake with exercise during the noon hour. One participant exercised twice each day because he was afraid that some day he would become "a man of 300 pounds." What are the long-term effects of poor nutritional habits coupled with regular vigorous exercise? Are the participants' obsessions indicative of our culture's cosmetic pressure to "be thin"? How can wellness program personnel help people to learn moderation? These issues must be addressed during future program planning, promotion, implementation, and evaluation.

Recommendations

This study served as an evaluation of the Montana State University Employee Wellness Program as perceived by its participants. The participants provided valuable recommendations which can help the wellness staff improve the effectiveness of the program. Their recommendations are included with the recommendations of the investigator. Recommendations should be evaluated by the program directors and administrators of the Wellness Program to determine which program changes will enhance the effectiveness of the program.

Support as External Motivation

"Social support from family and friends is one of the most important means of encouraging greater participation in vigorous physical activity" (Wankel, 1985, p. 280). As expressed in the literature, participants stressed the importance of support they received from their spouses or significant others, supervisors, and Wellness Program comrades. The support of others "made it possible to keep attending" and "is the motivation I need to continue."

Staffing

Participants talked at length about the instructional staff, the student interns, and others associated with the program. Participants stated that they liked specific staff members because they "gave personal instruction and guidance" or "because once they got us going, they left us alone to do our own thing." Participants did not speak favorably about the instructors "from the clubs in town" who came to substitute. Most participants commented that they were motivated by sincere, caring instructors. One faculty member described the issue from his point of view. "You need a technician less than you need someone there to make you feel good that you are doing it." Three participants were concerned that student-interns did not have the proper training to take blood pressures.

Carefully planned staff training must therefore become a priority for the Wellness Program. Based on participants' responses from this study, it is recommended that staff training include the following issues: (a) standards of

testing and proper explanations of results and recommendations, (b) the art of showing genuine concern for participants without being overbearing, (c) enthusiasm of instructors, and (d) staff awareness of participants' self-consciousness and preoccupation with their physical self.

Equipment

The condition of program exercise equipment was the most commonly mentioned recommendation for improvement. A faculty member who had donated an exercise bike and had participated since the inception of the Wellness Program responded, "Well, I don't think the bikes have been maintained very well. That's a reasonable investment, and I think there should be some priority given to the maintenance of what we've got. They get used, probably abused, and they are not maintained very well. I've seen a flurry of activity over there in the last few weeks of maintaining the bikes. That's great, but they're getting in pretty bad shape." One woman said, "It's been a year since we bought our bike. We had to because so many people used the bikes in the PE building that you couldn't control them at all, and they were always needing repairs. Some of the guys were riding them so hard, and they were always broken down." Another participant stated several concerns: "I think there should be regular maintenance. Those things are too expensive to be run down."

A retired participant commented, "Those bikes are used pretty hard. My bike at home is better. They do deteriorate." Another man said, "I think students use them, and they probably go 12 hours per day." Another

participant made several requests: "I'd like to see more state-of-the-art rowers and other equipment. You can program some of the bikes for up and down hill. I thought a step machine was something we could have used a long time ago. I don't think we should get any of the cheap equipment. That's the stuff that breaks down."

Several participants thought that an equipment fee might solve the problem. One participant suggested that the Wellness Program staff charge a nominal, quarterly equipment fee to help replace the old equipment. Another participant recommended, "If there were a little charge to keep the bikes up, it would be okay." No participants said that they would be opposed to an equipment fee.

Keeping heavily used exercise equipment in good working order is a challenge for any program director. However, the importance of "good equipment" cannot be over stressed. Aerobic equipment is frequently the participant's passport to fitness. If the equipment is not in comfortable working order, individuals might stop participating. Two participants admitted that they dropped out of the biking class due to the poor conditions of the bikes. The logical solution to the problem may be a quarterly equipment fee and a designated staff person assigned to monitor the condition of the equipment.

Activity Classes

The class that received the most attention was weight training. One participant said that he did not use the weight room as often as in the past.

"It's just too packed." One administrative participant said that she thought the weight training classes were "very good; I think more people would lift weights if there were more available." A faculty member echoed the same concern: "The athletic department has an extensive weight room that doesn't seem to be used all the time. We could get better use out of it by making it available to campus people. I hate the fact that I walk by and it's empty. Maybe one or two people are on there, and we are stuffed like sardines." One faculty member said that he was somewhat intimidated by the people who use weight rooms. "You get these young jocks who come in and they bang all the weights. They overexert and make a lot of noise. Sometimes they are not very cooperative."

One man talked about his experience with the water aerobics class. "There's too many in a class, and you don't get a good spot if you don't get there early. For someone short like me, I'm practically drowning all the time. It would be nice to have a single level pool." An active man said he thought the aerobic classes could be improved if the instructors provided more "change in music and maybe a change in routines so it wouldn't be so boring."

Participants offered ideas for further program development. A 59-year-old residence life worker said the aerobics was "too hard" for her. She said, "The ideal thing for me would be a good flexibility program at noon about 30 minutes long. I walk to work and home every day, and with my water aerobics I feel that I get enough aerobic activity. As you get older you

need more flexibility. That would be ideal for me. Have a flexibility class Mondays and Wednesdays and swim Tuesdays and Thursdays." One office worker did not like the biking class because "I didn't feel that there was much instruction. The instructor was there but we didn't have a starter everyday or someone to give us different ideas. You were strictly on your own. I felt, 'Well, I can keep track of what I'm doing myself.' Other people mentioned too that if we had a goal of riding for three weeks and then power walking or something. I just felt like I took up space."

One woman recommended that the program staff "incorporate the idea of what our clean, fresh, Montana air and sunshine does. There are studies of the effects of sunshine and peoples' outlook. They should promote the outside workout; just a walk around the building. Not jogging 20 minutes, but just a walk around the building instead of having a cup of coffee."

Consistent with the information in the literature, "lack of time" was cited as the main barrier to regular exercise. "That's the only hard part: getting over there, getting changed, getting to class, working out, and still getting showered and getting back in time." Another participant also felt the time crunch. "The whole time it is a rush to get there and to get changed and get back. I don't have time to shower." A 45-year-old man said, "You only have one hour, and some people take an hour to shower. One thing I've noticed lately is more middle-aged and older people walking around the fieldhouse. I think they are doing it on their own, and I think that's great!" Although the water aerobics was a popular program, the additional time barrier created by

the nature of the activity made it difficult for some participants to continue to attend. "I did enjoy the water aerobics. But with my schedule, it was hard for me to come back to work with wet hair."

Because the workplace is experiencing an aging employee population more than at any other time in history, the Wellness Program staff should assess whether or not the current activity classes are actually meeting the needs of that population. The same needs assessment can identify the possible need for 30 minute classes, longer lunch breaks, or some activity located in an office or department.

Incentives

A 40-year-old participant who runs on his own recommended that the program staff provide an incentive for those "internals who do their own thing." He requested, "I guess I'd like to see some other things made available to give credit to people like me who aren't officially in a class. I could log some miles somewhere if there was some incentive. The staff could put those peoples' names in a hat and draw for a prize, say a trip for two to Hawaii or something. The incentive would also help the staff to identify who is doing what on their own."

Participants requested that monetary incentives for employees subscribing to healthy behaviors be built into the health insurance policy. One woman stated, "I think they should come up with something where the people who are trying to be healthy should have some kind of a break, like car insurance rates for good drivers. I mean what incentive do they give?

There should be something for you if you are taking measures to really do the best that you can. Then you should get a break."

Another participant explained her recommendation in detail. "Instead of having a \$500 deductible the people taking preventive measures should have a \$200 deductible. Or instead of only covering 80% of their health care costs, those practicing prevention would be covered at 90%; or maybe those who didn't take preventive measures would have their costs paid at only 75%. That would be a lot of incentive to take preventive measures. And that way you're not making it a negative thing like punishing the people. It's just a positive motivator. I don't know anyone with a family that wouldn't be tickled to only have a \$200 deductible."

A faculty member was also concerned about the issue. "It seems like any individual that participates in a wellness program ends up paying by the fact that they have fewer health claims than those who don't! So should we let the unhealthy pay? Think about it: you would have higher premiums for those who don't participate in a wellness program!"

Building wellness incentives into the health care plan and into other policies such as on-the-job injuries begins the process of institutionalizing a health-promoting environment. A benefit committee should take into account the requests and interests of the participants. "Employee demand, not financial returns, dictates which benefits are added" (O'Donnell, 1988, p. 74).

Wellness Program Promotion

Participants voiced their concerns about the number of employees who did not take advantage of the Wellness Program or adopt health-enhancing behaviors. They had several recommendations about how to improve the effectiveness of the program's promotion. A faculty participant said, "I'm always telling people in our department about the joys of wellness; so you become a one-person advocate for wellness. We have one smoker on this floor, and we keep telling him to get involved in the Wellness Program if he is trying to quit smoking. This is a way to help him quit." Another participant stated that he thinks that "the Wellness Office needs to push and sell more."

A faculty member recommended that the program staff track the progress made by participants and make the cumulative results public. "I know a lot of people that have lost a lot of weight. It would be interesting to know how much weight the university has lost due to the wellness program as a whole. I know one lady who has lost 60 pounds. It's really neat because it's a real part of her life now!"

All participants agreed that the flyers circulated to the departments were informative and sent out frequently enough. One 59-year-old participant said, "Yes, I get enough information. I always felt they do a very fair job of getting people into classes. A couple of times I've been on a waiting list."

One woman talked about her perceptions of non-participants and their fears of joining a foreign activity where they may be measured against people who are more fit, more attractive, and "know the ropes." "I think the Wellness

Program is kind of scary to new employees because they think that only fitness freaks attend. I think it's a problem because some people have said that when they go to the gym they see the leotards and expensive shoes and think, 'Forget it! I'm not showing my body over there!' The program staff could send a letter to every newly hired person saying the program is available and there are people of all fitness levels from beginner to advanced. People do not have to wear leotards; they can wear sweat pants and the biggest t-shirt they can find. I think if they took a little more time with the new employees it would help to recruit those who might not join otherwise. I think that everyone who is interested and is in average to above average shape is already participating. It's the ones that haven't done anything that need the encouragement."

Future program flyers should include testimonials from class participants. As this study makes clear, first-hand information and support is more persuasive than a formal listing of potential benefits. Testimonials give personal encouragement.

Additional Recommendations

In concert with O'Donnell's (1986) definition of health promotion, the goals of the program must meet the needs of the participants in order to be successful. Individuals will be motivated to make permanent health-enhancing behavior changes only if they are satisfied with the results that they achieve.

Needs assessments are typically distributed prior to the inception of a program. However, an ongoing program of needs assessment is essential

because of employee turnover and the need to identify changing needs and interests. Student interns should be trained to do naturalistic inquiry with both participants and non-participants in order to obtain the information necessary to run a cost-effective program. Even brief, in-person interviews would give the program staff fresh suggestions and give the interviewees the feeling of ownership.

A naturalistic inquiry similar to this one should be undertaken to discover the perceptions of the Montana State University employees who do not participate in any offerings from the Wellness Program. What are the expectations and needs of those who do not take advantage of this program? Another valuable study would be to discover why people dropped out of the program. The results could be compared to the information in this study and would provide valuable information to the program staff and administrators.

BIBLIOGRAPHY

BIBLIOGRAPHY

- Allen, J. G., & Delistraty, D. A. (1987). Influence of a hospital-based wellness program on employee fitness. Health Values, 11(6), 11-14.
- American Heart Association. (1988). Decreasing barriers: A blueprint for workplace health in the nineties. In J. Hurley Myers (Ed.), Proceedings of the American Heart Association's Conference on Decreasing Barriers. Dallas, TX: Author.
- American Heart Association. (1989). 1990 heart and stroke facts. Dallas, TX: Author.
- American Hospital Association. (1982). Planning hospital health promotion services for business and industry. Chicago: Author.
- American Hospital Association (1990). Hospital statistics: A comprehensive summary of U.S. hospitals. Chicago: Author.
- Anstadt, G. W. (1990). Preplacement/preemployment physical examinations. Journal of Occupational Medicine, 32(4), 295, 299.
- Bly, J. L., Jones, R. C., & Richardson, J. E. (1986). Impact of worksite health promotion on health care costs and utilization. Journal of the American Medical Association, 256(23), 3235-3240.
- Bogdan, R. C., & Biklen, S. K. (1982). Qualitative research for education: An introduction to theory and methods. Boston: Allyn & Bacon, Inc.
- Bogdan, R. C., & Taylor, S. J. (1975). Introduction to qualitative research methods. New York: John Wiley & Sons.
- Bonk, D. J., & Bensky, J. M. (1989). Current involvement of hospitals in health promotion. In N. Sol & P. K. Wilson (Eds.), Hospital Health Promotion (pp. 43-57). Champaign, IL: Human Kinetics.
- Bowne, D. W., Russell, M. L., Morgan, J. L., Optenberg, S. A., & Clarke, A. E. (1984). Reduced disability and health care costs in an industrial fitness program. Journal of Occupational Medicine, 26(11), 809-816.

- Chapman, L. (1989a). Plan 2000: A model health benefits program. Seattle, WA: Author.
- Chapman, L. (1989b, August). Meeting the challenge of wellness: Strategies for success. Paper presented at the Rocky Mountain Health Promotion Conference, Bozeman, MT.
- Chenitz, W. C., & Swanson, J. (1986). Qualitative research using grounded theory. In W. C. Chenitz & J. Swanson (Eds.), From Practice to Grounded Theory: Qualitative Research in Nursing (pp. 3-15). Menlo Park, CA: Addison-Wesley.
- Chenoweth, D. (1983, June). Fitness program evaluation: Results with muscle. Occupational Health and Safety, pp. 14-17, 40-42.
- Conrad, P. (1987). Who comes to worksite wellness programs? A preliminary review. Journal of Occupational Medicine, 29, 317-320.
- Davis, M. F., Rosenberg, K., Iverson, D. C., Vernon, T. M., & Bauer, J. (1984). Worksite health promotion in Colorado. Public Health Reports, 99, 538-543.
- Denzin, N. K. (1970). The Research Act. Chicago: Aldine.
- Dunnagan, T. A. (1987). The development and implementation of the health enhancement curriculum. Unpublished master's thesis, Montana State University, Bozeman.
- Elias, W. S., & Murphy, R. J. (1986). The case for health promotion programs containing health care costs: A review of the literature. [Special issue]. The American Journal of Occupational Therapy, 40, 759-763.
- Evans, G. F., Harris, P., McNeill, A. W., & McKenzie, R. D. (1989). Montana State University: An employee wellness program financed by a self-insurance group health plan. American Journal of Health Promotion, 2, 25-33.
- Fetterman, D. M. (1989). Ethnography: Step by step. Newbury Park, CA: Sage.
- Fielding, J. E. (1982). Effectiveness of employee health improvement programs. Journal of Occupational Medicine, 24(11), 907-916.
- Fielding, J. E. (1988). The proof of the health promotion pudding is . . . Journal of Occupational Medicine, 30(2), 113-115.

- Gettman, L. R., Pollock, M. L., & Ward, A. (1983). Adherence to unsupervised exercise. The Physician and Sports Medicine, 11(10), 56-60, 62-63, 66.
- Glaser, B. G., & Strauss, A. L. (1967). The discovery of grounded theory: Strategies for qualitative research. Hawthorne, NY: Aldine de Gruyter.
- Goldbeck, W. B., & Kiefhaber, A. K. (1981, December). Wellness: The new employee benefit. Group Practice Journal, pp. 20-27.
- Goodman, R. M., & Steckler, A. (1989). A model for the institutionalization of health promotion programs. Family and Community Health, 11(4), 63-78.
- Gray, S. W. (1984). A simple procedure for evaluating exercise-based health promotion programs in a worksite. Perceptual and Motor Skills, 59, 143-146.
- Green, L. W., Kreuter, M. W., Deeds, S. G., & Partridge, K. B. (1980). Health education planning: A diagnostic approach. Palo Alto: Mayfield.
- Guba, E. G. (1978). Toward a methodology of naturalistic inquiry in educational evaluation (Evaluation Monograph No. 8). Los Angeles: University of California, Center for the Study of Evaluation.
- Haskell, W. L. (1989). Exercise as a means of maximizing human physical performance and productivity. In R. S. Williams & A. G. Wallace (Eds.), Biological Effects of Physical Activity (pp. 115-126). Champaign, IL: Human Kinetics.
- Higgins, C. W. (1986). Evaluating wellness programs. Health Values, 10(6), 44-51.
- Hollander, R. B., & Lengermann, J. J. (1988). Corporate characteristics and worksite health promotion programs: Survey findings from Fortune 500 companies. Social Science Medicine, 26, 491-501.
- Hollander, R. B., Lengermann, J. J., & DeMuth, N. M. (1985). Cost-effectiveness and cost-benefit analyses of occupational health programs. In G. S. Everly & R. H. L. Feldman (Eds.), Occupational Health Promotion: Health Behavior in the Workplace (pp. 287-300). New York: John Wiley & Sons.
- Holmes, R. E. (1986). The status of health promotion programs of selected 1984 industrial 'Fortune 500' companies. Unpublished master's thesis, Montana State University, Bozeman.

- Hunt, M. M. (1972). The affair. Unpublished master's thesis, University of Montana, Missoula.
- Iverson, D. C., Fielding, J. E., Crow, R. S., & Christenson, G. M. (1985). The promotion of physical activity in the United States population: The status of programs in medical, worksite, community, and school settings. Public Health Reports, 100(2), 212-224.
- Keneipp, R. B. (1985). Adult development in mid-life, childless women. Proceedings of the Adult Education Research Conference (p. 182), Syracuse, NY.
- LaRosa, J. H., Haines, C. M., & Kiefhaber, A. (1985, May). Cost analysis and workplace health promotion programs. Occupational Health Nursing, pp. 234-236, 262.
- Leon, A. S., Connett, J., Jacobs, D. R., and Rauramaa, R. (1987). Leisure-time physical activity levels and risk of coronary heart disease and death. Journal of the American Medical Association, 258(17), 2388-2395.
- Lincoln, Y. S., & Guba, E. G. (1985). Naturalistic inquiry. Newbury Park, CA: Sage Publications.
- Locke, L. F. (1989). Qualitative research as a form of scientific inquiry in sport and physical education. Research Quarterly for Exercise and Sport, 60(1), 1-20.
- Love, M., Morphis, L., & Page, P. (1981). Model for an employee wellness project. Journal of the American College Health Association, 29, 171-173.
- Marshall, C., & Rossman, G. B. (1989). Designing qualitative research. Newbury Park, CA: Sage.
- Matteson, M. T., & Ivancevich, J. M. (1988). Worksite health promotion. American Association of Occupational Health Nursing, 36, 516-520.
- Morgan, P. P., Shephard, R. J., Finucane, R., Schimmelfing, L., & Jazmaji, V. (1984). Health beliefs and exercise habits in an employee fitness programme. Canadian Journal of Applied Sports Science, 9(2), 87-93.
- Morse, J. M. (1989). Qualitative nursing research. Rockville, MD: Aspen.
- Nemcek, M. A. (1990). Health beliefs and preventive behavior. American Association of Occupational Health Nursing, 38(3), 127-138.

- O'Donnell, M. P. (1984). Fitness. In M. P. O'Donnell & T. H. Ainsworth (Eds.), Health Promotion in the Workplace (pp. 221-263). New York: John Wiley & Sons.
- O'Donnell, M. P. (1986). Definition of health promotion. American Journal of Health Promotion, 1(1), 4-5.
- O'Donnell, M. P. (1988). Cost benefit analysis is not cost effective. American Journal of Health Promotion, 3(1), 74-75.
- Opatz, J. P. (1985). A primer of health promotion: Creating healthy organizational cultures. Washington, DC: Oryn Publications.
- Opatz, J. P. (Ed.). (1987). Health promotion evaluation. Stevens Point, WI: National Wellness Institute.
- Orentlicher, D. (1990). Genetic screening by employers. Journal of the American Medical Association, 263(7), 1005, 1008.
- Paffenbarger, R. S., Hyde, R. T., Wing, A. L., & Hsieh, C. C. (1986). Physical activity, all-cause mortality, and longevity of college alumni. The New England Journal of Medicine, 314(10), 605-613.
- Patterson, D. (1986, November). Can a company evaluate the cost/benefits of its wellness efforts? Risk Management, pp. 30-36.
- Pender, N. J. (1989). Health promotion in the workplace: Suggested directions for research. American Journal of Health Promotion, 3, 38-43.
- Polit, D. F., & Hungler, B. P. (1989). Essentials of nursing research. Philadelphia: J.B. Lippincott.
- Popp, R. A. (1989). An overview of occupational health promotion. American Association of Occupational Health Nursing, 37, 113-120.
- Roman, P. M., & Blum, T. C. (1987). Ethics in worksite health programming: Who is served? Health Education Quarterly, 14(1), 57-70.
- Schmitz, S. M. (1989). Health promotion: A conceptual perspective. In N. Sol & P. K. Wilson (Eds.), Hospital Health Promotion (pp. 3-31). Champaign, IL: Human Kinetics.
- Seidel, J. V., Kjolseth, R., & Seymour, E. (1988). The Ethnograph [Computer program]. Littleton, CO: Qualis Research Associates.

- Seidman, L. S., Gunnar, G. G., & Ewald, P. (1984). A cost effective weight loss program at the worksite. Journal of Occupational Medicine, 26(10), 725-730.
- Selleck, C. S., Sirles, A. T., & Newman, K. D. (1989). Health promotion in the workplace. American Association of Occupational Health Nursing, 37, 412-421.
- Shain, M., Suurvali, H., & Boutilier, M. (1986). Healthier workers: Health promotion and employee assistance programs. Toronto: Lexington Books.
- Shephard, R. J. (1983). Employee health and fitness: The state of the art. Preventive Medicine, 12, 644-653.
- Sol, N., & Wilson, P. K. (Eds.). (1989). Hospital health promotion. Champaign, IL: Human Kinetics.
- Spradley, J. P. (1979). The ethnographic interview. New York: Holt, Rinehart, & Winston.
- Spradley, J. P. (1980). Participant observation. New York: Holt, Rinehart, & Winston.
- Strauss, A., & Corbin, J. (1990). Basics of qualitative research. Newbury Park, CA: Sage.
- Taylor, R. B., Ureda, J. R., & Denham, J. W. (Eds.). (1982). Health promotion: Principles and clinical applications. Norwalk, CT: Appleton-Century-Crofts.
- Tinkle, M., & Beaton, J. (1983). Toward a new view of science: Implications for nursing research. Advances in Nursing Science, 5(2), 27-36.
- Wall, R., & Nicholas, I. D. (1985, July). Health care costs: Getting to the heart of the problem. Risk Management, pp. 20-22.
- Wankel, L. M. (1985). Personal and situational factors affecting exercise involvement: The importance of enjoyment. Research Quarterly for Exercise and Sport, 56(3), 275-282.
- Warner, K. E. (1987). Selling health promotion to corporate America: Uses and abuses of the economic argument. Health Education Quarterly, 14(1), 39-55.

- Warner, K. E., Wickizer, T. M., Wolfe, R. A., Schildroth, J. E., & Samuelson, M. H. (1988). Economic implications of workplace health promotion programs: Review of the literature. Journal of Occupational Medicine, 30(2), 106-112.
- Wilson, L. M. (1988). The American revolution in health care. American Association of Occupational Health Nursing, 36, 402-407.
- Wolf, T. M., Randall, H. M., & Faucett, J. M. (1988). A survey of health promotion programs in U.S. and Canadian medical schools. American Journal of Health Promotion, 3, 33-36.

APPENDICES

APPENDIX A
INTERVIEW GUIDE

Date: _____
Informant: _____
Gender: _____
Age: _____

Introductions; consent signing; informal talk as an ice breaker.

1. Tell me about the programs you have been involved in?
Tell me about your participation/experience?
How did you learn about the program?
2. When did you join/take a program? Have you been participating long?
Why did you initially join the program?
What motivates you to continue to participate?
3. Have you experienced any personal benefits as a result of participating?
Tell me about the benefits you have experienced.
Have you been disappointed in the program?
Do you feel any different since you've been participating? Explain that to me.
4. Would you describe yourself as energetic or not?
What else have you experienced by participating in wellness?
Are you a motivated person? Tell me more about your motivations with wellness.
5. Has wellness been a physical or a mental experience for you?
Tell me more about the physical/mental part.
6. Are you a healthy person? How often do you get ill?
What do you usually go to the doctors' office for?
Have you noticed any other physical changes since you've been participating in wellness?

7. Do you see any job-related benefits from participating in the wellness program? Tell me about situations when wellness has been a part of your job. What do you think about job satisfaction and taking wellness? How's your outlook now? Are you absentee from work very often? How's your energy level at work? Tell me more about that.
8. Do you have more/less loyalty to your employer because of the wellness program?
9. Who do you think should be responsible for paying for your health insurance and health care?
10. Does your spouse/significant other support you and has he/she participated in any of the programs?
11. Describe the staff and instructors you have had. Give me your opinion on the facilities. Have the class times been offered during hours that you could attend? Have the programs met your needs? Describe the equipment that's available and have you used it?
12. Would you like to discuss and program drawbacks, negatives, barriers, or program recommendations?
13. Tell me about any other wellness program issues that you think are important.

APPENDIX B
CONSENT FORM

Consent Form**A Naturalistic Inquiry of a Campus Wellness Program**

I understand that I am being asked to participate in a study of the Montana State University Wellness Program. I have been identified as an expert participant due to my participation in the wellness program. I consent to be interviewed by Lynn Compton regarding my views on the wellness program. The initial interview will last approximately one hour. There may be follow-up questions if clarification is needed. I understand that our conversations will be tape recorded and the tapes will be shared only with faculty members directly associated with this study. The tapes will be stored with no data identifying me and the tapes will be destroyed after five years. I understand my participation in this study is entirely voluntary and that I may withdraw from the study at any time. I have been given the opportunity to ask questions about this study and have received satisfactory answers.

Name_____

Date_____

APPENDIX C
COPYRIGHT PERMISSION

American Hospital Association



840 North Lake Shore Drive
Chicago, Illinois 60611
Telephone 312 280 6000
Cable Address AAHOSP

Phone 312/280-6243
Fax 312/280-4182

April 17, 1991

Lynn Compton
Health Promotion Director
Montana Deaconess Medical Center
1101 26th St., S.
Great Falls, MT 59405-5193

Dear Ms. Compton

I am writing in response to your recent letter regarding permission to reprint in your master's thesis the definition of hospital health promotion services and a statistic of reporting hospitals with health promotion programs from the 1990 edition of AHA Hospital Statistics. You have our permission to include this information as long as you credit the source, including the title and copyright date: AHA Hospital Statistics, copyright 1990.

If you have questions or need additional information, you can reach me at the address or phone numbers listed above.

Thank you for your interest in the American Hospital Association.

Sincerely

A handwritten signature in cursive script that reads 'Carole J. Bolster'.

Carole J. Bolster
Permissions Editor

MONTANA STATE UNIVERSITY LIBRARIES



3 1762 10089259 3

HOUCHEN
BINDERY LTD
UTICA/OMAHA
NE.