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Getting to the Heart of Our Students: First-Year Students and Their Wellness

by

Shannon B. Ford

A THESIS

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Getting to the Heart of Our Students: First-Year Students and Their Wellness

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University of Nebraska, 2015

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Wellness is a topic everyone is talking about these days. While a keyword among conversations, wellness within literature is not broken down but simply a theme. Therefore, I wanted to gain a better understanding of how students across college campuses view and perceive their personal wellness. To do this, I conducted a phenomenological mixed methods study, which explored how first-year students perceive wellness.

Through administering the 36-question Perceived Wellness Inventory survey (Adams, Bezner & Steinhardt, 1997) and conducting a focus group, three themes emerged: behaviors versus knowledge, feelings, and support. These three themes supported existent wellness literature and added areas for improvement: understanding behavior versus knowledge of wellness and understanding the value in the experiences students are having across campus. Implications for practice and recommendations for future research were provided from the findings, including: exploring how students make decisions in terms of their wellness.

Acknowledgements

Albert Schweitzer said, “In everyone’s life, at some time, our inner fire goes out. It is then burst into flame by an encounter with another human being. We should all be thankful for those people who rekindle the inner spirit.” My flame has dimmed numerous times since being in Nebraska through multiple challenges and tribulations; however, every time I found happiness and success, it was through an encounter with and for a person in which I am grateful. This thesis, along with my survival of this graduate program, was possible due to the help of some very influential people in my life.

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“Let us be grateful to people who make us happy. They are the charming gardeners who make our souls blossom.” –Marcel Proust

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Chapter 1: Introduction

Background, Purpose, and Research Question(s)

In today's society there is a wellness epidemic occurring. Turn on any TV and you will see ads ranging from weight loss supplements to healthcare. The generations of students entering college have been introduced to more fad diets than any other. On top of the pressure they see in the media, they are also dealing with the pressures of everyday life. They are faced with their body image, mental stability, fitting into a new environment, and much more all at the age of 18. So how do they balance it all? Is all this even something they think about daily? Better yet, where do they receive support in dealing with finding a balance and being a holistically well 18-year-old student?

Two decades ago wellness programs began to surface on college campuses, helping support students academically and personally (Myers & Mobley, 2004). Now, all across America, higher education institutions are working to develop wellness initiatives. Not only is this becoming a trademark for institutions but also for the nation as a whole. In an era of Obamacare, the push for healthier students has become a growing demand. With this push comes initiatives like Healthy Campus 2020 whose mission is to reach college campuses across America. For example, the mission of the American College Health Association (2012):

Strives to identify current and ongoing nationwide health improvement priorities in higher education; increase campus community awareness and understanding of determinants of health, disease, and disability and the opportunities for progress; provide measurable objectives and goals that can be used at institutions of higher education; engage multiple stakeholders to take actions that are driven by the best

available evidence and knowledge to strengthen policies, improve practices, and empower behavior change; identify and promote relevant assessment, research and data collection needs.

For initiatives like Healthy Campus 2020 to be successful, student affairs professionals will be an essential piece to the puzzle to provide continued opportunities to educate students on wellness. These opportunities are vital because of varying views about what wellness involves and how to best approach this topic (Hyde-Smith, 2012).

As Hyde-Smith (2012) discussed, wellness can encompass so much. So what does wellness on a college campus look like? According to Myers, Sweeney, and Witmer (2000), wellness can be defined as “a way of life oriented toward optimal health and well-being in which body, mind, and spirit are integrated by the individual to live more fully within the human and natural community” (p. 252). From this definition, any service that allows students to achieve optimal health can be considered an integral part in creating a healthy campus. LaFountaine, Neisen, and Parsons (2006) state “assessing the health promoting behaviors of college students should be the first step in identifying prevention strategies that will create healthy campuses” (p. 214). Before students can be served appropriately, professionals must understand how students view and behave in terms of their well-being. The purpose of this study was to understand how first-year students at a public, four-year institution, view wellness and how they take advantage of opportunities over the course of their first year that help aid in their wellness development. The research was guided by the research question: “What are first-year students’ perceptions of wellness?” By understanding how first-year students define wellness, college campuses can target areas where first-year students need help in regard

to their personal well-being. To do so, understanding first-year students' experiences is essential.

First-year students are faced with a large transition when entering college both academically and personally. During this transition, students are faced with finding what they really believe and, depending on the student, this may be the first time they are away from home to make decisions without parental influence (Clark, 2005). For many students, navigating this transition can be difficult. Making the adjustment to college in their first year is influenced more by nonacademic factors than by academic-ability factors (Brooks & Dubois, 1995). Helping students understand what it means to be healthy and providing them with the resources and strategies they need to successfully become healthy, will help them be more successful in this transition. Raisman (2008) noted: "the churn and burn of continually bringing new students through the front door, and then just watching them go out the back door, is killing college enrollments and individual and institutional features" (p.14). If students are not equipped with the proper skills to deal with their well-being, they will continue leaving higher education institutions with no improvements to their overall health. If the case, institutions will see a decrease in enrollment. What Raisman stated speaks to how many institutions are beginning to operate. By increasing student support services will allow students the opportunity to learn and grow as individuals in all capacities.

Unfortunately, there is neither enough research on college students' wellness nor enough being done to make our college campuses healthier. What research there is on wellness, none is specific to students' time on our campuses. If there is such a push for college campuses to become healthier environments for students, as LaFontaine et al.

(2006) suggests, there must be more knowledge formed around students' feelings and knowledge of wellness. In order to do develop these feelings and knowledge, a significant amount of research needs to be done to encompass all students. The churn and burn of continually bringing new students through the front door, and then just watching them go out the back door, is killing college enrollments and individual and institutional features.

Research Design

For the purpose of this research a mixed methods design was used. Tashakkori and Creswell (2007) defined mixed methods as “research in which the investigator collects and analyzes data, integrates the findings, and draws inferences using both qualitative and quantitative approaches or methods in a single study or program of inquiry” (p.4). Mixed methods methodology characteristics include the incorporation of various approaches throughout the entirety of the study and transformation of data both qualitatively and quantitatively (Mertens, 2010). With an increase in awareness with mental health, body image, and healthcare this research falls under a phenomenological design. For many students entering institutions they have always been exposed to messages inexplicitly or explicitly relating to their wellness. According to Mertens, phenomenological research specifically focuses on an individual's subjective experience to understand an individual's perceptions and meaning of a phenomenon. This research also utilized a constructivist approach in the interpretation of the focus-group discussion to reflect on socially constructed realities of wellness (Mertens, 2010). Guba and Lincoln (2005) explained “the ontological assumption associated with constructivism [is] that reality is not absolute, but is socially constructed and that multiple realities exist that are time and

context dependent” (as cited in Mertens, 2010, p. 226). Understanding that multiple realities exist allows for focus-group participants to share their realities as they relate to wellness.

Definition of Terms

The following are terms used throughout this thesis to understand first-year students’ perceptions of wellness. These definitions help understand where the researcher is coming from along with understanding the experiences of this population.

Holistic Wellness: Holistic wellness, wellness, and health were used interchangeably. However, it is important to note that being healthy and well can be interpreted differently depending on the context. For the purpose of this research, Holistic Wellness refers to a balance between all 6 dimensions of Hettler’s (1984) Wellness Model

First-Year Student: First-year students are students within their first year at college. All students within this research are above the age of 19 and enrolled full-time.

Millennial Student: Millennials, also known as generation Y throughout literature, are students born after 1982-2004 (Bland, Melton, Welle, & Bigham, 2012).

Delimitations

In preparation of this research, the researcher set various boundaries for the study. In order to look at a time of transition for students, eligible participants for this study were only allowed to be first-year students enrolled full-time above the age of 19. Each participant attended the same Midwest land-grant institution. To look at both the behavior of students and their knowledge of wellness, a mixed-methods methodology was chosen. Mixed-methods methodology would allow students to share their experiences along with

looking at differences between their knowledge of wellness and the actions they take in regard to their personal wellness.

Limitations

Along with delimitations for this research, there were also multiple limitations. This first and most notable limitation to this research is the qualitative method. Noting that qualitative research is not designed to be generalizable is also important to remember when reviewing the approach of this research. This is especially important to remember when considering there were only two students who opted in to participate with the focus group meeting. Since the responses are the individuals lived experiences, the researcher cannot necessarily assume those experiences are the same for everyone across campus. However, qualitative research allows the researchers put a voice to those students' lived experiences and for their realities to be heard.

Because this research is a thesis requirement, there was a strict timeline that must be followed. Because of this, the research design had to be changed multiple times. The researcher initially wanted to conduct multiple focus groups to see how students' wellness perceptions changed depending on opportunities they experienced during their first year of college. However, as the process began, there was not enough time to effectively conduct multiple focus groups.

The process of getting Institutional Review Board (IRB) approval turned out to be a limitation within the study. After deciding on a research design and submitting to IRB initially, nothing could be done until receiving approval. Upon receiving revisions and resubmitting, the initial timeline of the research could no longer be met. The research design was revisited and changed. Because of this change, the researcher was only able to

meet face-to-face with students a single time during the study to discuss their personal experiences of wellness.

Another limitation was participant eligibility. Because of the age of consent laws in the state where the research was being conducted, only first-year students aged 19 or older were eligible to participate. This requirement was placed on participants because of the timeline needed to complete the research. By making age a requirement for participation, there were numerous first-year students who were not eligible. This could impact the findings drastically since many incoming first-year students will not meet this requirement until later on in the academic year.

A final limitation was the timing of both the survey and focus group. With the research being on such a strict timeline, there was not flexibility regarding when each of these were conducted. Ideally, one would be during a stagnant time within the semester, with the other during a busy week such as midterms or finals week. This would allow for all parts of a semester to be taken into consideration and allow for a better understanding of students' perceptions of wellness. However, with the timeline at hand this was not achievable and the focus group was conducted during a lighter period in the academic year.

Conclusion

With students' wellness becoming a focal point on college campuses, there needs to be a better understanding of what wellness on a college campus means and how to properly educate students on how to be well. Educators must understand wellness from a more holistic perspective and help students do the same. The strategies that students develop in college will stick with them well into their adult lives. If these practices do not

become a part of their daily routine early on, they are impacting their future selves. With college missions focusing on student success, wellness needs to be incorporated into the institution's culture in order to effectively fulfill this mission.

Chapter 2: Literature Review

While reviewing literature about college campus wellness, two main themes emerged: holistic wellness and transitioning/decision making. A common theme throughout generalized wellness research included strategies utilized throughout workplace wellness programs. Much like wellness strategies research, other themes within research are typically narrowly focused making it difficult to know how the research pertains to all types of students on college campuses and across all dimensions of wellness. This literature review is intended to provide an overview of what is known about wellness related to college students and beyond in order to situate the current research.

Murray and Miller (2001) wrote “students seem to understand the model Hettler’s 1984 Wellness Model and actually believe that each dimension plays a role in their overall wellness” (p. 9) Murray and Miller’s research illustrates how important it is to continue research on student wellness across all dimensions so we can better support students overall wellbeing at our institutions.

Holistic Wellness

Writings discussing the relationship between mind and body have been evident for centuries (as cited in Ballentine, 2010). Throughout the research this importance of holistic wellness is a continuous emphasis. Research accounting for all six dimensions of wellness utilizes Hettler’s (1984) hexagonal model of wellness. This model is composed of six different dimensions: occupational, emotional, spiritual, intellectual, social, and physical. While little holistic research exists, research dissecting each dimension

individually does. Explanations of the studies by individual dimension are presented next. Understanding this research allows us to better understand the importance of each dimension and begin to make meaning of the importance holistic wellness has on college campuses.

Occupational Wellness

In the dimension of occupational wellness there is very little research done on college campuses. However, by understanding the research as it relates to other areas, we can potentially find similarities in how it can be integrated on campuses. This is especially important since students will be transitioning into the workforce immediately after leaving our campuses. By understanding occupational wellness, our campuses can begin to prepare students for this transition. To do so, we must understand what occupational wellness is and how we can provide support to students in this area.

According to Connolly and Myers (2003), having the ability to make meaning through work results in a greater opportunity to experience job satisfaction. This satisfaction has been related to physical, psychological, demographic or situation, and workplace variables (Cranny et al., 1992). Reaching a high-level of occupational wellness has the potential to increase productivity. Cranny et al. suggest the increase in productivity is a direct result of having a sense of mattering in the workplace. When employees feel they matter, their productivity increases because there is less chance workers will miss work (Connolly & Myers, 2003). Research has also shown “employees are 8 times more likely to be engaged when wellness is a workplace priority and 1.5 times more likely to stay with their organization if wellness is actively promoted” (Mudge-Riley, McCarthy, & Persichetti, 2013, p. 30). As a result of employee

engagement and retention, there are a growing number of employers promoting wellness in the workplace (Tucker, 2010).

Within the dimension of occupational wellness, three components exist: future possibilities, personality as it relates to preferred work environments, and one's personal concept of work (LiPuma, 1993). To be proactive in having healthier employees, employers are beginning wellness initiatives to integrate all aspects of wellness into the workplace (Mattke, Schnyer, & Van Busum, 2012). Initiatives include: incentive-based programs, social media programs, and health plan integration (Mudge-Riley, 2013).

Emotional Wellness

Renger et al. (2000) associated emotional wellness with anxiety levels, depression, well-being, self-control, and optimism. Roscoe (2009) specifically states, "emotional wellness includes experiencing satisfaction, interest and enjoyment in life, as well as having a positive anticipation of the future, or having an optimistic outlook" (p. 219). Emotional wellness is specifically related to a person's feelings and acknowledging those emotions are present (Roscoe). Regarding emotional wellness of college students, Conley, Travers, and Bryant (2013) state, "college brings a host of new demands and challenges; it is not surprising that this transition entails elevations in psychosocial distress and adjustment difficulties" (p.75). Being able to effectively deal and cope with these emotions is essential in becoming emotionally well (Conley et al., 2013). Typically, the largest area of emotional wellness lacking for first-year students is coping with stress (Conley et al., 2013). Howe and Strauss reported the two greatest worries millennial students face are grades and college admissions (as cited in Bland, Melton, Welle, & Bigham, 2012). Bland et al. (2012) state, "this [grades and college admissions] is in

comparison to AIDS and violent crime 10 years ago or nuclear war 20 years ago” (p. 364). Therefore it is easy to see why Hales declares college has “been considered one of the most stressful times in a person’s life” (as cited in Bland et al.). Based on the work of Kim and Seidlitz (2002) and another set of researchers Thomas and Espelage (2004), LaFountaine, Neisen, and Larsen (2007) further explain “college students must constantly balance the demands of the classroom with work, extracurricular activities, volunteerism and social life” (p. 63).

On the other hand, Hicks and Heastie (2008) explain, “life transitions, such as moving away from home and going to college, create valuable opportunities for growth, change and individuating from one’s family of origin” (as cited in Bland et al., 2012, p. 362). Bland et al. describe, “the challenge for persons interested in the well-being of this age group is two-fold: to equip these young adults with effective tools that will reduce stress when present and also give them the strategies of effective coping mechanisms” (p. 365). Furthermore, “college students who develop essential skills in psychosocial wellness and stress management are likely to adapt to college most successfully” and “the transition to college offers a prime opportunity for promoting psychosocial strengths and skills that can chart a trajectory toward lifelong wellness, adjustment, and success” (Conley et al., 2013, p. 76).

Spiritual Wellness

The minimal research on spiritual wellness presented a continued distinction between religion and spirituality. Spirituality and religion were respectively defined as “the search for transcendent meaning . . . exclusively in their relationship to nature, music, the arts, a set of philosophical beliefs, or relationships with friends and family”

and “sets of beliefs, practices, and language that characterizes a community that is searching for transcendent meaning in a particular way, generally based upon belief in a deity” (Astrow, Pulchalski, & Sulmasy, 2001). To be spiritually well, one does not have to be religious. Similar to emotional wellness, spiritual wellness requires a sense of satisfaction in life. Spiritual wellness is defined by Renger et al. as “finding a basic purpose in life and the pursuit of a fulfilling life; the ability to give and receive love, joy and peace; and one’s willingness to help others” (as cited in Roscoe, 2009, p. 220). Research revealed “the effect of life purpose on perceived wellness was mediated by optimism and sense of coherence, which had independent effects on perceived wellness beyond that of life purpose” (Adams, Bezner, & Drabbs, 2010, p. 170). Therefore, to be spiritually well, “an optimistic outlook and sense of coherence must be present for life purpose to enhance a sense of overall well-being” (Adams et al., p. 171). However, spiritual, intellectual, and emotional wellness are areas of concern for most students as these areas do not typically receive attention throughout health and wellness courses (Murry & Miller, 2001).

Intellectual Wellness

According to Hyde-Smith (2012), intellectual wellness can be defined as “the positive perception of, and motivation for a person’s optimal level of stimulating intellectual activity” (p. 22). The dimension within wellness needing the most guidance is intellectual (Murray & Miller, 2001). Hettler (1984) explains intellectual wellness is “stimulating the mind for stimulation sake; it keeps one engaged in meaningful, informed conversations on an ongoing basis” (as cited in Horton & Snyder, 2009). Research shows this can be seen in students attending college. By attending college,

students will continue to expand their intellectual wellness (Murray & Miller, 2011). Horton and Snyder express enhancing lifelong learning can be useful both personally and professionally. Unfortunately, this dimension adds difficulty in distinguishing intellectual from occupational wellness (Horton & Snyder, 2009). Horton and Snyder state “one person’s intellectual wellness may be another person’s occupational wellness” (p. 220). However, Gardiner (2006) found organizations enhancing intellectual wellness are more profitable (as cited in Horton & Snyder, 2009). Emphasizing the importance of intellectual wellness will help student success at our universities as well as their professional roles. Roslender et al. (2006) describe “valuing intellectual capital is a real issue in today’s business environment. As students enter the workplace they too should be able to place a value on their intellectual capital and individual wellness” (as cited in Horton & Snyder, p. 220).

Social Wellness

Social wellness is defined as “the positive movement toward balance and integration of the interaction between the individual, society, and nature; and a person’s social experience and interaction” (Hyde-Smith, 2012, p. 22). In a study conducted by LaFontaine et al. (2006) that utilized the Wellness Evaluation of Lifestyle (WEL) survey, first-year college students scored highest in love and self-worth categories because of the emphasis they place on social connections. LaFontaine et al. suggested “the higher sense of worth rates may be related to the increased love ratings for these students” (p. 216). As students are building relationships across campus, they are increasing their overall social well-being. LaFontaine et al.’s research is a prime example of how different dimensions of wellness interact with one another. “When

students have a high sense of worth, they feel good about themselves, and are more likely to have positive relationships which reflect higher rating in the love dimension” (as cited in LaFontaine et al.). For the purpose of this study, the love dimension can be directly related to the emotional wellness dimension within Hettler’s wellness model.

As students are coming to our campuses, they have to build new relationships (Conley et al., 2013). Research shows this is a hard task for many students resulting in “college students frequently reporting loneliness, homesickness, conflict, and distress in interpersonal relationships” (Conley et al., p. 75). Conley et al. claimed it is not surprising “college students report high levels of stress . . . can leave [them] vulnerable to stress-related mental health problems” (p. 75).

Physical Wellness

According to Sidman, D’Abundo, and Hritz (2009), “physical wellness has been defined as the ability of the body to function effectively and meet the demands of daily life” (p.2). This includes: “cardiovascular endurance, strength and flexibility, in addition to healthy nutrition, sound medical care, and personal safety” (Sidman et al., 2009, p. 2). For students to reach a level of physical well-being, they must become physically active. Research shows “college student physical inactivity levels have been reported at about 50%” (Sidman et al., 2009, p. 2). The aforementioned inactivity statistic is attributed to school course-load demands, studying, and lack of motivation (Bray, Beauchamp, Latimer, Hoar, Shields, & Bruner, 2011). However, Hu noted “exercise self-efficacy had a significant influence on enjoyment of physical activity in a sample of low to moderately active college-aged women” (as cited in Sidman et al., 2009, p. 3). Another study found “higher overall physical, and psychological wellness scores were significantly related to

higher leisure time physical activity participation” (as cited in Sidman et al., 2009, p. 3). Contrary to research showing students rate all dimensions of wellness equally, students’ physical wellness tends to be rated higher than all other areas (Myers & Mobley, 2004).

Each aforementioned wellness dimension is interrelated and interconnected, working dynamically together (Hattie, Myers, & Sweeney, 2004). Society too often perceives wellness as being physically well (Myers & Sweeny, 2005). Essay One (2011), an essay published to discuss definitions of wellness, explains “the term wellness has many definitions, is applied differently in varied settings, and remains unfamiliar to most people” (Essay One, n.d.). What little research is done encompassing all areas of wellness suggests each area of wellness has the ability to impact the other (Tucker, 2010). To be holistically well, a balance between all six dimensions is needed (Hattie et al., 2004). Additional research states if an area of wellness is ignored, an imbalance will occur, which can drastically alter the overall well-being of a person, resulting in physical illness (Connolly & Myers, 2003). Therefore, the conclusion is simple: making good lifestyle choices in each dimension of wellness is imperative to achieving an optimal level of well-being (Connolly & Myers).

Throughout the literature review it became evident that each person values a different dimension of wellness. Many students put a greater emphasis on their physical wellness (Myers & Moberly, 2004). Gieck and Olsen (2007) explain “the goal of achieving balance across domains of wellness is seen as a lifelong process” (p. 30). Therefore, emphasizing the importance of holistic wellness to college-age students will provide them with opportunities to begin holistically well lifestyles (Connolly & Myers, 2003).

Transitioning & Decision Making

Holistic wellness is difficult to achieve even when life is stable. Achieving this goal during a period of significant transition can be more daunting. Research indicated graduating from high school and going away to college is a huge part of a student's life and can be a difficult transition (Conley et al., 2013) This transition is “an important development milestone that holds the potential for personal growth and behavioral change” (Fromme, Corbin, & Kruse, 2008, p. 1497). Conley et al. state transitioning to college “brings a host of new demands and challenges” (p. 75). This transition defined by Goodman et al. (2006) can constitute “any event, or non-event, that results in changed relationship, routines, assumptions, and roles” (as cited in Evans, Forney, Guido, Patton, Renn, 2010, p. 213). For most students, relationships will change routines will be different and they will be introduced to new roles, all of which are components of a transition (Clark, 2005; Conley et al., 2013; LaFontaine et al., 2007).

The changes in roles and responsibilities students are experiencing while transitioning to our campuses were continually outlined throughout the research. First-year college students “struggle with nutrition as they transition to a more independent lifestyle” (LaFontaine et al., 2007). Most students now have to buy their own groceries, schedule their meals around cafeteria openings (LaFontaine et al., 2007), and tend to participate in less physical activity (Bray et al., 2011). Research further shows “there is an accelerated decline in population physical activity that begins in early adolescence and levels off between ages 30-40” (Bray et al., p. 61).

Therefore, helping students make appropriate lifestyle choices during this time is essential to a student's future health. The decisions young adults are making put them at

risk of cancer, heart disease, obesity, and type 2 diabetes and the lifestyle decisions made at a young age have long-lasting effects (Epton et al., 2014; Myers & Mobley, 2004).

Milroy, Orsini, D'Abundo, and Sidman (2013) suggest “identifying effective ways in in the college environment to improve quality of life is essential for promoting a better future for college students” (p. 253). Milroy et al. suggests “the transition to first year university may be a critical window in which to initiate intervention efforts” (as cited in Bray et al., 2011, p. 61).

Wellness Strategies

As students experience the stress of transitioning to college, they are also given the opportunity to begin establishing enduring wellness practices. The question then becomes, which strategies are most effective for both immediate and long-term results? Dearmond et al. (1991) emphasize physical activity, nutrition education, and stress management as part of wellness programs on college campuses (as cited in Dinger, Watts, & Barnes, 1998). Evidence from Koehler and Burke (1996), Vecchione (2000), and Brazier (1998) all suggests “long-term value of [wellness] programs, both as co-curricular and curricular experiences, in such diverse areas as stress management, interpersonal relationship skills, nutrition, and career development, all of which can affect academic success” (as cited in Myers and Mobley, 2004, p. 40).

Finding ways to implement wellness into campus life can aid in creating a holistically-well lifestyle. Tucker (2010) repeatedly states strategies in one dimension have the capacity to improve wellness across other dimensions. LaFountain et al. (2007) state:

By focusing attention on wellness behaviors of college students, health and education professionals can develop programs and activities to enhance student wellness, thereby impacting their success in college and assisting them in developing healthy behaviors that can be sustained over a lifetime (p. 64).

Results show “self-efficacy played a role in incorporating holistic wellness concepts into the daily lives of a college population” (Sidman, D’Abundo, & Hritz, 2009, p. 3).

Changing the way young individuals make decisions regarding their well-being will help their future selves make healthier decisions because being a holistically-well individual will be engrained in their day-to-day life (Epton et al., 2014).

For this to be successfully done, colleges and universities need to make it easier for students to make healthier decisions and participate in wellness activities (Epton et al., 2014). To do so, “colleges explore how the campus academic and student affairs policies align with components of wellness” (LaFontaine et al., 2007, p. 64). This exploration is done by looking at a university’s “residential quiet hours, healthy food options in the dining room, and quality exercise facilities” (p. 64). Other suggestions include: requiring students on academic or judicial probation to complete wellness plans and assessments, creating individualized wellness assessments and print-based interventions (Bray et al., 2011; LaFontaine et al., 2007). Standard 5 of ACHA’s Standards of Practice (2005) suggest “effective practice of college health requires practitioners to understand and apply evidence-based approaches” (Burwell, Dewald, & Grizzell, 2010, p. 103).

Understanding the generational context of students can be extremely beneficial in the success of these wellness strategies. Pardue and Morgan (2008) state “there is nothing

traditional about the 18- to 24-year-old student in today's college classrooms, yet that is the term used in academe to describe students who enter higher education just out of high school" (p. 74). These students Pardue and Morgan reference are known as millennials. Millennials are "technologically competent and described as optimistic and group oriented" (p. 74). Pardue and Morgan explain these students are "challenging many long-held assumptions and customary approaches to teaching" (p.74). Therefore, "recognizing and successfully addressing generational diversity in teaching and learning is an imperative for maximizing student retention and progression" (p. 75). For instance, Mudge-Riley et al. (2013) state "companies are seeing increases in participation and outcomes results with website programs that incorporate social media to run games and challenges" (p. 32). Thinking about relating to students again, providing financial incentives could be beneficial. Mudge-Riley et al. state "an estimated 38% of large employers were expected to implement incentive programs based on outcomes in 2012" (p. 31).

Along with understanding the generational framework, looking at wellness programs within the workplace and adapting these strategies to college campuses can be extremely beneficial. Within the workforce the realization has been that "building a culture of health is a long-term business strategy directly related to improving the bottom line" (Neely, 2012, p. 16).

Moving past large-scale strategies, Neely (2012) proposes the concept of goal setting by stating:

When health care professionals and health coaches work one-on-one with individuals, they often encourage them to set small, attainable goals and to

celebrate milestones. This approach can lead to change over time and is often less intimidating than thinking about the ultimate end goal, which might seem impossible to achieve (p. 17).

Neely talks specifically on building trust and the importance of having “internal champions for a workplace health and productivity program” (p. 17).

Utilizing these internal champions of the program is also important in the success of the program. Allowing the internal champions to be the liaison to the employers, provides feedback on the program (Neely, 2012). Neely suggests “[surveying] employees about the type of wellness program they find most valuable” (p. 17), continuing to adapt these programs – an essential component toward its success. In addition, “wellness programs must be measured to gauge results over time. This measurement can help companies determine what’s working, what needs to be changed and how the programs have impacted health and productivity” (p. 18).

Conclusion

Wellness literature from the lens of this research revealed three themes essential to understand. These themes included: holistic wellness, transitioning/decision making, and wellness strategies. Each of these themes is intertwined with one another. By understanding the large amount of wellness research already been conducted, assumptions can be made to better serve students in their journey to leading holistically-well lifestyles. However, professionals should not stop there, but should continue to conduct wellness research in areas related to college campuses to ultimately provide the necessary information to propel change in college campus culture.

Chapter 3: Methodology

Mixed Methods Research

With the research question, “how do first-year students perceive wellness,” and this study’s purpose in mind, the researcher chose to conduct research utilizing a mixed methods research design. A mixed methods research design can be described as both a qualitative and quantitative study and defined as having characteristics of various approaches throughout the entirety of the study (Mertens, 2010). For this study, a parallel form of mixed methods was used, which uses two types of data to collect and analyze. To understand what mixed methods entails, both quantitative and qualitative research designs need to be understood.

quantitative and qualitative research. Quantitative research is described by Mertens (2010) as research that collects numerical data. To do this, participants were sent a replicated version of the Perceived Wellness Inventory developed in Qualtrics. To integrate qualitative research into this study, a follow-up focus group was utilized. With that in mind, qualitative research is defined by Mertens as:

A situated activity that locates the observer in the world. It consists of a set of interpretive, material practices that make the world visible. These practices transform the world. They turn the world into a series of representations, including field notes, interviews, conversations, photographs, recordings, and memos to the self. At this level, qualitative research involves an interpretive naturalistic approach to the world. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or to interpret, phenomena in terms of the meanings people bring to them (p.225).

Within this portion of the research, the researcher utilizes a constructivist approach to understand the socially constructed reality (Mertens). Crotty (1988) states, “constructivism claims that meanings are constructed by human beings as they engage with the world they are interpreting,” (p. 43) which is unique for each individual’s worldview (Jones, Torres, & Arminio, 2006). Qualitative research is an ongoing reflexive process (Maxwell, 2013). Maxwell states:

The activities of collecting and analyzing data, developing and modifying validity threats are usually all going on more or less simultaneously, each influencing all of the others. This process isn’t adequately represented by a choice from a prior menu or by a linear model . . . because in qualitative research there isn’t an unvarying order in which the different tasks or components must be arranged (p. 2).

This continuing reflexive process is one that varies depending on the researcher’s biases and worldview (Mertens, 2010). Guba and Lincoln state “the ontological assumption associated with constructivism [is] that reality is not absolute, but is socially constructed and that multiple realities exist that are time and context dependent” (as cited in Mertens, p. 237).

Creswell (2013) proposed five steps in phenomenological research:

1. The researcher needs to be aware and understand the perspective behind phenomenological research.
2. The researcher writes questions to discover and explore the meanings participants make of lived experiences.

3. The researcher collects data from participants in regard to the phenomenon or experience under exploration.
4. The data collected through lengthy interviews is analyzed and categorized into themes.
5. The researcher displays meanings made from the investigated experience or phenomenon.

Survey and Focus Group

To ensure both qualitative and quantitative methods are being used, a survey was conducted along with a single follow-up focus group. The survey is composed of 36 questions and is adapted from the Perceived Wellness Survey (*Appendix G*). This survey allowed first-year students to answer behavioral-based questions about their wellness practices. In the survey, all six dimensions of wellness are addressed. The questions in the survey are asked on a 1-6 Likert-scale (1 very strongly disagree to 6 very strongly agree).

At the conclusion of the survey, students were asked to opt-into a follow-up focus group to discuss their responses and wellness practices. The focus group allowed for the qualitative method to be utilized and for students to be able to provide more than a Likert-scale answer to questions. During the focus group, the participants were given the opportunity to elaborate on their answers to the survey questions. In preparation for the focus group, a set of open-ended questions were developed to ask participants. However, the researcher anticipated the conversation would move organically around each other's comments.

Institutional Review Board Approval

Prior to beginning the research, the research project went through the Institutional Review Board (IRB) and receive approval. After numerous rounds of revisions, the project was finally approved by IRB on December 18, 2014. Approval of the research can be found within *Appendix A*.

Participants

After receiving IRB approval, the research began. All recruitment of participants was done via the web by sending an email to eligible participants. Eligible participants included all first-year students enrolled full-time at the university. Because of consent age laws within the state, all participants had to be above the age of 19. The email addresses of those who met these requirements were requested from the university registrar's office. Utilizing that information, a recruitment email was sent.

Within the recruitment email, a link to direct the participants to a Qualtrics survey was provided. Those wanting to participate could click the link and begin participating in the study. From the recruitment email, 112 eligible students completed the Perceived Wellness Inventory. At the conclusion of the survey participants were asked to provide their email address if they wanted to participate in a follow-up survey. Out of the 112 respondents, 20 opted to participate in a focus group.

Beginning in late January, those who opted into a follow-up focus group were contacted and a meeting time and place were arranged. Of the 20 students who selected yes to the focus group, 18 provided contact information. Those 18 respondents were contacted via email and asked to fill out a doodle poll to select the best time to meet. Only six students to the poll. Two respondents selected that no times worked with their schedule leaving only four participants with eligible times. Out of the four remaining

responses, the time with the most participants eligible was selected. This was a time where three of the four were available. Of the three participants, two arrived during the assigned focus group time. Up until this point, all research had been conducted via the Internet. The meeting occurred on campus at a location convenient to those participating and lasted approximately 20 minutes.

Research Site

Participants of this study were recruited at a large, public, land grant institution located in the Midwest. The university is located within walking distance to the heart of the city. There have been numerous reports of the city being one of the happiest places to live within the United States. Since the community is so close to the university, this could be associated to student's perceptions of happiness on campus.

Data Collection and Analysis

Following the administration of the inventory, data were transferred to Statistical Package for the Social Sciences (SPSS) for analysis. Descriptive statistical testing was conducted through SPSS to look for themes in survey responses. Survey response means for each dimension were calculated and used to guide findings. The focus group transcription was then used to look for similar themes throughout discussion of the participants' responses. The focus group discussion was audio recorded, transcribed, and coded by the researcher to find themes in the responses. When going through the data, I met with the Campus Recreation staff to discuss usage of their facilities along with programming efforts around holistic wellness. This conversation guided my thought process about recommendations and considerations related to this research.

Researcher Reflexivity

Understanding my own biases as a researcher throughout this process was be an important consideration. According to Rossman (2003):

We, the community of qualitative researchers, can no longer assume that we write up our research an in antiseptic, distanced way. Reflexivity has become central to the qualitative project, demanding that we examine the complex interplay of our own personal biography, power and status, interactions with participants, and written word (p. 93).

With that said it was be difficult to avoid my own perception of wellness throughout this process. Accepting why wellness is something I chose to research was important as well as how my identities play a role in my own perception of wellness. Identities, such as being a young female from a middle-class family, are all characteristics that have affected or played a part in my perception and development toward a healthier me.

Prior to researching anything regarding wellness, I had my own perceptions of what it meant to be healthy. Being frank, I was not even aware of all the dimensions of wellness until beginning this research. From all the research I have conducted I still struggle to find the importance in all six dimensions of wellness. However, as I have grown and developed as a person, I have found importance in taking part in self-care. I have grown to understand that taking care of myself means more than just working out occasionally, but I still struggle with what it means past that. Being holistically well is something I work on daily, which helps me relate to those participants who struggle with their wellness.

As a millennial, like many of the participants of this research, I grew up in the same era of fad diets and weight loss supplements. I have dealt with my share of body

image issues and what it means to look “healthy.” I am also aware of society’s stereotypes of mental health and how un-healthy it looks to be seeing a psychiatrist. Because of this, I know how difficult it can be to reach out for help when needed. These stereotypes are a significant barrier for students like myself to become holistically well.

As a student, I share some of the experiences of those participating in the research. I struggle to manage my own time and tend to prioritize tasks related to school, family, and friends over things to improve my own well-being. There are times throughout the semester when I struggle, and I have been in college for over five years. Because of this, I was able to sympathize with those participating in the research and possibly help them make meaning of their experiences and wellness.

Ethical Consideration

Throughout this research it was essential to ensure all participants felt comfortable in sharing their experiences. When it comes to wellness, there is no right or wrong answer. Wellness varies from person to person and there is a difference between being healthy and well. This distinction needs to be apparent from the beginning of the research. In addition, there are cultural elements of wellness beyond the scope of this research but worth noting.

Participants who took part in the focus group needed to feel as though they could share their perceptions of wellness and not be judged. This task was difficult. However, by beginning the conversation and conveying the room was a brave and safe space for sharing, I hoped the room could become judgment free and all participants would share.

Chapter 4: Findings

The purpose of this study was to understand how first-year students at a public, four-year institution, view wellness and how they take advantage of opportunities over the course of their first year. The research was guided by a single research question, what are first-year students' perceptions of wellness; and the results of the survey.

Review of Study

To best understand my research question, I recruited participants for the Perceived Wellness Inventory by sending an email to all 1542 eligible participants. Of the eligible participants, 112 students completed the inventory and within these responses, two students opted in and were able to participate in a focus group to discuss their thoughts about wellness. Survey responses were analyzed through the use of SPSS statistical software and reviewed with the Nebraska Evaluation and Research Center to ensure the analysis was done correctly. Focus group discussions were structured around a semi-structured interview protocol, transcribed and provided to participants to check accuracy. After member checks, the transcription was analyzed and coded for common themes in their responses and the inventory responses.

Introduction of Focus Group Participants

After administering the 36 questions Perceived Wellness Inventory, two participants opted in to complete a follow up focus group to discuss their responses. The two participants were first-year students at the university and were above the age of 19. Both participants were white men and of medium build. They both seemed to be happy throughout the conversation and did not indicate they were in an unwell place at the time of the meeting. Jorge was from out-of-state and is currently studying Actuarial Science.

He talked a lot about being active outdoors and returning home to ski throughout the winter. Paul was from in state and lived 45 minutes from home. He was studying mechanical engineering. Jorge arrived to the meeting in a winter down coat, a regular t-shirt, jeans and tennis shoes and Paul arrived wearing a button down shirt underneath a sweater, khaki pants, and what looked to be dress shoes. Based on my perception, Jorge appeared to be more active than Paul. This assumption was based solely on what he contributed to the conversation and his clothing. Jorge continually discussed the outdoors whereas Paul would touch more so on the social aspects of his wellness. My initial observations seemed consistent with the conversation.

Introduction of Themes and Subthemes

Through analyzing data collected, three themes emerged (*Table 1*).

Table 1 Themes and Subthemes

Themes	Subthemes
1. Behaviors versus Knowledge	a. Situational
	b. Short-Term Thought
Process	
2. Indicators	a. Indicators of Feeling
Unwell	
	b. Indicators of Feeling Well
3. Support	a. Experiences
	b. Needs

behaviors versus knowledge. Throughout the focus group and the Perceived Wellness responses, the strongest theme that emerged was the difference between

behaviors and knowledge. The Perceived Wellness Inventory was created to ask behavioral-based questions to provide information regarding wellness perceptions on a scale of 1 to 6 where 6 is strongly agree. The inventory had specific questions corresponding to each dimension of wellness. Each dimensions question set was then analyzed to provide insight on respondent's wellness perceptions within each category.

Table 2 Statistical Analysis of Perceived Wellness Inventory

	Min	Max	Mean	Std. Deviation
PSYMEAN	2.50	5.67	4.4847	.58823
SOCMEAN	3.33	5.83	4.5019	.63971
PHYSMEAN	2.67	6.00	4.3529	.77554
SPIRMEAN	2.83	6.00	4.5902	.69606
INTMEAN	2.67	6.00	4.5233	.58976
EMOTMEAN	2.67	5.83	4.0516	.66010

For most, if not all dimensions, the mean score of their responses suggest the students' behaviors are fairly healthy and in comparison to discussions during the focus group, those participants felt their behaviors were fairly healthy as well. The survey means presented in *Table 2* also suggest that each student is making healthy choices within each dimension of wellness. These responses also show that each student places equal value on each part of wellness. However, throughout discussion in the focus group, the conversation was not equal in all parts. The conversation rarely went outside of physical and social wellness and if this did occur it was because the researcher asked a question related specifically to another dimension.

This was not the only incongruence with the survey means. Past asking the initial question “do you think you are a holistically well individual,” the students’ decisions did not completely align with the survey means. When we began discussing situations that may end up causing a conflict between multiple categories of wellness their behaviors did not always align with their knowledge of wellness, which suggests a *situation* subtheme.

situational. Both participants thoroughly explained their knowledge and behaviors in regard to their wellness. However, each of their behaviors depended on their situation. By looking at the statistical analysis (*Table 2*) from the PWI along with the focus group responses it may be possible other students’ behavior is dependent upon the situation regardless of their knowledge. Each participant had situations where their decision-making process was affected by something or someone. While talking about decisions participants make in dining halls, Paul explained the impact his friend makes on his meal choice: “Well when we eat dinner, one of my friends is a fitness science major. He’s always trying to get us to eat chicken and spinach, so, it does feel good to eat it. I’m making myself more healthy.” Paul attributes his meal selection specifically to his friend who is studying fitness science even though he knows the chicken and spinach option is healthier than others. When Jorge explained his decision making process on weekends he specifically stated his decisions being situational.

I think a large portion of this [his decision] comes down to the situation. Like if people are just sitting in a room and are like, hey have a beer, I’m good, but if you’re presented with the opportunity to play like drinking games at a party, that’s a lot of fun . . . and probably a lot more dangerous than just sitting in a room having a beer.

From this alone, he knows the decisions he is making could be detrimental to his wellness, but because he is surrounded by his peers and wants to thrive in the social dimension, he chooses the dimension he finds more important in the here and now.

short-term thought process. Participants also discussed their thoughts process behind how far into the future they think about when making these decisions. Each participant discussed the ramifications of the decisions they make when in these situations. Jorge specifically stated “physically afterwards you feel like garbage... after doing these activities you be like that was so dumb why did you just do that . . .you wasted two days of your weekend now.” However, when they are in the situations those feelings and thoughts did not enter either of their minds. When asked, Paul stated, “I think the longest term I’d think is like what to do to not be MIP’d.” Both of these statements made by participants indicate they only take into consideration how their choices affect them initially.

indicators. Each participant discussed emotions and behaviors they associated with their health, which were easily categorized into unwell and well indicators. Participants each expressed that when they realize they are experiencing indicators of feeling unwell they can identify parts of their wellness that need improvement. And, when they are experiencing indicators of feeling well, they feel a sense of accomplishment because they are happy and striving in daily routines.

indicators of feeling unwell. Throughout the focus group discussion both participants also unconsciously brought up feelings they associated with being unwell along with strategies they resorted to when having these unhealthy feelings. These feelings were brought in naturally in conversation when discussing their personal

wellness. Both participants offered these ideas without prompting. Each participant's feelings differed, but each could identify specific feelings they have when they know they are not in a healthy place. When Jorge was asked how he identifies if he is not in a good state of wellness, he immediately brought up stress and his feelings.

Based on stress level . . . if I feel stressed out and angry, angry would be my word that I'd put with that. Then it's definitely pretty clear to me that something's out of balance with my life. Either friendships or how I'm eating. If I eat terrible, I am more angry.

For Paul, it was more just feeling restless and unproductive

For me I feel like it's just trying to feel productive like I've used my own bit of time. I've used it in a way that I look back and say that was a good day. Like I haven't just mucked about and wasted my time.

These emotions triggered participants to reflect on their wellness and they knew by feeling and acting this way they were not in a healthy state. Both participants felt they were more productive members of society when they were feeling holistically well and could pinpoint when they felt unwell.

indicators of feeling well. Much like feelings participants expressed when they were not in a well state, they associated feelings when they were feeling healthy: happiness, contentment, and increased self-esteem.

support. Both participants discussed support offered across campus. Jorge explained how within his first semester he had a bad experience with the campus health center. This experience then deterred him from utilizing any service the health center offered again. However, after more discussion, he disclosed that if a person he felt

comfortable with on campus referred him to an office he would be more likely to use those services because he trusted they would be sending him to a person who would take care of him. For Paul, he felt support from his floor within the residence hall and valued the people he lived with. “I feel like the campus provides pretty well all of the areas [of wellness]. I know just for social like I live in [residence halls] we do floor events and that’s just a really interesting way to do social. Just get the guys together [on the floor].” Paul explained because of this he would feel comfortable reaching out to any service offered on campus because he felt they were there to help him. This alone shows how important the students overall experience was on their personal wellness and utilizing these services.

experiences. The experience each participant had with on-campus support services played a huge role in how the students perceived their wellness in that dimension. Paul has had a great experience living in his residence hall and has valued the support received through floor programming events. Through these experiences and events, he felt more supported in all dimensions of his wellness. Unfortunately, this experience was not the same for Jorge. Jorge made this clear when he stated, “I had that bad experience with the health center with my back and I just, if I can avoid the health center I will do it. I just don’t think they do their job professionally.” Jorge’s bad experience caused him to avoid visiting them regardless of his need to utilize their services.

needs. Overall, both participants thought campus did an exceptional job at providing support to them in all areas of wellness. However, when each participant reflected on the areas of wellness in which they were most unfamiliar, Jorge believed

occupational wellness was the area in which he had the least amount of knowledge and felt occupational wellness lacked awareness most on campus because we focus so much on completing a degree, but not much is done if a student does not want to continue to pursue their degree.

I was mentioning the occupational. I think it's tough when you come to a campus you're kind of confined to all these kids who are only being students whereas some kids may or may not be questioning whether they want to continue on with their education or if they want to take a different route. It's just I feel like a lot of kids might feel pressured on that occupational . . . and that way you know they're either going because of their parents or something where they'd rather pursue something different if it weren't for some of the pressures which it is a campus so I understand you're putting emphasis on that . . .

Understanding the needs of students related to their wellness is important to consider in making a commitment to bettering student wellness across the nation. Students' needs may be conflicting to the goals of the institution (i.e. enrollment increases and retention). However, being able to effectively navigate and provide opportunities for students to grow in these areas is still essential.

Summary of Findings

Three themes emerged through similarities in the Perceived Wellness Inventory and the focus group discussion: behaviors versus knowledge, feelings, and support. The most significant aspect to take into consideration while evaluating a student's perception of wellness is to understand the importance of context and the situation they are in. Based on the participant's conversations, a large part revolved around what they were doing

when making decisions related to their wellness. Both focus group participants described situations in which their knowledge of the healthy thing to do may or may not have aligned with their actual behavior. When these unhealthy decisions are being made they do not think specifically about long-term consequences but those in the moment consequences.

Individuals who participated in the focus group could pinpoint moments in their lives when they were at an optimal level of wellness along with extremely low points in their personal wellness. They could do this by pinpointing feelings they associated with each end of the spectrum. It was when they felt these feelings that they would change their behaviors or know they were doing something right. Each participant had strategies in place if they needed to make an adjustment; however, their individual strategies were not effective all the time, which showed the importance of support across campus.

Campus support systems can play an integral role in each student's holistic wellness, but understanding the value of the experiences each student has while utilizing these services is also important. If a student has a positive experience utilizing these services they may feel more supported; unfortunately, the opposite is also true and can have a detrimental impact on a student's wellness and the likelihood of them utilizing other services. Understanding the areas where wellness is lacking on campus is also important in providing adequate support to students. This may be difficult if students need support that may deter them from completing a degree at an institution. However, if institutions are committed to students' wellness, providing this support may be something needed on campus.

Chapter 5 will provide implications of the study and suggestions for future research.

Chapter 5- Discussion

Summary of Findings

Looking into first-year students' perceptions of wellness, three themes emerged offering insight to the research question: "What are first-year students' perceptions of wellness?" While there is much that goes into a person's perception of wellness, the emergent themes included:

1. behavior versus knowledge, the importance of the situational context students are making their decision, and the thought processes of this decision making;
2. feelings associated with being well and unwell; and
3. support provided to students on campus, the impact of their experiences with these services, and the needs of students.

These themes allowed for a better understanding of the aforementioned research question.

Discussion

Wellness literature generically is vast; however, there are gaps when looking at wellness literature specific to students on college campuses. This study looked at Hettler's (1984) six dimensional model of wellness and provided insight to each dimension and how college students perceive them. These findings not only supported what much of the literature already suggested, but also added how students make decisions regarding their wellness, the feelings associated with their well-being, and the importance of experiences students have with support across campus.

Support of Wellness Literature

Multiple frameworks are taken throughout wellness literature. These frameworks can range from a single dimension to multiple dimension combinations, which can range

depending on the specific population being studied. However, no matter the population or dimension being studied, there are congruencies with this study. The most prominent take away from wellness literature is the idea that everyone's perceptions will be different since wellness encompasses so much and is such a complex concept. Participants throughout my study demonstrated that this is true throughout the Perceived Wellness Inventory along with the discussion had with focus group participants. Neither participant has had the same experience, which is important to notice not only because these experiences impacted their confidence in reaching out to other campus resources, but also because it shows how diverse our students' experiences and needs are.

Along with supporting the value of individual experiences, research also supported the connection between each dimension and how they work congruently. At some point throughout the focus group both participants discussed how they see the impact being stressed has on their overall wellbeing. Jorge specifically stated:

I think it's tough to be mentally well if you're not physically well. If you're constantly battling a disease, it's hard to keep your spirits up, just cause that wears a toll on you and you don't feel good about yourself.

This idea of overall wellness connectedness was revisited multiple times throughout their discussion.

Additions to Wellness Literature

As mentioned previously, the research supported current literature and added to literature regarding both behavior versus knowledge and support themes. Contrary to wellness literature, a student's knowledge of wellness is not the only factor playing into their daily decisions. The same is true when looking at support services offered to help

students develop healthy lifestyles. The use of these services depends largely on their experiences across all of campus. With congruencies and additions to the literature, there were also findings that were not congruent with the research: students are knowledgeable about wellness but make their decisions based on the situation, and students do not feel overwhelmed with the onset of new responsibilities.

As stated before, little is discussed throughout literature that addresses wellness in reference to a person's knowledge versus behaviors. Most literature focuses on one area over the other and not how people make these decisions. However, my study suggests the student makes decisions differently based upon the situation. The decision a student makes is impacted solely on what they value in the moment regardless of a student's knowledge of consequences. Both participants valued their social wellness over their physical wellbeing when making decisions on the weekend. They also did not see the importance of the decisions they were making long-term, but rather how they would be affected within the near future. Paul explicitly stated, "I don't think I engage in those activities frequently enough for it to have an impact on my health." "It might be important to know if decisions based on short term needs have little effect on students' overall health, but this study did not address this question.

Understanding and putting a voice to the participants experiences was a key component of this research. However, by listening to those experiences along with the survey responses addressed in *Table 2*, there are some discrepancies. Based on the results in *Table 2*, the average response for each dimension of wellness is about the same which shows students value each dimension of wellness and feel they are making adequate choices in all six areas. But, when meeting in the focus group there was not a single

mention of wellness dimensions outside of occupational, social, and physical. This enhances the behavior versus knowledge addition to the literature because at some point there is a gap in what the students think and the decisions they are actually making. Because there was limited time with the two participants, understanding that these conversations are not generalized to all first-year students is essential. Also remembering that the time of year my conversation was with the students could play a large role in how the participants are experiencing wellness.

Another large addition my research makes is the value of those individual experiences. It supports that each person has a different experience, and it provides an insight into the importance of those decisions, especially for students on a college campus. The attitude my participants had toward support systems in place on campus were largely affected by their experiences. Paul felt comfortable reaching out to any office for help, having had exceptional experiences since being at the institution. He felt the entire campus did a great job at providing resources to students, even though he was unaware many support offices existed on campus. On the other hand, Jorge had a poor experience at one office and was more hesitant to reach out for support anywhere else on campus. He was adamant about not using any service affiliated with that specific office and was quicker to provide feedback about areas the university could improve upon in supporting students. This was primarily established by his single bad experience and has ultimately affected his wellness development.

Finally, contrary to research, both participants did not feel overwhelmed with the sudden increase in responsibilities. This was the case so much with Paul, he stated, “If there were no classes in college this would be the best place to live.” When discussing the

increase in responsibilities, he went on to say, “I feel that pretty freeing. I can just choose when I’m going to eat, and I don’t know if it’s just because I sort of have the rush of being not um the just like being free now. I don’t know, it just feels good to be able to choose when I eat.” Jorge agreed:

I like the time freedom. I think it’s you know versus growing up, going to high school, it’s nice to say ok well I’m going to get up at this time, go to the gym, go to class, do my homework, and then do whatever I want. Whereas in high school, it was a pretty rigid schedule. You’ve got to wake up, do breakfast, school, after-school sports, go home, homework, bed. There’s not much time for your personal time freedom to spend how you want which is nice and part of college.

Considerations

Although Jorge was unhappy with some of the support he has received since being on campus, he made a statement at the end of our discussion that has resonated with me throughout my research. Regardless of his experiences, he still believes “schools need to provide support so it’s not just like dropping a freshman off at their dorm and saying goodbye hoping they don’t sink.” As a student affairs professional, this immediately screamed the importance of Sanford’s (1962) challenge and support theory.

As discussed in the literature review, Schlossberg transition theory allows professionals to have a way to understand the transition students on campus may be going through. However, from discussions with the participants, understanding these transitions is not the only important thing. Providing students the right amount of support is also crucial to their wellness development and success on campus. Throughout the research an incessant amount of programs were listed that would provide students with the

knowledge they need to make healthier decisions but not strategies to implement them into their daily routines. On the opposite side, there are institutions that have no wellness programs in place providing no opportunities for wellness to develop on campus. Finding a middle ground on this spectrum will prove to be the most effective strategy.

When thinking about developing wellness programs on college campuses, Sanford's Theory of Readiness, Challenge, and Support (1962) should be considered. Sanford (1962) states, "the amount of challenge a student can tolerate is a function of the amount of support available" (as cited in Evans, Forney, Guido, Patton, & Renn, 2009). Thinking about Jorge's statement about being dropped off at his residence hall to sink or swim, this becomes extremely prevalent. Any program offered on campus needs to provide support to students. However, this support should not come in the form of answers and solutions all of the time. This support should be enough to help them develop the ability to make their own decisions. These programs need to provide opportunities for students to develop healthy lifestyles past college.

A second consideration is understanding the campus climate in terms of wellness and to continually reevaluate it. For instance, for this research I specifically asked to look at the campus recreational center usage data. Although this data does not suggest how healthy the campus is, it can provide some insight for professionals. For example, understanding the hours of high usage allow management to evaluate the effectiveness of hours of operation. Professionals can use this data to understand the times of the semester when usage is lower. For instance, at this institution, the usage of the recreational center typically falls off towards mid-term exams. By identifying patterns, professionals can create outreach programs to help students during such a busy and stressful time.

Implications

As discussed throughout the research, there is extensive research about people's wellbeing. However none specifically focuses on all six dimensions within the first year a student is on a college campus. Based on the results of this study, a number of implications exist:

- a) Wellness programs play a large part in the lives of students and their success through support received and strategies offered.
- b) Students understand the importance of the support they are receiving on campus but also value having the freedom to make their own choices.
- c) The effectiveness of programs on campus are directly related to the experiences students are having. If a student does not feel their experiences are positive, they are less likely to reach out to other offices for support.
- d) Assessing the needs of students and the helpfulness of offices on campuses is vital in providing support to students.

With each person's experience playing a fundamental role in their perception of the success of a program, there is no recipe to create the perfect wellness program for students. However, there are ways to provide the best experience to every student that will aide in the development of healthier lifestyles.

Recommendations

Based on the findings in this research in combination of the literature reviewed, the following recommendations will help professionals aid in the holistic wellness development of students.

Student wellness development can be enriched by (a) developing relationships with students, (b) knowing services offered on campus, and (c) evaluating and assessing the effectiveness of support services offered on campus.

It would be next to impossible for an institution to provide students with great experiences every time they enter every office on campus. However, providing students with a good experience within a single office on campus can help combat the not so positive experiences students may have. The first recommendation to help students develop wellness is to build relationships with the students student affairs professionals work with on a daily basis. Jorge was less likely to reach out to other offices because of a single bad experience. However, by developing relationships and trust with students as they begin to share the areas where they may need help the referrals professionals are play a huge role. If a referral to another office comes from an individual they trust, the student may end up being more likely to visit another office because a person they have trusted has told them it will be beneficial.

In order to do this, student affairs practitioners need to know what are services offered across campus. Many campuses are so siloed, there is no way to know everything offered on the entire campus. However, by becoming familiar with offices across campuses, those recommendations and referrals to help support students will become easier.

Finally, it is essential to continue assessing the effectiveness of wellness services offered on campus. Like Bland et al. (2012) and Pardue and Morgan (2008) emphasized in the research, student's needs are changing. Assessment is a key piece in the success of our students. These services are here to serve our students and that comes with

understanding the needs of our students. To be able to effectively provide students the types of support and in the ways they need these support, services will need to continue to evolve.

Future Research

Understanding and furthering research can only help us help our students develop healthy lifestyles. Existing wellness literature discusses in some capacity, at least a single dimension of wellness. There is also research specific to programs best fit to present wellness information to college students. However, areas for future research include (a) exploring the decision making process of students in regards to their wellness, (b) exploring the use of wellness services on college campuses, and (c) exploring more in depth how students' develop wellness skills.

The purpose of this study was to try to understand how first-year students understand wellness at a very surface level. What developed out of this research was a glimpse into how students make their decisions. Within current literature, there is a large focus on teaching students what is healthy. Unfortunately, this might not be what is needed. Based on the responses I received to my survey, students understand the decisions they are making might not be the healthiest; however, what may be a good decision in one dimension may negatively impact another. Looking further into how students are making decisions may provide better insight on how to present wellness material and information.

Future research could explore the use of wellness services on college campuses. This research could be specific to one campus through an ethnography or looking at multiple institutions throughout the country. Specifically this research could look into the

services each office offers and then look at how each student chose to utilize that service at their office. This approach would allow us to see how effective those relationships my participants discussed really are. If the research focused on a specific functional area across multiple campuses, best practices in successfully reaching students could be developed.

Future research should also look at how students develop wellness skills. This can be done through a longitudinal study. Both of my participants discussed how they do not think long-term when making decisions. They also talked about how they do not believe the decisions they are making now will really affect them that much in the future. So, at what point does all of this click for students? Or does that ever happen? This would allow professionals to understand when and how those wellness skills develop.

Future research allows for the repertoire of current research to keep growing. This research will allow professionals to begin to understand students' wellness needs and develop best practices to meet those needs. By understanding this research not only will students' be successful but so will professionals in those areas.

Conclusion

While investigating first-year students perceptions of wellness, three themes surfaced: behavior versus knowledge, feelings, and support. The themes developed from the 36-question Perceived Wellness Inventory along with the follow-up focus group satisfied the study's research question: "How do first-year students perceive wellness?" Although this is just a snapshot of a small pool of participants' perceptions of wellness, it is a start to understanding how professionals can help support students in their wellness journeys.

The research not only supported current wellness literature, but also adds valuable insight to the way students perceive their wellness and how they make decisions in regard to their overall wellbeing. Those findings have suggested areas for implications and recommendations for practice along with ideas for future research.

The support college campuses offer a student is invaluable and ultimately prepares them for life past our campuses. However, this may not always be the case. Much like the needs of our student's, the services are going to have to continue to evolve and grow. Each year a new student is stepping foot onto campus and as student affairs professionals, we must be willing to discover the best way to successfully aid in students' wellness development.

Reference:

- Adams, T.B., Bezner, J.R., Drabbs, M.E., (2010). Conceptualization and measurement of the spiritual and psychological dimensions of wellness in a college population. *Journal of American College Health*. 48(4), p.165-173
- Adams, T., Bezner J. & Steinhardt, M. (1997). The conceptualization and measurement of perceived wellness: Integrating balance across and within dimensions. *American Journal of Health Promotion*, 11, 208-218.
- American College Health Association. (2012, June). *Healthy Campus 2020*. Retrieved [October 26, 2014], from [http://www.acha.org/healthycampus/].
- Astrow, A., Pulchalski, C., & Sulmasy, D. (2001). Religion, Spirituality, and health care: Social, ethical, and practical considerations. *American Journal of Medicine*. 110(4), 283-287. doi: 110:283-287.
- Ballentine, H.M., (2010). The relationship between wellness and academic success in first-year college students. Retrieved from http://scholar.lib.vt.edu/theses/available/etd-05012010-212110/unrestricted/Ballentine_HM_D_2010.pdf
- Bland, H.W., Melton, B.F., Welle, P., Bigham, L. (2012). Stress tolerance: New challenges for millennial college students. *College Student Journal*, 46(2), 362-375.
- Bray S.R., Beauchamp M.R., Latimer A.E., Hoar S.D., Shields C.A., Bruner M.W. (2011). Effects of a print-mediated intervention on physical activity during transition to the first year of university. *Behav Med*, 37(2), 60–69. doi: 10.1080/08964289.2011.571306.

- Burwell, C., Dewald, L., Grizzell, J. (2010). Healthy campus 2010: Midcourse review. *American Journal of Health Studies*. 25(2)
- Clark, M.R. (2005). Negotiating the freshman year: Challenges and strategies among first-year college students. *Journal of College Student Development*. 46 (3), 296-316. doi: 10.1353/csd.2005.0022
- Conley, C.S., Travers, L.V, Bryan, F.B., (2013). Promoting psychosocial adjustment and stress management in first-year college students: The benefits of engagement in a psychosocial wellness seminar. *Journal of American College Health*. 61(2).
- Connolly, K.M., & Myers, J.E. (2003). Wellness and mattering: The role of holistic factors in job satisfaction. *Journal of employment counseling*. 40.
- Crotty, M. (1998). Constructivism: The making of meaning. *The foundations of social research: Meaning and perspective in the research process* (1st ed., p. 42-65). Thousand Oaks, CA: SAGE Publications, Inc.
- Epton, T., Norman, P., Dadzie A.S., Harris, P.R., Webb, T.L., Sheeran, P., Julious, S.A., Cirvagenga, F., Brennan, A., Meier, P.S., Naughton, D., Petroczi, A., Kruger, N J., Shah, I. (2014). A theory-based online health behavior intervention for new university students” Results from a randomized controlled trial. *BioMed Central*, 14 (563) doi: 10.1186/1471-2458-14-563.
- Essay One: Wellness - Many Definitions. (2011). *Electronic Ardell Wellness Report (E-AWR)*, (596), 2.
- Evans, N.J., Forney, D.S., Guido, F.M., Patton, L.D., Renn, K.A. (2010) Student development in college: Theory, research, and practice. 2nd ed. San Francisco, CA: Jossey-Bass

- Fromme, K., Corbin, W. R., & Kruse, M. I. (2008). Behavioral risks during the transition from high school to college. *Developmental psychology, 44*(5), 1497.
- Gieck, D.J., Olsen, S. (2007). Holistic wellness as a means to developing a lifestyle approach to health behavior among college students. *Journal of American College Health. 56*(1).
- Hattie, J.A., Myers, J.E., & Sweeney, T.J. (2004) A factor structure of wellness: Theory, assessment, analysis, and practice. *Journal of Counseling & Development. 82*
- Horton, B.W., & Snyder, C.S. (2009). Wellness: Its impact on student grades and implications for business. *Journal Of Human Resources In Hospitality & Tourism, 8*(2), 215-233. doi:10.1080/15332840802269858
- Hyde-Smith, M.J.E. (2012). The wellness spa: Construction definition and performance evaluation. Retrieved from <http://aut.researchgateway.ac.nz/bitstream/handle/10292/5417/Hyde-SmithMJE.pdf?sequence=3>
- Jones, S.R., Torres, V., & Arminio, J. (2006). Situating the research: First steps. *Negotiating the complexities of qualitative research in higher education: Fundamental elements and issues* (1st ed., p. 1-35). New York, NY: Routledge
- LaFountaine, J., Neisen, M. Parsons, R. (2006) Wellness factors in first year college students. *American Journal of Health Studies. 21*(4).
- LiPuma, R. (1993). A four-step wellness model for self-understanding and total health [abstract]. *Public Health Reports.*
- Mattke, S., Schnyer, C., & Van Busum, K.R. (2012). A review of the U.S. workplace wellness market. *Rand Health.*

- Mertens, D.M. (2010) *Research and evaluation in education and psychology: Integrating diversity with quantitative, qualitative, and mixed methods*, 2nd ed. Thousand Oaks, CA: Sage.
- Mudge-Rile, M., McCarthy, M., & Persichetti, T.E. (2013). Incorporating wellness into employee benefit strategies: Why it makes sense. *Benefits Quarterly*, 29(4), 30-34.
- Murray, S.R., Miller, J.L. (2001) College students' perceptions of wellness. *CAHPERD Journal*. (26) 1
- Myers, J.E., & Mobley, A.K. (2004) Wellness of undergraduates: Comparisons of traditional and nontraditional students. *Journal of College Counseling*. 7.
- Myers, J.E., Sweeney, T.J., & Witmer, J.M. (2010) The wheel of wellness counseling for wellness: A holistic model for treatment planning. *Journal of Counseling & Development*. 78.
- Neely, M. (2012). Wellness strategies for smaller businesses. *Benefits Quarterly*, 28(3), 16-19
- Pardue, K.T., Morgan, P. (2008). Millennials considered: A new generation, new approaches, and implications for nursing education. *Nursing Education Perspectives*, 29(2), 74-79.
- Parliamentary Office of Science and Technology. *Health Behaviour*.
<http://www.parliament.uk/documents/post/postpn283.pdf>
- Raisman, N. (2008, January 1). The power of retention: Why do students transfer from your institution, and what can you do to make them stay? Retrieved from
<http://www.universitybusiness.com/article/power-retention>

- Renger, R. F., Midyett, S. J., Mas, F. G., Erin, T. E., McDermott, H. M., Papenfuss, R. L.,... Hewitt, M. J. (2000). Optimal Living Profile: An inventory to assess health and wellness. *American Journal of Health Promotion, 24*, 403–412.
- Roscoe, L.J. (2009). Wellness: A review of theory and measurement for counselors. *Journal of counseling and development. 87*.
- Sidman, C.L., D'Abundo, M. L., Hritz, N. (2013). Exercise self-efficacy and perceived wellness among college students in a basic studies course. *International Electronic Journal of Health Education. 12*, 162-174
- Tashakkori, A., & Creswell, J.W. (2007). Editorial: The new era of mixed methods. *Journal of Mixed Methods Research, 1*, 3-7.
- Tucker, D., (2010) Promoting wellness programs to college students: RELAX program at Cal Poly San Luis Obispo.

Appendix A Institutional Review Board Approval Letter

2/24/15, 5:22 PM



December 18, 2014

Shannon Ford
Department of Educational Administration

Debra Mullen
Dean's Office of Education and Human Sciences
239 MABL, UNL, 68588-0234

IRB Number:
Project ID: 14819
Project Title: What Does it Mean to be Well? First-Year Students Perception of Wellness

Dear Shannon:

The Institutional Review Board for the Protection of Human Subjects has completed its review of the Request for Change in Protocol submitted to the IRB.

1. It has been approved to revise the deadline to submit the survey to January 25, 2015.

We wish to remind you that the principal investigator is responsible for reporting to this Board any of the following events within 48 hours of the event:

- * Any serious event (including on-site and off-site adverse events, injuries, side effects, deaths, or other problems) which in the opinion of the local investigator was unanticipated, involved risk to subjects or others, and was possibly related to the research procedures;
- * Any serious accidental or unintentional change to the IRB-approved protocol that involves risk or has the potential to recur;
- * Any publication in the literature, safety monitoring report, interim result or other finding that indicates an unexpected change to the risk/benefit ratio of the research;
- * Any breach in confidentiality or compromise in data privacy related to the subject or others; or
- * Any complaint of a subject that indicates an unanticipated risk or that cannot be resolved by the research staff.

This letter constitutes official notification of the approval of the protocol change. You are therefore authorized to implement this change accordingly.

If you have any questions, please contact the IRB office at 472-6965.

Sincerely,

Appendix B Registrars Approval Letter

OFFICE OF THE UNIVERSITY REGISTRAR

October 30, 2014

Internal Review Board
2200 Vine Street
278 Whittier
Lincoln, NE 68583- 0863

Dear Committee Members,

The Office of the Registrar has agreed to provide support to Shannon Ford in her research project regarding the Students Perception of Wellness under the general direction of advisor Debra Mullen within the Department of Educational Administration.

Based on the request and plan forwarded to my office we will provide a list of student e-mail addresses that match the population target of the study. Students will be invited to voluntarily participate in the study by filling out an on-line survey. We will provide a file of unattributed e-mail addresses that will be used to invite students to participate in the survey.

If you have any further questions, please contact me at 402-472-2082.
Sincerely,

A handwritten signature in cursive script that reads "Juan Carlos Gutierrez".

Juan Carlos Gutierrez
Assistant Registrar, Systems & Research

Appendix C Informed Consent for Survey



COLLEGE OF EDUCATION AND HUMAN SCIENCES
Office of the Dean

Title: What Does it Mean to be Well? First-Year Students Perception of Wellness

Purpose:

The purpose of this study is to understand how first-year full time students at a public, four-year institution, view wellness. You are invited to participate in this study because you are a first-year full time UNL student 19 years of age or older.

Procedures:

You will be asked to participate in a 36-question survey with the option to attend two follow up focus groups. The survey will take approximately 10 minutes of your time. If you opt in to the follow-up focus group it will take up an additional 30-60 minutes of your time. The survey will be used to gather information on your overall perceived wellness. The focus group will then be focused on discussing personal definitions of wellness and how these can change depending on opportunities presented throughout the school year. The focus group will be audio recorded and conducted in a quiet, private space.

Benefits:

This study will give you the opportunity to reflect on your personal perception of wellness. This may allow you to make greater meaning of wellness and to share this with others anonymously for the benefit of higher education wellness programs.

Risks and/or Discomforts:

If you begin to reflect on what wellness means to you and conclude you aren't engaging in wellness practices you may feel uncomfortable through the process. If this occurs you are able to opt out at any point or seek support from the Psychological Consultation Center at the University of Nebraska-Lincoln. Psychological Consultation Center can be contacted at (402) 472-2351 or visited at 325 Burnett Hall, University of Nebraska-Lincoln. Payment to use the Psychological Consultation Center is the responsibility of the research participant and the cost is on a sliding scale fee.

Confidentiality:

Any information obtained during this study, which could identify you, will be kept confidential. The data will be stored in a password-protected computer and in a password protected storage database. The data will only be seen by the principle investigators during the study, and will be discarded immediately after the study report is finalized in May 2015. The information obtained in this study may be published in scientific journals or presented at professional conferences but the individuals will be unidentifiable.

Opportunity to Ask Questions:

You may ask questions concerning this research by contacting one of the investigator(s) listed below. If you would like to speak to someone else, please contact Research Compliance Services Office at (402) 472-6926 or irb@unl.edu

Freedom to Withdraw:

Participation in this study is voluntary. You can refuse to participate or withdraw at any time without harming your relationship with the researchers or the University of Nebraska-Lincoln, or in any other way receive a penalty or loss of benefits to which you are otherwise entitled.

Consent, Right to Receive a Copy:

You are voluntarily making a decision whether or not to participate in this research study. By clicking the link certifies that you have decided to participate having read and understood the information presented.

Name and Phone Number of Investigator(s)

Shannon Ford, Graduate Assistant, Principal Investigator, Shannon.ford@huskers.unl.edu or (816) 872-0780
Deb Mullen, Ph.D. Associate Dean of Education and Human Sciences and Research Advisor. Dmullen1@unl.edu or (402) 474-5426

Appendix D Informed Consent for Focus Group



COLLEGE OF EDUCATION AND HUMAN SCIENCES
Office of the Dean

Title: What Does it Mean to be Well? First-Year Students Perception of Wellness

Purpose:

The purpose of this study is to understand how first-year full time students at a public, four-year institution, view wellness. You are invited to participate in this study because you are a first-year full time UNL student 19 years of age or older.

Procedures:

A focus group will be focused on discussing personal definitions of wellness and how these can change depending on opportunities presented throughout the school year. The researcher has discussion questions prepared for the group to discuss. This time will be spent focusing specifically on the areas of wellness participants want to discuss. The focus group will be audio recorded and conducted in a quiet, private space.

Benefits:

This study will give you the opportunity to reflect on your personal perception of wellness. This may allow you to make greater meaning of wellness and to share this with others anonymously for the benefit of higher education wellness programs.

Risks and/or Discomforts:

If you begin to reflect on what wellness means to you and conclude you aren't engaging in wellness practices you may feel uncomfortable through the process. If this occurs you are able to opt out at any point or seek support from the Psychological Consultation Center at the University of Nebraska-Lincoln. PCC can be contacted at (402) 472-2351 or visited at 325 Burnett Hall, University of Nebraska-Lincoln. Payment to use the Psychological Consultation Center is the responsibility of the research participant and the cost is on a sliding scale fee.

Confidentiality:

Any information obtained during this study by the researcher, which could identify you, will be kept confidential. However, with the nature of information sharing in focus groups, the researcher has no control over what is shared by participants outside of the room. It will be stressed that what is shared within the focus groups be kept private however, there is a chance for a breach in confidentiality. All information shared with the researcher will be stored in a password-protected computer and in a password protected storage database. The data will only be seen by the principle investigators during the study, and will be discarded immediately after the study report is finalized in May 2015. The information obtained in this study may be published in scientific journals or presented at professional conferences but the individuals will be unidentifiable.

Opportunity to Ask Questions:

You may ask questions concerning this research by contacting one of the investigator(s) listed below. If you would like to speak to someone else, please contact Research Compliance Services Office at (402) 472-6926 or irb@unl.edu

Freedom to Withdraw:

Participation in this study is voluntary. You can refuse to participate or withdraw at any time without harming your relationship with the researchers or the University of Nebraska-Lincoln, or in any other way receive a penalty or loss of benefits to which you are otherwise entitled.

Consent, Right to Receive a Copy:

You are voluntarily making a decision whether or not to participate in this research study. By signing this form certifies that you have decided to participate having read and understood the information presented.

Name and Phone Number of Investigator(s)

Shannon Ford, Graduate Assistant, Principal Investigator, Shannon.ford@huskers.unl.edu or (816) 872-0780
Deb Mullen, Ph.D. Associate Dean of Education and Human Sciences and Research Advisor, Dmullen1@unl.edu or (402) 474-5426

Signature: _____ Date: _____

Appendix E Recruitment Email



COLLEGE OF EDUCATION AND HUMAN SCIENCES
Office of the Dean

Dear Student:

I am an Associate Dean in the College of Education and Human Sciences. In order to earn a masters' degree in Higher Education our graduate students are required to do original research and prepare a thesis. My advisee, Shannon Ford, is conducting a research study on first-year student's perceptions of wellness. Participation in this study will entail the completion of a 36-question survey with the option to take part in a focus group to discuss survey results further in detail. Participating in the survey will take 10 minutes of your time and the focus group, will take approximately 30-60 minutes of your time. Participants who choose to take part in the focus groups will have the opportunity to be put into a drawing for a \$25 gift card of their choice to a local restaurant. The odds for receiving the gift card are 1/30. The winner of the gift card will be notified no later than January 31, 2015. Participation in this research study is voluntary and at any point you feel uncomfortable you have the option of opting out. If you are interested in participating, please follow the link below for the survey.

https://unleducation.az1.qualtrics.com/SE/?SID=SV_3QqPyzWmUa49BZP

Please participate in the survey by January 25th.

If you have any questions, please feel free to contact either Shannon or myself.

Shannon Ford, Graduate Assistant, Principal Investigator
Shannon.ford@huskers.unl.edu or (816) 872-0780

Deb Mullen, Ph.D., Associate Dean of Education and Human Sciences and Research Advisor
Dmullen1@unl.edu or (402) 474-5426

Regards,

Debra Mullen, Ph.D

Appendix F Focus Group Email and Focus Group Reminder Email



COLLEGE OF EDUCATION AND HUMAN SCIENCES
Office of the Dean

Focus-Group Meeting Time Message

Hello, [Name]:

You have expressed interest in participating in two follow-up focus groups regarding first-year students' perceptions of wellness. To accommodate your schedule please fill out the doodle poll below to find the most available time.

<http://doodle.com/4xhiawa8n4qz87fr> (Focus-group 1)

If you have any questions, please contact:

Shannon Ford, Graduate Assistant, Principal Investigator
Shannon.ford@huskers.unl.edu or (816) 872-0780

Or

Deb Mullen, Ph.D., Associate Dean of education and Human Sciences and Research Advisor.
Dmulled1@unl.edu or (402) 472-5426

Thank you again for your participation!

Shannon Ford

Reminder Message

Good Afternoon [Name]:

You expressed interest in participating in the follow-up focus group regarding first-year students' perceptions of wellness. The focus group you are scheduled to attend is on [date] at [time]. The focus group will be conducted at [location]. If you have any questions, please contact:

Shannon Ford, Graduate Assistant, Principal Investigator
Shannon.ford@huskers.unl.edu or (816) 872-0780

Or

Deb Mullen, Ph.D., Associate Dean of education and Human Sciences and Research Advisor.
Dmulled1@unl.edu or (402) 472-5426

Thank you gain for your participation!

Shannon Ford

Appendix G Perceived Wellness Survey

Perceived Wellness Survey

The following statements are designed to provide information about your wellness perceptions. Please carefully and thoughtfully consider each statement, then select the one response option with which you most agree.

	Very Strongly Disagree						Very Strongly Agree
1. I am always optimistic about my future.	1	2	3	4	5	6	
2. There have been times when I felt inferior to most of the people I knew.	1	2	3	4	5	6	
3. Members of my family come to me for support.	1	2	3	4	5	6	
4. My physical health has restricted me in the past.	1	2	3	4	5	6	
5. I believe there is a real purpose for my life.	1	2	3	4	5	6	
6. I will always seek out activities that challenge me to think and reason.	1	2	3	4	5	6	
7. I rarely count on good things happening to me.	1	2	3	4	5	6	
8. In general, I feel confident about my abilities.	1	2	3	4	5	6	
9. Sometimes I wonder if my family will really be there for me when I am in need.	1	2	3	4	5	6	
10. My body seems to resist physical illness very well.	1	2	3	4	5	6	
11. Life does not hold much future promise for me.	1	2	3	4	5	6	
12. I avoid activities which require me to concentrate.	1	2	3	4	5	6	
13. I always look on the bright side of things.	1	2	3	4	5	6	
14. I sometimes think I am a worthless individual.	1	2	3	4	5	6	
15. My friends know they can always confide in me and ask me for advice.	1	2	3	4	5	6	
16. My physical health is excellent.	1	2	3	4	5	6	
17. Sometimes I don't understand what life is all about.	1	2	3	4	5	6	
18. Generally, I feel pleased with the amount of intellectual stimulation I receive in my daily life.	1	2	3	4	5	6	
19. In the past, I have expected the best.	1	2	3	4	5	6	
20. I am uncertain about my ability to do things well in the future.	1	2	3	4	5	6	
21. My family has been available to support me in the past.	1	2	3	4	5	6	
22. Compared to people I know, my past physical health has been excellent.	1	2	3	4	5	6	
23. I feel a sense of mission about my future.	1	2	3	4	5	6	
24. The amount of information that I process in a typical day is just about right for me (i.e., not too much and not too little).	1	2	3	4	5	6	
25. In the past, I hardly ever expected things to go my way.	1	2	3	4	5	6	
26. I will always be secure with who I am.	1	2	3	4	5	6	
27. In the past, I have not always had friends with whom I could share my joys and sorrows.	1	2	3	4	5	6	
28. I expect to always be physically healthy.	1	2	3	4	5	6	
29. I have felt in the past that my life was meaningless.	1	2	3	4	5	6	
30. In the past, I have generally found intellectual challenges to be vital to my overall well-being.	1	2	3	4	5	6	
31. Things will not work out the way I want them to in the future.	1	2	3	4	5	6	
32. In the past, I have felt sure of myself among strangers.	1	2	3	4	5	6	
33. My friends will be there for me when I need help.	1	2	3	4	5	6	
34. I expect my physical health to get worse.	1	2	3	4	5	6	
35. It seems that my life has always had purpose.	1	2	3	4	5	6	
36. My life has often seemed void of positive mental stimulation.	1	2	3	4	5	6	

Appendix H Semi-structured Focus Group Protocol



COLLEGE OF EDUCATION AND HUMAN SCIENCES
Office of the Dean

First-Year Students' Perceptions of Wellness Study Overview and Focus Group Protocol

The purpose of this study is to understand how first-year full time students at a public, four-year institution, view wellness. You are invited to participate in this study because you are a first-year UNL student 19 years of age or older. When doing research on wellness, most research focuses on a particular area of wellness. The researcher wants to explore whether first-year students have narrow perception on wellness or if they view their wellness holistically in all 6 dimensions as defined by the National Wellness Institute.

Primary Research Question(s):

- What are first-year students' perceptions of wellness?

First Focus-Group Interview Questions:

1. What is your definition of wellness?
2. How do you know when you are "well?"
3. How often do you evaluate your wellness?
4. If you perceive yourself as not being well what do you do?
5. What is the most important aspect of being well to you?