

Designing and Implementing Employee Wellness Frameworks: An Action Research Approach

by

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MBA, Royal Roads University, 2009

BA, University of Victoria, 2000

A Dissertation Submitted in Partial Fulfillment  
of the Requirements for the Degree of

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We acknowledge and respect the ləkʷəŋən peoples on whose traditional territory the university stands and the Songhees, Esquimalt and W̱SÁNEĆ peoples whose historical relationships with the land continue to this day.

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## **Abstract**

The study is conducted through qualitative action research and has two research questions. The primary question is: What are the components of an employee wellness framework in the context of a post-secondary institution? The secondary question is: How can Langara College design and implement a viable framework for employee wellness that builds on their current initiatives?

Through semi-structured interviews, data was collected from the Langara Employee Wellness Promotion Committee. In addition, data was collected through the review of internal college documents, intranet sites, and the college website. An external literature review was also conducted to inform the study's recommendations. The findings of the study revealed that there is not one singular framework for implementing employee wellness in post-secondary institutions; frameworks must be designed to meet the unique needs of each institution and its stakeholders. This aligns with the current knowledge that was revealed while conducting the external literature review.

The presented employee wellness framework is research-informed and transferable to any post-secondary institution. The Langara College recommendations for implementation can also inform the approaches of other institutions. Implications for future research are also discussed.

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## **Dedication**

To my advisory committee, John Meldrum, Caroline Dickson, and Jean Buckler, your mentorship, wisdom, guidance, and positivity have been instrumental in shaping this dissertation. I am incredibly grateful to have worked with you all on this project.

To my family and friends, thank you for your love, support and confidence in me. I am so lucky to have you all in my life. Oma and Opa, I know you would be proud.

To Theo Hall, my dear friend, and to our four-legged loved ones Gigi and Boyo – thank you for listening patiently and for your moral support and advice throughout the past three years.

To the employees at Langara College, thank you for your willingness to contribute to this study. My hope is that the findings will result in improved wellness for our community.

Lastly to all post-secondary employees, I hope the findings of this dissertation and all studies to follow may positively impact your wellness.

## Chapter 1: Introduction

### 1.1 Background

Higher education plays a central role in all aspects of the development of individuals, communities, societies, and cultures — locally and globally (*Okanagan Charter*, 2015). The Okanagan Charter, which was an outcome of the 2015 International Conference on Health Promoting Universities and Colleges/VII International Congress states, “Health Promoting Universities and Colleges (HPU) transform the health and sustainability of our current and future societies, strengthen communities and contribute to the well-being of people, places and the planet” (*Okanagan Charter*, 2015).

A component of the Health Promoting University strategy is the delivery of employee wellness programs. Although the Health Promoting Universities concept, which promotes health and well-being in post-secondary education in accordance with the Okanagan Charter, has been developed and implemented in numerous countries (*Okanagan Charter*, 2015), documentation of the design and implementation process has been poorly captured (Suárez-Reyes & Van den Broucke, 2016). In addition, evidence of a singular successful wellness model serving employees in post-secondary education institutes has been described as scarce (Suárez-Reyes & Van den Broucke, 2016).

Over the past 13 years as a current faculty member, and as a past Department Chair in post-secondary (Langara College), the researcher has witnessed the increasing health and wellness challenges that employees (and students) face. With growing recognition of the importance of health promotion in higher education settings through the Health Promoting Universities initiative, the calls to action in the Okanagan Charter, and through personally seeing the impact that external factors such as the COVID-19 pandemic and the speed of enhancing technology have had on post-secondary employees, exploring the design and implementation of employee wellness frameworks was a very relevant topic to explore for a recreation and wellness instructor and enthusiast interested in completing a PhD.

The findings from the action research conducted by the researcher, documented in the following chapters of this dissertation, have the potential to provide resources to help post-secondary education institutions design and implement employee wellness frameworks. In turn, this can build Health Promoting Universities and Colleges and enhance and support the wellness of post-secondary employees worldwide.

It was also very important to the researcher that the outcome of this dissertation would have practical value to her own community, hence Langara College was chosen as the institution of study. The balance of this dissertation describes the process and outcomes that the researcher experienced in order to better understand how to design and implement viable employee wellness frameworks specifically at Langara College in Vancouver, British Columbia, Canada, an institution that signed on to the Okanagan Charter in November 2018.

Throughout this document Erin Wilkins, the author and researcher, will be identified as “the researcher.” As suggested by Mertler, this third person voice is recommended when writing action plan reports in order to “remove any and all bias and subjectivity from the perspective of the researcher and let only the data communicate to the reader” (Mertler, 2016, p. 237).

While conducting research within one’s own institution and with experiences delivering wellness education, the researcher may face potential, actual, and perceived biases. First, having experienced the employee wellness programs that Langara College is currently delivering could potentially impact the analysis of the college’s current programs and services. In addition, having experience supporting others in their wellness journeys may influence the researcher’s recommendations based on her personal experiences rather than what was learned from the research. Both of these biases were discussed by the researcher with her PhD supervisor at the start of the action research process and attention has been given to ensure that what is reported in this dissertation is in fact research-informed and not a personal reflection.

## **1.2 Purpose of the Study**

The primary purposes of the study are to contribute to the development of effective workplace wellness frameworks in order to inform academic study in this area and to support other organizations looking to use similar processes to develop their own specific wellness frameworks and programs. The secondary purpose of this study was to develop a viable, employee-focused and informed framework and implementation recommendations for workplace wellness at Langara College.

Through action research, the researcher investigated the current workplace wellness programs at Langara College and investigated best practices in employee wellness programming in post-secondary institutions worldwide in order to develop a post-secondary institution employee wellness framework, and specific implementation recommendations for Langara College.

## **1.3 About Langara College**

Located in Vancouver, BC, Canada, Langara College was founded in 1965 as part of Vancouver Community College. In 1970, the West 49th Avenue campus opened, and on April 1, 1994, Langara became an independent public college under the Provincial College and Institute Act. The College is also known as snəwəyəł leləm, meaning “house of teachings,” a name gifted by the Musqueam First Nation, on whose unceded traditional territory the campus is situated. Today, Langara stands as one of BC’s leading undergraduate institutions, offering University Studies, Career Studies, and Continuing Studies to over 23,000 students each year (Langara. *About Langara*, 2024).

Langara offers a variety of certificate, diploma, and bachelor’s degree programs in arts, business, science and technology, humanities and social sciences, and health. The college also offers numerous courses and certifications through their Continuing Studies programs. As of 2023, the college hosts 19,147 unique domestic and international students representing 100 countries as well as 246 students identifying as Indigenous. In 2023, 2,919 academic credentials were awarded, and 2,578

students participated in Continuing Studies programs (Langara. *About Langara: Langara at a Glance*, 2024).

Langara has approximately 2000 employees including faculty, administration, and staff. The college offers their employees a team-based, collaborative, and collegial work environment. They are committed to creating a diverse and inclusive workplace and welcome those who contribute to this diversity (Langara. *About Langara: Langara at a Glance*, 2024).

In November 2018, the College signed on to the Okanagan Charter, which would support intentions to become a Health Promoting University and, in turn, enhance and support employee wellness. The College currently offers a range of wellness programs and services for their employees through the People and Culture Department and appears to be committed to employee wellness as outlined in their Strategic Plan and their People Plan. As with all programming of this sort, the researcher feels that there is always room for evolution and improvement hence the research and recommendations that will be put forward in this dissertation.

The College SharePoint intranet site states that,

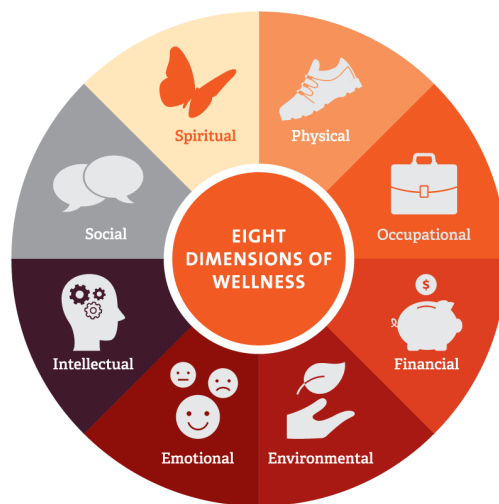
At Langara, well-being is approached from a holistic perspective using the Eight Dimensions of Wellness to support employee wellness. The eight dimensions include: physical, occupational, financial, environmental, emotional, intellectual, social, and spiritual. These eight dimensions are interconnected and important to achieving a well-rounded and balanced lifestyle. We offer programming in all dimensions of well-being (Langara College Intranet, *People and Culture*, n.d.).

Langara College has a dedicated People and Culture department that is responsible for employee wellness. In addition, there is a Wellness Promotion Committee comprised of a cross section of employees who guide the direction and implementation of wellness programming at the college. The college People and Culture intranet page states that

Langara’s Wellness Promotion Committee aims to promote a culture of employee wellness under the eight dimensions by providing education, resources, and opportunities for employees to participate in wellness-enhancing activities. The committee aims to empower employees to adopt habits and behaviours that contribute not only to their personal well-being but also support the diverse, collegial community at Langara College. (Langara College Intranet, *People and Culture*, n.d.)

**Figure 1**

*Eight Dimensions of Wellness*



*Note.* (Langara College Intranet, *People and Culture*, n.d.)

Investigation into all of the current wellness priorities, initiatives, and support services at the college will be key in the development of a wellness framework and recommendations for implementation.

#### **1.4 Significance of Study**

The findings from this study may contribute to a better understanding of the development of effective workplace wellness frameworks and initiatives that may inform both academic study in this

area and other organizations looking to use similar processes to develop their own specific wellness frameworks and programs. This study and its findings also have the potential to be incredibly impactful for Langara employees through the creation of a viable employee wellness framework and through the implementation of recommendations, contribute to an enhanced workplace wellness at the college. In addition, the study and outcomes can potentially support other post-secondary institutions in building Health Promoting Universities and Colleges, in order to enhance and support the wellness of post-secondary employees worldwide.

The framework developed will be research-informed and transferable to any post-secondary institution. The action research process taken to create the framework could be an innovative, research-informed template that other institutions could use to develop their own framework or build on and customize it to fit their organization.

### **1.5 Research Question**

**Primary:** What are the components of an employee wellness framework in the context of a post-secondary institution?

**Secondary:** How can Langara College design and implement a viable framework for employee wellness which builds on their current initiatives?

### **1.6 High-level Overview of Action Research Framework**

This study takes a qualitative approach using an action research framework. Action research is a research methodology that emphasizes the collaboration between researchers and practitioners to address real-world problems and bring about practical solutions. It involves a cyclical process of planning, acting, observing, and reflecting with the aim of improving practice and achieving positive change in a specific context (Mertler, 2016).

Langara College is actively implementing wellness initiatives driven by college administration, the People and Culture Department, and a primarily volunteer committee of college faculty and staff.

Given that the work has already started, action research provided a framework that will collaboratively honour the work that is currently being done, while finding ways to enhance the college wellness plan based on the external research conducted in the literature review and what is currently being implemented.

Additionally, using action research as a framework in a dissertation has been documented as a successful tool which provides external validity or transferability of the findings. The knowledge gained can also be transferred beyond the research institution and be used for greater good academically or in the community of practice (Herr & Anderson, 2015). As stated by Herr and Anderson, “The dissertation represents scholarship that generally makes knowledge claims that are generalizable, or transferable, beyond the immediate setting” (Herr & Anderson, 2015, p. 7).

### **1.7 Definition of Terms**

Throughout this document there are a number of terms or abbreviations that may be unfamiliar to the reader; they are defined clearly within their respective sections. However, the term “wellness” should be defined here and is paramount to the study. There are numerous definitions of wellness and the corresponding domains it includes, however, for the purpose of this study a holistic definition which incorporates multiple facets of wellness is being used, and the rationale is discussed below.

Wellness is a modern term with ancient origins, with key principles of prevention and holism that date back to ancient civilizations in India, China, Greece, and Rome. In 19th-century Europe and the United States, various intellectual, religious, and medical movements emerged alongside conventional medicine, emphasizing holistic and natural approaches, self-healing, and preventive care. These movements laid the groundwork for contemporary wellness. Since the 1960s and 1970s, wellness and holistic practices have gained prominence through the influence of numerous physicians and thinkers. These physicians, academics, practitioners, and ideas have shaped the healthy living, self-help, self-care,

fitness, nutrition, diet, and spiritual practices that now define the thriving wellness movement of the 21st century (*Global Weeness Institute*, n.d.).

A study was conducted and published in 2024 by 24 international and Finnish panelists to build consensus on the domains defining wellness. Prior to the study, a systematic literature review was carried out to identify various wellness domains. The review particularly emphasized models incorporating social, physical, and psychological dimensions, aligning with the World Health Organization's (WHO) widely recognized definition of health (Kauppi et al., 2024). The study revealed that while wellness is recognized as important, its definition varies widely, and there is no consensus on the specific domains that should be included and measured. Also, the terms wellness and well-being are often used interchangeably, leading to confusion with concepts like quality of life and subjective well-being. To address the challenge of defining wellness, researchers often identify its various characteristics or list its different domains. Some researchers emphasize psychological factors, while others also consider physical and social aspects. However, these differing interpretations have resulted in a wide range of conceptualizations of wellness, with little agreement on its domains. Consequently, although various models describe the same concept of wellness, their focuses differ significantly, with some models prioritizing psychological factors and others also considering physical, social, and occupational factors. The lack of consensus on the definition and domains of wellness makes it challenging to find and validate measures for assessing and improving wellness at individual, organizational, and societal levels (Kauppi et al., 2024). At the end of the study, wellness models were created by both Finnish and international panels. The Finnish panel included eight themes and 20 domains while the international panel consisted of five themes and 11 domains.

Given the lack of consensus in the domains of wellness leading to holistic health and honouring the fact that wellness is widely defined differently, the Global Wellness Institute's definition is used to

define wellness in this dissertation. The Global Wellness Institute defines wellness as: “the active pursuit of activities, choices and lifestyles that lead to a state of holistic health” (*Global Wellness Institute*, n.d.). The Global Wellness Institute’s definition was chosen because it comes from a nonprofit organization that is known for its comprehensive research and insights on wellness trends that covers multiple sectors within wellness. Researchers, journalists, and academic and industry leaders look to the Global Wellness Institute as the leading global resource for wellness industry research (*Global Wellness Institute*, n.d.). In addition, the Global Wellness Institute’s definition was chosen as it aligns with the WHO’s definition of wellness which includes the pursuit of holistic health, including social, physical, and psychological dimensions (*World Health Organization*, 2021). The WHO, also a globally recognized organization, is composed of a team of over 8,000 professionals including doctors, epidemiologists, scientists, and some of the world’s foremost experts in public health. Together, they lead global responses to health crises, advance wellness, prevent diseases, and work to expand healthcare access. By linking countries, communities, and partners with reliable scientific evidence, they aim to ensure everyone has an equal opportunity for a safe and healthy life (*World Health Organization*, 2021).

There are two key aspects to the WHO’s definition of wellness. First, wellness is an “active pursuit,” involving intentions, choices, and actions aimed at achieving optimal health and well-being. Second, wellness encompasses holistic health, meaning that it goes beyond physical health to include various dimensions that should work together harmoniously. Wellness is also an individual endeavour, as we are responsible for our choices, behaviours, and lifestyles. However, it is also heavily influenced by our physical, social, and cultural environments (*World Health Organization*, 2021).

The wellness components that will be referred to throughout this dissertation will reflect an eight domain or component model that Langara College uses which includes physical, mental, emotional, spiritual, social, environmental, occupational, and intellectual wellness. While the naming or categorizing of the components of wellness within various models is not always consistent, what is

consistent is that the components represent psycho-social (mental, emotional, spiritual, social) as well as physical dimensions, making the model holistic. This holistic approach to defining wellness is also seen in Langara's identified components of wellness and the WHO and Global Wellness Institutes definitions.

The naming of individual components of wellness is also inconsistent with indigenous models however again, all models represent a holistic approach which includes psychosocial and physical components. Indigenous wellness models are discussed in Chapter 2, and details of the eight components in the Langara model are explained further later in the document in Chapter 4, in which current college wellness initiatives are discussed.

*Well-being* is also a term that is used throughout this document and should be defined. The WHO defines well-being as "A positive state experienced by individuals and societies" (*World Health Organization, 2021*). Like health, well-being is a resource essential for daily life and is influenced by social, economic, and environmental factors. It includes not only quality of life but also the capacity of individuals and communities to contribute meaningfully to the world. Emphasizing well-being helps monitor the fair distribution of resources, overall prosperity, and sustainability. A society's well-being can be gauged by its resilience, ability to build capacity for action, and readiness to overcome challenges (*World Health Organization, 2021*). Well-being is referred to in numerous studies and resources which inform this dissertation. Since each author's definition of well-being is not always stated, the WHO's definition was chosen here as it provides a high-level, conceptual definition of how well-being can be perceived or understood.

Based on the researcher's understating of the definitions of wellness and well-being, wellness is primarily directed to achieving balanced holistic health in specific areas such as (but not limited to) physical, mental, emotional, spiritual, social, environmental, occupational, and intellectual health. Well-being, on the other hand is a broader, but also a holistic concept that encompasses one's overall life

satisfaction, happiness, and fulfillment. Wellness is directed to intentional actions aimed at health, while well-being is the state or feeling of fulfillment in life. Wellness can contribute to well-being, but well-being extends beyond the components of wellness to include satisfaction with life as a whole. Buxton et al. support the researcher's understanding of these inconsistencies and overlaps suggesting that definitions of wellness and well-being vary and that there are consistencies among many definitions of wellness, which highlights the multidimensional understanding of the concept's holistic approach and focus on life potential. Well-being, on the other hand, focuses more on the psychological state of satisfaction, the hedonic state of happiness, and the eudemonic sense of purpose or meaning (Buxton et al., 2019). They also suggest that regardless of the clarity of the definitions of health, wellness, and well-being, together the definitions of health, wellness, and well-being focus on balance. Health is to get well, wellness is to live well, and well-being is to be happy (Buxton et al., 2019).

*Workplace wellness* is another term central to this study; as such, it also needs to be defined at this stage of the dissertation. The Global Wellness Institute defines workplace wellness as “employer expenditures on programs, services, activities, and equipment aimed at improving their employees’ health and wellness” (*Global Wellness Institute*, n.d.). These expenditures typically aim to raise awareness, provide education, and offer incentives to encourage employees to adopt healthier lifestyles. Workplace wellness programs address various employee behaviours (such as lack of exercise, poor eating habits, smoking, and lack of sleep) and risk factors (including chronic illness, obesity, addiction, depression, and stress) (*Global Wellness Institute*, n.d.).

The final concept that requires a definition is *framework*. Since there is no universally accepted definition of a framework, a review of various definitions was conducted to establish one for this study. In addition, the definition and purpose of a framework are likely to differ across various disciplines and thematic fields (Cox et al., 2016).

Most frameworks are structured by identifying a set of concepts and their general relationships, often depicted as box-and-arrow diagrams that remain loosely defined. This characteristic presents both advantages and challenges. On one side, the primary function of frameworks is to organize foundational theoretical or conceptual ideas—if they were more detailed, they would qualify as models. Conversely, frameworks often exhibit a “black box” quality, where the rationale for including certain concepts and relationships, while excluding others, is not always transparent. The design of frameworks are frequently influenced by the creators’ perspectives on the purpose of the work they are conducting (Partelow, 2023).

Schlager states that “frameworks provide a foundation for inquiry” (Partelow, 2023, p. 3) and Cumming adds that this “does not necessarily depend on deductive logic to connect different ideas” (Partelow, 2023, p. 3). Binder et al. suggest that a framework offers a set of assumptions, concepts, values, and practices, highlighting the normative or inherently subjective reasoning involved in framework development, a core theme being plurality and connectivity (Binder et al., 2013). Similarly, McGinnis and Ostrom define frameworks as “the basic vocabulary of concepts and terms that may be used to construct the kinds of causal explanations expected of a theory (McGinnis & Ostrom, 2014a, p. 1). The Cambridge Dictionary states that frameworks are “a supporting structure around which something can be built; a system of rules, ideas, or beliefs that is used to plan or decide something” (*Cambridge Dictionary*, n.d.).

For the purpose of this study, the Cambridge Dictionary definition will be used to define a framework as the proposed framework to answer the research questions includes research-informed ideas and beliefs that can be used to plan and decide on the design and implementation of an employee wellness framework for post-secondary institutions. The Cambridge Dictionary definition aligns with Binder et al., including a set of assumptions, concepts, values, and practices included in framework development. In addition, this aligns with the overall theme of connectivity described by Binder et al.

and McGinns and Ostrom's definition that suggests frameworks are the basic vocabulary of concepts and terms that may be used to construct the kinds of causal explanations expected of a theory (Partelow, 2023). The proposed employee wellness framework created for this dissertation includes themes with descriptive basic vocabulary and descriptions to guide the implementation of an employee wellness plan for post-secondary institutions.

## **Chapter 2: Literature Review**

### **2.1 Overview**

Chapter two provides an analysis of literature related to employee wellness. The topics of the review were curated by the researcher with support from her PhD supervisor and her committee, to ensure that the research conducted was in alignment with answering the research questions. The result of this work examines eight distinct areas of the literature including two areas that were addresses as systematic reviews by the researcher. The topic areas included are listed below:

- The Okanagan Charter
- Systematic Review: Employee Wellness in Post-Secondary
- Systematic Review: Wellness Courses
- Honouring Indigenous Ways in Wellness Promotion
- COVID-19 and Employee Wellness
- Implementation Science
- Measuring Employee Wellness

### **2.2 Okanagan Charter**

#### ***Introduction***

The Okanagan Charter was an outcome of the 2015 International Conference on Health Promoting Universities and Colleges / VII International Congress. The conference was held at the UBC Okanagan campus in Kelowna, British Columbia, and engaged 225 policy makers, students, administrators, practitioners, and researchers from 45 countries. At the conference, the Charter was reviewed and refined by a writing team and 380 delegates before delegates and leaders signed a pledge on the final day to take the Charter back to their settings to inspire action in the creation of Health Promoting Universities and Colleges (*Okanagan Charter, 2015*).

The purpose of the Okanagan Charter is threefold:

1. Guide and inspire action by providing a framework that reflects the latest concepts, processes, and principles relevant to the Health Promoting Universities and Colleges movement, building upon advances since the 2005 Edmonton Charter.
2. Generate dialogue and research that expands local, regional, national, and international networks and accelerates action on, off, and between campuses.
3. Mobilize international, cross-sector action for the integration of health in all policies and practices, thus advancing the continued development of Health Promoting Universities and Colleges (*Okanagan Charter, 2015*).

The charter includes an action framework for higher education and provides two calls to action with key action areas and overall principles that together guide the development of Health Promoting Universities and Colleges.

Two calls of action for higher education institutions are as follows:

1. Embed health into all aspects of campus culture, across the administration, operations, and academic mandates.
  - I. Embed health in all campus policies.
  - II. Create supportive campus environments.
  - III. Generate thriving communities and a culture of well-being.
  - IV. Support personal development.
  - V. Create or re-orient campus services.
2. Lead health promotion action and collaboration locally and globally.
  - I. Integrate health, well-being, and sustainability into multiple disciplines to develop change agents.
  - II. Advance research, teaching, and training for health promotion knowledge.
  - III. Lead and partner towards local and global action for health promotion.

The key principles for action are as follows:

- Use settings and whole systems approaches.
- Ensure comprehensive and campus-wide approaches.
- Use participatory approaches and engage the voices of students and others.
- Develop trans-disciplinary collaborations and cross-sector partnerships.
- Promote research, innovation, and evidence-informed action.
- Build on strengths.
- Value local and Indigenous communities' contexts and priorities.
- Act on existing universal responsibility.

*(Okanagan Charter, 2015)*

### **Relevance**

Post-secondary education institutions are communities where diverse populations come together to work, to learn, and to develop skills to become future leaders in their fields of study and in their communities. Higher education plays a central role in all aspects of the development of individuals, communities, societies, and cultures, locally and globally (*Okanagan Charter, 2015*). Attention to wellness and well-being in post-secondary institutions creates an opportunity to transfer health promoting skills and attitudes into communities (*Okanagan Charter, 2015*). The Charter states, "Health promoting universities and colleges transform the health and sustainability of our current and future societies, strengthen communities and contribute to the well-being of people, places and the planet" (*Okanagan Charter, 2015*). The Okanagan Charter was chosen to be included in this literature review as it has been developed by policy makers, students, administrators, practitioners, and researchers from around the world to support and facilitate post-secondary institutions in delivering employee wellness on campus and in communities, which is directly related to the research question for this dissertation.

The concept of post-secondary education institutions as a conduit to individual, communal, societal, local, and global development is well documented. As stated in the Charter, Health promoting universities infuse health into everyday operations, business practices and academic mandates. By doing so health promoting universities and colleges enhance the success of our institutions; create campus cultures of compassion, wellbeing, equity and social justice; improve the health of the people who live, learn, work, play and love on our campuses; and strengthen the ecological, social and economic sustainability of our communities and wider society. (*Okanagan Charter, 2015*)

The relevance and principles of the Charter are not necessarily the question of interest in this review. Instead, the focus is on how to implement the principles of the Charter at post-secondary institutions and with associated challenges. As the results of the systematic review on employee wellness in post-secondary indicated, evidence of a singular successful wellness model serving employees in post-secondary education institutes is scarce. The Health Promoting Universities concept, which promotes health and well-being in post-secondary education in accordance with the Okanagan Charter, has been developed and implemented in numerous countries (*Okanagan Charter, 2015*). However, documentation of the design and implementation process is poorly captured (Suárez-Reyes & Van den Broucke, 2016).

Based on the Charter itself, a number of limitations were identified by the researcher which may (or may not) contribute to the success or failure of implementation. Some limitations may include (and are not limited to):

1. *Alignment with the college academic and strategic plans*: prioritizing university/college-wide wellness among many other institutional priorities may be challenging.

2. *Lack of financial and human resources*: allocation and prioritization of funding and personnel to design, implement, and maintain institutional change may limit the success of health and wellness programming.
3. *Education and cultural acceptance*: Employees and staff may not be aware or have full understanding of the importance and impact of personal and organizational wellness. Resistance to change or little buy-in, or priority from employees and students based on the current culture, may impact the success of the wellness initiatives.
4. *Engagement and support*: Resistance to change based on the current culture may impact the success of the wellness initiatives. Lack of engagement and support of all stakeholders throughout the design, implementation, and delivery process may limit the overall success.
5. *Sustainability*: Long-term sustainability will depend on college/university priorities and policy development, financial stability, human resources, and the leadership of those in power. In addition, long-term support for all employees and students will be key to ensure the initiatives are prioritized and sustainable.

### ***Summary***

The Okanagan Charter is relevant and very well supported in design. Given the limited evidence supporting a one-size-fits-all approach to implementation and recognizing that each institution's design needs to cater to its specific demographic, the process may be difficult to standardize. The limitations identified by the researcher support the rationale of the recommendations proposed in Chapter 4.

### **2.2 Systematic Review: Employee Workplace Wellness In Post-Secondary**

After the review of the Okanagan Charter, and recognizing its lack of detail on implementation, the researcher (along with her supervisor) felt that it would be valuable to complete a systematic review to investigate documentation on best practices in workplace wellness programming in post-secondary

institutions. This review was purposed to inform future program design and implementation recommendations and support answering the research questions of the dissertation.

The following systematic review was conducted and presented using the Preferred Reporting Items for Systematic Reviews (PRISMA) and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist. The checklist was published in 2019 and used as a template for the following systematic review. The PRISM 2019 Checklist can be found at <https://www.prisma-statement.org/scoping>.

## **1. Title**

A Systematic Review of Employee Workplace Wellness Programs in Post-Secondary Education Institutions from 2016–2021 (January 1, 2016–December 31, 2022)

## **2. Abstract/Structured Summary**

*Background:* Evidence of a singular successful wellness model serving employees in post-secondary education institutes is scarce. The Health Promoting Universities concept, which promotes health and well-being in post-secondary education in accordance with the Okanagan Charter, has been developed and implemented in numerous countries (*Okanagan Charter, 2015*). However, the implementation process is inadequately documented (Suárez-Reyes & Van den Broucke, 2016). The purpose of this systematic review is to investigate documentation on best practices in workplace wellness programming in post-secondary institutions to inform future program design and implementation.

*Objectives:* To identify employee wellness programs, models, and best practices in post-secondary education institutions and in addition, to identify theories, philosophies and/or models that guide the creation of wellness programming.

*Eligibility Criteria:* The criteria used to support this systematic review includes:

- Post-secondary institutions/higher education wellness programs
- Publications between January 1, 2016–December 31, 2022
- Peer reviewed publications

- English publications

#### *Sources of Evidence:*

- 105 documents were included in the study, and after screening, 24 records remained to inform the systematic review.

The information sources in the search were:

- Academic Source Complete
- Business Source Complete
- SPORT Discus
- MEDLINE

#### *Charting Methods*

Data sought for retrieval was charted to identify specific criteria to ensure that the sources of evidence would provide the depth and breadth for further analysis to support the objectives of the systematic review. After initial charting based on eligibility criteria, the following eligible outcomes were crafted:

- wellness program design, resources, best practice and/or evaluation present
- theories, philosophies, or models to guide creation of workplace wellness present

Records that did not meet the above criteria were removed. Twenty-four records were assessed as eligible for the systematic review.

#### *Results*

During the synthesis of the results, three underlying themes were identified in relation to the review questions and objectives. First, a “Whole University or Whole System” approach to workplace wellness programming was threaded throughout numerous records. A second theme identified was the presence and effectiveness of practices that focused on engagement and support of the participants within university workplace wellness programs. Lastly, the importance of designing evidence-based

programs based on needs assessments and ensuring program design is fit for the specific demographic and sociographic community they serve was identified.

### *Conclusion*

The results of the systematic review suggested that there is no evidence of a singular successful workplace wellness model serving employees in post-secondary education institutions. This is not surprising, given that best practices and themes identified in the review suggest that honouring the uniqueness of the institution and its population are key in creating a successful workplace wellness program. To address best practices more thoroughly in workplace wellness programming, further research is recommended on the Okanagan Charter and the Health Promoting Universities framework, support tools and models for workplace wellness implementation plans, and post-secondary institutions that have designed successful workplace wellness programs in accordance with the Okanagan Charter.

Key words: workplace wellness, post-secondary education, systematic review, health promoting university, Okanagan Charter

### **Introduction**

#### **3. Rationale**

Post-secondary education institutions are communities where diverse groups unite to work, learn, and develop the skills needed to become future leaders in their fields and communities. Higher education plays a central role in all aspects of the development of individuals, communities, societies, and cultures, locally and globally (*Okanagan Charter, 2015*). Attention to wellness and well-being in post-secondary institutions creates an opportunity to transfer health promoting skills and attitudes into communities at large (*Okanagan Charter, 2015*).

The Okanagan Charter, which was an outcome of the 2015 International Conference on Health Promoting Universities and Colleges/VII International Congress, states “Health promoting universities and colleges transform the health and sustainability of our current and future societies, strengthen

communities and contribute to the well-being of people, places and the planet” (*Okanagan Charter*, 2015).

They] infuse health into everyday operations, business practices and academic mandates. By doing so...[they] enhance the success of our institutions; create campus cultures of compassion, wellbeing, equity and social justice; improve the health of the people who live, learn, work, play and love on our campuses; and strengthen the ecological, social and economic sustainability of our communities and wider society. (Dooris et al., 2018)

The Charter was an outcome of the 2015 international Health Promoting Universities and Colleges conference which was held in Kelowna, British Columbia. Researchers, practitioners, administrators, policy makers and students from 45 countries were engaged in the Charter development process (*Okanagan Charter*, 2015).

The purpose of the Okanagan Charter is threefold:

1. Guide and inspire action by providing a framework that reflects the latest concepts, processes, and principles relevant to the Health Promoting Universities and Colleges movement, building upon advances since the 2005 Edmonton Charter.
2. Generate dialogue and research that expands local, regional, national, and international networks and accelerates action on, off, and between campuses.
3. Mobilize international, cross-sector action for the integration of health in all policies and practices, thus advancing the continued development of Health Promoting Universities and Colleges (*Okanagan Charter*, 2015).

The Charter provides two calls to action with key action areas and overall principles that together guide the development of Health Promoting Universities and Colleges.

The purpose of this systematic review is to investigate whether there is documentation to provide post-secondary institutions that are interested in creating Health Promoting Universities and workplace wellness programs, in accordance with the Okanagan Charter, with a systematic review of peer-reviewed records on best practices, theories, and models used to design successful wellness programs. Post-secondary institutions should have the best available evidence or information to assess when designing similar programs.

Two somewhat similar systematic reviews were included in the records. One focused on cultural implications in designing workplace wellness programs, the other investigated the Health Promoting University concept, resources, and best practices. Both concluded that resources on initiatives incorporated into Health Promoting University workplace wellness best practices are scarce.

#### **4. Objectives**

The objectives are to identify employee wellness programs, models, and best practices in post-secondary education institutions and in addition identify theories, philosophies, and/or models that guide the creation of wellness programming.

#### **Methods:**

##### **5. Protocol and Registration**

No review protocol exists for this Systematic Review.

##### **6. Eligibility Criteria**

The eligibility criteria for the systematic review are as follows:

- **Publications between January 1, 2016–December 31, 2022.** Recent publications were chosen due to the ever-changing needs of employees, and the impact of the external environment on wellness issues and trends. Issues such as mental health awareness and acceptance, climate change, and COVID-19 all impact employee wellness, hence, a five year time period was chosen for the systematic review.

- **English**
- **Peer-reviewed.** In order to ensure the information reviewed was as objective as possible, only peer-reviewed sources were selected.

## **7. Information Sources**

The following information sources were accessed through EBSCOhost:

- Academic Source Complete
- Business Source Complete
- SPORT Discus
- MEDLINE

The most recent search was completed on January 19, 2023. The above information sources were identified in consultation with a librarian who is a subject area specialist.

## **8. Search**

The search strategy was developed in consultation with a Langara College librarian who is a subject area specialist in wellness. Search words and phrases were identified through preliminary research by the author, and in collaboration with the subject area librarian when focusing the topic of this systematic review.

A primary and secondary search were conducted. In the primary search the databases were combined as the key words and phrases were appropriate for all four databases. In the primary search, prior to including the limitations, hundreds of resources were identified. These have not been included in the numbers of records identified in the flow chart below, as the five-year criteria was deemed important, as discussed above. The secondary search includes an additional search phrase (Health Promoting University/Universities), in addition to the search phrases in the primary search. The search phrase “Health Promoting University/Universities” was not included in the primary search as it limited the breadth of the primary search, and some resources were missed when searching the phrases

together. Health Promoting University was included as a separate secondary search due to the relevance of the concept to the systematic review.

The search criteria used to identify sources of evidence via EBSCO host follows.

**Primary Search:**

Limiters: Peer-reviewed, Published Date: 20160101-20221231

Expanders: Apply related words; Apply equivalent subjects

Narrow by Language: English

Search modes: Find all my search terms

Search phrases: (workplace wellness program or worksite wellness program) AND SU (higher education or university or college or post-secondary or postsecondary)

98 documents retrieved, results found (with English, Peer-reviewed, 2016–2022)

18 duplicates removed

Total 80

**Secondary Search:**

Limiters: Peer-reviewed; Published Date: 20160101-20221231

Expanders: Apply related words; Apply equivalent subjects

Narrow by Language: English

Search modes: Find all my search terms

Search phrases:

("health promoting university" or "health promoting universities ") AND SU (higher education or university or college or post-secondary or postsecondary)

35 documents found (with English, Peer-Reviewed, 2016-2022)

10 duplicates removed

25 total

## **9. Selection of Sources of Evidence**

Once the primary and secondary search were completed through EBSCO, 133 records were identified for further investigation; 28 records were removed as they were duplicates, leaving 105 records for screening. The screening and selection process was broken into phases.

### **Phase 1:**

The researcher independently reviewed titles and abstracts of the 105 records, removing records that did not meet the Phase 1 eligibility criteria. No automated tools were used in the screening and selection process.

### **Eligibility Criteria:**

- Focus on post-secondary institutions' wellness programs for employees
- Focus on wellness as a whole (not one specific area, i.e., physical health)
- Focus on wellness program design, content, and evaluation (rather than a singular part, i.e., needs assessment)
- Focus on theories, philosophies, or models to guide creation of wellness programs

### **Records were excluded if they were:**

- Focused on students rather than employees
- Focused on specific health prevention strategies rather than wellness as a whole (i.e., diabetes, blood pressure, obesity)
- Focused on issue identification rather than program design, content, and evaluation
- Focused on needs assessment and nothing further

### **Phase 1 Summary:**

- 105 records were screened
- 77 records were excluded
- 28 were sought for retrieval and moved to Phase 2

## **Phase 2**

In phase 2, 28 records were screened and charted. Records that did not include the eligible outcomes were removed.

### **Phase 2 Summary:**

- 28 records were screened
- 24 records were sought for retrieval and moved to Phase 3

## **Phase 3**

In phase 3, 24 records which met eligible outcomes were further screened and categorized based on eligible outcomes to ensure eligibility criteria provided records to meet systematic review objectives.

### **Phase 3 Summary:**

- All 24 documents were deemed eligible to be included in the review.

## **10. Data charting process**

Data sought for retrieval in Phase 2 was charted to identify key information to ensure that the sources of evidence would provide the depth and breadth for further analysis to support the objectives of the systematic review. Each report was reviewed, and the following characteristics were recorded:

- Title
- Publication date
- Location of study
- Objective
- Target group studies
- Population size
- Methodology (quantitative/qualitative)
- Outcome identified (listed below)

## **11. Data items**

The following outcomes were sought after in Phase 2 records. If the outcomes were present in the reports, they were moved to Phase 3. The outcome domains were created to align with the objectives of the systematic review. No changes were made to the outcome domains throughout the process.

Eligible outcomes were broadly categorized as follows:

- Wellness program design, resources, best practice and/or evaluation present
- Theories, philosophies, or models to guide creation of workplace wellness present

After screening the reports, records were removed that did not meet the criteria.

### **Assumptions**

During the data collection, the researcher was mindful not to allow her personal experience in post-secondary education to guide her analysis of the data. Her assumption that post-secondary education institutions do not communicate their wellness initiatives adequately to employees was identified as a bias. This bias was communicated with her supervisor and collaboratively checked to ensure it was not reflected through the data collection and analysis process.

### **12. Critical Appraisal of Individual Sources of Evidence**

N/A for this systematic review.

A formal critical appraisal of individual sources of evidence was not performed within this systematic review. The rationale for this decision was twofold. First, the records retrieved were primarily qualitative. This made it challenging to create specific criteria to objectively appraise and sort the evidence. Second, the records were diverse in content. Eligible outcomes for the data (Section 11) and characteristics of charting data were created (Synthesis of Results Section 13 /Table 1), however, the parameters and details by which the records were charted were high-level which made it challenging to create an objective analytical data collection process. The researcher and her supervisor felt that the

characteristics of data charting which were used during the synthesis of the results were appropriate and sufficient to appraise the individual sources of evidence.

### **13. Synthesis of Results**

Given the diversity of the 24 records which were included in the study, data was charted and characterized into two categories:

1. Records discussed best practices which were defined as “an example of a workplace wellness program (or component of a program) accepted or prescribed as being correct or effective,” which was therefore a potential resource which was defined “as a workplace wellness related action or strategy which may be adopted in the future.”
2. Records contained reference to a theory that acts as a guiding principle in a model or activity related to workplace wellness, or a model itself was present which was defined as “a system used as an example to follow or imitate regarding the creation, implementation, or evaluation of workplace wellness.”

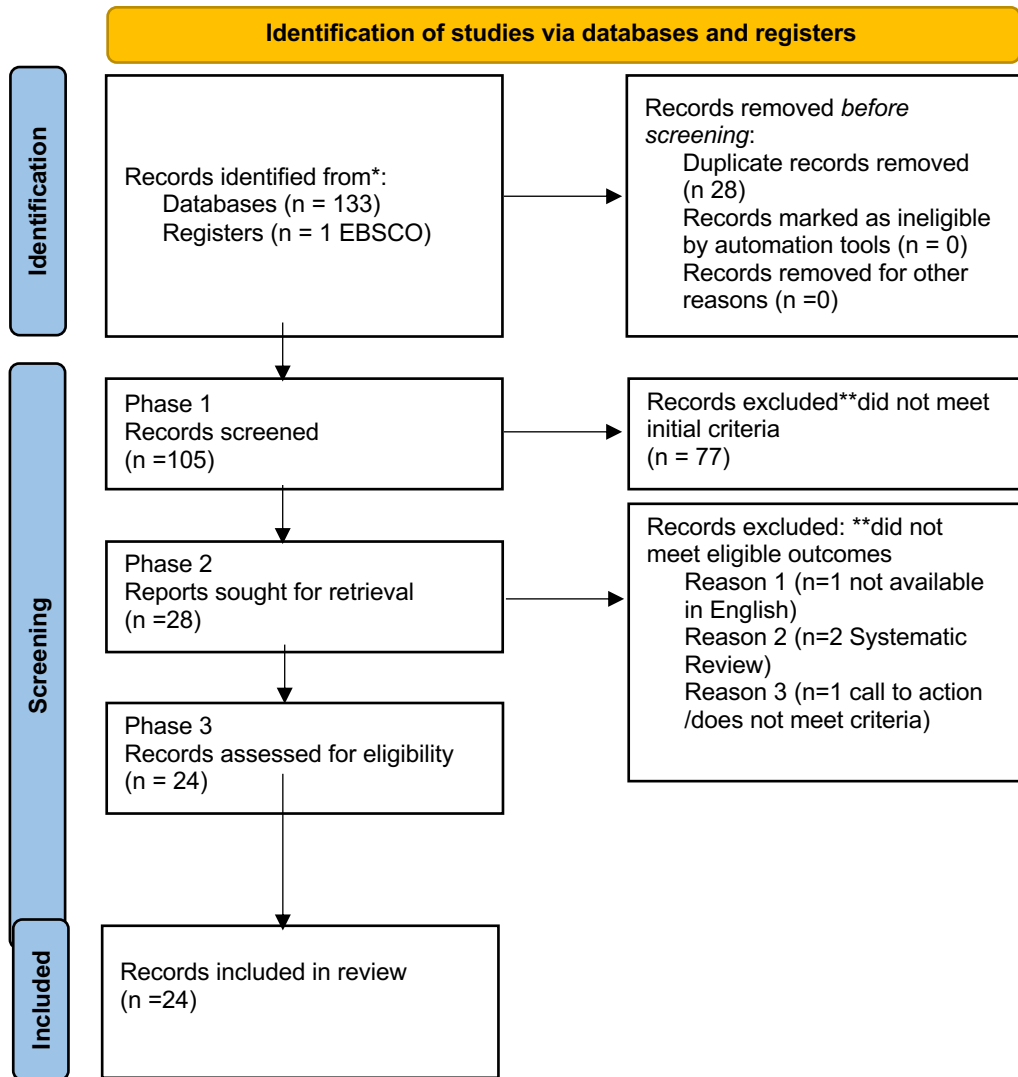
The data synthesis table in Appendix F outlines how data was summarized and charted.

### **Results:**

#### **14. Selection of Sources of Evidence**

Figure 2

Sources of Evidence Systematic Review Employee Wellness in Post-Secondary



### 15. Characteristics of Sources of Evidence

Eligible outcomes were broadly categorized as follows:

- Wellness program design, resources, best practice and/or evaluation present
- Theories, philosophies, or models to guide creation of workplace wellness present

Records were categorized by most prominent components and may contain one or more of the above factors; see table 1, "Characteristic for Charting."

## **16. Critical Appraisal Within Sources of Evidence**

N/A for this systematic review. See section 12, “Critical appraisal of individual sources of evidence.”

There are a number of reasons why a critical appraisal or meta-analysis was not used in this qualitative systematic review. First, the data collected was not heterogeneous in terms of participants, methodologies, interventions, or outcomes, therefore a meta-analysis could result in misleading conclusions. In addition, much of the data collected was incompatible. Different measurement scales were used to reach different outcomes for each study and the syntheses of the results of the qualitative studies were not aligned. After careful consideration, it was decided that a meta-analysis was not the best approach to synthesize that data in the results.

## **17. Results of Individual Sources of Evidence**

See Appendix F.

## **18. Synthesis of Results**

During the selection of the sources of evidence, it became clear to the researcher that there were two types of records that came up through the searches. First, records that discussed the Health Promoting Universities and the “whole university or whole systems” approach to implementing health-related strategies. These records were in alignment with the goals of the Okanagan Charter and were categorized as mainly “best practices” which therefore could become a potential resource for implementing “whole university or whole systems” strategies in Health Promoting Universities.

The second set of records were more focused and were categorized as records that contained theories or models related to workplace wellness to aid in implementation or evaluation of workplace wellness initiatives.

The distinction between the two groups of records (as noted in Section 15 and displayed in table 1, “Characteristics for Charting”) provided the researcher with a wide variety of information to synthesize while remaining focused on the objective of the systematic review.

During the synthesis of results in both sets of records, three themes were identified in relation to the review questions and objectives. A summary of the three themes present follows.

#### *Whole University or Whole System Approach*

The “whole university approach” (Dooris et al., 2020) or “whole systems approach” to building Health Promoting Universities (Suárez-Reyes et al., 2019) was identified as a common theme. The whole university approach focuses on an ecological model of health with a whole systems perspective aimed to embed ethos, culture, and structures in routine settings. It focuses on inclusivity and stakeholder involvement, participation, and empowerment in all stages of the workplace wellness plan development and implementation (Dooris et al., 2018).

While a whole systems approach which incorporates services collaboration into the creation of wellness programs within Health Promoting Universities is a common theme throughout the records, it should be noted that with health increasingly considered to be the responsibility of the entire university, the understanding of Health Promoting Universities and initiatives is continuously evolving (Suárez-Reyes et al., 2019).

Despite the growing interest in and attention to the the importance of the “healthy university,” there is lack of literature on the content of the healthy university, and how to implement such an approach” (Innstrand & Christensen, 2020, p. 72). This has been a common theme throughout the records reviewed. Throughout the records, initiatives have been discussed specific to focused areas or pieces of an implementation strategy (i.e., intervention programs, needs assessment) but no single implementation plan was noted as a best practice.

In summary, a whole university or whole systems approach was identified as a best practice for the development and implementation of workplace wellness programs in post-secondary education institutions.

#### *Engagement and Support*

Another common theme throughout the records was the presence and effectiveness of practices that focused on engagement and support of the participants within university workplace wellness programs. Wellness champions (Mitchell et al., 2021), wellness coaches (Blackwell et al., 2019), and programs that incorporated peer or student support (Ellis et al., 2021) were identified as key components of encouraging participation, engagement, and overall program success and in turn employee wellness.

In summary, the engagement and support of participants in workplace wellness programs was identified as a successful best practice.

#### *Participant/Employee Focus*

Another theme that was identified was the importance of designing evidence-based programs based on needs assessments and ensuring program design is fit for the specific demographic and sociographic community (Jenkins et al., 2019).

In addition to consideration of participants' unique needs, experiences, and socio-economic demographics, knowing what motivates the employees to be a part of the program is also discussed. Incentivizing participation was discussed multiple times. Perhaps unsurprisingly, in a U.S. study, participants in a financially incentivized workplace wellness program were found to be more active than most U.S. adults, with financial incentive being the strongest motivator to participate in the program (Schneider et al., 2016).

Attention to participatory action theories that focus on a participatory approach to ensure engagement and inclusion during the behavioural change and to garner employee support or buy in was

also recommended (Joy et al., 2018). It was further suggested that frameworks for designing workplace wellness programs that incorporate a participatory action theory may help address the complexities of behavioural change and multiple situational factors that are unique to the specific workplace, and ensure ongoing consultation, knowledge sharing, implementation, and evaluation (Joy et al., 2018).

Understanding context and organizational culture and honouring the unique population which the employee wellness program will serve was also identified as an important factor in order to deepen a more nuanced understanding of an organization's readiness for change, and to design a structured model that will ultimately keep employees healthy (Click, 2017).

In summary, workplace wellness programs that are evidence-based and tailored to the specific needs and experiences of participants were recognized as successful best practices.

## **Discussion**

### **19. Summary of Evidence**

The objective of this systematic review was to identify employee wellness program models and best practices in post-secondary education institutions, in addition to identifying theories, philosophies, or models that guide the creation of wellness programming.

The results of the review suggested that although work is being done worldwide to honour the purpose and calls to action in the Okanagan Charter in the creation of Health Promoting Universities, there no evidence of a singular, successful workplace wellness model serving employees in post-secondary education institutes. Records do discuss successes and challenges in their efforts, and a variety of resources, theories, and models used to support the creation of Health Promoting Universities, but they were specific to the institution and populations they serve. The results are not surprising given that best practices suggest that honouring the uniqueness of the institution and its population are key in creating a successful workplace wellness program.

The themes that arose in analysis of the results suggest that the whole university or whole system approach is recommended, in addition to ensuring that programs are designed with an employee focus. Engagement and support for employees through the program are a key component for success. These high-level best practices contribute to meeting the objectives of the systematic review, however, there is need for further investigation of university-specific workplace wellness programs and guiding frameworks in order to support post-secondary institutions that are looking to implement similar programs for similar populations.

The conceptual framework of Health Promoting Universities, which is linked to the Okanagan Charter from 2015, was a reoccurring theme in a number of the records (*Okanagan Charter*, 2015). Review of the Charter itself was a part of the systematic review, but due to the high level of the contents, or the lack of specific implementation tools presented, further investigation into possible resources that may have been created during the Charter design would be an area of interest for those looking to design workplace wellness programs within their institution. The systematic review did not reveal a singular best practices resource document or frameworks that could be duplicated, therefore further research into Charter implementation best practices and resources associated is recommended.

## **20. Limitations**

Many universities have signed on to the Okanagan Charter, however, based on the parameters of this systematic review, there were few peer-reviewed reports that analyze or reference implementation of the specific calls to action from the Charter. Further investigation and research into post-secondary institutions that are signed on to the Charter, and implementing the Health Promoting Universities framework, and review of how they designed their workplace wellness programs based on the calls to action, would be of interest. Also, further investigation into the support available through the Okanagan Charter movement and specific resources available to support universities adopting the charter is recommended.

In addition, the majority of the records in the systematic review were from the U.S., and few Canadian studies were identified. Therefore, best practices identified were representative of the population studies in the records and not necessarily a representation of workplace wellness worldwide.

The attention to only English publications can also be seen as a limitation. The researcher acknowledges this and recognizes that there is an opportunity to review publications in multiple languages for future research. Due to the researcher's language limitations, only English studies were included in this systematic review.

## **21. Conclusions**

During the synthesis of the results of the systematic review records, three overlying themes were identified in relation to the review questions and objectives which were to identify employee wellness programs, models, and best practices in post-secondary education institutions. In addition, to identify theories, philosophies, or models that guide the creation of wellness programming.

First, a whole university or whole systems approach to workplace wellness programming was threaded throughout numerous records. A second theme was the presence and effectiveness of practices that focused on engagement and support of the participants within university workplace wellness programs. The final theme was the importance of designing evidence-based programs informed by needs assessments and ensuring program design is fit for the specific demographic and sociographic community they serve.

In conclusion, the results of the systematic review suggested that there is no evidence of a singular successful workplace wellness model serving employees in post-secondary education institutes. Yet, honouring the uniqueness of the institution and its population were identified as best practices in creating successful workplace wellness programs. A number of the reports that were included in the systematic review contained valuable tips and best practices to guide the creation of employee wellness

programs in post-secondary education institutions, however, the results of the systematic review simply did not provide adequate information to fully meet the review objectives.

It is recommended that further research into the Okanagan Charter, its calls to action, and the Health Promoting Universities framework is conducted, specifically, on support tools and models for workplace wellness implementation plans. In addition, further research is recommended in post-secondary institutions that have designed successful workplace wellness programs in accordance with the Okanagan Charter's calls to action.

## **22. Funding**

N/A for this systematic review.

### **2.3 Systematic Review: Wellness Course Curriculum**

Upon completion of the systematic review on employee wellness, a subsequent systematic review of college or university wellness courses was completed to identify curriculum and delivery methods in college and university wellness courses, and to identify theories, philosophies, or models that guide the creation of wellness programming. The finding of the systematic review was intended to support creating recommendations for wellness design and delivery/answering the research questions in the dissertation.

The following systematic review was conducted and presented using the PRISMA-ScR checklist. The checklist was published in 2019 and used as a template for the following systematic review. The PRISMA-ScR 2019 checklist can be found at <https://www.prisma-statement.org/scoping>

#### **1. Title**

A Systematic Review of College or University Wellness Course Curriculum from 2012–2022 (January 1, 2012–December 31, 2022)

#### **2. Abstract/Structured Summary**

Background: Wellness education is offered through a variety of agencies including but not limited to post-secondary institutions, public and private health care agencies, community organizations, and workplaces. Given the diversity of where and how wellness is defined and how wellness education is delivered, it is unclear whether there is a singular model or framework that is exemplary regarding content or delivery of wellness education. For the purpose of this systematic review, a singular definition of wellness was not used. Rather, a holistic approach to defining wellness was used, in which multiple components are identified as contributors to wellness. These multiple components include physical, mental, social, emotional, occupational, environmental, intellectual, and financial wellness.

It has been suggested that post-secondary education institutions may be well placed to promote health and wellness, given their potential to engage a large population through the delivery of health and wellness courses (Guelfi et al., 2018). Given that there have been peer-reviewed studies investigating wellness education best practices and overall effectiveness, post-secondary institutions were chosen for investigation of wellness education in this systematic review.

The author completed a previous systematic review on post-secondary workplace wellness initiatives, which suggested that there is no evidence of a singular successful workplace wellness model serving employees in post-secondary education institutes (Wilkins, 2022). The purpose of this systematic review is to identify curriculum and delivery methods in college and university wellness courses, in order to identify best practices in delivering wellness education. These best practices could be translated into wellness education initiatives for the greater population through the workplaces and/or organizations delivering wellness to their communities.

Objectives: To identify curriculum and delivery methods in college and university wellness courses, in addition to identifying theories, philosophies, or models that guide the creation of wellness programming.

### *Eligibility Criteria:*

The criteria used to support this systematic review includes:

- College or university course
- Publications between January 1, 2012–December 31, 2022
- Peer-reviewed publications
- English publications

### *Sources of Evidence:*

- 102 documents were included in the study. After screening, ten records were included to inform the systematic review.

The information sources in the search were:

- Academic Source Complete
- SPORT Discus
- ERIC

### *Charting Methods:*

Data sought for retrieval was charted to identify specific criteria to ensure that the sources of evidence would provide the depth and breadth for further analysis to support the objectives of the systematic review. After initial charting based on eligibility criteria, the following eligible outcomes were crafted:

- Wellness course curriculum, design, delivery, and evaluation of undergraduate wellness courses
- Theories, philosophies, or models to guide the creation of undergraduate wellness courses

Records that did not meet the above criteria were removed. Ten records were assessed as eligible for the systematic review.

### *Results:*

During the synthesis of the results, three overlying themes were identified in relation to the review questions and objectives:

*Theme 1: Wellness courses positively impact the personal wellness knowledge, attitudes, and behaviours of undergraduate students*

Overall, college and university wellness courses were attributed to increasing the personal wellness of undergraduate students within the time frame of the course or program of study. The majority of the results reported were quantitative and focused on physical wellness.

*Theme 2: Primary focus on physical wellness in wellness courses*

Of the ten records that were included in the systematic review, six of the studies focused primarily on physical wellness, specifically physical fitness, and nutrition. One study focused on mental health and wellness, and only three records reported on studies that referenced multiple components of wellness or holistic wellness. In addition, studies examining the effect or impact of more global and all-encompassing health and wellness courses are limited (Guelfi et al., 2018).

*Theme 3: Need for longitudinal studies to evaluate long-term impact of wellness courses*

Of the 10 records included in the systematic review, only one examined the long-term impact of wellness education. This prompts the question of whether wellness education positively impacts individuals over time (past one semester). The long-term effects of wellness education require further study.

*Best Practices:*

Within the records reviewed, a variety of best practices were discussed specific to the study in the specific record. Due to the inconsistency of the studies reviewed, there were few reoccurring topics identified as statistically significant best practices or themes. However, noteworthy delivery models and best practices were identified. Best practices discussed include face-to-face delivery as a more impactful mode than online delivery, the value of needs assessment and focusing on the needs of the student

population to inform wellness curriculum, and the positive effects of personal sharing and reflective practice and their impact on mental health and wellness.

*Conclusion:*

The results of the systematic review suggested that there is no evidence of a singular holistic wellness course curriculum or delivery model in post-secondary education. This is not surprising, given that there is not a regulatory body for wellness education, and the definition of wellness, course curriculum, and course design are unique to the institution, program, and instructor of the course. Further investigation into best practices for wellness course delivery and curriculum design in post-secondary institutions is recommended.

In addition, the records indicated that wellness courses (regardless of the curriculum and delivery method) positively impact the personal wellness knowledge, attitudes, and behaviours of undergraduate students; however, the long-term impact of wellness education is not clear. Further investigation of the longitudinal impact of wellness education is recommended.

*Key Words: wellness, curriculum, undergraduate college or university education, systematic review*

### **3. Rationale**

It has been suggested that post-secondary education institutions may be well placed to promote health and wellness, given their potential to engage a large population through the delivery of health and wellness courses (Guelfi et al., 2018). Given that there have been peer-reviewed studies investigating wellness education best practices and overall effectiveness, post-secondary institutions were chosen for investigation in this study.

The purpose of this study was to identify curriculum and delivery methods in college and university wellness courses, in order to identify best practices in delivering wellness education. These best practices could be translated to the greater population through the workplace and/or organizations delivering wellness to their communities.

#### **4. Objectives**

To identify curriculum and course delivery methods in college and university wellness courses, in addition to identifying theories, philosophies, or models that guide the creation of wellness programming.

#### **Methods:**

##### **5. Protocol and Registration**

No review protocol exists for this systematic review.

##### **6. Eligibility Criteria**

The eligibility criteria for the systematic review are as follows:

- **Publications between January 1, 2012–December 31, 2022.** Recent publications were chosen due to the ever-changing external environment which impacts wellness issues and trends. Issues such as (but not limited to) mental health awareness and acceptance, climate change, and COVID-19 all impact wellness, hence the ten-year time period chosen for the systematic review.
- **English.**
- **Peer-reviewed.** In order to ensure the information reviewed was as objective as possible, only peer-reviewed sources were selected.

##### **7. Information Sources**

The following information sources were collected through EBSCOhost:

- Academic Source Complete
- SPORT Discus
- ERIC

The most recent search was completed on February 24, 2022.

##### **8. Search**

The search strategy was developed in consultation with a Langara College librarian who is a subject area specialist in wellness. Search words and phrases were identified through preliminary research by the author, and in collaboration with the subject area librarian when focusing the topic of this systematic review.

The search criteria used to identify sources of evidence via EBSCO host was as follows:

**Primary search:**

**Limiters:** Published Date: 20120101-20221231; Peer-Reviewed

**Expanders:** Apply related words; Apply equivalent subjects

**Search modes:** Find all my search terms

**Search phrases:** SU (undergraduate or college or university) AND (wellness N4 (course or curriculum)

102 documents retrieved

28 duplicates removed

Total 74

## **9. Selection of Sources of Evidence**

Once the search was completed through EBSCO, 102 records were identified for further investigation; 28 records were removed as they were duplicates, leaving 74 records for screening.

The screening and selection process was broken into phases.

### **Phase 1:**

The researcher independently reviewed titles and abstracts of the 102 records, removing records that did not meet the eligibility criteria. No automated tools were used in the screening and selection process.

### **Eligibility Criteria:**

- College or university undergraduate wellness courses
- Wellness course curriculum, design, delivery, evaluation

- Theories, philosophies, or models to guide creation of wellness courses

**Summary:**

- 74 records were screened
- 54 records were excluded
- 20 were sought for retrieval and moved to Phase 2

**Phase 2**

In phase 2, twenty records were screened and charted based on review of the full record.

Records that did not include the eligible outcomes were removed.

**Phase 2 Summary:**

- 20 records were screened
- 10 sought for retrieval and moved to Phase 3

**Phase 3**

In phase 3, ten records which met eligible outcomes were further screened and categorized based on eligible outcomes to ensure eligibility criteria provided records to meet systematic review objectives.

**Phase 3 Summary:**

- All ten records were deemed eligible to be include in the systematic review.

**10. Data Charting Process**

Data sought for retrieval in Phase 2 was charted to identify key information to ensure that the sources of evidence would provide the depth and breadth for further analysis to support the objectives of the systematic review. Each report was reviewed, and the following characteristics were recorded:

- Title
- Publication date
- Location of study

- Objective
- Target group studies
- Population size
- Methodology (quantitative/qualitative)
- Outcome identified (listed below)

### **11. Data Items**

The following outcomes were sought after in Phase 2 records. If the outcomes were present in the reports, they were moved to Phase 3. The outcome domains were created to align with the objectives of the systematic review. No changes were made to the outcome domains throughout the process.

Eligible outcomes were broadly categorized as follows:

- Wellness course curriculum, design, delivery, and evaluation
- Theories, philosophies, or models to guide the creation of undergraduate wellness courses

After screening the reports, records that did not meet the criteria were removed.

### **Assumptions**

During the record review and analysis process, the researcher was mindful not to allow her personal experience teaching a wellness course in post-secondary education to influence her analysis of the data. Throughout the screening process, the researcher collaboratively checked her findings with her PhD advisor to ensure her personal opinions or biases were not reflected in the data analysis or findings.

### **12. Critical Appraisal of Individual Sources of Evidence**

N/A for this systematic review.

A formal critical appraisal of individual sources of evidence was not performed within this systematic review. The rationale for this decision was that the records retrieved were diverse in

content, and this made it challenging to create specific criteria to objectively appraise and sort the evidence.

Eligible outcomes for the data (Section 11) and characteristics of charting data were created (Synthesis of Results Section 13 /Table 1), however, the parameters and details by which the records were charted were high-level which made it challenging to create an objective analytical data collection process.

The researcher felt that the characteristics of data charting used during the synthesis of the results were appropriate and sufficient to appraise the individual sources of evidence.

### **13. Synthesis of Results**

Given the diversity of the 10 records which were included in the study, data was charted and characterized into two categories:

- Records that discussed the *evaluation or impact* of a wellness course.
- Records that discussed *best practices* which were defined as “an example of a wellness course (or component of a course’s, *curriculum, design or delivery method*) accepted or prescribed as being correct or most effective.”

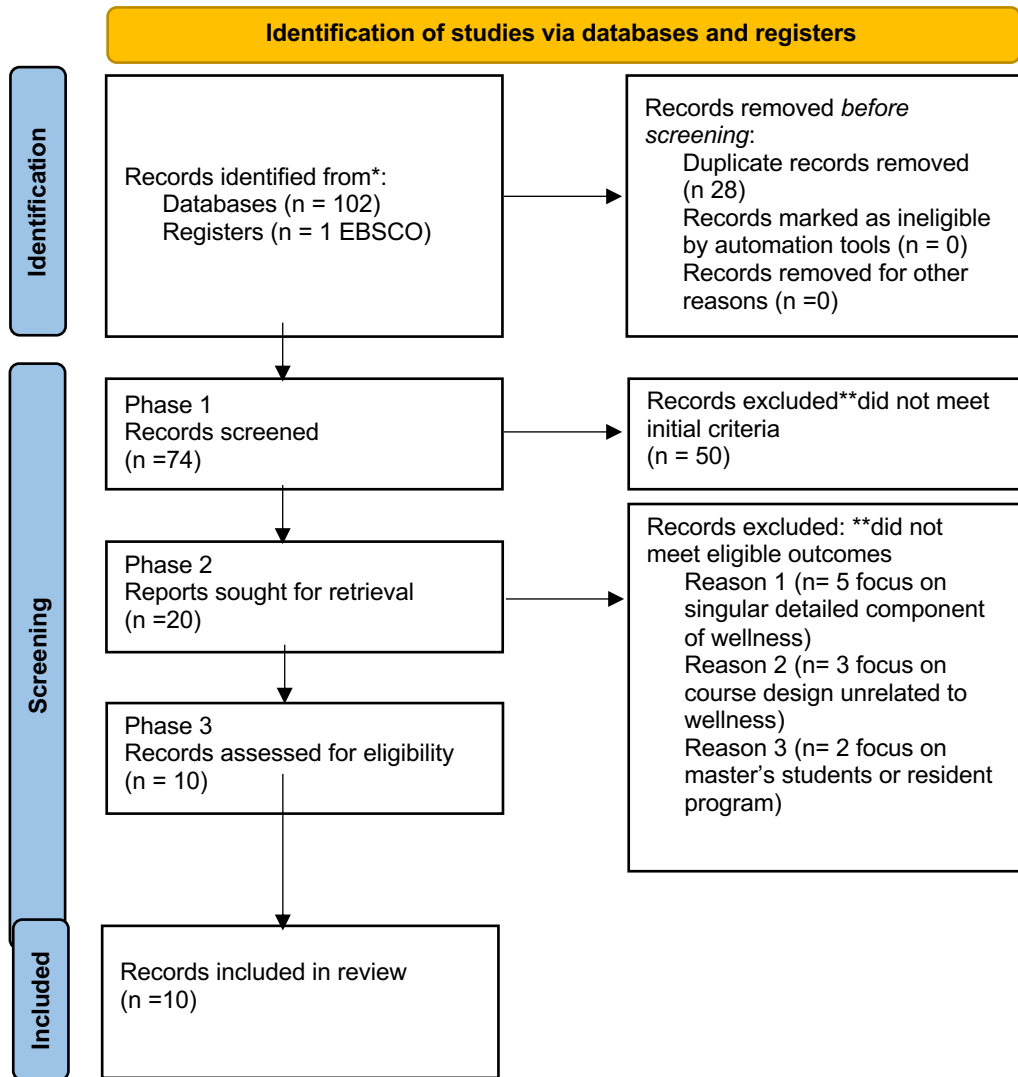
The Data Synthesis table in Appendix G outlines how data was summarized and charted.

### **Results:**

#### **14. Selection of Sources of Evidence**

**Figure 3**

*Sources of Evidence: Systematic Review of College or University Wellness Course Curriculum*



**15. Characteristics of Sources of Evidence/Ten Results of Individual Sources of Evidence**

Eligible outcomes were broadly categorized as follows:

- Wellness course curriculum, design, delivery, and evaluation of undergraduate wellness courses
- Theories, philosophies, or models to guide creation of undergraduate wellness courses

Records were categorized by most prominent components and may contain one or more of the above

factors. Appendix G, "Characteristics for Charting."

## **16. Critical Appraisal Within Sources of Evidence**

N/A for this systematic review. See section 12, critical appraisal of individual sources of evidence.

There are a number of reasons why a critical appraisal or meta-analysis was not used in this qualitative systematic review. First, the data collected was not heterogeneous in terms of participants, methodologies interventions or outcomes therefore a meta-analysis could result in misleading conclusions. In addition, much of the data collected was incompatible. Different measurement scales were used to reach different outcomes for each study and the syntheses of the results of the qualitative studies were not aligned. After careful consideration, it was decided that a meta-analysis was not the best approach to synthesizing that data in the results.

## **17. Results of Individual Sources of Evidence**

See Appendix G.

## **18. Synthesis of Results**

See Appendix G.

During the synthesis of the results, three overlying themes and few notable best practices were identified in relation to the review questions and objectives. A summary of the themes and best practices follows:

*Theme 1: Wellness courses positively impact the personal wellness knowledge, attitudes, and behaviours of undergraduate students*

Overall, the increased personal wellness of undergraduate students, within the time frame of the course or program of study, was attributed to college or university wellness courses. Examples of the impact include but are not limited to: a Canadian study which assessed the effectiveness of a lifetime wellness course on changing students' global self-efficacy, physical self-efficacy, and wellness behaviours. The study reported that health and wellness courses had a positive effect on students' health knowledge, attitudes, and behaviours (Kuruganti, 2014). A second Canadian study, which

investigated the experiences of students completing a mental health and wellness course, reported that students experienced several benefits including increased awareness of the nature of mental health and mental illness and an increased awareness of self-monitoring and self-regulation (Woloshyn & Savage, 2020). A final example was an Australian study which examined a course relating to preventive health and lifestyle risk factors, to see if they were associated with alterations in health behaviours. This study concluded that courses related to health and well-being may benefit students' personal health behaviours, as well as benefitting them through providing knowledge that can be applied in future professional settings (Guelfi et al., 2018).

All of the studies reviewed in the records of the systematic review suggest that overall, wellness courses are beneficial for undergraduate students, and some went as far as suggesting that general education wellness courses should be required as part of an undergraduate curriculum (Polacek et al., 2013).

#### *Theme 2: Primary focus on physical wellness*

Of the ten records that were included in the systematic review, six of the studies' primary focus was on physical wellness, specifically physical fitness, and nutrition. One study focused on mental health and wellness, and only three records reported on studies that referenced multiple components of wellness or holistic wellness. Studies examining the effect or impact of more global and all-encompassing health and wellness courses are limited (Guelfi et al., 2018).

There are numerous possible reasons for the focus on physical wellness, however, none were reported in the studies themselves. The author anticipates that the focus on physical wellness could be attributed to the length of the studies, and the ability to collect data on physical wellness may be more easily quantified in a limited time period. In addition, the instructors from the institutions and programs where the studies took place may be more comfortable and qualified to assess physical wellness than

the other components. Further research is needed to identify the impact of holistic wellness courses and why they do not appear to be the norm in wellness education.

### *Theme 3: Need for longitudinal studies to evaluate long-term impact of wellness courses*

Of the ten records included in the systematic review, only one examined the long-term impact of wellness education. This prompts the question of whether wellness education positively impacts individuals over time; the long-term effects of wellness education require further study.

The one U.S. longitudinal study examined the impact of general education wellness courses on the wellness behaviour of students as undergraduates, and again four years later. This study found that, in fact, wellness education impacted the wellness of individuals long-term, and that knowledge was retained after graduation (Polacek et al., 2013).

The balance of the records did not report long-term implications. As Guelfi et al. suggest, it remains to be determined whether the changes observed in a wellness course are maintained beyond the completion of the course, and how health and well-being focused courses benefit lifelong health and well-being (Guelfi et al., 2018).

Kruger et al. also suggest that important longitudinal data could be gained by repeating research every two to three years with the same group of students, to determine whether significant changes have occurred as a result of wellness education, awareness, and behaviour change (2014).

### *Best Practices*

Within the records reviewed, a number of best practices were discussed. Due to the inconsistency of the studies reviewed, there were few reoccurring topics identified as statistically significant practices or themes; however, there were noteworthy delivery models and best practices identified.

### *Delivery Method*

Two studies suggested that face-to-face or mixed mode delivery was more impactful than online delivery, making it a best practice. Although online delivery also increased wellness, the results were not as significant. A U.S. study evaluated the impacts of an active living course (face-to face and online delivery) on students' dietary and physical activity behaviours. The study reported an increase in physical activity of 13.7% as opposed to the online course which showed an increase of 9.8% (Cardinal, 2012). A second study, which also investigated the impact of classroom versus online delivery of a wellness course, found that physical fitness improved more with the face-to-face delivery method, although regardless of format both physical activity and nutrition habits improved (Everhart & Dimon, 2013).

#### *Needs assessment and valuing the individual (student population) to inform wellness curriculum*

Another best practice that was identified was the importance of valuing the individual participants (students), their baseline wellness assessment, and their needs, and collaboratively reflecting on the behavioural change process throughout the wellness course. This U.S. study on health assessment and data collection for wellness programing identified needs assessment and identification of personal baseline wellness and associated risk factors as important indicators for prevention and education initiatives to inform wellness curriculum and support behavioural change (Kruger et al., 2014).

In addition, Cass et al. noted that meeting students where they are and identifying their values and priorities around health and wellness issues they are facing presents educators with an opportunity to reframe their teaching to incorporate a student-informed perspective into their curricular planning (Cass et al., 2021).

#### *Reflective practice*

A final best practice identified was the value and impact of personal sharing and reflective practice, and their impact on mental health and wellness. In a Canadian study, students identified that

personal sharing and personal reflective practice helped them acquire a deeper understanding of mental health and wellness and provided them with strategies for managing stress (Woloshyn & Savage, 2020).

As previously mentioned, due to the lack of records in the systematic review that specifically discussed best practices, the above practices may not be statistically significant to inform wellness education.

**Discussion:**

**19. Summary of Evidence**

The objective of this systematic review was to identify curriculum and delivery methods in college and university wellness courses, as well as to identify theories, philosophies, or models that guide the creation of wellness programming.

The results of the systematic review suggested that there is no evidence of a singular holistic wellness course curriculum or delivery model in post-secondary education. Three themes arose in the systematic review along with a number of best practices, however, given the diversity of the studies, these themes and best practices are not deemed statistically significant and have been summarized based on high-level observations.

The themes and best practices are as follows:

*Theme 1: Wellness courses positively impact the personal wellness knowledge, attitudes, and behaviours of undergraduate students.*

College and university wellness courses were attributed to increasing the personal wellness of undergraduate students within the time frame of the course or program of study. Overall, the records indicated that wellness courses (regardless of the curriculum and delivery method) positively impact the personal wellness knowledge, attitudes, and behaviours of undergraduate students; however, the long-term impact of wellness education is not clear. Further investigation into the longitudinal impact of wellness education is recommended.

### *Theme 2: Primary focus on physical wellness*

Of the ten records that were included in the systematic review, six of the studies' primary focus was on physical wellness, specifically physical fitness, and nutrition. Few studies addressed all or multiple components or a holistic approach to wellness education; further research on holistic wellness curriculum is recommended.

### *Theme 3: Need for longitudinal studies to evaluate long-term impact of wellness courses*

Of the ten records included in the systematic review, only one examined the long-term impact of wellness education. It was questionable whether wellness education positively impacts individuals over time. The long-term effects of wellness education require further study.

### *Best practices*

Face to face vs. online delivery, the importance of conducting needs assessment, valuing the diverse needs of those participating in the courses, and the positive impact of reflective practice were all discussed. As mentioned, due to the inconsistency of the studies reviewed, few best practices were identified as statistically significant.

## **20. Limitations**

The majority of the records in the systematic review were from the U.S. (15/20 charted in Phase 2), and only three Canadian studies were identified. In addition, the objectives and content of the studies in the systematic review were diverse. The themes identified in the recommendations and discussion of this systematic review are representative of the records reviewed and appear to be consistent; however, the sample size makes it challenging to quantify or qualify the results reported.

The limited time frame of post-secondary wellness courses also impacted the amount of information that could be collected during the studies reviewed in the records. Typically, a college or university course lasts a semester (approximately four months). This did not allow for the long-term impact of the wellness courses reported in the studies to be evaluated.

Finally, the curriculum or course content was inconsistent throughout the records reviewed and a focus on physical wellness was present in the majority of the studies. There could be a number of reasons for the focus on physical wellness. These reasons could include the course curriculum being directed to the specific program of study, being driven by the length and focus of the specific course, and the comfort level and qualifications of the instructors evaluating the specific components of wellness education that were delivered.

## **21. Conclusion**

The results of the systematic review suggested that there is no evidence of a singular holistic wellness course curriculum or delivery model in post-secondary education. This is not surprising, given that there is not a regulatory body for wellness education and course curriculum and design is unique to the institution, program, and instructor of the course.

The records reviewed indicated that wellness courses (regardless of the curriculum and delivery method) positively impact the personal wellness knowledge, attitudes, and behaviours of undergraduate students; however, the long-term impact of wellness education is not clear. Further research is recommended into wellness courses which aim to encompass multiple components of wellness in the curriculum to determine best practices in delivering holistic wellness courses; longitudinal studies that investigate the long-term impact of wellness courses on students; and systems or best practices in place to support individuals in their lifelong wellness journeys.

## **22. Funding**

N/A for this systematic review.

## **2.4 Honouring Indigenous Ways in Wellness Promotion**

Honouring Indigenous ways in wellness promotion was important to the researcher and was included in this literature review as a reference for designing and implementing employee wellness frameworks. Several resources and records were reviewed to capture the essence of Indigenous

wellness frameworks as well as holistic and ethical social inclusion practices and Indigenous health and wellness indicators and reporting. Canadian and British Columbian organizations, resources, and journals which support Indigenous wellness are discussed in the following.

### ***The Thunderbird Partnership Foundation***

The Thunderbird Partnership Foundation is a leading, culturally centred voice on First Nations' mental wellness, substance use, and addictions in Canada. They support an integrated and holistic approach to healing and wellness serving First Nations Peoples and various levels of government through research, training and education, policy and partnerships, and communications ("Indigenous Wellness Framework," n.d.).

The Foundation offers an Indigenous Wellness Framework that was developed by Elders and Knowledge Keepers who shared their understandings of what wellness is from an Indigenous point of view. In addition, an Indigenous Wellness Framework Reference Guide was created as an outcome of a three-year study funded by the Canadian Institutes of Health Research, led by a partnership between the Assembly of First Nations, Centre for Addiction and Mental Health, National Native Addictions Partnership Foundations, and the University of Saskatchewan. The guide shares concepts gathered during the study including a definition of wellness, an Indigenous wellness framework, and common cultural interventions ("Indigenous Wellness Framework," n.d.).

The Thunderbird Partnership Foundation and associated resources were chosen to be included as they offer a national, integrated, and holistic approach to healing and wellness serving Indigenous peoples as well as the Wellness Framework and Reference Guide that will assist the researcher in using a holistic and inclusive lens in the design and delivery of employee wellness plans.

The *Reference Guide* definition of wellness:

Wellness from an Indigenous perspective is a whole and healthy person expressed through a sense of balance of spirit, emotion, mind, and body. Central to wellness is belief in one's

connection to language, land, beings of creation, and ancestry, supported by a caring family and environment. The spirit causes us to live, gives us vitality, mobility, purpose and the desire to achieve the highest quality of living in the world. (“Indigenous Wellness Framework,” n.d.)

The guide states that well-being comes from a balance of the following four kinds of wellness:

**Physical:** Physical well-being is that way of behaving and doing that actualizes the intention and desire of the spirit in the world. This and the knowledge that the spirit has something to do in the world generates a sense of purpose, conscious of being part of something that is much greater than we are as individuals.

**Spiritual:** Spiritual well-being is the quality of being alive in a qualitative way. Spirit is central to the primary vision of life and worldview and thereby facilitates hope. Within an Indigenous worldview, being rooted in family and community and within creation as extended family is the foundation of belonging and relationships.

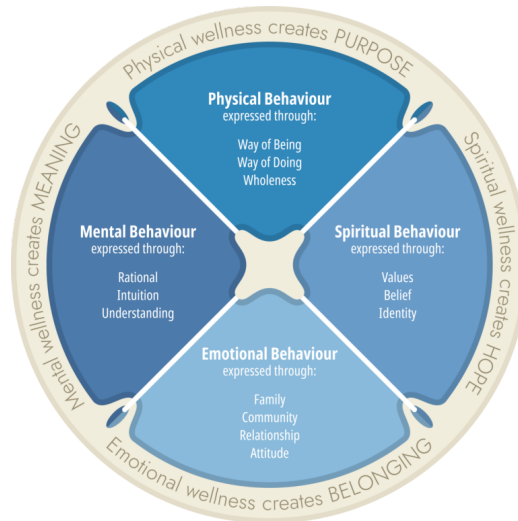
**Emotional:** At the heart level of one’s being, emotional and relational well-being is nurtured by one’s belonging within interdependent relationships with others and living in relation to creation, including beings in creation. The mind operates in both a rational and intuitive capacity.

**Mental:** Mental well-being is the conscious and intelligent drive to know and activate one’s being and becoming. Having a reason for being gives meaning to life. The body is the most outer part of our being and is comprised of the most immediate behavioural aspects of our being. (“Indigenous Wellness Framework,” n.d.).

The following figure illustrates the four components of wellness discussed above.

**Figure 4**

*Indigenous Wellness Framework*



*Note.* “Indigenous Wellness Framework,” n.d.

The above image of the Wellness Framework explains that we connect with our Native culture in many ways and that balance is enriched by hope for our future and the future of our families is rooted in a sense of identity, unique values, and belief in spirit; a sense of belonging and connectedness within our families, community, and culture; a sense of meaning and understanding of how our lives, along with the lives of our families and communities, are part of creation and rich history; and purpose in our daily lives, whether through education, employment, caregiving activities, or cultural practices. The Indigenous Wellness Framework is not bound by cardinal directions (north, south, east, west). While sacred directions are always present, their meanings can vary across different regions of the country. (“Indigenous Wellness Framework,” n.d.).

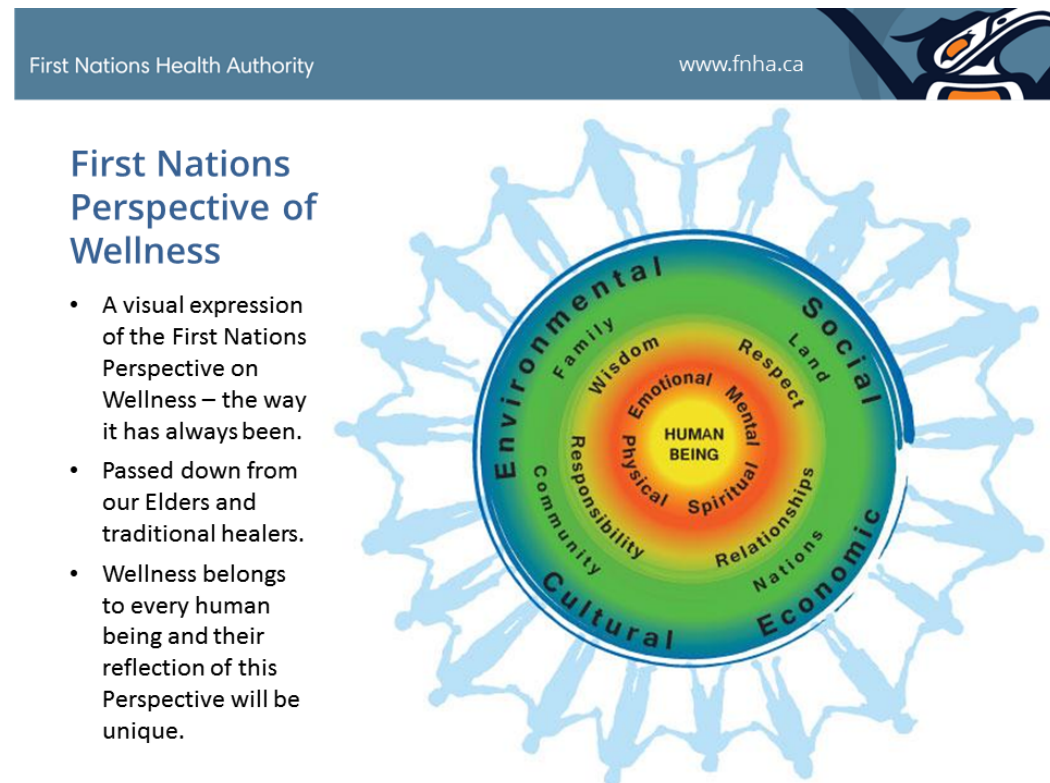
***The First Nations Health Authority***

The First Nations Health Authority is a partner to every First Nations person living in B.C. and has a unique approach to wellness and numerous resources. The First Nations Health Authority and

associated resources were chosen to be included as they offer a perspective on health and wellness and numerous tools and resources for First Nation Communities in B.C. that were designed in collaboration with B.C. First Nations peoples (*First Nations Perspective on Health and Wellness*, n.d.). They offer a unique visual expression of wellness, as depicted below.

**Figure 5**

*First Nations Health Authority Perspective on Wellness*



*Note. (First Nations Perspective on Health and Wellness, n.d.).*

The above image visually depicts the First Nations perspective on health and wellness and is a tool for the FNHA and First Nations communities. It aims to create shared understanding of a holistic vision of wellness, can be adapted freely, and is not confined to remain the same. The visual model and description were presented to B.C. First Nations at Gathering Wisdom V in May 2012. The feedback gathered at Gathering Wisdom V was then incorporated into the current visual model and description. The First Nations perspective on health and wellness is intended to serve as a starting point for discussion by First Nations communities on what they conceptualize as a vision of wellness for themselves and the FNHA (*First Nations Perspective on Health and Wellness, n.d.*). The First Nations Health Authority’s vision is “Healthy, Self-Determining and Vibrant BC First Nations Children, Families and Communities.”

### *Understanding the Perspectives:*

The *Centre Circle* represents individual human beings. Wellness starts with individuals taking responsibility for our own health and wellness (whether we are First Nations or not) (*First Nations Perspective on Health and Wellness*, n.d.).

The *Second Circle* illustrates the importance of mental, emotional, spiritual, and physical facets of a healthy, well and balanced life. It is critically important that there is balance between these aspects of wellness and that they are all nurtured together to create a holistic level of well-being in which all four areas are strong and healthy (*First Nations Perspective on Health and Wellness*, n.d.).

The *Third Circle* represents the overarching values that support and uphold wellness: respect, wisdom, responsibility, and relationships. All other values are in some way essential to the four below. *Respect* is about honouring where we come from: our cultures, traditions, and ourselves. *Wisdom* includes knowledge of language, traditions, culture, and medicine. *Responsibility* is something we all have to ourselves, our families, our communities, and the land. *Relationships* sustain us. Like responsibility, relationships involve mutual accountability and reciprocity. Relationships are about togetherness, team building, capacity building, nurturing, sharing, strength, and love. Relationships must be maintained both within oneself and with those around us (*First Nations Perspective on Health and Wellness*, n.d.).

The *Fourth Circle* depicts the people that surround us and the places from which we come. Land, community, family, and nations are all critical components of our healthy experience as human beings. *Land* is what sustains us physically, emotionally, spiritually, and mentally. *Community* represents the people where we live, where we come from, and where we work. *Family* is our support base and is where we come from. *Nations* include the broader communities outside of our immediate and extended families and communities. In essence, nation is an inclusive term representing the various nations that comprise your world (*First Nations Perspective on Health and Wellness*, n.d.).

The *Fifth Circle* depicts the social, environmental, cultural and economic determinants of our health and well-being. *Social* determinants such as security, housing, food, prevention, promotion, education, health awareness, and outreach supports are all critical aspects of our health and well-being. *Environmental* determinants include the land, air, water, food, housing, and other resources that need to be cared for and considered in order to sustain healthy children, families, and communities. Safety and emergency preparedness are critical components. *Cultural* determinants include language, spirituality, ceremonies, traditional foods and medicines, teachings, and a sense of belonging. *Economic* determinants include resources which we have a responsibility to manage, share, and sustain for future generations. There is a need to create balance in how we use our resources and a need for good leadership to help us create this balance (*First Nations Perspective on Health and Wellness*, n.d.).

The *Outer Circle*: the *people* who make up the outer circle represent the FNHA Vision of strong children, families, elders, and people in communities. The people are holding hands to demonstrate togetherness, respect, and relationships, which in the words of a respected B.C. elder can be described as “one heart, one mind.” Children are included in the drawing because they are the heart of our communities, and they connect us to who we are and to our health. (*First Nations Perspective on Health and Wellness*, n.d.).

### ***Holistic and Ethical: Social Inclusion with Indigenous Peoples***

Kathleen E. Absolon, who works at the University of Waterloo in the Faculty of Social Work, wrote a paper which was included in the *Journal of Social Inclusion's* “Social Inclusion of Indigenous Peoples” issue. This article was chosen to be included in the literature review as it presents a holistic cultural framework and ethical perspective for social inclusion guided by Indigenous values and principles (Absolon, 2016). Attention to social inclusion of Indigenous peoples in designing and delivering employee wellness plans will provide a more inclusive lens to the researcher, hence its inclusion.

Holistic and ethical change are depicted in a medicine wheel circle to facilitate inclusivity and balance where each direction of spirit, heart/relationship, mind/knowledge, and physical/presence are explored.

The diagram below outlines a holistic framework consisting of four interconnected and interrelated dimensions.

1. Spirit and Vision
2. Emotional and Relationship
3. Mental and Knowledge
4. Physical and Presence

The social inclusion of Indigenous peoples should adopt a holistic perspective, approach, and application, integrating these four dimensions comprehensively (Absolon, 2016).

**Figure 6**

*Holistic & Ethical Social Inclusion with Indigenous Peoples*



*Note.* (Absolon, 2016, p. 43)

This figure represents the image of holistic and ethical social inclusion. Each of the four areas or directions represented are interdependent and interconnected and create a whole. Each aspect must be considered. Balance is attained by being mindful of all dimensions together, creating a holistic and ethical approach. Additionally, each element in this framework is guided by the Seven Sacred Teachings: humility, love, truth, honesty, respect, wisdom, and bravery (Absolon, 2016).

Each of the four directions are described below with direct quotes from the author followed by questions the author poses that can guide in determining inclusion of Indigenous peoples.

**Spirit**

Spirit is ethically guided by the sacred teachings of humility and love. Inclusion has to be guided by unconditional love: love for the people, the project, humanity, healing and reconciliation. To

know peace is to know the beauty and power of love. Humility is present when you know yourself as a sacred part of creation and that includes the spirit world. (Absolon, 2016, p. 49)

### **Guiding Questions**

- Is spirit being attended to?
- What does cultural humility look like here?
- Are Indigenous peoples invited?
- Are spiritual leaders invited to guide spiritual inclusion?
- Are cultural protocols informing how people are invited and related to? If you don't know the cultural protocols, identify who can help.
- Are Indigenous spiritual practices present and evident?
- Is there space for Indigenous peoples' medicine and ceremony?
- Who can provide leadership in creating space for spiritual practices?
- Are we including land-based spiritual practices?
- Have we secured natural spaces for spirit and land-based ceremony?
- What languages should be included?

### **Emotional**

The Emotional direction is guided by the sacred teachings of truth and honesty.... Being truthful with self is the beginning and then being truthful and mindful with others fuels authentic relationship building. It takes courage to be truthful and honest about our place and challenges in any dynamics of oppression/oppressor, colonizer/colonized, settler/Indigenous, and decolonizing/ indigenizing. Through conversations genuine humanity can be restored. Truth and honesty require humility and love and all these values will teach us how to be real in healing and restoring wounded relationships within self and others.... Feeling included and invited are

important emotional experiences on the pathway to social inclusion, restoration and reconciliation. (Absolon, 2016, p. 50)

### **Guiding Questions**

- How will we create an inclusive and relationship-building process?
- Who will coordinate a planning session to begin?
- Are Indigenous people who are relevant to the topic invited?
- Who will you invite? Inviting people who have interests indicates an investment in a meaningful and purposeful process.
- Is there a space that generates respect in the sharing of ideas? Creating spaces that allow people space to share, engage and be on land is helpful.
- What mechanisms are in place to ensure Indigenous people are listened to?
- How will respect be enacted? What truths need to be shared?
- What Indigenous process can be integrated to foster respectful sharing and listening: relationship building? Ask about the circle process.
- What activities and events can be planned that build respectful and inclusive relationships with Indigenous peoples?

### **Mental**

The mental direction calls attention to knowledge building and critical reflection and are guided by the sacred teachings of respect and wisdom... Showing respect is to take time to take a second look and let the first re-action go, to reflect and look again. What this means in acts of inclusion is to not make quick judgements at who belongs and who doesn't, but to reflect and invest in thoughtfulness before acting or reacting. Knowledge can emerge when time and space are created and from this knowledge, developments, planning and movements that are respectful can emerge... Readiness is always a factor that enables or disables any process from

moving forward in a productive manner. Education and training become important to preparing and fostering a climate of readiness. (Absolon, 2016, p. 51)

### **Guiding Questions**

- Who will assess capacity and readiness and determine education and training needed? How will this be done?
- Is there education being provided on the truth and history of Canada and Indigenous people?
- Is education development and Indigenous illiteracy being addressed? Are resources and material available and facilitated?
- What education and training preparations need to be developed and delivered?
- How will education foster decolonization while restoring Indigenous peoples' culture, traditions, language and land?
- Who are the local Indigenous peoples, their languages, and land base?
- Where are learning tools, resources, teachers and educators available?
- What Indigenous languages need to be included and resourced?
- What existing practices/research are there to build on?

### **Physical**

The physical direction calls attention to presence, space and place and are guided by the sacred teaching of bravery. To physically walk with all these seven sacred teachings and to carry them in your whole being is to walk in bravery. To carry truth and honesty forward takes bravery.

Bravery requires humility in being truthful especially when making amends is the action.

Humility, love, truth, honesty, respect and wisdom are all related to being brave in our thoughts and actions. Standing up for inclusion takes bravery. Being the only one to see who is missing and speaking up takes bravery. Despite everything, Indigenous peoples know we belong, and we know through our creation stories that we have a purpose in Creation. Presence and places are

important considerations. Indigenous peoples want to see other Indigenous peoples' presence in places that are welcoming, warm and respectful. (Absolon, 2016)

Inclusion involves having a strong presence and visibility. We must be able to see that we are included. When discussing Indigenous matters, looking around the room should reveal the presence of other Indigenous people, stakeholders, Elders, youth, women, men, leaders, and grandparents. Those who are the focus should be present. The presence of people and their voices indicates genuine inclusion. When considering the physical aspect, space and place deserve attention (Absolon, 2016).

### **Guiding Questions**

- Whose Indigenous territory, land, and place are you on?
- Whose traditional/ancestral territory and Nation needs to be acknowledged?
- Is it reasonable to consider meeting in Indigenous spaces?
- Is meeting with Indigenous organizations or communities a possibility?
- What are the human resources that are accessible to ensure inclusion with Indigenous peoples is enacted?
- Hire people to research and explore Indigenous models and examples: research best practices and provide examples.
- What funding resources are available to support inclusion efforts?
- What physical resources are available?
- Is anything missing, forgotten or overlooked?

In conclusion, the challenge of social inclusion is apparent with Indigenous peoples and also any other diverse community. Being mindful of holistic and ethical social inclusion practices will be essential in designing inclusive employee wellness plans.

***Weaving Promising Practices to Transform Indigenous Population Health and Wellness Reporting by Indigenous Indicators in First Nation Health***

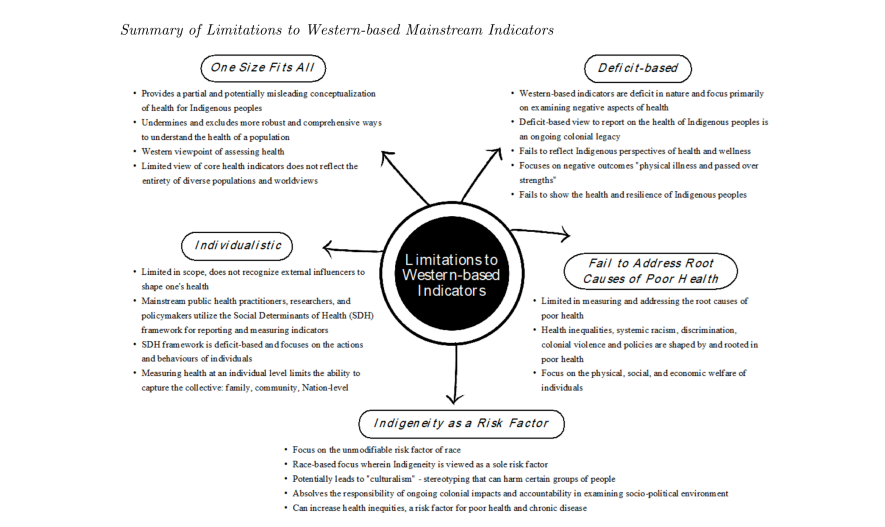
The journal article chosen by the researcher to discuss next is titled “Weaving promising practices to transform Indigenous population health and wellness reporting by Indigenous indicators in First Nation health,” published in the *International Journal of Indigenous Health* by Dr. Krista Stelkia, Assistant Professor & Co-Director of the Centre for Collaborative Action on Indigenous Health Governance, Faculty of Health Sciences, Simon Fraser University. This journal article discusses the fundamental role that health indicators play in measuring, tracking, and reporting on the overall health of populations in Canada, specifically how mainstream indicators used to measure First Nations peoples are constrained by western paradigms and fail to capture cultural, spiritual, and interconnected dimensions of Indigenous health such as ceremony, spirit, and connection to the land (Stelkia et al., 2023). This information is valuable to the researcher’s study as it provides promising practices and actions regarding Indigenous wellness that will support the action framework and recommendations for employee wellness that will be put forward by the researcher.

The study highlights many limitations to the western-based indicators in population health reporting which focus solely on measuring and assessing health from a biomedical perspective and are ill-suited for measuring First Nations understandings of wellness (Stelkia et al., 2023). The following figure summarizes five unsuitable approaches:

- (a) a one-size-fits-all approach
- (b) those which are deficit-based
- (c) individualistic approaches
- (d) those which use indigeneity as a risk factor
- (e) those which fail to address the root causes of poor health.

Figure 7

Summary of Limitations to Western-based Mainstream Indicators



Note. (Stelkia et al., 2023, p. 3.)

Given the limitations and challenges identified above by the existing data sources and collection methods, new practices are recommended in order to embrace culturally-grounded indicators which are informed by Indigenous peoples, perspectives, and worldviews (Stelkia et al., 2023).

The following five principles are presented as a way to advance the development and reporting of Indigenous health indicators in order to guide and promote Indigenous health and wellness (Stelkia et al., 2023).

Promising Practice #1: Indicators need to be culturally relevant and centred on first nations worldviews on health and wellness.

To provide effective measurement of health and wellness of First Nations, indicators must be culturally relevant and based on Indigenous views. It is essential that a strengths-based, holistic perspective that recognizes physical, mental, emotional, and spiritual dimensions of health and wellness within a socio-ecological, Indigenous-supported context and is viewed as culturally relevant is used (Stelkia et al., 2023).

Promising Practice #2: First nations health and wellness indicators, and reporting must honour indigenous knowledges and methods.

It is important to include storytelling to honour Indigenous knowledge sharing. “Indigenous knowledge(s) represented in oral histories, stories, art, and ancestral knowledge provide a wealth of wisdom that can be informative for the development of potential indicators for measuring and monitoring First Nations health and wellness” (Stelkia et al., 2023).

Using stories, art, and other types of Indigenous knowledge sharing practices as data to report Indigenous wellness and honouring these practices as relevant, respected, and valid, is recommended for reporting and measurement of Indigenous health and wellness (Stelkia et al., 2023).

Promising Practice #3: Developing indicators must involve respectful relationships and meaningful engagement with Indigenous peoples.

To develop culturally-relevant, Indigenous-specific indicators for health and wellness, they need to be community-driven, community-defined, and community-validated. This requires building respectful relationships and having meaningful engagement with First Nations communities. A participatory process in partnership with Indigenous communities in the development of instruments and tools will help ensure meaningful output relevant to the individuals they set out to measure (Stelkia et al., 2023).

Promising Practice #4: “Nothing about us, without us”: Indigenous leadership and self-determination at all stages of indicator development.

To truly advance change in Indigenous population health reporting, it is fundamental that Indigenous peoples have full participation and leadership in the collection, interpretation, reporting, and use of their own health information (Marsden et al., 2020). To do so in a respectful way requires moving away from colonial approaches and moving toward self-determination and autonomy, which requires listening to the voices of Indigenous peoples and communities in all stages of indicator development (Stelkia et al., 2023).

Promising Practice #5: Taking a strength-based approach and contextualizing indicators within historical, socio-political contexts.

Western population indicators tend to be deficit-based and focus on measuring deficiencies in Indigenous health compared to their non-Indigenous counterparts. Moving forward, a strengths-based approach that recognizes physical, mental, emotional, and spiritual dimensions of health and wellness is recommended. When negative outcomes arise, they need to be conceptualized with a historical, social-political perspective that recognizes existing disparities. Using a strengths-based approach does not shy away from reporting poor health outcomes, it rather leaves space for celebrating the wellness of Indigenous peoples while presenting areas that still may need further attention (Stelkia et al., 2023).

In conclusion, designing new culturally appropriate and inclusive health indicators to measure Indigenous wellness will provide a more inclusive way of measuring and reporting the health and wellness of Indigenous peoples and communities (Stelkia et al., 2023). Attention to the five suggested best practices will be valuable to the researcher in recommending a framework for employee wellness that is inclusive of Indigenous individuals and communities.

### ***Summary of Indigenous Resources***

The resources reviewed in this section of the literature review provide the researcher with valuable Canadian and British Columbian Indigenous wellness frameworks as well as holistic and ethical social inclusion practices and Indigenous health and wellness indicators and reporting guidelines. These resources will be valuable to the researcher in recommending a framework for employee wellness that is inclusive to Indigenous individuals and communities.

## **2.5 COVID-19 and Wellness**

Addressing the impact of the COVID-19 pandemic was essential for this literature review. Several impactful and relevant articles were reviewed that provide insight on the impact of COVID-19 on employee wellness and provide suggestions for improving employee wellness moving forward.

### ***Impact of COVID-19 on Canadian Educational Workers***

In June 2022, a study was published in *Frontiers Public Health* titled “Perceived impact of COVID-19 on functional activities among Canadian education workers: A cross-section study.” The study examined the perceived impact of COVID-19 on 2,378 educational workers across Ontario during the second wave of the pandemic. The educational workers described the worsening of a variety of functional activities since the beginning of the pandemic; the challenges were reported in six functional domains (Serrano et al., 2022).

The six functional domains, and a summary of the impact, follows.

**Table 1***Six Functional Domains and Perceived Impact of COVID-19 on Educational Workers Across Ontario*

<b>Domain</b>	<b>Impact</b>
1: Cognition	Participants who felt their ability to learn worsened during the pandemic were 17.46 times more likely to have had previous learning difficulties. Those needing accommodations were more likely to report trouble concentrating. Similarly, those perceiving worsened concentration since the pandemic were 18.5 times more likely to have had prior concentration issues. Participants over 45 were significantly less likely to report learning difficulties. Post-hoc analysis showed that older age slightly reduced the likelihood of reporting learning difficulties.
2: Mobility	Participants over 45 were more likely to report difficulties standing for long periods and walking long distances. Post-hoc analysis showed that increased age slightly increased these odds. Those needing accommodations also had higher odds of reporting these difficulties. Participants who felt their response worsened since the pandemic were 12.69 times more likely to have trouble standing and 14.5 times more likely to have trouble walking long distances.
3: Self-Care	Participants needing accommodations were more likely to report difficulties washing their body. Those who felt the pandemic worsened their symptoms were 47.82 times more likely to have trouble washing and 29.24 times more likely to have trouble getting dressed.
4: Getting Along	Respondents needing accommodations were more likely to report difficulties interacting with others. Those who felt the pandemic worsened

	<p>their response were 17.46 times more likely to struggle with unfamiliar people. Participants over 45 had lower odds of reporting difficulties maintaining friendships, with age slightly decreasing these odds. Those who felt the pandemic worsened their symptoms had higher odds of friendship difficulties.</p>
5: Life Activities	<p>No significant difference was found between those above or below 45. However, age as a continuous variable showed that increased age modestly decreased the risk of challenges with household responsibilities. Participants over 45 had lower odds of reporting day-to-day difficulties. Women had higher odds of reporting household care challenges. Those needing accommodations were more likely to report difficulties with household tasks and daily work. Perceiving worsened COVID-19 symptoms increased the odds of household care difficulties.</p>
6: Participation	<p>Respondents who faced increased challenges due to the pandemic were more likely to have difficulty participating in community activities and were 15.49 times more likely to experience other health issues. Additionally, those who needed accommodations were significantly more likely to report challenges in joining community activities and to be emotionally impacted by other health problems.</p>

*Note.* (Serrano et al., 2022)

The results of the study supported the argument that educational workers were in fact facing considerable challenges with everyday life activities during the pandemic. The authors suggest that due to the harmful effects of the pandemic, improving working conditions is essential and that public health measures and schools must focus on employee well-being (Serrano et al., 2022).

The authors suggest that individuals who are suffering from the impact of the pandemic could use wellness support systems such as employee assistance programs and health services for physical and psychosocial health as well as technological education and training to enhance their skills and virtual competence, and in turn, reduce stress and support their well-being. It was also noted that there should be a more tailored and collaborative approach to needs assessment to address employees needs and develop recommendations, policies, and programs to support their needs (Serrano et al., 2022).

The impact of the pandemic on everyday life activities could certainly impact work functioning and productivity. Supporting employee wellness to help improve conditions that were experienced throughout and after the pandemic and creating preventable support is recommended by the researcher.

#### ***Impact of COVID-19 on Educational Workers in the U.K.***

Two impactful studies, completed in the U.K., were examined which focus on the well-being crisis in higher education and the lived experiences of university staff during the pandemic.

The first study, published in 2022 and titled “Tipping point: The staff well-being crisis in higher education” suggests that

there is evidence of an undermining of academic professionalism, academic freedom, and increased job insecurity in the sector. It is not possible for academics to position themselves outside of the performance culture and still be viewed as a valued team member. (Jayman et al., 2022)

The article presents a number of findings and statistics from government and health organizations in the U.K., reporting the significance of the pandemic and the impact it had on individuals. Specifically, it reports how the pandemic impacted feelings of self-worth, life satisfaction, and happiness across the general public in the U.K. (*Chart of the Week*, n.d.). These findings were supported by the Mental Health and Wellbeing Surveillance Report, which suggested more specifically

that people employed in jobs deemed essential for society, such as those in health and higher education, were more likely to be adversely affected by the pandemic (Jayman et al., 2022). In addition, it is suggested that the trajectory of stress and mental health problems in higher education is increasing exponentially and that this is a matter of urgency which needs to be addressed to improve the current situation of those working in the education sector (Jayman et al., 2022).

Research continues to expose the increasing challenges with mental health among higher education staff. Unsurprisingly, when higher education saw unprecedented changes to their delivery system during the COVID-19 pandemic, even greater demands were put on staff who were already experiencing diminishing mental health and well-being (increased work hours, learning to teach online, supporting students and families). Emerging evidence shows the likelihood of chronic diseases and stress increased, especially for women and other minority groups who make up a significant percentage of these workers (Jayman et al., 2022).

Numerous studies and statistics were referred to throughout the article, however, despite all the literature and discourse informing the health crisis in the workplace in higher education institutions, the authors suggest that awareness of the evidence supporting the effectiveness of mental well-being interventions and initiatives appears to be inconsistent (Jayman et al., 2022).

Initiatives aimed at improving mental health and well-being in the workplace vary in range and scope, however it is agreed that these challenges must be addressed with a multi-level systemic approach. Despite the in-person and digital support that is offered in universities to support employees, recent survey findings suggest that 36% of employees report that they “always” or “almost always” neglected their personal needs due to work demands such as lack of time or inflexible schedules. Despite the perceived flexibility in academia, it is still a challenge for workers to manage work-life balance (Jayman et al., 2022).

The pressures of the pandemic, added to the already poor state of mental health and well-being in higher education, have brought this dilemma further into the spotlight. The considerable time that universities spend on enhancing the student experience has begun to shift to a more holistic or whole-university approach that supports both student and staff health.

As stated by Hughs and Spanner,

A whole–university approach means, not only providing well-resourced mental health services and interventions but taking a multi-stranded approach which recognises that all aspects of university life can support and promote mental health and wellbeing. Evidence suggests that whole university approaches appear to be more effective than individual interventions. (Hughs & Spanner, 2019, p. 5)

Addressing the state of mental health and well-being, nine U.K. universities have been working together to create a Mental Health Work Commitment Framework which aligns with the whole-university approach. The framework has six core standards:

1. Prioritize mental health in the workplace by developing and delivering a systematic program of activity—all staff contribute to creating a “living” well-being document which is regularly reviewed.
2. Proactively ensure work design and organizational culture drive positive mental health outcomes—nurturing a positive well-being culture and a healthy work/life balance instead of “always-on” working patterns.
3. Appoint a board-level lead—securing senior buy-in and commitment to an open culture around mental health, raising awareness, challenging stigma, and highlighting available support.
4. Increase organizational confidence and capability—improving the mental health literacy of all staff, and crucially training line managers to recognize difficulties and offer appropriate support.

5. Provide mental health tools and support—ensuring staff are aware of various resources and the tailored support they can access.
6. Increase transparency and accountability through internal and external reporting— allowing any gaps to be identified and procedures compared against those of other institutions, specifically for the non-competitive purposes of sharing good practice  
(Jayman et al., 2022)

In addition to the framework, one institution implemented a Wellness Action Plan which included well-being objectives for managers to be accountable to and to share the priority of well-being within their community (Jayman et al., 2022).

The authors suggest that the pioneering actions that educational institutions are taking to improve mental health and well-being within their communities shows the transformative power of group action to bring about meaningful change. Making well-being a priority in the sector and transforming universities into genuinely healthy environments requires adequate resources and a responsiveness to the evolving needs of both individuals and institutions. If attention is provided, there is potential to transform higher education institutions into whole learning communities that collaboratively thrive (Jayman et al., 2022).

### ***Lived Experiences of Diverse University Staff During the COVID-19 Pandemic: An Examination of Workplace Wellbeing***

A second impactful study completed in the U.K. was a qualitative study that examined the workplace well-being of diverse academic staff to better understand their lived experiences during the pandemic. Thirty-seven staff at a U.K. university who met the eligibility criteria (18+ and currently employed) answered surveys and participated in interviews to provide data regarding the impact of the pandemic on their work in an academic setting. A number of themes arose in the study. In addition to identifying the themes that arose for academic professionals and staff in higher education during the

COVID-19 pandemic, this study provided evidence-based strategies to address the issues. The article provides a detailed table that looks at the themes, issues, and workplace strategies as well as implications. A summary of the themes, issues, and strategies is below.

**Table 2**

*Themes, Issues, and Workplace Strategies Facing Academic Professionals in the U.K. During COVID-19*

<b>Theme</b>	<b>Issue</b>	<b>Workplace Strategy</b>
Salience of ethnic, religious, and gender identities	Awareness of identity and lack of diversity in the workplace	Organizations should employ various strategies to enhance communication and transparency regarding diversity and inclusivity issues in the workplace. Promotion of education on inclusive language and awareness of diverse ethnicities, races, and cultures through workshops, training, and the availability of resources including relevant literature.
Disabilities and adjustments	Challenges related to disabilities	Managers should ensure that the process of asking for reasonable adjustments is simple and accessible and flexible working patterns are offered.
Emphasis on parents and carers	More support focused on parents/carers and less on others	There needs to be uniformity of support provided across all staff and clarity in communication that support can be accessed by anyone. Leniency and flexible working arrangements should be offered based on individual circumstances.
Struggle with parenting/caring responsibilities	Challenges related to having young	Organizations should foster a workplace culture that supports parents/carers by promoting flexible policies such as parental leave and creating a culture where

	children at home while working	workers are aware of and can readily access these policies.
Adjustment to working from home	Lack of boundary between work and personal life	Managers should work with employees on an individual basis to ensure work/life balance by creating boundary management strategies and modelling healthy work-life balance (e.g. switching off work/not emailing at certain hours).
Pressures from work	Increase in workload	Regular communication/guidance on managing workload should be offered to all employees and this can be facilitated through management software and regular communication with team managers.
Institutional support for well-being	Superficial support lacking empathy	An emphasis on-data led strategies for well-being can ensure employees feel supported emotionally. Collecting employee well-being data can help ensure support is tailored and matches individual needs.
Institutional support for well-being	Unhealthy workplace atmosphere	Organizations need to recognize the effect of the work environment on employee well-being, manage stress at work and create an environment more conducive to employee well-being.
Well-being support from managers/colleagues	Lack of recognition of individual needs (e.g., mental health, bereavement)	Training managers to be advocates of well-being can help ensure tailored well-being support is available to all employees.

Anxiety and trauma from the pandemic	Acknowledgement of stresses associated with pandemic	Availability of a service for employees to discuss anxieties (such as an EAP) can aid in cultivating a “safe” workplace. It can help ensure pandemic guidelines are in place and employees are able to communicate any worries to managers.
Communication and interaction with colleagues	Isolation	Several strategies can help ward off feelings of employee isolation. These include regular “check-ins” by colleagues and managers, social events (remote or in-person), and a “buddy” system at the workplace.
Communication and interaction with colleagues	Daily/frequent face-to-face interaction found to be draining by those identifying as “introverts”	Allowing flexibility in communication channels among employees based on individual personality and needs can help accommodate various employee personality types.
Communication from the wider institution	Lacking empathy and connection	Frequent communication, e.g. daily or weekly emails, is advised and other channels of communication can also notify the university community of new wellness programmes and resources

*Note.* The above table is summarized from Gutman et al., 2024, p. 261–263.

Addressing the above themes and creating preventive measures through the proposed strategies could be useful and transferable to other post-secondary institutions to address their own challenges related to mental health and workplace wellness.

Overall, the findings emphasize the need for targeted support and recognition of the anxiety, uncertainty, and often traumatic experiences of employees during crises. They highlight the importance of equality, diversity, and inclusion in workplace well-being practices and policies. Higher education institutions must continue to address barriers related to the stigma of mental health issues and develop holistic, equitable, and individualized solutions for staff welfare (Gutman et al., 2024).

### ***Summary of the Impact of COVID-19 on Employee Wellness***

The COVID-19 pandemic clearly impacted short and long-term employee wellness. Insight from the records reviewed provided suggestions for acting on the issues and barriers experienced by employees because of the pandemic and provided strategies for improvement. Addressing the impact of the pandemic and creating preventive measures to support employee wellness will aid in the development of a wellness framework for post-secondary institutions moving forward.

### **2.6 Implementation Science and CFIR Frameworks**

Implementation science or implementation research can be defined as the scientific study of methods to promote the systematic uptake of research findings and other evidence-based practices into routine practice, and, hence, to improve the quality and effectiveness of health services. It includes the study of influences on healthcare professional and organizational behaviour (Eccles & Mittman, 2006).

Implementation science and implementation theory were chosen by the researcher as areas to investigate in the literature review of this dissertation/action research study, in recognition that applying implementation theory to the recommended action plan for Langara College may improve the adoption of processes, implementation, and sustainability of the employee wellness framework that will be proposed.

There are many implementation theories that have been published to promote effective implementation. Many theories overlap considerably, however, there are inconsistencies in definitions

and terminology. In addition, key components are missing in some and apparent in others (Damschroder et al., 2009).

The Consolidated Framework for Implementation Research (CFIR) was chosen for further investigation in this review. This theory provides a pragmatic structure for approaching complex, interacting, multi-level constructs in real-world settings by unifying published implementation theories (Damschroder et al., 2009). The CFIR was designed by reviewing a combination of 20 implementation theories, models, and frameworks (Drake et al., 2022).

The CFIR was designed to be a “one stop shop” which describes contextual factors that may have an impact on implementation success; specifically, barriers and facilitators that can hinder success or sustain change in implementation. The creation of the constructs was designed to be understood and easily applied by both implementation practitioners and implementation scientists for qualitative data collection (Drake et al., 2022). In addition, the CFIR is among the most highly cited frameworks in implementation science and has been listed in the top five most accessed articles within *Implementation Science* since its publication in 2009 (Skolarus et al., 2017).

The framework, which was originally published in 2009, was reviewed in 2022 by experienced CFIR users to elicit feedback to inform updates. This process included a systematic review of 59 articles which included feedback on the CFIR, as well as surveys that were completed by 49% of those authors. The framework received positive ratings overall with positive recommendations for change, relocation, or removal to some of the existing domains and constructs. Although there were some considerable changes to the constructs, all changes can be mapped back to the original CFIR to ensure longitudinal consistency (Damschroder et al., 2022).

### ***Overview of the CFIR and its Domains***

The CFIR is a framework that embraces but does not replace existing meaningful contributions related to implementation science. It includes constructs from the existing theories and creates a list of constructs that promote theory development and verification for what works where and why in particular settings. It also provides consistent taxonomy and terminology to advance implementation science across multiple contexts (Damschroder et al., 2009). As of 2019, over 1000 peer-reviewed articles cited the CFIR indexed in PubMed attesting its prevalent use in implementation science. Beyond the academic community, over 3000 articles in Google Scholar used the framework. The original CFIR paper has consistently been in the top five most frequently accessed articles in the journal *Implementations Science* over the ten years since its original publication (Drake et al., 2022).

Prior to discussing the domains and constructs, innovation and implementation should be established and defined. The CFIR defines innovations as the “process or practice of change being implemented” (Drake et al., 2022, p. 91). Implementation is defined as

the constellation of process intended to put an innovation in place within an organization... and is the critical gateway between the decision to adopt an innovation and the routine use of that innovation; it is the transition period during which individuals and organizations become increasingly skillful, useful and committed in their use of the innovation. Implementations by its very nature, is a social context in which it takes place. (Drake et al., 2022, p. 91)

The framework has five major domains: innovation characteristics, outer setting, inner setting, characteristics of the individual involved, and the process of implementation. These domains interact to influence implementation effectiveness. Each of the domains has a number of constructs which will be described in further detail below (Damschroder et al., 2009).

The first domain of the CFIR is related to the characteristics of the intervention setting (or innovation, as it will be referred to moving forward, as this was once of the recent updates to the framework). Adaptation to the innovation is important, as without this the innovation can be a poor fit

and can be resisted by those affected by the innovation. Innovations can be complex and multifaceted and can be conceptualized as having core components that are essential to the intervention, as well as an adaptable periphery which is directly related to the organization experiencing the innovations (Damschroder et al., 2009).

The next two domains, inner and outer setting, both influence implementations. Although the line defining what is inner or outer is often blurred depending on the organization, outer settings typically include economic, political, and social contexts within which the organization resides and the inner includes cultural, political, and cultural contexts (Damschroder et al., 2009).

The fourth domain of the CFIR relates to the individuals involved in the implementation. Individuals carry personal values, cultures, norms, interests, mindsets, and affiliations which can have significant influence on others and can cause predictable or unpredictable outcomes to implementation.

The final domain is the implementation process which typically requires an active change to the individual and/or organizational process. Individuals may be influenced by the inner or outer settings to promote the implementation process, and the implementation may be organized into sub-processes that may occur simultaneously, spontaneously, or at multiple planned levels of implementation. All implementation processes are aimed to be moving the implementation in the same general direction in order to achieve effective implementation (Damschroder et al., 2009).

Each of the domains described above has a number of constructs which affect implementation. Evaluating each of the constructs often relies on individual perspectives, therefore it is important to design formative evaluations that take into consideration the individual interpretation and carefully elicit findings that reflect on the individual's perceptions and their organization's not just the researcher's or expert perceptions (Damschroder et al., 2009). The constructs for each domain are outlined in Appendix H.

### ***Applying the CFIR***

### **Data Collection.**

Drake et al. suggest that it is not often practical to use all of the 39 constructs of the CFIR in every study. Evaluations may focus on just one or a few of the constructs. The constructs can be used when considering the research question itself and the evaluation objectives to determine the likelihood of barriers to implementation or complexities of the organization in question. The CFIR can be used in the design of the data collection instruments, including interviews and focus groups. When using the CFIR, open-ended questions or other sources of information should be used to explore additional influential constructs that might arise for that particular organization. It is recommended that even if all constructs are not expected to impact the innovation, they can still be described to all readers of published findings to assess the extent to which the constructs influenced the study and this could inform and be applied to other contexts (Drake et al., 2022).

### **Data Analysis.**

The CFIR can be used in the coding and/or analysis of the data even if it was not used to guide the data collection process. The CFIR can be used to develop a qualitative codebook using the construct definition as the foundation of the codebook. The data can be coded in a deductive or inductive process where constructs are used as a start list, but additional inductive themes may still arise. An inductive approach will allow the researcher to identify gaps in the CFIR or additional constructs that might arise. Defining the boundaries between innovation and implementation is recommended prior to coding, however data can be coded inductively, and findings can provide insight that may help clarify complex distinctions (Drake et al., 2022).

### **Quantifying Qualitative Data by Applying Ratings.**

To quantify qualitative data, ratings can be applied to the coded data (from individual interviews, observations, or other data sources) that indicate whether the construct is appearing as a barrier or a facilitator to the specific construct and the level of impact that it is manifesting. There are

two recommended steps when applying ratings to data. First, assign valence to whether the construct is manifesting as a facilitating influence or barrier in influencing the implementation. Second, assign a strength level to the influence (weak or strong). Reporting ratings with quotes to support the influence of the construct can be helpful to future studies and why particular constructs may have influence, although CFIR constructs are complex and dynamic and may change over time. When evaluating the results, it is important to be aware that the results may rely on a point-in-time and may be based on certain stakeholders' perceptions which may be directly or indirectly involved in the innovation. The complexities in evaluation should be embraced and even with ratings, reporting possible underlying qualitative data is recommended (Drake et al., 2022).

#### **Interpretation of Findings.**

The objective for interpreting the data is to identify constructs that may lead to successful or unsuccessful implementation. To accomplish this, assessing quantitative or qualitative patterns of ratings across the cases being evaluated using correlation analysis is recommended. When the number of cases is small, patterns can be identified between construct ratings and implementation outcomes across cases by using qualitative techniques such as a matrix with qualitative descriptions. A configuration analysis can also be used to identify combinations of conditions that can help to explain implementation outcomes (Drake et al., 2022).

#### **Summary**

With the qualitative nature of the research being conducted in this action research dissertation, the CFIR can be used as a valuable tool for design, collection, and interpretation of the data collected.

### **2.7 Measuring Employee Wellness**

Throughout the action research process, it became apparent that measuring employee wellness initiatives is an important aspect of the development of a wellness framework and its success. This

realization led to the research conducted below, which includes the review of a number of publications that discuss wellness models, wellness perspectives, performance indicators, and checklists with benchmarks to guide the measurement of wellness.

### ***Exploring Dimensions of Wellness***

In 2020, the *European Journal of Social Sciences Studies* published a systematic review of “Wellness Dimension Models: For the Advancement of Society,” which explored relevant wellness literature. The review acknowledged that wellness models have been explored for decades and in the twenty-first century, wellness has become a trillion-dollar industry that is growing at a faster rate than the global economy. The systematic review also suggests that educational institutions are being called upon by educational regulating bodies, government, and health agencies to create wellness-orientated schools (National Institute of Mental Health (NIMH), 2015).

Of the seven models explored in systematic review, six dimensions of wellness were emphasized in all models: social, spiritual, physical, emotional, intellectual, and occupational wellness (Wickramarathne et al., 2020). The study suggests that recognizing and practicing these six dimensions in workplaces and intellectual institutions (employees and students) can mold a better society with a better attitude (Wickramarathne et al., 2020). The models that were reviewed include:

- The National Wellness Institute Model (Hertler, 1977)
- The Wheel of Wellness/Holistic Model for Wellness and Prevention over the Life Span (Sweeney & Witmer, 1991)
- Illness-Wellness Continuum (Travis, 1972)
- Key Concepts of Wellness Continuum (Travis, 1972)
- Comprehensive Whole Person Model (Brenzer, Adams, & Steinhart, 1977)
- Ardell’s Wellness Model 1 (Ardel, 1977)
- Ardell’s Wellness Domains (Ardell, 2011)

The study reviews each model in detail and indicates the importance of these six components and how they can play a major role in directing individuals to lead their lives. The study also concludes that the six components can guide employees to achieve both personal and professional success, and can be used by policymakers, administrators, and employers to enhance their performance and productivity, and enhance and balance both their social and occupational lives (Wickramaratne et al., 2020).

This study is important to include in the literature review regarding measurement of employee wellness as identification of the components of wellness that are recognized here will provide insight into the dimensions of wellness that the researcher should be considering in not only the creation of wellness frameworks but also their measurement.

### ***Workplace Wellness: Measuring Success***

The research completed by Buxton et al. in their publication, “Workplace Wellness: Measuring the Successes,” suggests that “the effect of poor work and lifestyle habits on health is directing some of the responsibility for changing behaviours to employers, through the development of workplace wellness programmes” (Buxton et al., 2019, p. 107). The challenge is how to design and implement viable workplace wellness programs that promote sustainable, healthy behaviours if the workplace does not have a healthy culture. Academic and professional literature also reveals that there are challenges in the measurement of workplace wellness programs (Buxton et al., 2019).

There have been many attempts to measure workplace wellness programs using both quantitative and qualitative data. Measuring engagement, staff turnover, behavioural change, and customer satisfaction have been attempted, however it has been challenging (Buxton et al., 2019). Buxton et al. suggest a framework for measuring the success of workplace wellness programs which uses a balanced scorecard approach, using both qualitative and quantitative data. It aims to provide data that may be required for organizations to secure investment in workplace wellness programs. It

also aims to provide benchmarks for similar organizations and provide a starting point through which further research can be conducted (Buxton et al., 2019). The framework has four perspectives and associated performance indicators.

**Table 3**

*Measuring Workplace Success: Perspectives and Performance Indicators*

Perspective	Performance Indicators
Financial Perspective	<ul style="list-style-type: none"> <li>• Employee absences</li> <li>• Employee turnover</li> <li>• Productivity</li> </ul>
Internal Business Perspective	<ul style="list-style-type: none"> <li>• Job satisfaction survey</li> <li>• Employee happiness index</li> </ul>
Customer Perspective	<ul style="list-style-type: none"> <li>• Attraction of talent</li> <li>• Customer satisfaction</li> <li>• Brand reputation</li> </ul>
Innovation and Learning Perspective	<ul style="list-style-type: none"> <li>• Employee engagement in workplace wellness programs</li> <li>• Leadership engagement in workplace wellness programs</li> <li>• Employee suggestions for workplace wellness programs</li> </ul>

Incorporating the above perspectives and performance indicators when designing workplace wellness programs will aid in the measurement of success (Buxton et al., 2019).

***Measuring a Whole Systems Approach to Wellness with the Well Workplace Checklist***

The *International Journal of Spa and Wellness* published a “well workplace checklist” that was created by the Wellness Council of America, a non-profit organization dedicated to helping businesses and health professionals create healthy organizational cultures and improve employee health and well-being (Martin et al., 2020).

The checklist includes seven benchmarks to help organizations assess the quality of their wellness programs. The checklist was created to reflect the advancement of the wellness field and healthy supportive workplaces as well as address best practices and innovations from many fields with relevance to health and well-being (Martin et al., 2020).

The checklist can be accessed online at no cost in order to assess the current state of an organization’s wellness and access a digital report that can be downloaded. The checklist was created by the Wellness Council of America, overseen by an advisory committee of nationally recognized wellness industry experts. In order to create the checklist, environmental scans of existing scorecards in the health and wellness field as well as evidence-based practices in fields relevant to well-being were reviewed. Insights from the peer review process of the journal’s publication were also incorporated into the final version of the checklist, which was also tested and reviewed by independent reviewers. At the time of publication, over 500 organizations have completed the Well Workplace Checklist, with representation from small, midsize, and large organizations. Ongoing review and revisions of the tool are scheduled to ensure reliability and further determine measurement properties (Martin et al., 2020).

The updated WELCOA Well Workplace Checklist is grounded in WELCOA’s definition of wellness that includes the following areas:

1. Health—Beyond the absence of mental and physical illness, health is a feeling of strength and energy from your body and mind.
2. Meaning—Feeling part of something bigger than yourself. Knowing your work matters. Having purpose in your life.

- 3. Safety—Knowing you are safe from physical and psychological harm. Feeling secure enough to take calculated risks and show vulnerability. Free of concern about meeting basic life needs.
- 4. Connection—Experiencing positive, trusting relationships with others. Feeling a sense of belonging, acceptance, and support.
- 5. Achievement—Feeling you have the support, resources, and autonomy to achieve your goals. Succeeding at meeting your individual goals and work aspirations.
- 6. Growth—Feeling like you are progressing in your career. Learning and being challenged to use and expand on your strengths.
- 7. Resiliency—Viewing life with optimism. Feeling grateful and expressing appreciation. Feeling validated and encouraged (Martin et al., 2020).

The tool can be accessed at <http://www.Welcoa.org>

**Table 4**

*WELCOA Well Workplace Summary Benchmarks for Measurements*

<b>Benchmarks</b>	<b>Subscales:</b>
<p><b>Benchmark 1:</b> Committed and Aligned Leadership</p> <ul style="list-style-type: none"> <li>• Organization’s vision</li> <li>• Organizational values</li> <li>• Strategic goals</li> </ul>	<p><b>Subscale Areas:</b> Organizational commitment, strategic planning, leader alignment, leader role modelling, leader accountability, leader support.</p>
<p><b>Benchmark 2:</b> Collaboration and Support of Wellness</p> <ul style="list-style-type: none"> <li>• Accountability structure</li> </ul>	<p><b>Subscale Areas:</b> Team structure, collaboration, grassroots efforts, use of technology.</p>

<p><b>Benchmark 3:</b> Collecting Meaningful Data to Evolve a Wellness Strategy</p> <ul style="list-style-type: none"> <li>• Measurement and metric tactics for each goal</li> </ul>	<p><b>Subscale Areas:</b> Measures that matter, meaningful workplace data.</p>
<p><b>Benchmark 4:</b> Creating an Operation Plan</p> <ul style="list-style-type: none"> <li>• Wellness vision</li> <li>• Wellness goals</li> <li>• Operational plan</li> </ul>	<p><b>Subscale Areas:</b> Strategic program planning, strategic planning for environment programs and policies.</p>
<p><b>Benchmark 5:</b> Choosing Initiatives that Support the Whole Employee</p> <ul style="list-style-type: none"> <li>• What pragmatic approaches are being used to achieve goals?</li> </ul>	<p><b>Subscale Areas:</b> Caring approach, autonomous approach, comprehensive approach.</p>
<p><b>Benchmark 6:</b> Cultivate Supportive Health Promoting Environments, Policies, and Practices</p> <ul style="list-style-type: none"> <li>• What environmental policies and practices are being used to achieve goals?</li> </ul>	<p><b>Subscale Areas:</b> Work environment, employee and family benefits, culture touchpoints, policies and practices, supportive atmosphere, socially responsible business practices.</p>
<p><b>Benchmark 7:</b> Conduct Evaluation, Communicate, Celebrate, and Ideate</p> <ul style="list-style-type: none"> <li>• Are approaches operating as expected? Are they having intended impact?</li> </ul>	<p><b>Subscale Areas:</b> Evaluation strategy, workforce outcomes, quality of wellness resources and programs, progress toward vision, communication of findings, continuous revision.</p>

Note. (Martin et al., 2020).

Use of the above checklist tool can provide organizations with meaningful feedback on strengths and opportunities for improvement to enhance employee wellness and support for employees (Martin et al., 2020).

### ***The Roots of Workplace Wellness: Literature Review***

The *International Journal of Multidisciplinary Approach Research and Science* published a literature review in 2023 which discusses how workplace well-being significantly influences employees' health and productivity, impacting organizational success (Putra et al., 2023). The review focuses on antecedents and outcomes, and identifies critical factors including psychosocial relationships, job satisfaction, and social support. It also emphasizes the influences of a safe environment, healthcare, and social justice on well-being, and how workplace well-being influences impact physical health, physical activity, and interpersonal relationships. Together, these all foster a supportive work culture (Putra et al., 2023). The review suggests that the overall health and productivity of employees, which contributes to the success of an organization, is significantly impacted by workplace well-being (Friedman & Kern, 2014; Hammoudi Halat et al., 2023).

With the ever-changing, dynamic work environment, and organizations making a culture of well-being a priority, Purta et al. suggest it is essential to identify and understand the antecedents and associated outcomes that contribute to well-being. The article explores the foundational elements of well-being through a comprehensive literature review and proposes a 3x3 framework for workplace well-being that emphasizes the antecedents and consequences (Putra et al., 2023). In the paper, each antecedent and consequence is described in detail and can be reviewed in detail. A summary of the 3x3 frameworks of clusters is presented below (Putra et al., 2023).

**Table 5**

*Workplace Wellness Well-being Antecedents and Consequences Summary*

<b>Well-being Antecedents</b>	<b>Well-being Consequences</b>
-------------------------------	--------------------------------

Psychosocial and workplace relationships (interpersonal relationships, social support, job satisfaction)	Holistic wellness and professional connections (physical health, work productivity, interpersonal relationships)
Individual flourishing and growth (healthy lifestyle, education, financial stability)	Emotional resilience and life fulfillment (mental health, longevity, happiness)
Environment and social justice (safe environment, health access, social justice)	Community involvement (social participation, quality of life, life satisfaction)

*Note.* (Putra et al., 2023).

The findings of the literature review highlight the importance of each antecedent and consequence and the impact they can have on the cultivation of a positive workplace culture. Fostering positive interpersonal relationships, social support systems, and job satisfaction and focusing on promoting and supporting healthy lifestyles, educational pursuits, and financial stability will contribute to overall employee well-being. Workplace interventions that focus on a holistic approach to well-being while building connections and emotional resilience will contribute to thriving individuals and organizational cultures (Putra et al., 2023).

***Examining the Impact of Wellness Champions on the Effectiveness of Workplace Health and Well-being Programs***

The *American Journal of Health Promotion* published a study that investigated the impact of “Wellness Champions” on the effectiveness of workplace health and well-being programs. The purpose of the study was to evaluate the impact of a program called Desire2Move’s (D2M) implementation fidelity by team captains or Wellness Champions on program effectiveness. D2M is an annual peer support health and well-being initiative (HWBI) that encourages physical activity among university employees where the Wellness Champions function as team captains (Ellis et al., 2021).

The participants included 422 employees at a large, urban, public U.S. university (full-time, part time, administration, faculty, staff, or graduate assistant) where each department selected a Wellness Champion to support their team during the initiative. The Wellness Champions were not experts in wellness but were passionate about supporting their colleagues in the program. Their role was to support their colleagues in all aspects of the program such as registration, account creation, delivering program information, program reminders, and giving motivational tips and tools including goal setting, action planning, stimulus control, etc. (Ellis et al., 2021).

The journal suggests that there is little known about the impact of Wellness Champions on wellness programs that translates into “real-world” setting interventions, however: “According to the Centers for Disease Control and Prevention, organizations continue to invest in health and well-being initiatives (HWBIs) to positively impact employee health, productivity, and retention (Ellis et al., 2021, p. 121).” In addition, the article states

To achieve these benefits, the foundational evidence-based components of workplace health and well-being should be present. These components include (1) alignment with the overarching organizational and department business goals; (2) integration with safety/risk management; (3) a dedicated resource (e.g., health promotion manager); (4) a business case; (5) goals and objectives; (6) an evaluation plan; (7) leadership support from the C-Suite, senior-, and mid-level managers; (8) health behavior policies coupled with a workplace environment built to support the policies; (9) consistent communications; (10) Wellness Champions; (11) health behavior and education programs; and (12) incentives to encourage and reward behavior. (Flynn et al., 2018)

The study suggests that Wellness Champions, or peer support offered by coworkers, led to positive program perceptions and improvements in health behaviours. One hundred and forty-four of the 422 employees who participated in the program reported results via a survey. Results were measured by participants rating their perceptions of the Wellness Champions’ support, if they were

more physically active, and overall program satisfaction. Altogether the results of the study suggested that “Wellness Champions play an important role in the delivery and implementation of health and well-being initiatives in ‘real-world’ settings, and their fidelity to program protocols directly impact important behavioral and participant satisfaction outcomes” (Flynn et al., 2018).

### **Summary**

After reviewing the literature on measuring employee wellness initiatives, it was apparent that there is no one singular template for this task. However, the research conducted provided a number of wellness perspectives, performance indicators, and benchmarks to guide the measurement of wellness which will inform the measurement tactics suggested in the development wellness framework and recommendations for implementation created throughout the action research in this dissertation.

### **2.8 Conclusion**

Reviewing related literature was an ongoing process throughout the dissertation, starting with the Okanagan Charter. The Charter, developed at the 2015 International Conference on Health Promoting Universities and Colleges, provides a framework for promoting health in universities. It emphasizes a whole-system approach, including employees, students, and communities, but lacks a specific framework for employee wellness.

Research into the Charter led to a systematic review of Employee Workplace Wellness Programs in post-secondary institutions. The review found no singular successful wellness model for employees in these institutions, highlighting the importance of tailoring programs to the unique needs of each institution.

A subsequent systematic review of college or university wellness course curricula showed that wellness courses positively impact personal wellness knowledge, attitudes, and behaviours. Best practices included face-to-face delivery, needs assessments, and personal sharing.

The literature review revealed no single answer for designing wellness frameworks. This prompted further research into Indigenous wellness frameworks, measuring wellness, and the impact of COVID-19 on wellness. Implementation theory, particularly the CFIR framework, was also examined to improve the adoption and sustainability of the proposed wellness framework for Langara College.

Key themes and best practices from the literature were documented for inclusion in the action plan and recommendations. It was noted that wellness frameworks must align with an organization's vision, values, and stakeholders, with no one-size-fits-all solution.

The literature review contributed significantly to the development of the wellness framework and recommendations. The main limitation was the lack of a singular implementation plan, emphasizing the need for customized solutions.

### **Chapter 3: Research Methodology and Design Overview**

The following chapter describes the overview of the research methodology and design that was used to answer the research questions outlined in the dissertation. The chapter describes the qualitative approach and action research framework design, followed by participant identification, research process timeline, and limitations and delimitations that were identified.

Given that the nine-step action research process is discussed in detail in Chapter 4 (which also includes a detailed discussion of the research methodology and design process), the details provided in Chapter 3 may appear light or untraditional. The researcher and her supervisor felt that to honour the nine-step action research process, avoid repetition, and have consistency in presentation, the research methodology and design would be discussed high-level in Chapter 3 with further details provided in Chapter 4 (action research findings and results).

#### **3.1 Design**

##### ***Overview and Rationale***

This study takes a qualitative approach using an action research framework. Action research can be defined as a research methodology that emphasizes the collaboration between researchers and practitioners to address real-world problems and bring about practical solutions. It involves a cyclical process of planning, acting, observing, and reflecting with the aim of improving practice and achieving positive change in a specific context (Mertler, 2016).

The goal of any action research project is to make things better, improve some specific practice, or correct something that is not working as well as it should (Mertler, 2016). As stated by Herr and Anderson, "In the field of education, action research has enjoyed widespread success, both as an individual route to professional development and as a collaborative route to professional and institutional change" (Herr & Anderson, 2015, p. 6).

Langara College is actively implementing wellness initiatives driven by college administration/the People and Culture Department and the Langara Wellness Promotion Committee, which is a primarily volunteer committee composed of faculty and staff (representatives from college administration/People and Culture, and other college departments and faculties). Given that the work has already started, action research provides a framework that will collaboratively honour the work that is currently being done, while finding ways to enhance the college wellness plan based on the external research conducted in the literature review, and what is currently being implemented (Mertler, 2016).

Additionally, using action research as a framework in a dissertation has been documented as a successful approach which provides validity or transferability of the findings (as referred to by qualitative case study researchers) and the knowledge gained can be transferred beyond the research institution and be used for greater good academically or in the community of practice. A dissertation action research study must consider the usability of the generated knowledge, both within and outside of the research setting. Although action research is rarely statistically generalizable, the insights it provides can be applicable beyond the specific research environment (Herr & Anderson, 2015).

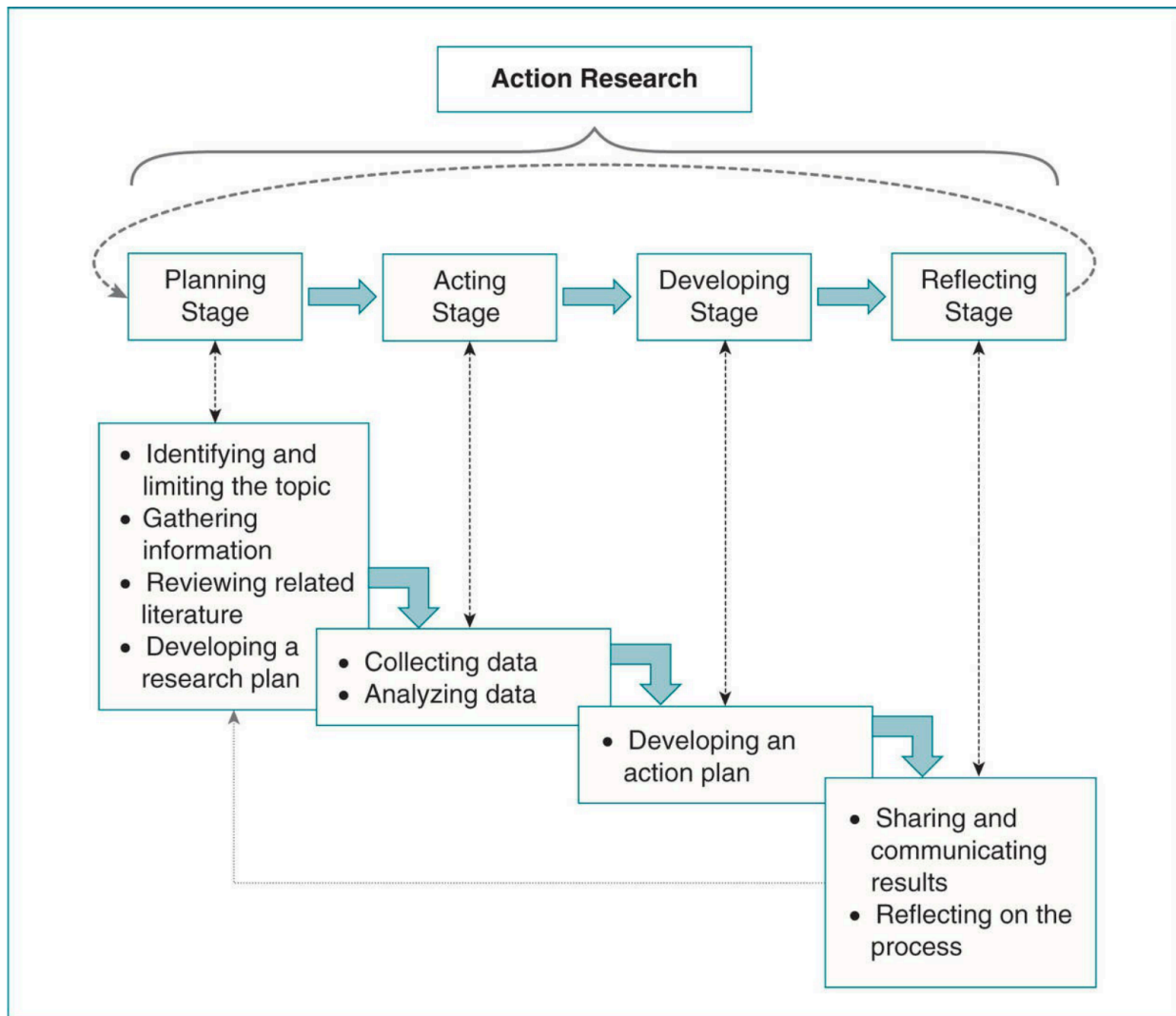
There are four general stages of action research:

1. The planning stage
2. The acting stage
3. The developing stage
4. The reflecting stage

In addition, there are nine detailed steps in the process (Mertler, 2016).

**Figure 8**

*Integration of Two Organizational Schemes for the Step-by-Step Process of Action Research*



*Note.* (Mertler, 2016, p. 37).

### **Action Research Plan Summary**

The action research plan for this study follows a nine-step template that was proposed by Mertler in his book *Action research: Improving schools and empowering educators*. The process is summarized below and will be broken down further in Chapter 4.

#### **Step 1: Identifying and Limiting the Topic.**

In step 1, the research topic was identified through several preliminary considerations that were pondered to ensure the question was not too vague, that data collection timeline and process would be manageable, and that the research would identify a realistic challenge and possible causes, and ultimately recommend solutions.

The final step in this stage included the researcher's understanding of the nature and context of the research question and overall reflection on step 1.

**Step 2: Gathering Information.**

In step 2, internal information and documentation related to employee wellness at Langara College were gathered and reviewed. Information and documentation were identified with the support of the Wellness Promotion Committee and People and Culture staff.

The final step in this stage included the researcher's understanding of the nature and context of the research question and overall reflection on step 2.

**Step 3: Reviewing the Related Literature (Literature Review Chapter 2).**

Step 3 includes analysis of the literature related to employee wellness. The topics included in the review were curated by the researcher with support from her PhD supervisor and her committee to ensure that the research conducted was in alignment with answering the research questions.

The final step in this stage was an overall reflection on step 3.

**Step 4: Developing the Research Plan.**

The goal of step 4 was to ensure the research question is specific and as clear and simple as possible and to develop research methodology, research design, and a data collection plan, and to state one or more research questions.

The final step in the stage was an overall reflection on step 4.

**Step 5: Implementing the Plan and Collecting Data.**

Step 5 included the determination of the specific data to be collected and how to actually collect it. For this study, semi-structured interviews and examination of existing documents and records were chosen as instruments for collection. Then, interview questions were drafted, and records and documents to review were identified.

The final step in this stage was an overall reflection on step 5.

**Step 6: Analyzing the Data.**

In step 6, the data analysis process was identified. It was imperative to ensure that the data analysis was in alignment with the research question. An inductive process was used where examination of patterns and similarities were identified.

The final step in this stage was an overall reflection on step 6.

**Step 7: Developing an Action Plan.**

In step 7, the results of the analysis were interpreted, and a specific and tangible framework and action plan were developed based on the analysis of the action research findings and review of related literature.

The final step in this stage was an overall reflection on step 7.

**Step 8: Sharing and Communicating the Results.**

Step 8 included creating a presentation schedule to share the results with the Wellness Promotion Committee.

The final step in this stage was an overall reflection on step 8.

**Step 9: Reflecting on the Process.**

As recommended by Mertler, it is critical to examine one practice through systematic reflection throughout the action research process as well as once the cycle has been completed (Mertler, 2016). Therefore, reflections took place at the end of each step of the process as noted above, as well as at the end of the cycle.

### **3.2 Participants**

The participants in this study were employees at Langara College, specifically members of the Langara Wellness Promotion Committee. All participants were over 19 years of age, and participation was voluntary.

The Committee is composed of a variety of college employees (faculty, staff, and administrators) representing different departments, including the Faculty of Arts, Faculty of Science, Faculty of Fine Arts, Faculty of English, Faculty of Nutrition and Food Services Management, Continuing Studies, Student Services, Registrar and Enrolment Services, Langara Global, the Teaching and Curriculum Development Centre, Counselling Services, and People and Culture. The Committee's purpose is to provide the People and Culture Department with a faculty and staff perspective on the design and delivery of the college's employee wellness plan. As stated on the Langara College People and Culture intranet site,

Langara's Wellness Promotion Committee aims to promote a culture of employee wellness under the eight dimensions by providing education, resources, and opportunities for employees to participate in wellness-enhancing activities. The committee aims to empower employees to adopt habits and behaviours that contribute not only to their personal well-being but also support the diverse, collegial community at Langara College. (Langara College Intranet, *People and Culture*, n.d.)

The Wellness Promotion Committee was chosen for this study as it represents a diverse cross-section of college employees who have all invested in and contributed to developing the current framework/plan for employee wellness at Langara College.

### **3.3 Research Process/ Data Collection Timeline**

#### ***Research Process***

The action research process began by sending introduction and participation consent emails to the Wellness Promotion Committee members at their Langara email accounts. These emails included a

description of the project, and a voluntary consent form to be emailed back to the research if they chose to participate. A copy of the consent form is included in appendix C.

Emails were sent to the committee with six possible interview dates, with four-hour time slots, and the following interviews were confirmed:

November 15, 2023: seven interviews scheduled and two meetings with college administration (also on the committee) regarding current programs and services and supporting documents for review.

January 4, 2024: three interviews scheduled.

January 16, 2024: one interview scheduled.

The research conducted with the committee members who complied consisted of semi-structured interviews that were conducted via zoom.

Topics in the interviews included:

- The current employee wellness programming at Langara College
- The college academic and strategic plans and how they align with employee wellness
- What the college is currently doing well to support Langara employee wellness
- What opportunities and/or challenges currently exist regarding employee wellness and employee wellness planning

Examples of all interview questions are included in Chapter 3.4 of this dissertation.

**Table 6**

*Action Research Process and Data Collection Timeline*

Step 1	Identifying and limiting the topic	September 2023
Step 3	Gathering information	November/December 2023
Step 3	Reviewing the related literature	January 2021–Sept 2024
Step 4	Developing the research plan	October 2023

Step 5	Implementing the plan and collecting data	November 15–February 15, 2024
Step 6	Analyzing the data	February 15–April 1 2024
Step 7	Developing an action plan	April 1–April 30, 2024
Step 8	Sharing and communicating results	TBD
Step 9	Reflecting on the process	Throughout completion August 2024

It should be noted that the process of data collection was somewhat overlapped due to the nature of the action research being completed within an academic dissertation. This delimitation is discussed further in Chapter 3.4 of this dissertation.

**3.4 Limitations and Delimitations**

A number of limitations and delimitations were identified throughout the research design process. Limitations, which are outside of the researcher’s control, and delimitations, which were intentional boundaries drawn by the researcher to define the projects scope, are listed below.

***Methodological Framework/Research Design and Timing***

Using the action research process as a methodology for a PhD dissertation study was an interesting choice, as some of the steps in the process needed to be developed prior to when they take place in the nine-step action research process. For example, developing the research objectives was required for Ethics Board approvals prior to starting the study. The questions that evolved through the process were nearly the same as what was proposed, however, going through the action research process after some initial external research and information gathering took place made the process more cyclical rather than linear. This delimitation of focusing on the outcome rather than the linear

process did not necessarily impact the research methodology and design, but it certainly made the action research process more organic than linear.

For reference, the initial research question/objective which was approved by the Ethics Boards was: how can a post-secondary institution (Langara College) design and implement an employee wellness plan that aligns with the Okanagan Charter and the College Academic and Strategic Plans?

The research questions that evolved were:

Primary: What are the components of an employee wellness framework in the context of a post-secondary institution?

Secondary: How can Langara College design and implement a viable framework for employee wellness which builds on their current initiatives?

### ***Sample Size/Volunteering Time to Participate in Study***

Asking employees to voluntarily participate in a study can be challenging due to people's busy schedules. Getting Wellness Promotion Committee members to participate in the study was certainly a limitation and beyond the researcher's control. The initial invitation was sent in mid-November 2023; this could be a challenging time for participants as it is a busy time in the semester for faculty with term papers and marking, as well as exams coming up. The end of the calendar year is also a busy time for college staff who are finishing projects leading into the holidays.

Seven interviews were scheduled prior to the holidays, and the researcher was pleased with this return. A second invitation was sent in January of 2024 and four interviews were scheduled. This represents 11 out of a possible 23 individuals who chose to participate. It is also possible that some of the individuals on the list of committee members that was provided to the researcher have decided to leave the committee. The committee had not met in a number of months and participation is voluntary, making the commitment level somewhat low. The researcher was mindful of respecting people's decision to participate in the study and discussed appropriate strategies to engage employees with her

supervisor. In the end it was agreed upon that the outreach strategy was appropriate and not overwhelming but certainly a limitation.

### ***Defining Population of Interest/Inclusion Criteria: Voluntary Committee with Limited Continuity and High Turnover***

The choice of who to connect with for the action research was both a limitation and a delimitation. The committee was identified as the best representation of individuals who have contributed to the college's wellness planning and delivery, as it was made up of a diverse cross-section of volunteer faculty and staff from across the college as well as representatives from People and Culture and Human Resources who were mandated to sit on the committee as part of their job. Connecting with these individuals for interviews on a voluntary basis was a limitation as mentioned above, but also a delimitation, as the researcher chose this group intentionally to ensure consistency of the individuals from whom data was drawn (all committee members). Also, a limitation and delimitation were the facts that the committee members changed often due to position changes within the college. Senior leadership in the People and Culture department who sat on the committee, as well as committee chairs and committee members, changed throughout the five years that the committee was running.

### ***Choice of Research Question***

The choice of research questions was a delimitation, as there were likely numerous questions that could have been asked to improve employee wellness at the college. The researcher felt that the final research questions were reasonable and attainable questions to move forward with and within the scope of this project. Other possible research questions may be very relevant as well but are beyond the scope of the researcher and this project.

### ***Theoretical Framework to Support Recommendations***

The CFIR theoretical framework chosen to support the analysis and recommendations of the action research was a delimitation. The researcher investigated academic theories that could be applied

to support the recommendations, however, based on support from the academic and practical field and the scope of the study, the CFIR was the top choice. In addition, Indigenous Wellness Frameworks were also researched to support inclusive recommendations and the wellness framework.

### ***Access to Information***

Access to information was somewhat of a limitation. There were many documents and web-housed resources shared with the researcher, however access to anything that was not publicly accessible or accessible by Langara Faculty through SharePoint was determined by committee members or People and Culture staff. This was seen as a limitation by the researcher because additional resources may have been withheld.

### ***Academic vs. Practical Community Research—Need for Ethical Approval?***

The researcher is a faculty member at Langara College. This could be seen as a limitation as it may have hindered Wellness Promotion Committee members' willingness to participate in the study. However, this possible limitation was not recognized as an issue by the Langara or University of Victoria Boards of Ethics when applying for approval of the study.

### **Chapter Summary**

Chapter 3 describes the qualitative approach and action research framework design, followed by participant identification, research process timeline, and limitations and delimitations that were identified. As mentioned previously, in order to honour the nine-step action research process, avoid repetition, and have consistency in presentation, the research methodology and design and reflection on the process is discussed at a high-level in Chapter 3 with further details provided in Chapter 4, Action Research Findings and Results.

## Chapter 4: Action Research Findings and Results

Chapter 4 outlines in detail the nine-step action research process which was conducted by the researcher.

### 4.1 Step 1: Identifying and Limiting the Topic

The topic identified for investigation was best practices in the design and implementation of an employee wellness framework.

The research topic was identified through several preliminary considerations that were pondered to ensure the question was not too vague, that data collection timeline and process would be manageable, and that the research would identify a realistic challenge, possible causes, and ultimately recommended solutions.

Six considerations suggested by Mertler (2016) were reflected upon as follows below.

*Personal Interest:* The topic was of interest to the researcher as she is a wellness enthusiast and has taught a wellness course in the Bachelor of Recreation Management at Langara College for 13 years. She also was interested in exploring the quality and quantity of the wellness programs and services for Langara employees and the priority of employee wellness at the college.

*Importance:* The researcher believed that investigating employee wellness frameworks and the design and implementation of employee wellness at the college through action research would have the potential to make a difference for employees. Sharing the findings of the action research and literature reviews in this dissertation could potentially aid Langara College in improving the design and delivery of an employee wellness framework and associated programs and services.

*Amount of Time:* The researcher reflected on the anticipated time it would take to complete this project and felt that having a full year to complete the action research and a year following to complete the dissertation report would be reasonable and manageable. This was approved by the researchers' advisory committee as well as the Langara and University of Victoria Human Research Ethics Boards.

*Difficulty:* The researcher felt that the topic of interest was practical and within her individual capabilities. She carefully designed a research methodology that she was comfortable implementing and that was within her skill level. She also ensured that the data collection process (semi-structured interviews with a maximum of 25 Langara Wellness Promotion Committee members) was a reasonable task to take on.

*Monetary costs:* There were no monetary costs for the researcher, or the institution associated with this study.

*Research Ethics:* As stated above, the project was approved by the Langara College and University of Victoria Human Research Ethics Boards.

After reflection on the above considerations, the researcher felt that the topic and size of the study was not too broad, too vague, or too complex and that the possible hypothesis relating to the topic could be addressed (Mertler, 2016).

### ***Discussion***

The process of selecting and limiting a topic for research in this study was somewhat organic in nature and evolved over a two-year period. When embarking on her PhD, wellness was the topic of interest the researcher wanted to investigate. After completing the course work in the first two years of her studies, meeting with her supervisor and advisory committee, she was able to narrow the topic down to the design and delivery of employee wellness within post-secondary institutions. Through the action research process step 1, identifying and limiting the topic, she was able to further limit the scope of the topic and ensure that it was going to be of interest, valuable to her personal and professional development, and valuable to the college.

Reflecting on this step of the process, the researcher felt confident that the time and thought that went into limiting the topic and creating the research topic and subsequently the questions was very important and of great value to ensuring the success of this study.

## 4.2 Step 2: Gathering Information

In this step of the process, individuals from the Employee Wellness Promotion Committee and the People and Culture Department as well as the researcher's advisory committee were consulted in order to determine the type of information that was available to inform the research study. In addition, information was sought through the Langara College website and SharePoint employee databases.

Reflection on the researcher's past experience with wellness and wellness programming as well as academic and practical theories of implementation helped guide the information gathering process. The process of reconnaissance, as noted by Mertler, is important in reflecting on one's own beliefs to understand the nature and context of the research topic, and involves three forms: self-reflection, description, and explanation (Mertler, 2016). As noted above, reflecting on the researcher's past knowledge, clearly describing the issues that the researcher would like to improve, and describing the problem or current state that the researcher is investigating, supported the researcher in information gathering in order to ensure careful scrutiny of the current state of affairs of the Langara College wellness programs and initiatives (Mertler, 2016).

The following information and documentation were gathered and reviewed in this stage:

- Langara College Strategic Plan
- Langara College Academic Plan
- Langara College People Plan
- Langara College "Eight Dimensions of Wellness" Initiative
- Langara College Mental Health and Wellbeing Initiative
- Langara College Employee and Family Assistance Program
- Blue Cross Extended Health Benefits
- Wellness Promotion Committee TOR

- Integrated Behavioural Model (used to support Student Mental Health Ambassador Program)

Information and documentation were selected by the researcher with the support of People and Culture administrators and the Wellness Promotion Committee. Access to these documents and resources are available to all employees via the SharePoint or on the college website. A link to the documents and sites that are publicly available will be included at the start of each discussion. A detailed summary followed by the researcher's discussion comments of each of the above listed documents follows.

#### **4.21 Langara Strategic Plan: Overview Related to Wellness Initiatives**

<https://langara.ca/about-langara/strategic-plan-2025/index.html>

Langara College has developed a robust, five-year strategic plan for 2020–2025 with the following vision and mission statements:

“Vision: Langara College is Canada’s premier pathways college.

Mission: Langara College provides diverse learners with academic and experiential foundation for further education, career success, and personal and professional development” (Langara College, *Strategic Plan 2025*, n.d.).

Langara College aspires to advance in five priorities:

“Our culture:

- Talent management strategy
- Supports for students and employees
- Justice, equity, diversity, and inclusion strategy (JEDI)

Relevant, innovative, and high-quality programming:

- Continuous quality improvement process
- Relevant and accessible programming
- Integrate Indigenous ways of knowing and learning into our curriculum

Community engagement:

- Mutually beneficial partnerships
- Strengthen relationships with government

College sustainability:

- Financial sustainability
- Increase sustainability
- Integrate and streamline key business processes

Indigenization:

- Indigenization strategy
- Maintain and deepen relations with Musqueam
- Recruit and retain Indigenous students and employees

Each of the above priorities is broken down in more detail within the plan, and has a baseline, target, and progress calculations included” (Langara College, *Strategic Plan 2025*, n.d.).

Student and employee wellness is discussed specifically in the “Culture” priority, where it is described as follows:

Students are at the centre of all our decisions and practices, a commitment brought to life through our Student Success Plan. We are a diverse, inclusive, and resilient community of students and engaged employees, well supported for growth, change, and success. We celebrate our place on unceded traditional Musqueam territory and our intercultural mosaic, and work to advance our Internationalization Plan and Indigenization strategy. (Langara College, *Strategic Plan 2025*, n.d.)

Measurement of the “Culture” priority which includes wellness:

1. Develop and implement a talent management strategy.

2. Provide effective emotional, physical, and mental well-being supports for students and employees.
3. Embark on a collaborative process to develop a JEDI strategy to guide the College's policies and practices reflecting the communities we serve.

The measurement tactics for the first pillar, talent management strategy, are based on participation of regular employees in personal and professional development. Personal development is defined as educational benefits (e.g., tuition waivers, tuition reimbursements); new hire orientation; social wellness events (holiday breakfast, department decoration contests); physical wellness programs (virtual fitness classes); emotional wellness supports (back-to-campus support, balance and burnout workshop); payroll information sessions (Form T2200, pension plans).

- The baseline is 75% with a target of 90% by 2025. No progress statistics are included.

The measurement tactics for the second pillar, "provide effective emotional, physical, and mental well-being supports for students and employees," include:

- A feasibility assessment, a government relations strategy, and by considering industry engagement on student housing on or off campus (no mention of employees, no statistics included).
- To develop intercultural competency programming which is measured by the number of students and employees per year who have enhanced their intercultural competency through a program of study or experience in intercultural engagement. The baseline was 40 employees, the 2021 progress reports states that 243 employees participated, with a goal of 350 by 2025.
- The extent to which students and employees feel included. This is measured by the number of employees who have participated in wellness programs related to three or more dimensions of wellness per year. The 2021 progress report states:
  - 1,377 employees (70%) participated in at least one dimension of our wellness programs.

- 118 employees (6%) participated in programs spanning three or more dimensions.
- We plan to expand our wellness offerings once public health restrictions are lifted.
- Satisfaction rate of students with college wellness supports. The baseline was 95%, the 2021 progress report states 94% satisfaction. There were no statistics provided for employee satisfaction in the wellness support.

The measurement tactics for the third pillar, “embark on a collaborative process to develop a JEDI strategy to guide the college’s policies and practices reflecting the communities we serve.” The baseline was to develop a strategy, the 2021 progress report states this is underway.

The strategic plan also has an Indigenization strategy as a priority which relates to the wellness of Indigenous individuals, communities, and the Langara community as a whole.

The three pillars of measurement are:

1. Informed by the recommendations from the Truth and Reconciliation Commission, initiate and implement Indigenization strategy.
2. Maintain and deepen our relations with Musqueam.
3. Develop and implement strategies to recruit and retain Indigenous students and employees.

The 2021 progress report shows strong progress in all pillars. Although there is no specific reference to wellness, the work that is being done contributes to the wellness of Indigenous peoples in the Langara community and beyond. (Langara College, *Strategic Plan 2025*, n.d.)

***Langara College Strategic Priorities for 2023/2024***

<https://langara.ca/about-langara/strategic-plan/index.html>

The following strategic priorities for 2023/2024 were also shared in the plan:

People:

- Enhance Indigenization throughout the college
- Develop and implement an equity, diversity, and inclusion framework (EDI)

- Provide learning and professional development opportunities for employees

Mission:

- Implement a Student Success Plan
- Streamline credentials and create guided pathways
- Enhance community engagement partnerships

Organization:

- Design and implement new student information system
- Revise campus master plan to meet organization space needs
- Advance Sustainable Development Goals (SDGs) throughout the college

(Langara, *About Langara: 2023/2024 Strategic Priorities*, n.d.)

Employee wellness is not identified as a priority for 2023/2024.

**Discussion**

Langara College's strategic plan is robust and has identified priorities and measures within the five-year plan. Employee and student wellness is identified clearly, and measurement in participation is duly noted. However, employee satisfaction levels in wellness programming do not appear to be measured, nor does the plan discuss the objectives for further development and advancement in programming and support. The plan states "wellness offerings will be expanded once public health restrictions are lifted," but it is still unclear what this might look like post pandemic. The Indigenous strategy shows Langara's dedication to truth and reconciliation, recruitment and retention of Indigenous employees and students, and deepening relationships with the Musqueam community which contributes to the wellness of Indigenous peoples in the Langara community and beyond. The 2021 progress report discussed above highlights statistically the good work that Langara has been conducting to reach their strategic goals. However as of June 2024, no statistics were available for 2022 or 2023.

#### 4.22 Langara Academic Plan: Overview Related to Wellness Initiatives

<https://langara.ca/about-langara/academics/pdfs/academic-plan-2025.pdf>

The 2025 snəwəyət leləm, Langara College Academic Plan builds on the inaugural plan that was created in 2016. The five-year plan is informed by the APWG (Academic Plan Working Group) which developed initiatives to guide the plan's content and creation. A metaphorical kaleidoscope framework was built by APWG that addressed all of the college priorities and presented them in a model that included multiple changing colours and shapes to capture the innovation and collaboration of all academic pursuits (Langara, *About Langara: Academics: Academic Plan*, n.d.).

The plan was designed to create a sense of belonging for students, faculty, and staff, welcoming and supporting all unique community members to achieve their goals.

The values in the plan include:

- A culture of acceptance, justice, equity, diversity, and inclusion of all persons.
- Accessible, high-quality, flexible pathways to enable students to achieve their academic, career, and life goals.
- Excellence in learning and teaching.
- Global and local social, environmental, and financial sustainability.
- Innovation and creativity in supporting and teaching our students.
- Integrity, transparency, and collaboration.
- Our students and their success. This is a responsibility shared among all members of the college community.
- Social and cultural opportunities that shape students into globally aware citizens.

There are four lenses for the five-year plan, they include:

1. Curiosity, creativity, and innovation: create the future together
2. Holistic student engagement

3. Transformational learning experiences
4. Social responsibility/community relationships

(Langara, *About Langara: Academics: Academic Plan*, n.d.)

### ***Discussion***

The plan is deeply rooted in collaboration to honour multiple perspectives and support all of the community in creating a shared future. It vibrantly reflects flexibility, access to resources, and commitment to engaging all stakeholders throughout the duration of the plan. The plan does not, however, directly reference employee or student wellness or means to support the design and delivery of a variety of wellness initiatives for employees or students.

The plan refers to supporting life goals, excellence in learning and teaching, innovation and creativity, and creating global citizens through social and cultural opportunities as well as social, environmental, and financial sustainability. All of this can be tied to an individual's wellness, but nowhere does it say "how" the plan is going to do this. It lacks reference to physical and mental wellness or direct links to the multiple components of wellness that the proposed values and lenses incorporate.

There is potential to incorporate an additional "wellness lens" into the kaleidoscope, but the current plan has not made this link. There is, however, a "People Plan" developed by the People and Culture Department, which supports Langara employees where wellness is specifically outlined.

#### **4.23 Langara College "People Plan"**

The 2027 People Plan was developed by the People and Culture Department at Langara College to support employees. The People Plan is accessed via the College SharePoint and is not available to the public.

The People Plan states that:

People and Culture is committed to embracing, honoring, and promoting diversity, equity, and inclusion in our workplace. We remain dedicated to focusing our efforts on creating an inclusive

employee community that fosters a sense of safety and belonging for everyone. We strive for excellence in processes, practices, and programs. We embrace collaboration and innovation in service of Langara's mission, vision, and strategic plan. (Langara College Intranet, *People and Culture*, n.d.)

The plan lists the following 10 principles:

- We support and align with the college's vision, mission, and strategic plan.
- We are committed to advancing equity, diversity, inclusion, and accessibility.
- We are committed to advancing equity, diversity, inclusion, and accessibility.
- We are proactive, collaborative, innovative, solution and growth oriented.
- We value and invest in our team and are committed to our individual and collective development and success.
- We practice and promote ethics and integrity and maintain confidentiality and confidence.
- We provide transparent, timely, and accurate information.
- We seek to listen and understand before acting.
- We treat people with respect, dignity, empathy, and care and expect the same in return.
- We strive for excellence, recognize mistakes and failures are opportunities for learning, and accept responsibility and accountability for our actions.
- We value each other and having fun. (Langara College Intranet, *People and Culture*, n.d.)

The plan outlines what the college will look like in 2027 based on the following categories:

*Culture:*

We align to Langara's values with all practices.

- We champion equity, diversity, inclusion, Indigenization, accessibility, and belonging.
- Langara has a highly engaged, people-focused, strengths-based culture.
- Langara is an innovative, collaborative, solution-oriented community committed to respect.

- Langarans regularly recognize, celebrate, and appreciate the value and contribution of each other.
- We have a proactive and strategic employee relations approach that successfully contributes to the college's initiatives, relationships, and outcomes.
- We invest in the employee experience, nurture community, champion wellness, and promote professional development.

*Equity, Diversity and Inclusion:*

We have an employee equity framework.

- Our practices, policies, and programs promote and support equity, diversity, inclusion, and accessibility, and promote belonging.
- We have implemented an Indigenous recruitment and retention strategy in partnership with the Indigenous community.
- We commit to building an employee and leadership base that is reflective of our local population and community.
- We collaborate to provide EDI, Indigenous cultural sensitivity, and professional development opportunities for all employee groups.

*Talent Management:*

We are recognized as a top employer in British Columbia.

- We attract and retain top talent through equitable, innovative, inclusive, accessible, and valued employee programs.
- We are a valued partner to the Langara community.
- We have implemented a talent management solution aligned with Langara's leadership competencies.

*Wellness:*

We champion employee wellness and act to ensure wellness and well-being.

- Our employees are aware of the eight dimensions of wellness.
- Our leaders promote and support wellness initiatives and access to wellness resources.
- We provide a variety of inclusive and accessible learning opportunities across the eight dimensions of wellness to support employee well-being.

*Professional and leadership development:*

Langara Employees have access to a diverse array of inclusive, accessible, formal and informal professional development opportunities.

- Feel included, engaged, empowered, appreciated, and respected.
- Receive regular feedback from their leader.
- Administrators and support employees have a “development plan” in Workday.
- Know, apply, and model the Langara leadership competencies.
- Understand what is expected of them and model these practices and behaviours.

*Langara Leaders of People:*

Langara leaders are identifying potential and developing employees for future opportunities and growth.

- Make decisions that are consultative, transparent, and timely and demonstrate responsibility and accountability.
- Have a documented development plan to support their leadership.
- Have a practice of regularly meeting with their direct reports to encourage engagement, support wellness, promote development, and provide appreciation and recognition.

*Business Processes:*

We have documented effective and efficient business practices that are aligned with best practices.

- We partner to ensure that Workday supports the college's, and our employees', needs and it is viewed by Langarans as an effective tool.
- We leverage technological solutions to manage, track, and resolve employee requests and issues as well as to document People and Culture information. (Langara College Intranet, *People and Culture*, n.d.)

The People Plan page on SharePoint also provides links to employee benefits, leaves, and payroll support information including:

- Health and dental plans through Pacific Blue Cross
- Payroll information and support
- Time off and Leave information
- Parking on campus
- Hybrid work location program
- Educational Benefits program
- College Municipal Pension Plan
- Tax information and forms

There are also links regarding terms, agreements, and policies including:

- LFA, CUBE, BCNU, and admin collective agreements
- Sexual violence and misconduct policy
- Smoke-free campus policy
- Duty to accommodate guidelines
- Workplace injury reporting guidelines

Employee wellness programs:

- Eight Weeks of Wellness information page
- Employee and Family Assistance Plan (EFAP)

Professional development programs and services including:

- Education Technology
- Teaching and Learning Development Centre
- Leadership Competencies and Leadership Education Series
- Education Benefits Programs
- LinkedIn Learning Education Benefits Program

There are also links to information about:

- The college DEI initiatives
- Employee hiring, onboarding, recognition, and performance reviews
- Employee forms related to People and Culture (Langara College Intranet, *People and Culture*, n.d.)

The above information comes directly from the People Plan, which is located on the Langara College Share Point which is accessible to all employees.

### ***Discussion***

The 2027 People Plan articulates the college's dedication to supporting employees. The plan clearly states commitment to honoring and promoting diversity, equity, and inclusion in the workplace and creating a sense of belonging for employees. The plan is aligned with the Strategic Plan and articulates ways that the college can live its mission, vision, and values.

The People Plan acts as a landing point where employees can be directed to resources and access the programs and services the college has in place. Although there appear to be thoughtful principles and a robust number of programs and services, there does not seem to be any ability to connect with the staff from the People and Culture department for assistance in navigating the offerings. It appears that employees need to be self-directed in finding what they may be looking for; nowhere does it suggest reaching out to the People and Culture staff for support. In addition, there are

no statistics about the success of any of the programs and services listed in the plan or how the People and Culture Department are accountable to their principles and commitments listed in the plan.

#### **4.24 Employee Wellness Initiatives at Langara College: Eight Dimension of Wellness**

Langara adopts an eight-dimensional, holistic approach to employee wellness. These dimensions encompass physical, occupational, financial, environmental, emotional, intellectual, social, and spiritual aspects. By recognizing their interconnection, Langara emphasizes their importance in fostering a well-rounded and balanced lifestyle, providing programs that cover all these dimensions. The Eight Dimensions of Wellness programs and services are listed on the SharePoint for all employees to access (Langara College Intranet, *People and Culture*, n.d.)

The following is a summary of what is available:

##### *Emotional*

The Employee and Family Assistance Program (EFAP) provides access to short-term, solutions-focused, and confidential counselling services, work-life services, and resources to help employees and their families with a wide range of issues. The program not only focuses on being a support for those in crisis or in need of short-term counselling, but it also caters to individuals who are seeking more information or support before a situation gets worse (Langara College Intranet, *People and Culture*, n.d.).

In addition to emotional health supports, the online EFAP platform also includes:

- Personal health assessments
- Virtual fitness classes
- Articles, podcasts, infographics, and toolkits
- Discounts and savings to support financial wellness

There are also numerous resources for mental health and well-being that are offered to employees. These training and development courses cover mental health literacy, distress and suicide awareness and response, and emotional well-being and personal literacy.

Lumino Health, which has partnered with Sun Life, also provides an Emotional Wellness Guide that covers “Emotions 101,” a tool for emotional wellness and where to find the right supports.

Additional resources include:

- Stress and anxiety guide
- Building resilience video
- How to build resilience guide
- Youth and family health event coverage where guest speakers shared personal stories to help start conversations with young adults in their lives
- Anxiety Canada link
- Mood meter link
- Grounding strategies link
- Feeling wheel link

### *Physical*

The college provides employees access to a fully equipped, on campus fitness centre which is free to use for all faculty, CUPE, and administration employees. There is also a Langara Cycling Club which is open to all employees at all ages and levels.

Additional resources include:

- A healthy eating guide and fitness guide
- Diabetes prevention questionnaire
- Intramural sports opportunities

### *Occupational*

The college encourages employees to find meaning and purpose in their work and provides programs and services to support occupational wellness.

Additional resources include:

- Memberships to LinkedIn Learning
- Faculty-related development opportunities through the Educational Technology Department and the Teaching and Curriculum Development Centre
- Educational assistance programs
- Tuition fee waivers
- Tuition fee reimbursements
- UNBC MBA program

#### *Financial*

The college is committed to supporting employees in setting and reaching their financial goals to attain financial wellness.

Additional resources include:

- Video on “Managing disruptions – impact on your well-being”
- Basics of will and estate planning webinar

#### *Environmental*

The college encourages environmental wellness by demonstrating best practices and offering strategies to help employees enhance their own environmental wellness. These strategies and practices include:

Being an ambassador for the health of our planet by:

- Conserving resources and leading a lifestyle that is respectful of the planet and our local communities.
- Promoting a relationship with nature by benefiting from the outdoors.

- Developing practices that give back to nature and promote sustainability.

Practices that demonstrate environmental wellness:

- Recycling, reusing, and reducing waste, including limiting single use items
- Conserving natural resources like water
- Consuming responsibly and choosing sustainable options
- Enjoying and caring for nature and the outdoors
- Eating locally produced foods and visiting local farmers' markets
- Maintaining comfortable living or working spaces
- Protecting yourself from environmental hazards like noise pollution, air pollution, or UV radiation
- Building and promoting awareness of the limits of the earth's natural resources

### *Intellectual*

The college offers resources and services to employees to support their intellectual wellness.

Additional resources include:

- Free membership for all employees to upgrade their skills using LinkedIn Learning
- Educational benefits program
- Langara library membership with free access to books
- Book lists recommended by colleagues

### *Social*

The college supports social wellness by providing employees with strategies which focus on spending quality time with friends and family and the community, building communication skills, joining clubs and social groups, volunteering and interacting with people from diverse backgrounds and cultures.

Additional resources include:

- Events hosted throughout the year by the college
- Links to events calendars
- Links to Studio 58 productions

### *Spiritual*

The strategies available to employees to support their spiritual wellness include:

- Being inquisitive and curious with others
- Spending time alone
- Meditating
- Being mindful
- Being fully present in everything you do
- Listening to understand
- Exploring your personal values
- Allowing yourself and those around you the freedom to be authentic
- Seeing opportunities for growth in the challenges life brings you

Additional resources:

- Mindfulness class audio recordings on body scans, sitting and mindful yoga
- Access to a multifaith room on campus

(Langara College Intranet, *People and Culture*, n.d.)

### *Wellness Discounts*

In addition, employees are offered the following discounts within the community:

- Anytime Fitness discounted memberships
- City of Vancouver: 25% off Flexipass
- Club 16 and She Fit discounted memberships
- Devinci Bikes: purchase bicycles at a discount

- Mobi Bike Share: discounted rental
- YMCA: Membership discounts (Langara College Intranet, *People and Culture*, n.d.)

### ***Discussion***

Langara College provides numerous programs, services, strategies, and resources to support employees in eight dimensions of wellness. However, the balance of programs and services for each dimension is somewhat skewed in that dimensions such as emotional, occupational, and educational areas appear to have more robust resources. This is likely due to the fact that Langara is an educational institution which naturally provides strong educational support and benefits as well as the impact of the post pandemic world-wide mental health crisis and the increase in support that is needed for employees in mental health.

Keeping in alignment with the research question and the focus on employee wellness frameworks and implementation strategies rather than the offerings themselves, the discussion here is focused on how and why these programs and services were included. A number of questions emerged when reviewing the Eight Dimensions of Wellness, including how these offerings were chosen. Was an employee needs assessment conducted? Were the offerings designed based on a proven track record of similar programs? Were the offerings designed in alignment with a theoretical framework? Which human resources or staff support the programs and services? Addressing these questions throughout the action research process will inform answering the research questions.

#### **4.25 Employee and Family Assistance Program (EFAP)**

As of June 1<sup>st</sup>, 2024, Langara College entered into a new Employee and Family Assistance Program (EFAP) offered through GreenShield Health. The new program aims to support employees' mental health and well-being through offering the following services:

- Five hours of counselling for employees and their dependants annually
- Five hours of couples' counselling annually

- Unlimited financial and legal consultation, and five hours (each) of work, health, and life transition services, including consultations with registered nurses, dieticians, career coaches, and more
- Digital Cognitive Behavioural Therapy (CBT) to help people with mild to moderate anxiety and depression achieve their wellness goals
- Digital Pharmacy: offered as a fee for use service, employee paid
- Telemedicine: offered as a fee for use service, employee paid
- Access is instant with GreenShield Health's network of doctors and consultations

(E. Wilkins, personal communication, June 2, 2024)

### ***Discussion***

The new and improved EFAP demonstrates that the college is committed to supporting employee mental health and wellness. The information above was received by the researcher via email and there were links provided to GreenShield to and the People and Culture Department for employees who had questions about the new program. It is unknown how the new program will be implemented and how well employees will be supported by the new provider.

#### **4.26 Blue Cross Employee Extended Health Benefits**

The college offers a comprehensive extended benefits plan which employees may choose to take part in. The different plans are provided for faculty, staff, and administration. An example of the types of improvements seen in recent years to the Blue Cross Employee Extended Health Benefits plan is outlined below.

The Langara Faculty Association (LFA) recently completed bargaining for the collective agreement which was ratified on April 30<sup>th</sup>, 2023. The LFA bargaining team worked hard to advocate for improved benefits for faculty; below is a summary of some of the improvements that were made to the agreement.

Improvements include:

- Salary
  - Increase of \$455 to the annual salary on each step as of April 1, 2022.
  - 3.24% for year one of the agreement (after the \$455 increase).
  - 6.75% for year two (inclusive of the Cost of Living Adjustment); and 2% to 3% in year three.
  - These increases will be retroactive to April 1, 2022. Retroactive pay will be available to faculty who worked between April 1, 2022, and the date of ratification, including retired faculty.
  
- Benefits
  - Addition of a Pay-Direct card for prescription drugs.
  - Increase from \$900 to \$1,500 per calendar year for reimbursement for mental health services and now includes registered social workers.
  - Increase from \$1,000 to \$1,500 for hearing aid benefit claims.
  - Increase from \$300 to \$400 for prescribed orthotics.
  - Increase eye exam coverage from \$100 to \$125 every two years.
  - Improved reimbursement for paramedical services. Previous contract was reimbursement of \$15 for the first five visits and it is now \$15 for the first three visits.
  - Increase from 70% to 80% for dental implants, prosthetics, bridges, and crowns to \$3,000 lifetime maximum **for implants** per person.
  - Increase in annual maximum for acupuncturist from \$100 to \$150.
  - Increase in annual maximum for chiropractor from \$200 to \$300.
  - Increase in annual maximum for naturopath from \$200 to \$300.
  - Increase in annual maximum for speech pathologist from \$100 to \$200.

- Leaves
  - Addition of three days paid cultural leave for Indigenous faculty.
  - Increase in the supplemental employment benefit for maternity and parental leaves from 75% to 85% of salary.
  - Expanded definition of family to include foster relationships for the purpose of family illness, compassionate care, and bereavement leaves.
  - Increase in the amount of short-term indemnity (short-term disability) from a maximum of \$1,000 to \$1,300.
  - Increase in the amount of long-term indemnity (long-term disability) from a maximum of \$3,792 to \$4,191.
  - Inclusion of temporary work in the calculation of the 10 years of work required to qualify for the renewal leave for excellence.
  - Increase in the paid funeral leave from a half day to a full day.
  - Increase flexibility around the five days of bereavement leave and an additional three unpaid days if travel is required.
  - Option to take an additional five days of unpaid leave under the leave for domestic and sexual violence.
  - Inclusion of seniority accrual and benefit entitlement under the leave respecting the death of a child.
  - Addition of the National Day for Truth and Reconciliation to the days in article 8.2.
  - Increase to the percentage of salary when on education leave from 80% to 85%.
  - One-time allocation of \$165,000 to the Professional Development Support Fund.

Concessions are:

- Effective January 1, 2024, personal leaves will be limited to 24 months.

- The college will now give fifteen days' notice rather than twenty for necessary faculty reductions.
- Evaluation reports will now be due four weeks before the end of the semester rather than five.

Other changes include:

- A move to bi-weekly pay as required by the *Employment Standards Act*, with the option of an advance to allow for the implementation of a five-day processing lag.
- Renewal of LOUs #1, 2, 3, 5, 6, 7, 8, 9, 10, 11. LOU #4 (Technology) is deleted.
- A change to the language on spouse in article 2.1.7.1

(E. Wilkins, personal communication, May 25, 2023)

### ***Discussion***

The college union bargaining teams are dedicated to supporting employee wellness through continuously advocating for improvements to the Blue Cross Extended Benefits Plans.

### **4.27 Benefits and Extras Provided to Langara Employees**

The college also offers benefits and “extras” that enhance employee wellness but are not discussed in more detailed documentation. These benefits and extras include:

- Defined benefit pension
- Onsite daycare
- EV Charging stations
- Onsite shower and locker facilities (Langara College Intranet, *People and Culture*, n.d.)

### ***Discussion***

Langara College appears to be committed to providing benefits and services to support employee wellness that are within their capacity.

#### 4.28 Mental Health and Well-being

In 2018 Langara College developed a mental health and well-being strategy (the “Framework”) to support both students and employees of the college. The joint responsibility for mental health initiatives is shared between the Assistant Vice President of Students and People and Culture. The department has a full-time administrator, half-time student peer program coordinator, and approximately 12 student volunteers (Langara College Intranet, *People and Culture*, n.d.).

Triumphs and challenges directly stated from the SharePoint page:

- Adoption of the Okanagan Charter in November 2018 and an intention to adopt the *CSA national standard for mental health and well-being for post-secondary students* (the Standard; CSA Z2003:20).
- As a result of the adopting the Okanagan Charter and the Standard, the first Mental Health Framework was developed in 2018 and covered 2018–2021. A revised and updated framework will be developed by the mental health advisory committee over the next academic year (2022–2023) and will guide the college’s mental health and well-being strategy for 2022–2025.
- Established a mental health advisory committee. A mental health advisory committee was formed in January 2019 to provide advice and support for the implementation of the Framework. The committee met regularly until March 2021. The committee will reconvene in fall 2022.
- Established student mental health peer program(s). The first mental health ambassador coordinator was hired in November 2019 and the first mental health ambassador volunteers were onboarded in the Fall of 2021. The college launched TogetherAll™, an online peer-peer support network, in March of 2022.
- Established a foundational mental health literacy program for students and employees. The college has invested the following foundational mental health literacy programs: The Working

Mind (employees) and The Inquiring Mind (students), by Mental Health Commission of Canada.

One year of unlimited access to online personal resiliency programs provided by Crisis Centre of BC is available to all employees for 2022–2023.

- Suicide awareness and response. Selection of suicide awareness and response/prevention training and programming will be developed over the summer of 2022. (Langara College Intranet, *People and Culture*, n.d.)

The following training and development opportunities are available to employees to address mental health literacy, distress and suicide awareness and response, and emotional well-being and personal resiliency.

#### Mental Health Literacy

- The Working Mind for employees: foundational mental health literacy for employees
- The Working Mind for managers: foundational mental health literacy for supervisors and leaders
- Mental Health First Aid: comprehensive mental health literacy

#### Distress and Suicide Awareness and Response:

- More Feet on the Ground: basics of suicide awareness and referral
- START: essential skills in suicide awareness and response
- SafeTALK: essential skills in suicide awareness and response
- Applied Suicide Intervention Skills Training: advanced skills in suicide awareness and response
- Skillfully Responding to Person in Distress: self-management and de-escalation skills
- Capacity to Connect: Supporting Students in Mental Health and Wellness: foundational mental health and wellness knowledge to support students in distress

#### Emotional Well-being and Personal Resiliency

- Emotional Well-being Video Series: six videos on personal resilience (formerly Tools for Reducing Stress and Preventing Burnout) (Langara College Intranet, *People and Culture*, n.d.)

## ***Discussion***

The commitment and resources allocated to the mental health and well-being of Langara employees and students are substantial, and there is variety in the programs and services offered.

The emotional dimension of wellness, where mental health lies, is clearly a priority for the college.

### **4.29 Wellness Promotion Committee Terms of Reference (TOR)**

The Langara Wellness Promotion Committee's most recent Terms of Reference (TOR) were created in September 2019.

The Mission of the Committee is as follows:

The mission of the Langara Wellness Promotion Committee is to promote a culture of employee wellness by providing education, resources, and opportunities for employees to participate in wellness-enhancing activities. The Committee will empower employees to adopt habits and behaviors that contribute not only to their personal well-being but ones that will also enable them to better support our diverse student body and better contribute to our collegial environment. (Langara College Intranet, *People and Culture*, n.d.)

The membership of the committee at the time consisted of the Vice President of People and Culture, the Coordinator of Strategic Initiatives, at least one additional college administrator, a minimum of two CUPE and two LFA members, and representation from a variety of departments across the college with a wide range of knowledge and expertise.

The general responsibilities include:

- Reporting to VP, People and Culture of the college, or their designate
- Assigning a chairperson(s) from the members annually
- Holding quarterly meetings with a quorum of the simple majority of its members
- Recording minutes and circulating them to the VP People and Culture
- Yearly update to the VP People and Culture or designate

- Subcommittees may be formed to act in an advisory capacity or to assist with specific events or programs which may include employees not on the committee (such members have no voting capacity)

The committee must submit an annual budget to the VP, People and Culture, and purchases/expenditures shall only be made in accordance with the College Purchasing Procedures. Prizes to be used in the delivery of the programs may be solicited by the committee members, and all donations or purchases are to be in accordance with the applicable provisions of the college regulations.

The committee provides suggestions/recommendations and develops and provides goals and objectives for the delivery of employee wellness services for Langara College with a focus on special events, work/life balance, employee communication, planning and research, and evaluation/accountability. They also play a role in the promotion and delivery of employee wellness initiatives. The committee is also responsible for investigating and researching innovative methods for improving employee wellness.

Committee members will assist the VP, People and Culture, in the identification of employee needs as they pertain to overall well-being and liaise with all employees of Langara College to remain aware of their requirements and to solicit ongoing input. The identification of these needs and their priorities will assist in the maintenance of a long-term plan concerning employee wellness. In addition, the committee shall liaise with the mental health consultant to identify risks and develop strategies to cope with stressful situations and create and design a mentally healthy campus and workplace (Langara College Intranet, *People and Culture*, n.d.)

### ***Discussion***

Upon reviewing the TOR, the researcher identified a number of concerns with the current terms. First, the last revision of the TOR was in September 2019. Since 2019, both the administrative leadership structure and the individuals holding leadership positions at the college have changed. An example of

this would be the creation of the mental health initiatives coordinator who currently sits on the committee as part of their role and should be listed as a required/standing position on the committee.

The TOR also lists that the committee members should come from a variety of departments across the college with a wide range of knowledge and expertise. The researcher would recommend changing this language to reflect specifically which expertise individuals should have.

Overall, the general responsibilities seem reasonable, but they should be reviewed to reflect the direction of the current committee. Also, there is no mention of what guides the strategic direction of the committee, i.e., the college academic and/or strategic plan, nor is there reference to theoretical frameworks to justify the initiatives that are proposed and delivered by the committee members.

For a volunteer committee, the researcher feels that there are a number of responsibilities that may require a substantial amount of time, e.g., needs assessments for all employee wellness needs, design and delivery of wellness initiatives, and promotion of wellness to all employees. This may be an unreasonable workload for employees to take on and be accountable for given that they may not be experts in employee wellness program design and delivery.

Overall, the researcher recommends a review and revision of the TOR to reflect the current roles and responsibilities, and further review of which skills might be required of prospective committee members and what is reasonable for a committee that is made up of mostly volunteers. A number of recommended revisions will be provided in the recommendation section of this project.

#### **4.30 Integrated Health Behaviour Model (student mental health ambassador program)**

During an interview with a member of the Wellness Promotion Committee a journal article was shared with the researcher that outlines a theoretical model that was used to support the rationale for the student mental health ambassador program that is currently running at the college. The researcher felt that investigation into this model would be relevant to include and a summary of the study follows.

The journal article, in the *American Journal of Health Education*, was published in 2018 and is titled "Understanding and promoting stress management practices among college students through an integrated health behavioural model." The background is premised on the statement that persistent undermanaged stress results in decreased functioning for individuals and substantial cost for society, and that college students are at risk for unmanaged stress. Even though there are evidence-based stress reduction techniques (SRTs) to help manage stress, many do not use them (Bistricky et al., 2018).

The purpose of the study was to examine to "what extent a framework integrating cognitive, social, behavioral, and experiential factors related to influential health behavior models could account for increased intention to use SRTs (intention) and willingness to recommend SRTs (promoter willingness)" (Bistricky et al., 2018, p. 12). The study asked college students to complete a survey assessing their health beliefs in the past, and their future intention and willingness to use and promote SRTs to others following brief health education messages.

The results of the study showed that the health belief model components, theory of planned behaviour's descriptive norms, and previous SRT use significantly predicted variations in both intention and promoter willingness. Additionally, the perceived effectiveness of specific SRTs also influenced intention. Health education messages further enhanced both outcomes (Bistricky et al., 2018).

The main discussion in the study using the integrated health behaviour model led to the conclusion that having informational and experiential exposure to a variety of SRTs may very well promote the use and dissemination of these tools. In addition, institutions can assess stress levels among their students and provide them with tools that they themselves can use and share with others to reinforce the positive effects of SRT practice (Bistricky et al., 2018).

### ***Discussion***

Integrating models that support and rationalize the wellness initiatives and programs the college delivers increases the likelihood of their success. The Integrated Health Behaviour Model described

above is just an example of the type of research that has been conducted to support behavioural change (in students). The researcher feels that these types of models and studies should be reviewed and included in the design stage of programming at the college; doing so will support and rationalize the decisions the college makes in the design and implementation of employee wellness initiatives.

***Reflection (Overall Step 4.2)***

After reviewing all of the documents from the Langara website and SharePoint intranet pages that were provided to the researcher, it was clear that Langara College is proactively trying to support the wellness of its employees. At a high level, the Strategic and Academic Plans address employee well-being, and the People Plan and Mental Health Plans demonstrate a more detailed commitment to wellness. There are Blue Cross benefit plans that all employees can choose to participate in, as well as pension plans and additional benefits offered to employees on campus.

The programs and services that are offered are aimed at addressing eight dimensions of wellness, although offerings in some dimensions are much more robust than others. Access to information about employee wellness programs and services is available to all employees on the website or SharePoint, however, who to contact in the college for support in navigating these documents and offerings is not clear. There also do not appear to be any outreach programs for employees to support them in wellness; it appears to be up to the employee to seek out programs, services, or support on their own.

Completing step two and reviewing documentation of all of the college's wellness-related initiatives provided the researcher with a strong understanding of the wellness initiatives, offerings, and resources at the college. Keeping the focus on employee wellness frameworks and implementation strategies rather than the offerings themselves brought up questions around the rationale of how and why the offerings were chosen and developed. The insight gained from this review will support the

researcher in answering the research questions and inform the design of a post-secondary employee wellness framework and implementation strategies.

### **4.3 Step 3: Reviewing the Related Literature**

Reviewing literature related to the research topic served multiple purposes and took place throughout the entire time the researcher was completing her PhD. The literature that was reviewed provided direction for the topic of study and the research methodology and design and looked at best practices in the design of wellness frameworks and delivery of wellness initiatives.

Identifying the topics and sources to research became more focused as findings were uncovered. There were also parameters put in place to ensure that the research was empirical wherever possible. Two systematic reviews were used as tools to create strict guidelines for the records collected. A subject area specialist librarian was consulted to create parameters for searches, select reputable databases, and ensure that primary sources (original research) were predominant, and secondary sources (summaries, interpretations and analysis of primary research) were used in order to gain perspective on topics at hand (Mertler, 2016).

The literature that was reviewed is included in Chapter 3 of this dissertation. A list of what is included in the literature review is summarized below.

The following literature was identified and reviewed:

- The Okanagan Charter
- Systematic review on implementing employee wellness plans in post-secondary education institutions
- Systematic review on wellness education
- Honouring Indigenous ways in wellness promotion
- COVID-19 and wellness
- Implementation theory: implementing theory into practice

- Measuring employee wellness

### ***Discussion***

The literature review took place over the duration of the researcher's PhD and additional sources were continually identified for inclusion. This process proved to be helpful as the researcher could then address new areas of research that contributed to answering the research questions. Further reflection on the literature review process is provided at the end of Chapter 2.

### **4.4 Step 4: Developing the Research Plan**

The goal of step four was to ensure the research question is specific and as clear and simple as possible and to:

- Develop a research methodology, research design, and data collection plan.
- State one or more research questions.

### ***Research Methodology Design***

A case study using qualitative research methodologies was selected for the action research study. Various sources of data were collected from the college, existing documents were reviewed, and semi-structured interviews were conducted to inform the study. Both the University of Victoria and the Langara Human Research Ethic Boards approved the methodology and design for the study.

### ***Data Collection Method***

Semi-structured interviews were selected as the data collection method, and twenty-three employees from the Langara wellness promotion committee were identified as the participants in the study. This group was chosen as they represent a diverse cross-section of Langara employees who have been working to design and implement the current wellness programs and services at the college, and they are qualified to inform the study.

### ***Research Questions***

Primary: What are the components of an employee wellness framework in the context of a post-secondary institution?

Secondary: How can Langara College design and implement a viable framework for employee wellness which builds on their current initiatives?

The research questions are in alignment with what has been recommended by Mertler in his action research text. The proposed questions are open-ended and holistic in nature; they do not assume that the researcher knows the answers and are not too broad or specific in scope. The questions can be answered by collecting available data and conducting literature reviews. They are ethical and both important and feasible to answer (Mertler, 2016).

The next step was to identify the variables that are central to the action research investigation: A variable is any characteristic that is central to the research topic and, therefore, the research question, about which the researcher wishes to draw conclusions. Therefore, a variable is in essence the actual characteristic or behavior upon which data will be collected. For this reason, it is critical that variables be observable and measurable. (Mertler, 2016)

The following variables were identified and guided the semi-structured interviews:

- Current employee wellness programming at Langara College
- The college academic and strategic plans and how they align with employee wellness
- What the college is currently doing well to support Langara Employee Wellness
- What opportunities currently exist regarding employee wellness and employee wellness planning
- What challenges currently exist regarding employee wellness and employee wellness planning

During this development and planning stage, research ethics were respected.

### ***CFIR Use in the Development of Research Design***

The constructs were not used initially when considering the research question and objectives themselves as they were created prior to the literature review where the CFIR was identified as a tool. The CFIR was, however, used in developing some portions of the research plan. As noted by Drake et al., it is not often practical to use all of the 39 constructs of the CFIR in every study. Evaluations may focus on just one or a few of the constructs (Drake et al., 2022). The CFIR will be referred to where it was used as a tool to identify constructs that may be a facilitator or barrier in the innovation and implementation process.

The “Innovation Characteristics” constructs were used to determine the likelihood of barriers to implementation or complexities of the organization in question (Drake et al., 2022).

The Innovation Characteristics constructs were coded based on their *potential* to influence the outcome of the research question specific to Langara College.

**Table 7**

*CFIR Innovation Domain Construct Key and Analysis*

Positive influence:	Negative influence:
Facilitate implementation: Weak likelihood	Possible barrier to implementation: Weak likelihood
Facilitate implementation: Strong likelihood	Possible barrier to implementation: Strong likelihood

Construct Name	Construct Definition	Researcher’s Notes:
	Degree to which:	

Innovation Source	The group that developed and/or visibly sponsored use of the innovation is reputable, credible, and/or trustable.	Employee wellness is a credible and reputable initiative for post-secondary institutions to embark on.
Innovation Evidence Base	The innovation has robust evidence supporting its effectiveness.	Somewhat, reporting wellness initiatives has proven to be challenging (see literature review).
Innovation Relative Advantage	The innovation is better than other available innovations or current practice.	The innovation will be tailored to Langara College. As wellness plans are unique to the individual institution it would be hard to rank compared to other institutions.
Innovation Adaptability	The innovation can be modified, tailored, or refined to fit local context or needs.	The innovation can be modified, tailored, or refined to fit local context or needs.
Innovation Trialability	The innovation can be tested or piloted on a small scale and undone.	The innovation can be tested or piloted with measurable objectives created for all initiatives.
Innovation Complexity	The innovation is complicated, which may be reflected by its scope and/or	The innovation is complex and attention to ever-changing

	the nature and number of connections and steps.	environment has been identified and accepted.
Innovation Design	The innovation is well designed and packaged, including how it is assembled, bundled, and presented.	Designed with the Wellness Promotion Committee/Wellness Experts and P&C; there is strong potential.
Innovation Cost	The innovation purchase and operating costs are affordable.	There is funding as employee wellness is a strategic priority. A financial assessment and budget will take place to address affordability.

Overall, the CFIR constructs for the Innovation Characteristics show that the innovation or research question has positive implementation potential. Some potential barriers have been identified and will be addressed in the recommendations and action plan.

**Reflection**

The final step in the stage was an overall reflection on step 4. While developing the research plan, the research questions evolved based on reflection on the final deliverables of the study and conversations with the leadership of the People and Culture Department, and the researchers advisory committee. The final wording of the questions was very similar to the initially proposed question but was more clearly defined and separated into a primary and secondary question. This made sense, as there were in fact two purposes for this study, hence two research questions.

Since Langara College was actively implementing wellness initiatives driven by college administration, the People and Culture Department, and the Wellness Promotion Committee, action research was chosen as a framework as it would collaboratively honour the work that is currently being done at the college, while finding ways to enhance the current wellness plan based on findings from the action research process and development of an action research framework and recommendations for implementation (research question 2).

Additionally, action research, used as a framework, has been documented as a successful tool in a dissertation, providing external validity or transferability of the findings (as referred to by qualitative case study researchers). The knowledge gained can be transferred beyond the research institution and can be used for greater good academically or in the community of practice. The dissertation embodies scholarship that typically makes knowledge claims applicable or transferable beyond the immediate context. Therefore, an action research study for a dissertation must account for how the generated knowledge can be used by individuals both within and outside the research setting. Although action research is rarely statistically generalizable, the insights it produces can extend beyond the original research context (Herr & Anderson, 2015). This rationale aligned directly with the first research question and PhD dissertation requirements.

Semi-structured interviews were chosen as the data collection method due to the manageable number of individuals that were on the Wellness Promotion committee (a maximum of 23). The researcher felt that it would be manageable to conduct these interviews in the time frame of the study. In addition, having the interviews semi-structured allowed more free-flowing sharing of information. Since it was likely that some committee members would have extensive information to share while others might not, semi-structured interviews allowed for this sharing, while still providing a list of questions that were asked to all participants to ensure that the information collected was consistent for coding and analyzing.

The variables were chosen as they were observable and measurable and could be the framework for the development of the interview guide and questions.

Overall, the design of the research plan evolved smoothly, and the researcher was confident that the methodology, design, and plan were appropriate and manageable to address the research questions.

#### **4.5 Step 5: Implementing the Plan and Collecting Data**

Step 5 included the determination of the specific data to be collected and how to actually collect it. For this qualitative case study, semi-structured interviews and examination of existing documents and records were chosen as instruments for collection.

Semi-structured interviews were chosen as they allow the researcher to ask base questions and leave an option for follow up questions that may or may not be used by the researcher (Mertler, 2016). Having this flexibility was important, as the researcher was unsure of the base level of information that each participant might be able to share. Keeping the option open for additional follow-up questions and sharing by the participants allowed the researcher to gain valuable information and insight that she may not have initially planned to receive.

Then, an interview guide with questions for the participants was drafted, and records and documentations to review were identified.

The following questions were identified for the semi-structured interviews with members of the Langara Wellness Promotion Committee.

#### **Table 8**

##### *Langara Wellness Promotion Committee Semi-Structured Interview Questions*

<b>Topic: General Employment Information</b>
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Department of employment, length of employment at the college, on campus or hybrid work location, time on the Wellness Promotion Committee, and how you got involved with the committee.
<b>Topic: Current employee wellness programming at Langara College</b>
<b>Q1. Tell me about the work you have been doing and your involvement on the committee? What is the approximate time commitment?</b>
<b>Q2. Tell me how you feel about how successful the work on the committee has been?</b>
<b>Q3. What guides the strategic direction of the committee? Are you aware of the Okanagan Charter?</b>
<b>Q4. How do you feel about the resources you have to do this volunteer work on the committee?</b>
<b>Q5. How aware do you think employees are about the wellness initiatives offered to employees at the college?</b>
<b>Q6. In general, how well do you think the average employee understands the components of wellness and how they contribute to overall individual wellness?</b>
<b>Q7. Do you feel the college and the committee do an adequate job informing employees about the components of wellness and impact attention to wellness has?</b>  <b>Is there anyone who does outreach or supports employees in their wellness endeavours?</b>
<b>Topic: The college academic and strategic plans and how they align with employee wellness</b>
<b>Q8. Are you familiar with these documents?</b>
<b>Q9. Were they used in the development and design of the initiatives the committee has been working on to date? Y/N</b>
<b>Q10. Do you feel these documents demonstrate that employee wellness is a priority at the college?</b>
<b>Q11. Tell me how much of a priority you see the college is making employee wellness?</b>

**Q12. Do you feel the college is providing adequate leadership and resources for employee wellness to the same extent it distributes them to other strategic priorities?**

**Topic: Opportunities and challenges**

**Q13. What is the college currently doing well to support Langara employee wellness?**

**Q14. What opportunities currently exist to improve employee wellness and employee wellness planning and programming?**

**Q15. What challenges or barriers currently exist regarding employee wellness and the planning and delivery of employee wellness programs and services?**

**Q16. Is there anything that I should have asked in this interview that you would like to share with me that would be helpful with my research?**

***Steps taken in the interview process:***

1. Interviews were recorded and captions were saved via Zoom for each interview. Each participant approved of their interviews being recorded prior to starting the interview.
2. Interview questions were printed out for each individual interview to allow the researcher to take handwritten notes of each participant's responses. The researcher also made note of responses where she would like to gather direct quotes from the recordings.
3. A master recording table was created which included numbered spaces for each of the participants' comments to be recorded.
4. After each interview the researcher added notes to the master table and went back into the closed captioning to gather direct quotes and further information to add to the master table.
5. When all of the interviews were completed, the researcher went back into her handwritten notes and made additions or edits to the master table to ensure the document correctly represented each participant's responses.

6. If there were areas in discussions that the researcher felt she would like to review again, she went back into the recordings and captions to review them for a second time and capture additional information and/or confirm her notes were correct.
7. Once the master table was complete, the researcher created a coding scheme for each question and calculated responses accordingly.
8. Once the responses were coded, a summary of each question was created. A selection of direct quotes from some of the participants were included in the summaries where relevant.
9. The final step was reviewing each of the summaries and developing researcher's comments for further reflection.
10. The final table included in this document was then shared with the interview participants. No issues with the documents' contents were brought forward by the participants.

Steps 8–10 will be discussed further in step 6, Analyzing the Data.

### ***Steps for Examining Existing Documents and Records***

Documents were reviewed in step 2, however, a summary of how they were reviewed follows.

1. Documents for review were selected by the researcher with the support of her PhD advisor, People and Culture administrators, and the Wellness Promotion Committee.
2. The researcher reviewed all of the documents, summarized them, and documented reflections on their content.

Summaries of the existing documents and records can be viewed in step 2.

### ***Characteristics of Data to Ensure Accuracy, Credibility, and Dependability***

The characteristics of the qualitative data that the researcher was looking for to ensure the quality of the data were accuracy, credibility, and dependability, as recommended by Mertler (2016).

To ensure that what was collected actually measured what it was proposed to measure, validity of the research data was very important to the researcher. Trustworthiness (accuracy and believability)

was established by measuring the credibility, transferability, dependability, and confirmability of the qualitative data (Mertler, 2016).

*Credibility:* It was established from various perspectives of the participants in the research that the results were credible and believable. The complexities of the study were considered and issues that were not easily explained were addressed.

*Transferability:* In order to have a clear understanding of the setting, the researcher was mindful of the provision of descriptive and contextual statements so that the setting was easily identified and not generalized.

*Dependability:* Accountability to the ever-changing context of the study was emphasized, any changes to the setting were described to ensure the data was stable over time.

*Confirmability:* A process of ensuring neutrality and objectivity of that data was established. Mertler suggests five actions that can be taken to ensure the trustworthiness of the data (2016). The researcher addressed the following actions:

*Descriptive Validity:* In order to ensure factual accuracy, the researcher did not distort or manipulate the discussions or data provided based on inferences.

*Interpretive Validity:* The participants' words were carefully transcribed via listening to the recording and reading the closed captions that were saved by the researcher. Direct quotes were also taken from participants' interviews to accurately represent the data that was collected.

*Theoretical Validity:* The study and its final report are related to broader academic theories which support its validity.

*Evaluative Validity:* The researcher behaved objectively and in an unbiased way while collecting data and reporting findings. No judgment or evaluation of the data collected was made.

*Generalizability:* The findings of the study are applicable to both the college community as well as general post-secondary education institutions.

A number of strategies were incorporated into the study to ensure trustworthiness. These actions required the researcher to continually check her perceptions to ensure her perceptions were informed. (Mertler, 2016). The strategies included:

*Use of a Variety of Instruments and Sources to Collect Data:* The researcher collected data through semi-structured interviews and through investigating records of information through the college SharePoint and website. Using multiple data collection strategies, or triangulation, ensured that what was reported in the interviews was actually what was being done in terms of employee wellness program design and implementation (Mertler, 2016).

*Engage in Persistent and Prolonged Participation at the Study Site.* The researcher spent eight months collecting data for the study. The substantial amount of time in the field allowed the researcher to interact and engage with the participants and have time to reconnect if there were additional questions or if clarifications were needed (Mertler, 2016).

*Conduct Member Checks:* The researcher took part in member checking by giving the participants in the research the opportunity to review the answers they provided in the interview process, and to confirm the accuracy of the interview summaries. This sharing of interview summaries ensured that the participants were represented accurately and anonymously (Mertler, 2016).

*Use Debriefing and External Audits as Mechanisms for Verifying Processes:* The researcher used debriefing with her supervisor as a mechanism to review, critique, analyze, and interpret that data that was collected. This provided an opportunity to get another set of eyes on the data to enhance credibility (Mertler, 2016).

*Development of Detailed Descriptions and Notes, and Engagement in Reflexivity:* Detailed notes, recordings, and captions of all the interviews, as well as the interviewer's observations or comments, were recorded. This process of reflexivity or integrating the researcher's own thoughts and interpretations with actual observations aided in ensuring trustworthiness in data collection and analysis

(Mertler, 2016). The interviews were recorded via Zoom and transcripts of the conversations were saved and reviewed on an individual basis when transcribing data. Verbatim quotes were added into the data collection table to emphasize exact statements from the participants.

*Analyze Negative Cases:* Any records that did not fit the pattern of the majority were not discounted or seen as negative. All records were included and analyzed equally (Mertler, 2016).

### ***Reflection***

The final step was an overall reflection on step 5. Creating the interview guide and questions was a process that was guided by action research methodology. Areas of focus for the questions were taken directly from the variables that were identified in step 4, and these variables guided the creation of the questions. Once the questions were broken into categories based on the variables, the researcher was able to design questions that would hopefully allow for responses to be accurate, credible, and dependable. The researcher worked with her supervisor to craft the questions and ensure they were not leading the interviewee or providing them with preconceived answers.

The data collection process went smoothly. The researcher contacted the potential participants and asked for their consent to participate in mid-November 2003. Within days, seven interviews were scheduled and discussions with college administrators regarding the study and selection of records to review were also scheduled. After the holiday break, the researcher contacted the balance of the potential participants to schedule interviews in early spring 2024. Out of the potential 23 committee members, interviews were scheduled with eleven. In late spring 2024, the researcher re-connected with some of the participants for additional questions and clarifications.

Semi-structured interviews and reviewing a collection of records was a positive and clear data-collection process. The semi-structured interviews gave flexibility which was important to the researcher. Keeping the option open for additional follow up questions and sharing by the participants allowed the researcher to gain valuable information and insight that she may not have initially

anticipated to receive. There was also substantial information on the Langara SharePoint and website which contributed to the data collection.

Overall, step 5, which consisted of determination of the specific data to be collected and how to actually collect it, went quite smoothly. Further discussion on the data that was collected will be in the following section, data analysis.

#### **4.6 Step 6: Analyzing the Data**

In step 6, the data analysis process was identified. During this process, it was imperative to ensure that the data analysis was in alignment with the research question. An inductive process was identified where examination of patterns and similarities were identified to reduce the vast amount of data into manageable sets of information (Mertler, 2016).

The first step in the analysis was organizing the data collected by combining all the interview transcripts into a single document organized by the questions posed. Then, the data was analyzed by identifying patterns and themes and developing a system of categorization or coding scheme. Words, phrases, and similar narratives were searched out and sorted into categories for each question.

The second step of the inductive analysis process involved describing the main features of the characteristics of each of the categories that were identified. Connections between the emerging data and original research question were identified. During this step the researcher looked at the how connected and disconnected the data was in relation to the research question. It was important to ensure all data was included, as it made the findings more accurate and meaningful (Mertler, 2016).

The final step was interpreting the organized data. The researcher examined all the feedback in the coded categories to look for aspects of the data that help answer the research question and discrepancies that may guide further research and practice. The researcher practiced introspection, or the reflective practice of stepping back and looking at the data to remain objective and unemotionally attached to the findings. During this comparative method of data reduction, a summary of each

question was developed to present the data. After reviewing each of the summaries, the researcher's comments were added to the document for further reflection.

### ***Data Collection and Data Analysis***

In the data collection and analysis process, the constraints that were identified as valuable to the analysis were the "Characteristics of the Inner Setting," as they applied to the subjects who were being interviewed (the Wellness Promotion Committee). Although they were not directly used in the design of the interview questions, they were reflected upon, and more specifically used in the analysis. Open-ended questions that may impact the implementation were also used to explore additional influential constructs that might arise. Data was coded using the construct definition as well as the additional possible gaps of constructs that were identified.

### ***Quantifying Qualitative Data by Applying Ratings***

To quantify qualitative data, ratings were applied to the coded data (from individual interviews) that indicated whether the construct appears as a barrier or a facilitator to the specific construct and the level of impact that it is manifesting. The two steps taken when applying ratings to data were, first, assigning whether the construct was manifesting as a facilitating influence or barrier in influencing the implementation. Second, assigning a strength level to the influence (weak or strong). The researcher was mindful that results can be complex and dynamic and may change over time. Also, that the results may rely on a point-in-time and may be based on certain stakeholders' perceptions which may be directly or indirectly involved in the innovation. The complexities in evaluation were embraced and even with ratings, reporting possible underlying qualitative data is recommended (Drake et al., 2022).

### ***Interpretation of Findings***

The objective for interpreting the data is to identify constructs that may lead to successful or unsuccessful implementation. To accomplish this, as recommended by Drake et al., the researcher assessed qualitative patterns of ratings across the cases being evaluated to assess the likelihood of the

construct’s impact on the outcome of the data that may influence implementation of the research question overall and the results of the interviews themselves (Drake et al., 2022).

**Table 9**

*CFIR Individuals Domain Construct Key and Analysis for Implementation*

Positive influence:	Negative influence:
Facilitate implementation: Weak likelihood	Possible barrier to implementation: Weak likelihood
Facilitate implementation: Strong likelihood	Possible barrier to implementation: Strong likelihood

Construct Name	Construct Definition	Researcher’s Notes:
	Degree to which:	
High-level Leaders	Leaders are individuals with a high level of authority, including key decision-makers, executive leaders, or directors.	College Administrators/ VP People and Culture
Mid-level Leaders	Leaders are individuals with a moderate level of authority, including leaders supervised by a high-level leader and who supervise others.	Managers/Leaders of the People and Culture Department

Opinion Leaders	Leaders are individuals with informal influence on the attitudes and behaviours of others.	Employee volunteers on Wellness Promotion Committee
Implementation Facilitators	Individuals with subject matter expertise who assist, coach, or support implementation.	Wellness experts
Implementation Leads	Leaders are individuals who lead efforts to implement the innovation.	People and Culture Staff
Implementation Team Members	Members are individuals who collaborate with and support the Implementation Leads to implement the innovation, ideally including Innovation Deliverers and Recipients.	Employees on Wellness Promotion Committee
Other Implementation Support	Support individuals who support the Implementation Leaders and/or Implementation Team Members to implement the innovation.	People and Culture Staff
Innovation Deliverers	Individuals who are directly or indirectly delivering the innovation.	Employees on Wellness Promotion Committee
Innovation Recipients	Individuals who are directly or indirectly receiving the innovation.	All college employees
<b>Project Characteristics Subdomain</b>	Degree to which:	

Need	The individual has deficits related to survival, well-being, or personal fulfillment, which will be addressed by implementation and/or delivery of the innovation.	All Wellness Promotion Committee members
Capability	The individual has interpersonal competence, knowledge, and skills to fulfill the role.	All Wellness Promotion Committee members
Opportunity	The individual has availability, scope, and power to fulfill the role.	All Wellness Promotion Committee members
Motivation	The individual is committed to fulfilling the role.	All Wellness Promotion Committee members

All of the constructs in the Individual’s Domain have the *potential* to have a positive impact on the research question (the design and implementation of an employee wellness framework). These constructs were reviewed based on the *potential* to influence implementation and not the current committee composition and TOR.

Additional constructs were identified by the researcher to analyze the Wellness Promotion Committee interview data. The newly created constructs align with the original CFIR domains (as noted below); however, they provide more measurable details specific to the feedback that was provided in the process of interviewing the Wellness Promotion Committee.

The table below includes the constructs, alignment with the original CFIR domains, definitions, and notes all created by the researcher. These constructs were rated on the actual committee feedback based on the current composition and TOR.

**Table 10**

*Additional Construct Defined by the Researcher: Key and Analysis*

Positive influence:	Negative influence:
Facilitate implementation: Weak likelihood	Possible barrier to implementation: Weak likelihood
Facilitate implementation: Strong likelihood	Possible barrier to implementation: Strong likelihood

**Additional Constructs Created and Defined by Researcher**

Construct Name	Construct Definition	Researcher's Notes:
	Degree to which:	
<b>Characteristic of Individuals</b> <b>CFIR Domain</b>		
Experience on Committee	Length of tenure on the Wellness Promotion Committee.	The average time on the wellness promotion committee was 2.5 years.
Personal Interest in Wellness	Committee members' personal interest in personal and community wellness and expertise in wellness.	All participants had a personal interest in wellness and wellness at the college.

Expertise in wellness	Committee members' personal expertise in wellness.	There were very few members who identified as wellness experts.
Belief in the committee's current wellness initiatives	Extent to which committee member believes the work they are doing is going well.	The majority of the committee members had mixed feelings about the overall successes of the committee.
<b>Process CFIR Domain</b>		
Strategic Priority	Committee member's perception that wellness is a college strategic priority.	The majority of participants felt that wellness was a strategic priority but were not confident with how this was being demonstrated.
Strategic Direction	Committee member's understanding of the strategic direction of the committee and having a clear sense of purpose in the design and implementation of committee initiatives.	The majority of committee members were unsure of the strategic direction and were not involved in the creation of the TOR or discussions about strategy.
Leadership and Resources	Perception that the committee is provided with adequate leadership and resources to do their work.	The majority of committee members were unsure of the resources available and felt there

		could be more financial and human resources allocated.
Wellness Understanding	Committee member’s perception of general understanding of wellness of college employees.	The participants felt that employees’ general understanding of wellness at the college was moderate to low.
Communication	Perception of communication of wellness to employees at the college.	The majority of participants felt that communication could be improved.
Wellness Support	Availability of employee wellness support systems at the college.	There is no outreach for employee wellness, finding support is up to the employee, general consensus was that this could be improved.

**Impact of CFIR Constructs**

The CFIR constructs support a positive impact on implementation of the research question (design and delivery of employee wellness framework).

**Impact of Researcher’s Constructs**

The researcher’s constructs were based on questions from the interviews and the responses from the Wellness Promotion Committee members. The constructs were in alignment with the “characteristic of the individual” and “process” domains. The responses reflect participants’ perceptions of the committee, the work they do, and wellness initiatives at the college in general. These results were based on *actual* reporting and impact of constructs, not *potential* as noted in the CFIR constructs.

The results of the analysis of the constructs showed that the current committee composition, TOR, and belief in wellness initiatives at the college could potentially have a negative impact on implementation of the design and delivery of an employee wellness framework. These results will directly inform the recommendation and action plan in step 7 of the action research process.

### ***Reporting Results***

The main goal for reporting the results was to ensure the data presented was concise and described meaningful trends and patterns that were identified (Mertler, 2016).

The researcher followed the following five guidelines recommended by Mertler to ensure that the data was reported clearly and effectively.

1. Make every effort to be impartial in the write up.
  - The summaries were as objective as possible.
  - Value-laden statements were avoided and not included.
  - Showing the researcher's biases was avoided.
2. Include references to "yourself" when they are warranted.
  - "The researcher..." was used to identify warranted statements.
3. Take your readers along on all aspects of your study.
  - The questions were included in the document prior to the summary and researcher's comments so that it was clear what was being asked and summarized.
4. Include representative samples when they enhance your presentation.
  - Selected anonymous quotes from participants were included.
5. Include interesting but not non-essential information in appendices, if appropriate.
  - The summary report was not interrupted with data that may be interesting but could go in the appendices, e.g., the committee TOR.

The following table includes the coding, summaries, and researcher’s comments for each interview question. It should be noted that the information included in the table came from a 30-page document that was reduced to ensure that the summaries and comments were anonymous. The above data collection and analysis took place over an 8-month period requiring a rigorous amount of work by the researcher. The researcher’s PhD supervisor was involved in every step and provided direction and advice on ensuring interviews were delivered ethically and responses were recorded, coded, and summarized ethically and were anonymous. It should also be noted that the full document is not included in the appendices of this dissertation to assure participants’ feedback and comments are anonymous.

**Table 11**

*Langara Wellness Promotion Committee Semi-Structured Interview Summaries*

<b>Participant Introductions</b>
<b>What Department are you working for and how many years have you been at the college? Are you working on campus or hybrid?</b>
<p><b>Coding</b></p> <p>This question was coded based on the number of departments represented on the Wellness Promotion Committee, the average tenure at the college, and working location.</p>
<p><b>Summary</b></p> <p>The participants interviewed represented seven departments across the college, four of the 11 participants were from the People and Culture Department. One faculty member was represented, and the remaining were in staff or administration positions around the college. Length of employment ranged from 1–20 years, with the average being 7.8 years. Seven participants worked mostly or full time on campus, four participants worked a hybrid of on and off campus.</p>

**Researcher's comments**

Participant representation was from only seven departments college-wide. The committee members that did not respond to be interviewed represented an additional six departments. However, it is uncertain how many of the members who did not participate in the interviews are still active committee members.

**How long have you been on the Wellness Promotion Committee?****Coding**

This question was coded based on the average number of years that the participants have been on the Wellness Promotion Committee.

**Summary**

The participants ranged in service from approximately 1–6 years. The average length of service on the Wellness Promotion Committee was 2.5 years. Four of the 11 participants had joined within the last year.

**Researcher's comments**

The Wellness Promotion Committee was created in 2019. There was a hiatus during the COVID-19 pandemic which may have contributed to the higher percentage of new members joining the committee in 2023.

**How did you get involved with the committee?****Coding**

This question was coded based on two categories. The first was the participant's role in their current position at the college. The second was their personal interest in wellness and responding to a call out for members.

**Summary**

The majority of participants joined the committee when there was a call out for new members and joined because they were interested in supporting wellness initiatives at the college.

Wanting to represent their department was also mentioned as a reason for joining. For four participants, being on the committee was also part of their job.

**Researcher's comments**

The committee members who were a part of the People and Culture department were required to be involved as part of their job, the balance were volunteer participants.

**Topic: The current employee wellness programming at Langara College**

**Q1. Tell me about the work you have been doing and your involvement on the committee?**

**What is the approximate time commitment?**

**Coding**

This question was coded by identifying examples of the work they completed while on the committee, and the time commitment that they described.

**Summary**

The majority of participants mentioned their involvement being primarily attending meetings, and some were involved with planning and leading parts of programs or workshops such as the "Eight weeks of wellness." Time commitment reported also varied, ranging from approximately one hour a month, with more of a time commitment (approximately 3–4 hours) when running a specific program. Participants were unsure exactly how often the Wellness Promotion Committee met but tried to attend as many meetings as they could on a voluntary basis. Responses varied, some stated that were attending 2–3 meetings per year, while others noted attending meetings most months.

**Researcher's comments**

The time commitment varied. It is questionable whether this is due to the amount of time the participant was willing to commit to the design and delivery of a program of interest. In addition, attendance at meetings was likely based on the participants' availability.

**Q2. Tell me how you feel about how successful the work on the committee has been?**

**Coding**

This question was coded by identifying how many participants felt the committee was successful, somewhat successful, or not successful.

**Summary**

The majority of participants felt that the committee has been somewhat successful. Being primarily a volunteer committee, commitment and follow-through was reported as a challenge. Difficulty reaching employees and engaging them to participate was a common theme, as was measuring success. Most successes identified were regarding the programs that were offered, although it was mentioned that many of the programs were attended by the same small group of people. During COVID-19, the shift to online programming slowed down programming and decreased participation.

Comments from the participants included:

"I would say that there are aspects that are successful. I think possibly reach is a little limited to people who are more engaged with the Langara Post, and I just think reaching people across the college is a challenge so you're probably only reaching the same small, engaged group."

"Some offerings are excellent for those who use them."

"It depends on how you measure success."

"We found people dropped off the committee because they weren't interested or thought there was too much work to be done."

"A lot of people thought that the committee was about just generating ideas, but somebody else was going to go and do all the work."

**Researcher's comments**

This question was based on opinion and may not be the best gauge of the committee's success. It was clear that some of the programs offered were seen as a success by the participants, however, clear measurement tactics would be helpful to better inform success or failure.

**Q3. What guides the strategic direction of the committee? Are you aware of the Okanagan Charter?**

**Coding**

This question was coded into two sections. Identification of what was perceived to guide the strategic direction of the committee and identifying knowledge of the Okanagan Charter.

**Summary**

The majority of participants were not sure what exactly guides the strategic direction of the committee. Some participants mentioned the college strategic plan as a guide, however, lack of involvement when the committee started up, as well as limited participation in guiding the strategic direction was a common theme in the responses. The majority of the participants were aware of the Okanagan Charter but were unsure how it influenced the direction of the committee.

**Researcher's comments**

Further investigation as to who was involved in guiding the strategic direction of the committee is recommended. Discussion with college administrators provided more accurate information.

**Q4. How do you feel about the resources you have to do this volunteer work on the committee?**

**Coding**

This question was coded based on their response to the participant's perception of the resources being sufficient/present, somewhat sufficient, or not sufficient.

**Summary**

The majority of participants agreed that there are resources but perhaps not enough. Money, time, physical space, wellness expertise, and human resources were mentioned as limitations to overall resources.

**Comments from the participants included**

"I think there's a lot of reliance on volunteers to use their time. Their college time, presumably. You know, take away from the work that they're doing and put in time to the wellness committee."

**Researcher's comments**

This question was based on opinion and may not be the best gauge of the resources available to the committee.

**Q5. How aware do you think employees are about the wellness initiatives offered to employees at the college?****Coding**

This question was coded based on responses suggesting employees are aware, somewhat aware, or not aware.

**Summary**

Overall, the participants felt that employees are somewhat aware of the wellness initiatives offered by the college. Participants felt that those who are interested in the wellness offerings and seek them out are quite aware, but this may be only a small group of employees making it

hard to gauge. The main communication channels to employees are the Langara Post, the college website, SharePoint, word of mouth between employees, and from members of the committee who act as ambassadors and share information with their departments.

**Comments from the participants included**

“It’s hard to gauge collective awareness.”

“I would say the majority of people don’t know what resources there are.”

“I imagine that most people haven’t spent time trying to navigate that and kind of knowing what’s there and even for myself there were things on there that I didn’t realize we had access to.”

**Researcher’s comments**

This question was based on opinion and may not be the best gauge of awareness. There are not many measurement tactics in place to gauge awareness other than participation levels in programs and views on the Langara Post and college website.

**Q6. In general, how well do you think the average employee understands the components of wellness and how they contribute to overall individual wellness?**

**Coding**

This question was coded based on response suggesting that employees are aware, somewhat aware, or not aware.

**Summary**

The participants felt that employees are somewhat aware of the components of wellness and may know some of the components of wellness but likely not all of them. Responses suggested that those who are more invested in wellness would know more as well as those who have been following the “8 weeks of wellness” initiative that the college has been delivering.

**Comments from the participants included**

"I have received emails from people even departments saying, hey, can you come in and talk to us about the '8 dimensions of wellness', this is a good sign that people/ departments want more information."

"I think that PNC has done a good job of trying to represent the 8 dimensions of wellness in the last couple of years. I've noticed the shift even prior to being on the wellness committee that there has been a focus on broadening what the definition of wellness is. But how that's received, yeah, I have no idea."

#### **Researcher's comments**

This question was based on opinion and may not be the best gauge of awareness. There are not many measurement tactics in place to gauge awareness other than participation levels in programs and views on the Langara Post and website.

**Q7. Do you feel the college and the committee do an adequate job informing employees about the components of wellness and impact attention to wellness has?**

**Is there anyone who does outreach or supports employees on their wellness endeavours?**

#### **Coding**

This question was coded based on response suggesting the college/committee does an adequate, somewhat adequate, or inadequate job informing employees about wellness.

#### **Summary**

Overall, the participants agree that the college is somewhat adequate in trying to inform employees through the channels that are available (Langara Post, website, and SharePoint). However, it is questionable whether employees are reading/accessing this information. The committee also acts as an ambassador for wellness programming and should be sharing that information with their departments.

There are no specific employees at the college in the People and Culture Department who do direct outreach to employees or are assigned to support employees as their role. There is, however, an individual who is assigned to oversee the wellness initiatives.

**Researcher's comments**

This question was based on opinion and may not be the best gauge of adequacy of informing employees about wellness. There are not many measurement tactics in place other than participation levels and views on the Langara Post and website.

There is no direct outreach available to employees.

**Topic: The college academic and strategic plans and how they align with employee wellness**

**Q8. Are you familiar with these documents?**

**Coding**

This question was coded based on responses suggesting they are familiar, somewhat familiar, or not familiar.

**Summary**

The majority of participants are aware of the college academic and strategic plans, some are more familiar with their content but overall, most are not familiar with their content in detail.

**Researcher's comments**

Awareness is strong however knowing the content of what drives the strategic direction of the college is not as consistent.

**Q9. Were they used in the development and design of the initiatives the committee has been working on to date? Y/N**

**Coding**

This question was coded based on response suggesting they were used in some way in the development and design of the initiatives, they were unsure, or they were not used.

**Summary**

The majority of the participants are not aware of whether the academic and strategic plans were used in the development and design of the wellness initiatives that they have been working on at the committee level. There is an assumption that they would be but many of the committee members report that they are not involved at that level.

**Researcher's comments**

Not all committee members were involved with development and design of all the wellness initiatives that the committee members have been working on, so it is difficult to gauge the responses.

**Q10. Do you feel these documents demonstrate that employee wellness is a priority at the college?**

**Coding**

This question was coded based on responses that suggested wellness is a priority identified in the academic and strategic plans, is somewhat a priority, or is not a priority.

**Summary**

The majority of the participants feel that at a high level the academic and strategic plan demonstrates that wellness is a priority at the college. The majority of the participants are not fully aware of the content of the plans (as mentioned in the previous questions) so the feedback here may be somewhat an assumption. A few participants questioned whether this is token priority or if perhaps the plans are more focused on the college as a business rather than its people.

**Researcher's comments**

This question was based on opinion, and the majority of the participants are not fully aware of the content of the plans.

**Q11. Tell me a how much of a priority you see the college is making employee wellness?**

**Coding**

This question was coded based on participants' responses that suggest the college is making wellness a priority, somewhat of a priority, or not a priority.

**Summary**

The feedback from the participants was mixed on this question. Some feel the college is making wellness a priority (or trying to), others feel that it is definitely not. This question was hard to assess, as there are many different levels of understanding of what the college is prioritizing and why.

**Researcher's comments**

Many of the responses were purely based on perception. This is acceptable because the question was asking for their perception.

**Q12. Do you feel the college is providing adequate leadership and resources for employee wellness to the same extent that it distributes them to other strategic priorities?**

**Coding**

This question was coded by responses that suggested yes, there were adequate resources, somewhat adequate resources, or inadequate resources.

**Summary**

The participants' thoughts were mixed on whether the college is providing adequate leadership and resources for employee wellness to the same extent that it distributes them to other

strategic priorities. This was a challenging question to answer, as the majority of the participants do not know how or what resources are allocated to strategic priorities.

#### **Researcher's comments**

This question was hard to assess, as there are many different levels of understanding of what the college is prioritizing and why. Much of this was purely perception and not based on facts.

#### **Opportunities and Challenges**

#### **Q13. What is the college currently doing well to support Langara employee wellness?**

#### **Coding**

This question was coded by noting all of the comments made by the participants and summarizing the feedback.

#### **Summary**

There are a number of areas where the participants felt the college is doing well with supporting employee wellness. These include:

- Dedication and genuine commitment of the college administration to supporting employee wellness.
- Mental health programming for employees (and students).
- Increased number of positions across the college to support wellness.
- Attention to EDI and accessibility.
- Offering multiple PD sessions.
- The recent improvement to the LFA and CUPE benefits plan.
- Current programming with the "8 Weeks of Wellness" and attempting to address all eight components of wellness in their initiatives.
- Allowing employees to use the gym.

- Flexible work schedules for employees/work from home.
- Attempting to make partnerships that support employee wellness.
- Communicating through Langara Post, website, and SharePoint.
- Encouraging employees to volunteer on the committee.
- Addressing Indigenization and internationalization at the college, which supports wellness for these groups.

There is a question about how we measure the success of these programs and define success/doing well.

**Comments from the participants included**

“I think Paula Burns brought a fresh look on the focus on people. Her yearly kickoffs last year and this year were people, mission, organization so I think that the people piece might be more important to her than it has for past leadership.”

**Researcher’s comments**

Participants addressed many areas where the college is doing a good job to support employee wellness. Measurement of success is a challenge, and responses are based on individual opinions.

**Q14. What opportunities currently exist to improve employee wellness and employee wellness planning and programming?**

**Coding**

This question was coded by noting all of the comments made by the participants and summarizing the feedback.

**Summary**

There are a number of opportunities that the participants felt the college could improve on or that need to be addressed in terms of wellness planning and programming. These include:

- Have more ambassadors on the committee and rotate them more regularly so that more employees get involved and disseminate information throughout the college.
- Do a better job supporting their employees' wellness in general.
- Improve communication.
- Have cohesion between People and Culture and departments to ensure that employees are informed and supported in wellness.
- Continue to promote and allow for hybrid work environments, many employees want and need this flexibility.
- Needs assessment of what employees want/need.
- Have more classes and offerings on campus, online, and at other facilities through partnerships.
- Have more regular check ins with employees regarding their wellness needs.
- Greater diversity in programs.
- Continue to improve supports for mental health.
- Improve communication channels/listservs with newsletters people can subscribe to in order to be more informed.
- Hire/create positions for outreach/ambassadors from People and Culture to support employees.
- Promote the volunteer opportunities to contribute to the wellness initiatives.
- More paid positions or release time for those who contribute to wellness initiatives.
- Hire wellness experts at the college.

- Share with employees all the different ways that the college supports wellness and allocates resources, e.g., Indigenization, internationalization, EDI, accessibility, etc.

**Comments from the participants included**

“Having a regular check-in with employees. That would be nice.”

“It's really hard to say what can be improved when we don't have any data?”

**Researcher's comments**

There were many suggestions on how to improve wellness at the college. Sharing these suggestions with the People and Culture department is advised.

**Q15. What challenges or barriers currently exist regarding employee wellness and the planning and delivery of employee wellness programs and services?**

**Coding**

This question was coded by noting all of the comments made by the participants and summarizing the feedback.

**Summary**

There are a number of challenges or barriers that the participants felt the college could address with wellness planning and programming. These include:

- Measurement of wellness initiatives, not just anecdotal evidence.
- Support for wellness planning and programming with theory (behavioural change, etc.).

The committee is not always research-informed when making decisions on programming.

- Financial resources.
- Limited wellness experts in the People and Culture department.
- Human resources to create wellness plans, run programs, and support employees.

- Prioritizing wellness from other college strategic other priorities.
- Space on campus for programs, events, etc.
- Antagonism between employees and college administration: not working together to support each other.
- Reaching employees/communication/support/accountability.
- Engaging employees.
- Educating employees.
- Programs and services are not accessible to all employees.
- Programs and services are not necessarily what some employees want or need.
- Improved EAP service.
- Time for employees to volunteer on the committee and to run programs.
- Time for employees to participate in wellness programs.
- Lack of support from departmental supervisors for employees to take time to volunteer or take part in wellness activities.
- EDI: some people may not feel comfortable engaging in the programs.
- Sustainability of the wellness learnings and behavioural changes that are happening, not just creating one offs.

**Comments from the participants included**

“You know, we’re doing these things, but now like, how are we actually evaluating them? We’re very good at anecdotal evidence.”

“We need to have a ‘culture of permission’ for all employees.”

“I did try to use the employee assistance program; I think it’s the EAP. Myself a few months ago. And, instead of calling, I decided to try to do the online chat. You know, in that moment I really

needed to speak with someone. And that process of trying to get a hold of someone was very cumbersome. That EAP process and I've never gone back to it again."
<p><b>Researcher's comments</b></p> <p>There were many suggested perceived barriers regarding supporting employee wellness at the college.</p>
<p><b>Q16. Is there anything that I should have asked in this interview that you would like to share with me that would be helpful with my research?</b></p>
<p><b>Summary</b></p> <p>The majority of participants did not have any further thoughts they would like to share.</p> <p>Participants were encouraged to contact the researcher if they would like to discuss anything further regarding employee wellness at the college.</p>

The table above was shared with all of the interview participants to ensure they approved of the contents being shared in the dissertation.

**Reflection**

The final step in this stage was an overall reflection on step 6. Analyzing the data was a very informative process. It was rigorous, however, the time spent and attention to detail was imperative to ensure the data was represented in a non-biased and accurate manner. The researcher was mindful not to draw conclusions or create recommendations prematurely from what was shared during the interviews. Some of the questions posed were asking for participants' opinions or perception. In some cases, opinions were certainly valuable and valid, and in other cases, they challenged the validity of the responses because participants had a varying level of understanding or access to information that may have been required to answer the question critically. Unsure responses and responses based on opinion were carefully considered when analyzing the data to ensure validity of the question summaries.

A summary of the key findings and researcher's thoughts during the analysis of the data follows.

***Strategic and Academic Plans.***

Both the academic and strategic plans identify supporting employees as a priority. The extent to which all components of wellness are incorporated into the plans and how employee wellness is measured is somewhat vague.

The academic plan refers to supporting life goals, excellence in learning and teaching, innovation and creativity, and creating global citizens through social and cultural opportunities, as well as social, environmental, and financial sustainability. All of which can be tied to an individual's wellness, but nowhere does it say "how" the plan is going to do this. It lacks reference to physical and mental wellness or direct links to the multiple components of wellness that the proposed values and lenses incorporate. There is potential to incorporate an additional "wellness lens" into the kaleidoscope, but the current plan has not made this link.

When conducting interviews, participants were asked about their awareness of both the academic and strategic plans, their perception of employee wellness being a priority for the college, and the connection to these plans with the work they are doing on the committee to promote and deliver wellness initiatives. The responses showed that the majority of the committee members were aware of both plans, were unsure of the content in detail, the extent to which the plans directly influence and align with the wellness work they were doing, and how it is all being measured.

There is opportunity for the college to clarify the contents of the academic and strategic plan to demonstrate clearly that employee wellness is a priority, how the college will be accountable to this, and how it will be measured. It is very important that this is clarified, and that employees truly believe they are a priority. In addition, there is an opportunity to better educate employees about the strategic direction of the college, and the direct and indirect ways that the college is supporting employee wellness.

### ***People Plan.***

The 2027 “People Plan” builds on the academic and strategic plans and better articulates the college’s dedication to supporting employees. Although there appears to be a robust amount of support services, there does not seem to be any ability to connect with the staff from the People and Culture department to assist employees in navigating the offerings. It appears that employees need to be self-directed in finding what they may be looking for. Nowhere does it suggest reaching out to the People and Culture staff for support.

The interview response suggested that it is likely questionable how aware all employees are of the People Plan, and all of the wellness programs and services that are available to employees. Responses also confirmed that there is no direct outreach from the People and Culture department to communicate with employees or support them individually in their wellness endeavours. There is an opportunity for the college to create a better support system in delivering employee wellness.

### ***Wellness Initiatives at the College/Current Services and Offerings.***

Langara College offers numerous programs, services, strategies, and resources to support employees in eight dimensions of wellness. The balance of programs and services for each dimension is somewhat skewed in that the emotional, occupational, and educational areas appear to have more robust resources than others. The commitment and resources allocated to mental health and well-being at Langara are substantial and there is variety in the programs and services offered.

There are a number of programs and services that are delivered through the People and Culture department, which are based on identified employee needs such as mental health support, financial and retirement planning seminars, and EDI workshops. The balance of programs and offerings, such as the “8 Weeks of Wellness,” are conceptualized and delivered by the Wellness Promotion committee. Comments from the interviews suggested that many of the wellness offerings delivered by the

committee were ideas from committee members based on their own personal interests and ability to run the programs. It was suggested that the offerings are mostly program-focused and not based on an employee needs assessment, nor are they designed in alignment with a proven wellness theory or behavioural change framework. There does not appear to be a clear strategy for delivering employee wellness at the college. It was suggested by the committee members interviewed that more employee needs assessment and diverse wellness offerings are required to meet the needs of all employees.

During the interviews, it was reported that there was uncertainty about the level of employee understanding of wellness and what the college offers to support employee wellness. New employees are introduced to the programs and services at the new employee orientation, while older employees are not provided with this wellness education. There is an opportunity to better inform employees about wellness in general, and the wellness support programs and services available to them through the college (i.e., People and Culture, EAP, BlueCross Benefits, etc.). There is also an opportunity to improve communication channels to better reach all employees. It is uncertain how much information employees are engaged with regarding the college's attempts to support employee wellness in a number of ways.

Another point brought up during the interviews was the lack of outreach from People and Culture. It was suggested that if employees need support, they need to personally reach out to People and Culture to be directed to a program or service. There is an opportunity for the college to create "wellness coach" staff positions for people who can do outreach to departments and individuals to educate, engage, and support employees on their wellness journeys.

***Measurement: How Do We Measure Wellness When There Are Very Few Benchmarks?***

There are minimal ways that the college is measuring the wellness program's success and/or the level of engagement within the employee community. Visits to the People and Culture SharePoint site, college website, and Langara Post, the number of participants attending programs, and general

feedback from participants appear to be the main measurement tools. This was noted as a considerable challenge or area that needs improvement by the committee members who were interviewed.

There is opportunity for the college to create better quantitative and qualitative measurement tactics for all wellness related initiatives. When measuring an employee's wellness, attention to their education level on wellness could be important for the college. Measuring wellness requires the individual to engage in learning about wellness and understand their starting point, and then create measurable goals and objectives for each component of wellness and have accountability to revisit the goals and rate/measure their success. This will need to be self-reported and likely need a trained wellness coach to support the employees in this process. There is an opportunity to create these positions, "wellness coaches," to support employees on this strategic wellness journey. Self-assessments could be created for employees to reflect on their progress and assess their own personal wellness.

The reporting of some areas of personal wellness can be measured quite easily with a baseline, e.g., fitness level, weight management, financial savings, educational pursuits, etc. Some areas are harder to measure, such as mental or spiritual wellness, however, with a baseline and goals, employees can self-report their progress in reaching their goals, and in turn improve their own overall wellness.

There are some areas of wellness that can be measured at a college level, i.e., sick days taken, leaves of absence due to health, number of employees attending programs, etc. As mentioned above, there needs to be a hybrid model for quantitative and qualitative measurement which also includes self-reporting.

#### ***Wellness Promotion Committee Composition, Structure, and Actions.***

A number of concerns with the TOR were identified. First, the last revision of the TOR was in September of 2019. Since 2019, both the college's administrative leadership structure and individuals who hold leadership positions have changed. The TOR needs to be revisited to reflect the new People and Culture positions, whose holders are required to sit on the committee as part of their role. This is

also true for other positions around the college, for example, the mental health initiatives coordinator. There is also an opportunity to have a more diverse representation of wellness professionals (with expertise on each component of wellness) on the committee to guide the strategic direction of the committee.

The strategic direction of the committee needs to be communicated to all committee members and should clearly align with the strategic and academic plan. The committee members interviewed suggested they were unclear about what guides the strategic direction of the committee, and this should be clear. Theoretical frameworks to justify the initiatives that are proposed and delivered by the committee members were also suggested as a way to rationalize the offerings. The committee members also need to be well educated about all of the larger scale wellness related initiatives the college is working on and dedicating resources to, and how they impact employees (i.e., indigenization, internationalization, EDI).

Comments from the interviews also suggested that for the members of the committee who are volunteers, finding the time to run programs was a challenge. These individuals felt that they were doing the work off the side of their desk, and it was at times unreasonable to be expected to do this work without release time or pay. The role of “wellness ambassador” to their departments was reported as a reasonable ask, but the responsibilities need to be clearly articulated. The design and delivery of programs was too much work and too time consuming for some. The committee structure and roles should be revisited, and release time and/or pay should be provided to the volunteer members if the TOR are going to continue to encourage committee members to run programs.

The committee needs to have clear roles and responsibilities. There were initiatives identified that perhaps should be a part of the committee’s responsibility, i.e., needs assessments for all employee wellness needs, strategic direction and high-level design of wellness initiatives, and promotion of wellness to all employees. This may be an unreasonable workload for employees to take on and be

accountable for given that they may not be experts in employee wellness program design and delivery, and they are volunteering their time. Again, committee members need to have clear direction on their roles and responsibilities, i.e., are they delivering programs or providing strategic direction.

Increasing the number of committee members who are wellness experts, an increased and more diverse representation of employee volunteers on the committee and hiring more release time or paid positions for employees are opportunities to be more productive and have a more manageable workload for committee members.

#### **4.7 Step 7: Developing an Action Plan**

In step 7, the researcher reflected on the data that was collected and what she had learned in order to develop an action plan. As restated by Mertler, the development of the action plan requires time, thought, and looking back across the entire study, including the research question and design, data collection and analysis, and findings that were identified (Mertler, 2016).

Throughout the action research process, a mind map was drafted by the researcher as thoughts were provoked about the action plan. The mind map evolved into a kaleidoscope image with interconnecting lenses. This imagery was created in alignment with the college academic plan.

The kaleidoscope was chosen to illustrate the wellness framework as it gives a visual representation of the multiple lenses of the wellness landscape. With each turn of the kaleidoscope, different lenses will come into focus, however, all lenses are equally important to see the beauty of the kaleidoscope, or wellness framework, in action. The movement and changes of the kaleidoscope represents the dynamic nature of the plan, and the colours and patterns symbolize the many different ways in which the wellness framework can evolve and change. The kaleidoscope also represents creativity, innovation, and the beauty of diversity and inclusion of all colours and shapes.

In the following section, each lens of the framework will be explained individually, along with recommendations for implementation for Langara College that are aligned with the research that was

conducted throughout the action research process. Each lens can be viewed on its own, however, with the ever-changing landscape, all lenses must operate together.

It is also very important that the framework is not viewed as linear, but rather as a dynamic, continual process. Honouring the wellness initiatives that the college has in place will be built into the framework, however this work is ongoing, and each lens will always require attention.

The kaleidoscope wellness framework addresses the research questions by providing a viable, research-informed employee wellness framework with implementation recommendations that is designed specifically for Langara College, building on the current initiatives in place. In addition, the framework is designed to be implemented at other post-secondary institutions (with adjustments or the creation of new recommendations for implementation to honour their individual needs).

All of the recommendations in the proposed wellness framework are supported by external research and internal research. External research consists of learnings gained throughout the literature review. Internal research consists of college documents, the Langara website, and intranet/SharePoint sites that were reviewed in the action research process as well as direct primary data that was collected during the Wellness Promotion Committee interviews.

Theoretical alignment is also referred to throughout the recommendations, specifically the CFIR. The CFIR provides determinants for successful implementation as an external support tool for implementation of the recommendations. This tool was used throughout the previous action research steps, and again used in the evaluation process. As noted previously, not all constructs apply to each recommendation.

**Figure 9**

*Employee Wellness Framework*





### ***Lens 1: Strategic Priority and Alignment***

Employee wellness should be identified as a strategic priority, and it should be demonstrated to employees that their wellness is in fact a genuine priority.

### ***Lens 2: Leadership***

A defined leadership structure for designing and delivering employee wellness initiatives is required.

### ***Lens 3: Strategic Design***

The design of the employee wellness plan and all related initiatives should be based on employees' diverse needs, informed by experts, deliberate, and rationalized and supported by theoretical frameworks.

### ***Lens 4: Education and Communication***

Wellness education for all employees should be provided to ensure all employees have a base level understanding of holistic wellness and its impact on individuals. Strong communication regarding holistic wellness and the programs and services available to employees is essential.

### ***Lens 5: Engagement, Support, and Accountability***

Employees should be engaged and supported on their wellness journeys. If the institution is genuinely making employee wellness a priority, it is necessary to have support systems in place to help employees be accountable for their personal wellness, and for the institution to be accountable and actively supportive of their employees' wellness.

### ***Lens 6: Measurement of Wellness***

Wellness initiatives at an institution should be measured based on pre-determined goals and objectives. Quantitative and qualitative results should be reported and communicated to all employees.

The above research-informed wellness framework can be used by post-secondary institutions to guide the creation of wellness initiatives within their organization. Each lens, described in detail below, includes recommendations for implementation that were created for Langara College specifically. These

recommendations were informed by the review of Langara's current wellness initiatives and associated internal documents, and interviews with the wellness promotion committee who advised and implemented many of the wellness initiatives at the college.

The researcher's recommendation would be that a post-secondary institution would choose to use the research-informed wellness framework, and then conduct additional internal research to guide the implementation recommendations or edits to what is presented, for specific recommendations for their institution.

### **Lens 1: Strategic Priority and Alignment with Strategic and Academic Plans**

*Employee wellness should be identified as a strategic priority, and it should be demonstrated to employees that their wellness is in fact a genuine priority.*

### **Recommendations for Langara College**

#### ***Academic and Strategic Plan Review and Revision***

- There is opportunity for the college to clarify the content of the academic and strategic plan to clearly articulate that employee wellness is a priority. Wording could be stronger and more direct. This will include employee involvement and input into the strategic planning process to ensure their voices are included in the content of the plans and that their wellness is a strategic priority.

#### ***Communication of Wellness Priority***

- Demonstrating the college's commitment to employee wellness involves educating employees about wellness, and sharing with employees all the ways in which wellness is being made a priority at the college. Communication to employees through new and improved channels such as a wellness newsletter, through wellness ambassadors (wellness promotion committee), and through a more robust employee wellness delivery and support system is recommended (communication and support will be discussed further in Lenses 4 and 5).

### ***Measurement of Wellness Priority***

- There is an opportunity to share the goals, objectives, and successes (quantitative and qualitative metrics) of wellness initiatives with employees (measurement will be discussed further in Lens 6, Measurement of Wellness Initiatives).

### **Supported by External Research:**

The Okanagan Charter states that,

A University or College is, by its very nature, an essential part of any systemic health promotion strategy, working collaboratively in trans-disciplinary and cross-sector ways. The Charter calls upon higher education institutions to incorporate health promotion values and principles into their mission, vision and strategic plans, and model and test approaches for the wider community and society. (*Okanagan Charter*, 2015, p. 5)

Revisiting the college strategic and academic plans will ensure health promotion values and principles regarding employee wellness are included in the plans through a collaborative and inclusive process.

In the systematic review on employee wellness in post-secondary institutions, which was conducted as part of the literature review during the action research, a common theme identified in designing and implementing employee wellness plans was the “whole university approach” (Dooris et al., 2020), or “whole systems approach” to building Health Promoting Universities (Suárez-Reyes et al., 2019). The whole university approach concept focuses on an ecological model of health with a whole systems perspective aimed to embed ethos, culture, and structures in routine settings. It focuses on inclusivity and stakeholder involvement, participation, and empowerment in all stages of the workplace wellness plan development and implementation (Dooris et al., 2018). Incorporating the whole system approach into the strategic planning process will provide inclusivity, stakeholder involvement, and empowerment or buy-in to the employee wellness priority at the college.

While a whole systems approach which incorporates collaboration in the creation of wellness programs within Health Promoting Universities is a common theme throughout the records, it should be noted that with health increasingly considered the responsibility of the entire university, the understanding of Health Promoting Universities and initiatives is continuously evolving (Suárez-Reyes et al., 2019). This statement reinforces that the kaliedoscope approach to developing employee wellness plans is a dynamic process where each lens needs to be continually revisited.

Employee involvement in revision of the academic and strategic plan, identifying employee wellness as a strategic priority, and communicating the priority and how it will be measured will help demonstrate to employees that their wellness is in fact a genuine priority (Lens 1, Employee Wellness Framework).

**Theoretical Alignment**

The first domain of the CFIR is related to the characteristics of the innovation setting. Attention to the constructs of the innovation during the strategic planning process will be helpful in ensuring successful implementation of the innovation. The researcher’s notes in the right column of the table below identify the alignment with the CFIR implementation theory constructs for successful implementation. The innovation discussed below is the implementation of the wellness framework and recommendations. The analysis of the innovation domain and its constructs is presented here in Lens 1- Strategic Priority and Alignment, however, it should be noted that it also takes into consideration recommendations which are included in multiple lenses.

**Table 12**

*CFIR Innovation Domain Construct Analysis Key, and Implementation Notes for the Employee Wellness Framework*

Positive influence:	Negative influence:
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Facilitate implementation: Weak likelihood	Possible barrier to implementation: Weak likelihood
Facilitate implementation: Strong likelihood	Possible barrier to implementation: Strong likelihood

Construct Name	Construct Definition	Researcher's Notes
	Degree to which:	
Innovation Source	The group that developed and/or visibly sponsored use of the innovation is reputable, credible, and/or trustable	The researcher is well informed and educated to design and implement an Employee Wellness Framework (the innovation). The Langara Wellness Promotion Committee members are reputable and trustable, this will be enhanced with the recommended changes to the committee structure and TOR
Innovation Evidence Base	The innovation has robust evidence supporting its effectiveness	The importance of employee wellness and its impact on employees is supported in the Literature Review

Innovation Relative Advantage	The innovation is better than other available innovations or current practice	The innovation will be based on researched best practices and tailored to Langara College as recommended by research
Innovation Adaptability	The innovation can be modified, tailored, or refined to fit local context or needs	Using the kaleidoscope approach the innovation can and will be continually modified and refined as needed
Innovation Trialability	The innovation can be tested or piloted on a small scale and undone	Parts of the innovation can be piloted and tested and undone and redefined i.e. the addition of Wellness Coaches
Innovation Complexity	The innovation is complicated, which may be reflected by its scope and/or the nature and number of connections and steps	Implementing employee wellness frameworks and plans can be complicated and attention to ever-changing environment has been identified and accepted as part of the implementation process
Innovation Design	The innovation is well designed and packaged, including how it is assembled, bundled, and presented	Informed by the research supported Employee Wellness Framework proposed in this dissertation, supported by the Wellness Promotion Committee/Wellness Experts and People and Culture staff, the

		innovation will be well designed and presented
Innovation Cost	The innovation purchase and operating costs are affordable	A financial assessment and budget will take place to address affordability. However, wellness is a priority at the college and there are resources for wellness initiatives.

The above analysis of the first CFIR domain, “characteristics of the innovation setting,” shows that the innovation or implementation of the employee wellness framework has a strong likelihood for successful implementation. It is, however, a complex and potentially costly innovation. Attention to these potential barriers will be essential for the college to successfully implement an employee wellness plan.

The next two CFIR domains, inner and outer setting, both influence strategic planning. Although the line defining what is inner or outer is often blurred depending on the organization, outer settings typically include economic, political, and social contexts within which the organization resides and the inner includes cultural, political, and cultural contexts (Damschroder et al., 2009). Attention to these domains and their constructs will take place in the strategic planning process, and through conducting a strengths, weaknesses, opportunities, and threats (SWOT) analysis, and political, economic, socio-cultural and technological (PEST) analysis will inform the design and implementation proses.

Overall, the CFIR framework supports that the implementation of the wellness framework and associated recommendations has the potential for success, while attention to possible barriers or negative influences on implementation will be important. By revisiting the academic and strategic plans through an inclusive process, making employee wellness a strategic priority and demonstrating and

communicating to employees that their wellness is in fact a genuine priority will be an important process in the successful implementation of the framework (Lens 1 in the wellness framework).

### **Supported by Internal Action Research**

#### ***Review of College Documents***

The researcher reviewed the college academic, strategic, and people plans as part of step 2, Gathering Information, in the action research process.

In the strategic plan, prioritizing employee and student wellness is present in the “Our Culture: Supports for Students and Employees” priority. However, the word “wellness” does not appear in the plan, employee satisfaction levels in wellness programming do not appear to be measured, nor does the plan discuss objectives for further development and advancement in programming and support. Impact or improvement on employee wellness could surely be argued as a result of other priorities such as JEDI and through mutually beneficial partnerships but neither the language nor the impact on employee wellness are clearly articulated. In addition, specifically mentioning wellness in the Indigenization strategy would demonstrate the work that is being done regarding truth and reconciliation as well as recruitment and retention of Indigenous employees and students. Priorities for 2023/2024 were released in a one-page supplementary document. Employee wellness was not identified as a priority for 2023/2024.

The academic plan is deeply rooted in collaboration to honour multiple perspectives and support all of the community in creating a shared future. It vibrantly reflects flexibility, access to resources, and commitment to engaging all stakeholders throughout the duration of the plan. The plan does not, however, directly mention employee or student wellness and means to support, design, and deliver a variety of wellness initiatives for employees or students.

The plan refers to supporting life goals, excellence in learning and teaching, innovation and creativity and creating global citizens through social and cultural opportunities as well as social,

environmental, and financial sustainability. All of these can be tied to an individual's wellness, but nowhere does it say how the plan is going to do this. It lacks reference to physical and mental wellness or direct links to the multiple components of wellness that the proposed values and lenses incorporate.

There is potential to incorporate an additional "wellness lens" to the kaleidoscope, but the current plan has not made this link. There is, however, a people plan developed by the department of People and Culture which supports Langara employees where wellness is specifically outlined.

The 2027 people plan articulates the college's dedication to supporting employees. The plan clearly states commitment to honouring and promoting diversity, equity, and inclusion in the workplace and creating a sense of belonging for employees. The plan is aligned with the strategic plan and articulates ways that the college can live its mission, vision, and values.

The people plan is located on SharePoint, which all employees have access to. The page acts as a landing point where employees can be directed to resources and access the programs and services the college has in place. Although there appears to be a robust amount of support services, there does not seem to be any ability to connect with the staff from the People and Culture department to assist employees in navigating the offerings. It appears that employees need to be self-directed in finding what they may be looking for. Nowhere does it suggest reaching out to the People and Culture staff for support.

Reviewing college documents supports the recommendation that employee involvement in revision of the academic and strategic plan, identifying employee wellness as a strategic priority, and communicating the priority, how it will be measured, and where to access the resources available to employees, will be key in demonstrating to employees that their wellness is in fact a genuine priority (Lens 1, employee wellness framework).

#### ***Wellness Promotion Committee Interview Feedback***

The majority of the participants interviewed felt that at a high level, the academic and strategic plan demonstrates that wellness is a priority at the college. However, the majority of the participants were not fully aware of the content of the plans or how they directly influenced the wellness initiatives currently offered at the college. Although wellness may be a perceived priority, measurable goals and objectives in achieving the employee wellness priority were unknown.

In addition, participants felt that employees are only somewhat aware of the wellness initiatives offered by the college. Participants felt that those who are interested in the wellness offerings and seek them out are quite aware, but this may be only a small group of employees making it hard to gauge.

The main communication channels to employees are the Langara Post, the college website, SharePoint, and word of mouth between employees and from members of the committee who act as ambassadors and share information with their departments. The opportunity to improve communication channels and clarify how wellness is a priority and how it will be measured was a recurring theme identified in the interviews.

The wellness promotion committee interview feedback supports the recommendation that employee involvement in revision of the academic and strategic plan, identifying employee wellness as a strategic priority, and communicating the priority and how it will be measured, will be key in demonstrating to employees that their wellness is in fact a genuine priority (Lens 1, employee wellness framework).

## **Lens 2: Leadership**

*A defined leadership structure for designing and delivering employee wellness initiatives is required.*

## **Recommendations for Langara College**

### ***Update Wellness Promotion Committee Composition and TOR***

- The TOR require review and revision. Since 2019 when the TOR were last updated, there have been many changes in the college community that need to be addressed.

- The strategic direction of the committee should be clearly aligned with the strategic and academic plan and communicated with all committee members. In addition, committee members should be well educated about all of the larger scale wellness-related initiatives the college is working on and dedicating resources to, and how they impact employees (i.e., indigenization, internationalization, EDI).
- Committee roles and responsibilities need to be clarified. Specifically, the roles and responsibilities of employees on the committee for whom wellness promotion is not a part of their job description and who are volunteering their time to support employee wellness.
- The TOR should reflect the new People and Culture positions which are required to sit on the committee as part of their role, as well as other positions around the college (i.e., mental health initiatives coordinator).
- There is an opportunity to have a more diverse representation of wellness professionals or wellness experts (with expertise on each component of wellness) on the committee. This would provide more informed and educated direction of the wellness initiatives at the college.
- There is an opportunity to have a more diverse representation of employees on the committee to guide the strategic direction of the committee (faculty, staff, and administrators from different departments across the college).
- Indigenous representation on the committee is recommended. This will ensure Indigenous ways are honoured in the design and delivery of wellness initiatives and will also provide a more inclusive perspective in all regards.
- The role of wellness ambassador needs to be clarified, and roles and responsibilities clearly articulated. Messaging to employees through the wellness ambassadors needs to be thorough and consistent. The opportunity to become wellness ambassadors or sit on the committee should be promoted to all employees and rotate to allow more employees to be involved.

- There is an opportunity for the college to revisit how committee work is delegated and remunerated. If being on the committee is a part of the committee member's job (i.e., People and Culture Staff and College Administrators), it should be listed in their job description. For those for whom it is not a part of their job, and if roles and responsibilities are heavily operational and time consuming, opportunities for remuneration should be addressed (i.e., section releases could be offered to faculty, or release from certain job duties for staff). Remuneration would accommodate those who wish to work a considerable amount of time on the committee and/or deliver programs, and simply are not able to do it on top of what they already do.
- Theoretical frameworks are recommended to justify the initiatives proposed and delivered by the committee members as a way to rationalize the wellness offerings (discussed further in Lens 4).

### **Supported by External Research**

#### ***Diversity and Inclusion***

One of the key principles for action in the Okanagan Charter emphasizes valuing local and Indigenous communities' contexts and priorities and the importance of advancing health promotion through engaging and understanding the context, priorities, experiences, and perspectives of local and Indigenous communities as well as other vulnerable and transitioning populations (*Okanagan Charter*, 2015). Including Indigenous representation and a more diverse cross-section of wellness promotion committee members honours this principle on how to mobilize systemic and whole campus action.

The recommendation for a more diverse committee, including Indigenous representation, is also supported specifically by Stelkia's promising practices on Indigenous populations' health reporting. This relates to the composition of the wellness promotion committee as well as the design and measurement of wellness initiatives which will be discussed in lenses three and six.

Stelkia's Promising Practice #3 states that developing indicators must involve respectful relationships and meaningful engagement with Indigenous peoples. To create culturally relevant, Indigenous-specific health and wellness indicators, it is essential that they are driven, defined, and validated by the community. This process necessitates building respectful relationships and engaging meaningfully with First Nations communities. Partnering with Indigenous communities in a participatory process for the development of instruments and tools will help ensure that the outputs are meaningful and relevant to the individuals they aim to measure (Stelkia et al., 2023).

Promising Practice #4 states "Nothing about us, without us." and the importance of Indigenous leadership and self-determination at all stages of indicator development. To truly advance change in Indigenous population health reporting, it is fundamental that Indigenous peoples participate fully and lead in the collection, interpretation, reporting, and use of their own health information (Marsden et al., 2020). To do so in a respectful way requires moving away from colonial approaches and moving toward self-determination and autonomy, which requires listening to the voices of Indigenous peoples and communities in all stages of indicator development (Stelkia et al., 2023).

In alignment with both the promising practices and key principles, creating a more diverse Wellness Promotion Committee and including Indigenous representation will ensure that diverse populations are part of all stages of the development, design, measurement, and reporting of results of wellness initiatives.

### **Theoretical Alignment**

The fourth domain of the CFIR relates to the individuals involved in the implementation. Individuals carry personal values, cultures, norms, interests, mindsets, and affiliations which can have significant influence on others and can cause predictable or unpredictable implementation outcomes (Damschroder et al., 2009). Understanding the roles of the individuals involved in the committee and having a balance of each of the roles will be important in ensuring a productive composition of the

committee. The researcher’s notes in the right column of the table below identify the alignment with the implementation theory constructs for successful implementation. The notes refer to the Employee Wellness Committee but also reference individuals who may be involved in implementation of the innovation.

**Table 13**

*CFIR Individuals Domain Construct Analysis Key, and Implementation Notes for The Employee Wellness Committee (and associated college employees)*

Positive influence:	Negative influence:
Facilitate implementation: Weak likelihood	Possible barrier to implementation: Weak likelihood
Facilitate implementation: Strong likelihood	Possible barrier to implementation: Strong likelihood

Construct Name	Construct Definition	Researcher’s Notes:
	Degree to which:	
High-level Leaders	Leaders who are individuals with a high level of authority, including key decision-makers, executive leaders, or directors	College Administrators/ VP People and Culture (some members of the Wellness Promotion Committee)
Mid-level Leaders	Leaders who are individuals with a moderate level of authority, including	Managers in the People and Culture department and

	leaders supervised by a high-level leader and who supervises others	members of the Wellness Promotion Committee
Opinion Leaders	Leaders who are individuals with informal influence on the attitudes and behaviours of others	Wellness experts, and Wellness Promotion Committee members
Implementation Facilitators	Individuals with subject matter expertise who assist, coach, or support implementation	Wellness experts, Wellness Promotion Committee members, People and Culture staff and Wellness Coaches; see lens 5 staff
Implementation Leads	Individuals who lead efforts to implement the innovation	Wellness experts, Wellness Promotion Committee members, People and Culture staff and Wellness Coaches; see lens 5 staff
Implementation Team Members	Members Individuals who collaborate with and support the implementation leads to implement the innovation, ideally including Innovation Deliverers and Recipients	Wellness experts, Wellness Promotion Committee members, People and Culture staff and Wellness Coaches; see lens 5 staff
Other Implementation Support	Support Individuals who support the implementation leads and/or	Wellness Promotion Committee members, People and Culture

	implementation team members to implement the innovation	staff and Wellness Coaches; see lens 5 staff
Innovation Deliverers	Individuals who are directly or indirectly delivering the innovation	Wellness Promotion Committee members, People and Culture staff and Wellness Coaches; see lens 5 staff
Innovation Recipients	Individuals who are directly or indirectly receiving the innovation	All College employees
<b>Project Characteristics Subdomain</b>	Degree to which:	
Need	The individual has deficits related to survival, well-being, or personal fulfillment, which will be addressed by implementation and/or delivery of the innovation	All college employees have potential need
Capability	The individual has interpersonal competence, knowledge, and skills to fulfill the role	Wellness Promotion Committee members, People and Culture staff and Wellness Coaches; see lens 5 staff. All will be competent and capable to fulfill the roles
Opportunity	The individual has availability, scope, and power to fulfill the role	Wellness Promotion Committee members, People and Culture

		staff and Wellness Coaches; see lens 5 staff. All have opportunity to fulfill the roles
Motivation	The individual is committed to fulfilling the role	Wellness Promotion Committee members, People and Culture staff and Wellness Coaches; see lens 5 staff. All have potential motivation to fulfill the roles

With the suggested recommendation for the Wellness Promotion Committee and associated employees, the CFIR constraints demonstrate a strong likelihood to facilitate implementation.

**Supported by Internal Action Research**

***Review of College Documents***

Upon reviewing the TOR, the researcher identified concerns with the current terms. First, the last revision of the TOR was in September of 2019. Since 2019 the college has experienced changes in administrative leadership structure, and the individuals who hold those positions. An example of this would be the creation of the mental health initiatives coordinator who currently sits on the committee, this position should be listed as a required position on the committee.

The TOR also list that the committee members should represent a variety of departments across the college and have a wide range of knowledge and expertise. Changing this language to reflect specifically how many departments and what expertise is required is recommended. In addition, ensuring there is Indigenous representation on the committee would align with the college’s indigenization strategy outlined in the strategic plan.

The general responsibilities should be reviewed to reflect the strategic direction of the current committee and the committee composition. Also, there is no mention of what guides the strategic direction of the committee (i.e., the college academic and/or strategic plan), nor is there reference to theoretical frameworks to justify the initiatives that are proposed and delivered by the committee members. Strategic alignment and justification are recommended.

For a volunteer committee, the researcher feels that there are responsibilities that may require a substantial amount of time (i.e., needs assessments for all employees' wellness needs, design and delivery of wellness initiatives, and promotion of wellness to all employees). This may be an unreasonable workload for employees to take on and be accountable for given that they may not be experts in employee wellness program design and delivery.

#### ***Wellness Promotion Committee Interview Feedback***

The participants interviewed represented seven departments across the college; four of the 11 participants were from the People and Culture Department. One faculty member was represented, and the remaining were in staff or administration positions around the college. More diverse cross-college representation is recommended.

The committee members interviewed suggested they were unclear on what guides the strategic direction of the Wellness Promotion Committee or the TOR for those on the committee. Limited participation in guiding the strategic direction was a common theme in the responses.

Time commitment reported varied, ranging from approximately one hour per month, with more of a time commitment (approximately 3–4 hours) when running a specific program. Participants were unsure exactly how often the Wellness Promotion Committee met but tried to attend as many meetings as they could on a voluntary basis.

A number of the participants reported that the committee structure and roles should be revisited. Committee members were unsure of their roles and responsibilities and attendance was not

consistent. It was clear that members of the committee were Wellness Ambassadors and were supposed to report back to their departments on the wellness initiatives at the college but since attendance was not consistent and some members were unsure about all wellness offerings at the college, the messages being shared with employees may not have been consistent.

Interview feedback indicated that committee members, who are volunteers, found the time commitment to run programs challenging. They felt they were managing these responsibilities on top of their regular duties, and at times it was unreasonable to expect them to do so. The design and delivery of programs was too much work and too time consuming for some. Interview respondents suggested that more wellness experts were needed on the committee, and that release time and/or pay should be provided to the volunteer members if the TOR are going to continue to encourage committee members to run programs. It was mentioned that there is a need to look at priorities and definition of services, allowing faculty to use section release and allowing CUPE employees to do wellness work in contract “other duties.”

Talent Canada suggests that Canada’s volunteer ecosystem is in crisis and the country has continued to see a dramatic decline over the past few years. Over 65 percent of organizations that rely on volunteers are experiencing a severe shortage of help and this concerning trend spans various sectors (Talent Canada, n.d.). The feedback from the Wellness Promotion Committee members reinforces this trend. Talent Canada also suggests that more and more companies are engaging in employer-supported volunteerism, where employers offer paid time away from work for their employees to volunteer. Studies consistently demonstrate that employer-supported volunteerism benefits not only organizations and communities in need but also provides substantial advantages to the sponsoring companies and their employees (Talent Canada, n.d.). Offering employees paid time off or compensation for their time to work on the Wellness Promotion Committee would align with the case for employer-supported volunteerism.

In summary, external and internal research and Wellness Promotion Committee feedback support an improved and better-defined leadership structure for designing and delivering employee wellness initiatives and updating the Wellness Promotion Committee composition and TOR.

### **Lens 3: Strategic Design**

*The design of the employee wellness plan and all related initiatives should be based on employees' diverse needs, informed by experts, deliberate, and rationalized and supported by theoretical frameworks.*

### **Recommendations for Langara College**

#### ***Needs Assessment***

- A comprehensive employee needs assessment should take place to fully understand the entire employee population at the college. The results of the needs assessment should inform the wellness offerings.
- Prior to or concurrent with the needs assessment, employees should be educated on holistic wellness, and the current programs and services the college offers (education will be discussed further in Lens 4).

#### ***Wellness Plan Design***

- The wellness plan and all related initiatives need to be based on employees' diverse needs.
- Wellness experts should be involved in the design of all wellness plans and initiatives.
- All wellness plans and initiatives should be rationalized and supported by theoretical frameworks to ensure they are viable and proven to be effective.

#### ***Diversity in Offerings***

- Offerings should be accessible for all employees and designed for employees who work on campus as well as those who work from home.

- Additional partnerships and sponsorships with community organizations are recommended to allow employees to access wellness programs and services that meet their needs in the communities in which they reside.

### **Supported by External Research**

A theme that was identified in the systematic review on post-secondary employee wellness research was the importance of designing evidence-based programs based on needs assessments and ensuring program designs are fit for the specific demographic and sociographic community (Jenkins et al., 2019). In addition to consideration of participants' unique needs, experiences, and socio-economic demographics, knowing what motivates the employees to be a part of the program is also discussed (Schneider et al., 2016).

Attention to participatory action theories that focus on a participatory approach to ensuring engagement and inclusion during the behavioural change and to garner employee support or buy in was also recommended (Joy et al., 2018). It was also suggested that frameworks for designing workplace wellness programs that incorporate a participatory action theory may help address complexities of behavioural change and multiple situational factors that are unique to the specific workplace, and ensure ongoing consultation, knowledge-sharing, implementation, and evaluation (Joy et al., 2018).

Recognizing the organizational culture and context, as well as respecting the unique population the employee wellness program will serve, was identified as crucial for gaining a deeper, more nuanced understanding of an organization's readiness for change and designing a well-structured model to promote employee health. (Click, 2017).

In summary, evidence-based workplace wellness programs that focus on participants' unique needs and experiences and engagement and inclusion in the process were identified as successful best practices. Conducting a needs assessment for Langara employees, as recommended, would support the

research, and provide the college with a better understanding of their employees when designing wellness programs and services.

### **Supported by Internal Action Research**

#### ***Review of College Documents***

After a thorough review of the SharePoint People and Culture intranet, where all wellness related documents, plans, and initiatives are shared, the following key points were noted.

In 2018, Langara College developed a mental health and well-being strategy (the “Framework”) to support both students and employees of the college. The commitment and resources allocated to mental health and well-being at Langara are substantial and there is variety in the programs and services offered. The emotional dimension of wellness, where mental health lies, is clearly a priority for the college.

The “8 Weeks of Wellness” initiative was also reviewed. The college offers numerous programs, services, strategies, and resources to support employees in eight dimensions of wellness. The balance of programs and services for each dimension is somewhat skewed in that some dimensions, such as emotional, occupational, and educational areas, appear to have more robust resources. This is likely because Langara is an educational institution which naturally provides strong educational support and benefits as well as the impact of the post pandemic world-wide mental health crisis and the increase in support that is needed for employees in mental health. Overall, there were a number of excellent offerings; however, they lack diversity, balance, and attention to all eight dimensions.

The college currently has partnerships with external organizations to provide wellness services for employees. There is an opportunity to build more partnerships or have external companies financially sponsor certain wellness initiatives. In addition, further attention to the indigenization strategy and including offerings that meet the needs of our Indigenous community at Langara is recommended.

Collective agreements were also reviewed. It appears that the college bargaining teams are dedicated to supporting employee wellness through continuously advocating for improvements to the Blue Cross Extended Benefits Plans as well as the Employee Assistance Plan.

The imbalance of offerings across the eight dimensions of wellness supports the recommendation for designing an employee wellness plan that is informed by experts, deliberate, and rationalized and supported by theoretical frameworks. In addition, conducting a needs assessment would support employees being involved in the creation of programs and services based on their diverse needs. In addition, there is an opportunity to create more diverse community partnerships to support employee wellness.

#### ***Wellness Promotion Committee Interview Feedback***

There were many suggestions on how to improve wellness offerings at the college. The majority of participants felt that the committee has been somewhat successful, although it was mentioned that many of the programs were attended by the same small group of people. Interview respondents noted the need for a thorough needs assessment to identify the type of wellness offerings employees would like to participate in. It was suggested that more diversity in the programs would attract a broader audience.

It was also noted that the current wellness offerings that the committee designed were based on the ideas of employees on the committee and were not strategically planned out with wellness experts. Instead, current offerings reflected ideas for programs that employees were willing to volunteer their time to run. Although discussion with senior administrators showed that some initiatives were, in fact, strategic and driven by People and Culture administrators in response to collective agreement surveys or their external research on wellness, responses also suggested that there needs to be sustainability of the wellness learnings and behavioural changes, not just creating one offs.

The feedback from the wellness promotion committee supports the recommendation for designing an employee wellness plan that is informed by experts, deliberate, and rationalized and supported by theoretical frameworks. In addition, conducting a needs assessment would support employees being involved in the creation of programs and services based on their diverse needs.

#### **Lens 4: Education and Communication**

*Wellness education for all employees should be provided in order to ensure all employees have a base-level understanding of holistic wellness and its impact on individuals. Strong communication regarding holistic wellness and the programs and services available to employees is essential.*

#### **Recommendations**

##### ***Wellness Education***

- Completion of a mandatory annual “Wellness Module” for all employees is recommended. For new employees this could be included in the new employee orientation process, and all current employees should be required to complete the module annually.
- The module could be created on Brightspace and include information about the eight dimensions of wellness and how they impact individuals’ overall wellness. The module could also include tools for wellness goal setting and information about all the programs and services available to employees at the college.
- The module should be updated regularly by the People and Culture Department to ensure it is current.

##### ***Communication for Wellness as a Priority***

- There is an opportunity to introduce new platforms for communicating with employees about wellness.
- Possible platforms include a monthly wellness newsletter and outreach from the People and Culture Department (i.e., attending department meetings to share information about wellness).

People and Culture Staff attend division meetings to update division chairs and department chairs with information to share with their employees.

- There is an opportunity for those in leadership positions to make wellness more of a priority and encourage and support their employees in their wellness endeavours.

### **Supported by External Research**

The Okanagan Charter emphasizes the need for leadership in health promotion and collaboration at both local and global levels. It highlights the significance of knowledge and action in fostering the production, application, and evaluation of knowledge. This involves advancing research agendas that are relevant to real-world outcomes, and ensuring that training, learning, teaching, and knowledge exchange will benefit the future well-being of our communities, societies, and the planet. Incorporating wellness training for all employees at Langara College aligns with the charter's call to action to lead health promotion on campus (*Okanagan Charter, 2015*).

In the systematic review on wellness education, the findings showed that overall, the increasing personal wellness of undergraduate students was attributed to college and university wellness courses, within the time frame of the course or program of study.

Examples of this impact include but are not limited to a Canadian study which assessed the effectiveness of a lifetime wellness course on changing students' global self-efficacy, physical self-efficacy, and wellness behaviours. The study reported that health and wellness courses had a positive effect on students' health knowledge, attitudes, and behaviours (Kuruganti, 2014). A second Canadian study, which investigated the experiences of students completing a mental health and wellness course, reported that students experienced several benefits including an increased awareness of the nature of mental health and mental illness and an increased awareness of self-monitoring and self-regulation (Woloshyn & Savage, 2020). A final example was from an Australian study which examined a course relating to preventive health actions and lifestyle risk factors, to see if they were associated with

alterations in health behaviours. This study concluded that courses related to health and well-being may benefit students' personal health behaviours and give them knowledge that can be applied in their future professional settings (Guelfi et al., 2018).

All of the studies reviewed in the records of the systematic review recommend that overall, wellness courses are beneficial for undergraduate students. Some went as far as suggesting that general education wellness courses should be required as part of an undergraduate curriculum (Polacek et al., 2013).

The systematic review on wellness education also showed that valuing the individual participants, their baseline wellness assessments, and their needs, and collaboratively reflecting on the behavioural change process throughout the wellness course, were best practices. A study on health assessment and data collection for wellness programing identified needs assessment and identification of personal baseline wellness and associated risk factors as important indicators for prevention and education initiatives to inform wellness curriculums and support behavioural change (Kruger et al., 2014). In addition, Cass et al. noted that meeting students where they are and identifying their values and priorities around health and wellness issues they are facing presents educators with an opportunity to adjust their teaching to incorporate a student-informed perspective in their curricular planning (Cass et al., 2021).

Although the studies mentioned above were related to adult university students, the researcher feels there is value in using this evidence to support the impact of wellness education for adults in general regardless of their age.

The employee needs assessment recommended previously will inform the baseline of employees' understandings of wellness and will inform the content of the educational module as well as proposed wellness initiatives at the college.

Overall, the external research conducted supports the recommendation for wellness education for all employees to ensure all employees have a base-level understanding of holistic wellness and its impact on individuals.

### **Supported by Internal Action Research**

#### ***Review of College Documents***

The researcher reviewed the channels of communication which consist of the Langara Post, and college website and SharePoint (website and SharePoint discussed in previous lens). Wellness initiatives are shared in the Langara Post in the main headings (which link to further information). The Post is delivered to all employees and does a good job of highlighting employee wellness; the challenge is understating how many people actually open and read the contents.

Employee wellness is discussed in the “New Employee Orientation.” Unfortunately, access to what is shared in the orientation was not provided to the researcher. It is excellent that this is included in the new employee orientation, and it is unfortunate that longstanding employees are not required to review this information.

The lack of consistency and accountability around the information shared about employee wellness at the college supports the recommendations to introduce new platforms for communicating with employees about wellness. Having those in leadership positions make wellness a priority and support employees’ wellness endeavours supports the recommendation of making wellness a priority at the college.

#### **Wellness Promotion Committee Interview Feedback**

The participants felt that employees are somewhat aware of the components of wellness but likely not all of them. Responses suggested that those who are more invested in wellness would know more as well as those who have been following the 8 Weeks of Wellness initiative that the college has been delivering.

The participants felt that employees are somewhat aware of the wellness initiatives offered by the college. Participants felt that those who are interested in the wellness offerings and seek them out are quite aware, but this may be only a small group of employees making it hard to gauge.

The main communication channels to employees are the Langara Post, the college website, SharePoint, word of mouth between employees, and from members of the committee who act as ambassadors and share information with their departments. Overall, the participants agree that the college is somewhat adequate and trying to inform employees through the channels that are available to them. However, it is questionable whether employees are reading/accessing this information.

It was also noted that there may be a perception that departmental supervisors do not support employees taking time to volunteer or take part in wellness activities. A more robust wellness education platform and improved communication would help those in supervisory roles be more knowledgeable about wellness and how to support their employees.

Overall, the feedback from the Wellness Promotion Committee also supports the recommendations to introduce new platforms for communicating with employees about wellness, and for leadership to make wellness a priority and support employees wellness endeavours.

#### **Lens 5: Engagement, Support, and Accountability**

*Employees should be engaged and supported on their wellness journeys. If the institution is genuinely making employee wellness a priority, it is necessary to have support systems in place to help employees be accountable for their personal wellness, and for the institution to be accountable and actively supportive of their employees' wellness.*

#### **Wellness Coaches**

- There is an opportunity to create a new program for employee wellness outreach and support through the People and Culture Department. The positions could be “wellness coaches” and their role would be to educate, engage, and support employees on their wellness journeys.

- Wellness coaches (multiple coaches) could be assigned to all college departments to check in with every employee and provide them with the tools and support to create individually tailored personal wellness plans that they are accountable for.
- The personal wellness plans would include goals and measurable objectives for all the components of wellness that would allow the employees to benchmark their current wellness status and create goals to work toward.
- The wellness plan would create a quantitative and qualitative measurement tool that would require employees to reflect on their progress throughout the year and be able to see their successes and identify areas which may require more attention. This quantitative and qualitative measurement tool could be very valuable to employees as they strive for wellness. As well, it will be useful to the college as it could be used to report on overall employee wellness and the successes of the wellness initiatives offered to employees. Further, results could inform the strategic direction and creation of new programs and services.
- Wellness coaches could also be responsible for communicating with departments and employees the variety of programs and services the college offers. They could assist employees in accessing the programs and services they may need and not be aware of.
- Wellness coaches do not necessarily need to be wellness experts, they could be trained to provide the employees with the tools and support they need.
- The position could be filled by new hires to the People and Culture Department or by current employees who wish to be trained as champions of wellness and take on this role as a section release or as a paid role.
- It will be important that this is *not* solely a volunteer role. As noted, based on the feedback from the Wellness Promotion Committee, the volunteer workload for those who have already showed interest in wellness initiatives at the college can simply be too much.

- To create accountability for the wellness coaches and for the college to show that wellness is a priority, these roles need to be compensated fairly and treated with importance.
- The wellness coach initiative could have a significant impact on budget. There is an opportunity to pilot the wellness coach project for one to two years with a sample of volunteer employees and a coach.

### ***Peer Mentoring***

- There is an opportunity to develop a peer mentoring program for employees. Peer mentoring programs have been proven to be successful with students at Langara and research shows that peer support can be successful.
- This could be an initiative of the Wellness Promotion Committee. Perhaps a sub-committee could work to design the program in collaboration with the mental health initiatives coordinator, who is running a similar program for students.

### ***Supported by External Research***

The Okanagan Charter calls for integrating health into all facets of campus life, including administration, operations, and academic goals, by supporting personal development. This involves creating opportunities for students, staff, and faculty to build resilience, competence, personal capacity, and life skills, enabling them to thrive and reach their full potential (*Okanagan Charter*, 2015). Offering employees the opportunity to access wellness coaches to support their growth and development and overall wellness supports this call to action.

In addition, the *American Journal of Health Promotion* published a journal article that investigated the impact of wellness champions on the effectiveness of workplace health and well-being programs. The findings of the study suggest that Wellness Champions or peer support offered by coworkers led to positive program perceptions and improvements in health behaviours. Results were measured by participants rating their perceptions of the wellness champions' support, if they were more

physically active, and overall program satisfaction. Altogether the results of the study suggested that Wellness Champions are impactful in the delivery and implementation of health and well-being initiatives in practical settings. Their adherence to program protocols significantly affects key behavioural outcomes and participant satisfaction (Flynn et al., 2018).

***CFIR – Implementation Process/Evaluation of Wellness Coaches Program***

The final domain in the CFIR is the implementation process which typically requires an active change to the individual and/or organizational process. Individuals may be influenced by the inner or outer settings to promote the implementation process, and the implementation may be organized into sub-processes that may occur simultaneously, spontaneously, or at multiple planned levels of implementation. All implementation processes are aimed to be moving the implementation in the same general direction to achieve effective implementation (Damschroder et al., 2009).

The implementation process in the CFIR was chosen as a tool to evaluate implementation of the newly proposed Wellness Coach Program as it requires a high degree of implementation of newly proposed roles in delivering employee wellness.

The researcher’s notes in the right column of the table below identify the alignment with the implementation theory constructs for successful implementation.

**Table 14**

*CFIR Implementation Process Domain Construct, Analysis Key, and Implementation Notes for The Wellness Coach Program*

Positive influence:	Negative influence:
Facilitate implementation: Weak likelihood	Possible barrier to implementation: Weak likelihood

Facilitate implementation: Strong likelihood	Possible barrier to implementation: Strong likelihood
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Construct Name	Construct Definition	Researcher's Notes
	Degree to which:	
Teaming	Teams join together, intentionally coordinating and collaborating on interdependent tasks, to implement the innovation.	Wellness Coaches would work in collaboration with the People and Culture Department to implement the innovation.
Assessing Needs	Collect information about priorities, preferences, and needs of people.  Use this construct to capture themes related to assessing needs that are not included in the subconstructs below.	Overall Employee needs assessment would be created in collaboration with People and Culture Department and the Wellness Promotion Committee to ensure all employee needs are captured and themes are identified. This would inform the work of the Wellness Coaches.
1. Innovation Deliverers	Collect information about the priorities, preferences, and needs of deliverers to guide implementation and delivery of the innovation.	Need of the Wellness Coaches would be taken into consideration to guide the implementation and ensure resources and support are available for deliverers/coaches.

<p>2. Innovation Recipients</p>	<p>Collect information about the priorities, preferences, and needs of recipients to guide implementation and delivery of the innovation.</p>	<p>Results of employee needs assessment would guide overall implementation and delivery. Priorities, preferences, and needs of individuals would be discussed with the coaches to design individual employee wellness plans.</p>
<p>Assessing Context</p>	<p>Collect information to identify and appraise barriers and facilitators to implementation and delivery of the innovation.</p>	<p>SWOT/ CPEST/Financial analysis will be conducted prior to implementation.</p>
<p>Planning</p>	<p>Identify roles and responsibilities, outline specific steps and milestones, and define goals and measures for implementation success in advance.</p>	<p>The Wellness Promotion Committee and the People and Culture Staff will create a strategic wellness plan which will identify goals, objectives, measurement tools and roles and responsibilities to guide the implementation of the wellness coaches' program.</p>
<p>Tailoring Strategies</p>	<p>Choose and operationalize implementation strategies to address barriers, leverage facilitators, and fit context.</p>	<p>A detailed timeline for implementation plan will be created. A pilot project for the</p>

		Wellness Champion initiative could inform the larger scale innovation.
Engaging	<p>Attract and encourage participation in implementation and/or the innovation.</p> <p>Use this construct to capture themes related to Engaging that are not included in the subconstructs below.</p>	Communication with employees will be key. Attention to themes in needs assessment will show employees that the college is listening to their needs. Wellness Coaches will engage and support employees.
1. Innovation Deliverers	Collect information about the priorities, preferences, and needs of deliverers to guide implementation and delivery of the innovation.	Attention to resources and support needed from the deliverers/Wellness Coaches will be adhered to when guiding the delivery of the innovation.
2. Innovation Recipients	Collect information about the priorities, preferences, and needs of recipients to guide implementation and delivery of the innovation.	Attention to themes in needs assessment will show employees that the college is listening to their unique needs.
Doing	Implement in small steps, tests, or cycles of change to trial and cumulatively optimize delivery of the innovation.	A pilot of the Wellness Coach program could take place, and feedback could be incorporated into the final implementation plan.

<p>Reflecting &amp; Evaluating</p>	<p>Collect and discuss quantitative and qualitative information about the success of implementation and/or the innovation.</p> <p>Use this construct to capture themes related to Reflecting &amp; Evaluating that are not included in the subconstructs below.</p>	<p>Quantitative and qualitative data can be collected from the Wellness Coaches and discussed with the Wellness Promotion Committee and People and Culture Department to inform successes of the implementation.</p>
<p>1. Implementation</p>	<p>Collect and discuss quantitative and qualitative information about the success of implementation.</p>	<p>Quantitative and qualitative data can be collected from the Wellness Coaches and discussed with the Wellness Promotion Committee and People and Culture Department to inform successes of the implementation.</p>
<p>2. Innovation</p>	<p>Collect and discuss quantitative and qualitative information about the success of the innovation.</p>	<p>Quantitative (stats on employee sick days, leaves, and other HR stats) and qualitative data will be collected. The trial can inform modification.</p>
<p>Adapting</p>	<p>Modify the innovation and/or the inner setting for optimal fit and integration into work processes.</p>	<p>Quantitative and qualitative data collected will be continually integrated into the implementation plan.</p>

The CFIR implementational constructs highly support the implementation of the wellness coach program.

### ***Engagement and Support***

Another common theme throughout the records was the presence and effectiveness of practices that focused on engagement and support of the participants within university workplace wellness programs. Wellness champions (Mitchell et al., 2021), wellness coaches (Blackwell et al., 2019), and programs that incorporated peer or student support (Ellis et al., 2021) were identified as key components to encouraging participation, engagement, overall program success and, in turn, employee wellness.

The research-supported inclusion of the Wellness Coach Program would address the need for employee outreach, and support for college wellness initiatives would provide quantitative and qualitative feedback to the college.

### ***Reflective Practice***

In the systematic review on wellness education, a best practice identified was the value and impact of personal sharing and reflective practice, and their impact on mental health and wellness. In a Canadian study, students identified that personal sharing and personal reflective practice helped them acquire a deeper understanding of mental health and wellness and provided them with strategies for managing stress (Woloshyn & Savage, 2020).

The inclusion of the wellness coaches would provide the opportunity for employees to take part in supported reflective practice as part of their personal wellness journey.

### ***Peer Mentoring***

A journal article was reviewed that outlines a theoretical model that was used to support the rationale for the Student Mental Health Ambassador Program that is currently running at the college.

Investigation into this model was relevant to encourage the use of theory to support the design of wellness initiatives, more specifically the use of peer support with employee wellness.

The purpose of the study was to examine to what extent a framework that combines cognitive, social, behavioural, and experiential factors from key health behaviour models can explain the rise in intention to use SRTs and the willingness to recommend them (Bistricky et al., 2018). The study asked adult college students to complete a survey assessing their health beliefs in past, and their future intention and willingness to use SRTs and promote them to others following brief health education messages.

The results and discussion in the study using the Integrated Health Behaviour Model led to the conclusion that having informational and experiential exposure to a variety of SRTs significantly predicted variability in intention and willingness to promote the use of these tools. In addition, institutions can assess stress levels among their students and provide them with tools that they themselves can use and share with others to reinforce the positive effects of SRT practice (Bistricky et al., 2018).

Including a peer mentoring program would provide employees with support on their wellness journey that is not currently accessible to them. It could also provide employees with tools and shared best practices from their colleagues. Employee coaches (if they were employees themselves) would also support peer mentorship.

By implementing the recommended and research-supported Wellness Coach Program and Peer Mentoring Program, employees will be more engaged in wellness and have support systems in place to help them be accountable for their personal wellness, and Langara will be accountable and actively supportive of their employees' wellness.

**Supported by Internal Action Research**

***Review of Internal Documents***

There were no internal documents available for review specifically related to employee peer mentoring. However, it is the researcher's understanding that there is an employee peer mentoring program currently being developed by the Mental Health Initiatives Coordinator.

### ***Wellness Promotion Committee Interview Feedback***

The interview responses suggested that employees would like to see cohesion between the People and Culture Department and other college departments to ensure that employees are informed and supported in wellness. It was also mentioned that they would like to see more regular check ins with employees regarding their wellness needs and there are currently no current positions in People and Culture that perform outreach or support to employees.

Through implementing the recommended Wellness Coaches Program and Peer Mentoring Program, employees will be more engaged in wellness and will have support systems in place to help them be accountable for their personal wellness, and Langara will be accountable and actively supportive of their employees' wellness. In addition, wellness coaches would bring cohesion and increased communication between People and Culture and departments throughout the college.

### **Lens 6: Measurement of Wellness**

*Wellness initiatives at an institution should be measured based on pre-determined goals and objectives.*

*Quantitative and qualitative results should be reported and communicated to all employees.*

### **Recommendations**

#### ***Develop Measurable Goals and Objectives for All College-Wide Wellness Initiatives***

Measurable employee wellness goals and objectives should be created for all wellness-related initiatives outlined in the college strategic and academic plans, the people plan, and for all wellness programs and services developed by the Wellness Promotion Committee and the People and Culture Department.

#### ***Communication of Goals, Objectives, and Results***

Goals, objectives, and quantitative and qualitative annual results should be shared with employees to ensure accountability to the wellness initiatives and to provide valuable feedback to allow for continuous growth and improvement.

**Supported by External Research**

***Workplace Wellness: Measuring the Success***

The research completed by Buxton et al. in their publication *Workplace wellness: Measuring the successes* suggests that the impact of poor work and lifestyle habits on health has shifted some of the responsibility for behaviour change to employers, prompting the creation of workplace wellness programs. Although there have been many attempts to measure workplace wellness programs using both quantitative and qualitative data to measure engagement, staff turnover, behavioural change, customer satisfaction and productivity, they have been challenging. Buxton et al. also suggest that academic and professional literature also reveals the challenges in measurement of workplace wellness programs (Buxton et al., 2019).

Based on their research, Buxton et al. suggest a framework for measuring the success of workplace wellness programs which uses a balanced scorecard approach using both qualitative and quantitative data. It aims to provide data that may be required for organizations to secure investment in workplace wellness programs. It also aims to provide benchmarks for similar organizations and provide a starting point through which further research can be conducted (Buxton et al., 2019).

The framework has four perspectives and associated performance indicators.

**Table 15**

*Buxton’s Perspectives and Performance Measures*

<b>Perspective</b>	<b>Performance Indicators</b>
Financial Perspective	<ul style="list-style-type: none"> <li>• Employee absences</li> <li>• Employee turnover</li> </ul>

	<ul style="list-style-type: none"> <li>• Productivity</li> </ul>
Internal Business Perspective	<ul style="list-style-type: none"> <li>• Job satisfaction survey</li> <li>• Employee happiness index</li> </ul>
Customer Perspective	<ul style="list-style-type: none"> <li>• Attraction of talent</li> <li>• Customer satisfaction</li> <li>• Brand reputation</li> </ul>
Innovation and Learning Perspective	<ul style="list-style-type: none"> <li>• Employee engagement in workplace wellness program</li> <li>• Leadership engagement in workplace wellness program</li> <li>• Employee suggestions for workplace wellness program</li> </ul>

The above performance indicators could be used to help the college design quantitative and qualitative evaluations based on the measurable wellness goals and objectives.

***Well Workplace Checklist***

The “Well Workplace Checklist” was created by the Wellness Council of America and includes seven benchmarks to help organizations assess the quality of their wellness programs. The checklist was created in order to reflect the advancement of the wellness field and health supportive workplaces as well as to address best practices and innovations from many fields with relevance to health and well-being (Martin et al., 2020).

The benchmarks of evaluation (which are discussed in further detail in the literature review section of this dissertation), are in alignment with the lenses and recommendations proposed in the Kaleidoscope Wellness Framework and are referenced in the third column of the table below.

**Table 16**

*Benchmarks for Evaluations Kaleidoscope Lens Alignment*

<b>Benchmarks</b>	<b>Subscales</b>	<b>Kaleidoscope Lenses</b>
<p><b>Benchmark 1</b></p> <p>Committed and aligned leadership</p> <ul style="list-style-type: none"> <li>• Organization’s vision</li> <li>• Organizational values</li> <li>• Strategic goals</li> </ul>	<p><b>Subscale Areas:</b></p> <p>Organizational commitment, strategic planning, leader alignment, leader role modelling, leader accountability, leader support.</p>	<p><b>Lens 1:</b></p> <p><b>Strategic Priority and Alignment</b></p>
<p><b>Benchmark 2</b></p> <p>Collaboration and support of wellness</p> <ul style="list-style-type: none"> <li>• Accountability structure</li> </ul>	<p><b>Subscale Areas:</b></p> <p>Team structure, collaboration, grassroots efforts, use of technology.</p>	<p><b>Lens 2:</b></p> <p><b>Leadership</b></p>
<p><b>Benchmark 3</b></p> <p>Collecting meaningful data to evolve a wellness strategy</p> <ul style="list-style-type: none"> <li>• Measurement and metric tactics for each goal</li> </ul>	<p><b>Subscale Areas:</b></p> <p>Measures that matter, meaningful workplace data.</p>	<p><b>Lens 6:</b></p> <p><b>Measurement of Wellness</b></p>
<p><b>Benchmark 4</b></p> <p>Creating an operation plan</p> <ul style="list-style-type: none"> <li>• Wellness vision</li> <li>• Wellness goals</li> <li>• Operational plan</li> </ul>	<p><b>Subscale Areas:</b></p> <p>Strategic program planning, strategic planning for environment programs and policies.</p>	<p><b>Lens 3:</b></p> <p><b>Strategic Design</b></p>

<p><b>Benchmark 5</b></p> <p>Choosing initiatives that support the whole employee</p> <ul style="list-style-type: none"> <li>• What pragmatic approaches are being used to achieve goals?</li> </ul>	<p><b>Subscale Areas:</b></p> <p>Caring approach, autonomous approach, comprehensive approach.</p>	<p><b>Lens 3:</b></p> <p><b>Strategic Design and</b></p> <p><b>Lens 5:</b></p> <p><b>Engagement, Support and Accountability</b></p>
<p><b>Benchmark 6</b></p> <p>Cultivate supportive health promoting environments, policies, and practices</p> <ul style="list-style-type: none"> <li>• What environmental policies and practices are being used to achieve goals?</li> </ul>	<p><b>Subscale Areas:</b></p> <p>Work environment, employee and family benefits, culture touchpoints, policies and practices, supportive atmosphere, socially responsible business practices.</p>	<p><b>Lens 2:</b></p> <p><b>Education and</b></p> <p><b>Communication and</b></p> <p><b>Lens 5</b></p> <p><b>Engagement, Support and Accountability</b></p>
<p><b>Benchmark 7</b></p> <p>Conduct evaluation, communicate, celebrate, and ideate</p> <ul style="list-style-type: none"> <li>• Are approaches operating as expected? Are they having intended impact?</li> </ul>	<p><b>Subscale Areas:</b></p> <p>Evaluation strategy, workforce outcomes, quality of wellness resources and programs, progress toward vision, communication of findings, continuous revision.</p>	<p><b>Lens 6</b></p> <p><b>Measurement of</b></p> <p><b>Wellness</b></p>

Note. (Martin et al., 2020)

Use of the above checklist tool can provide organizations (Langara College) with meaningful feedback on their strengths and opportunities for improvement to enhance employee wellness and support for employees (Martin et al., 2020).

***Literature Review of Antecedents and Consequences Contributing to Well-Being and Thriving***

***Workplace Culture***

Putra et al. suggest that fostering positive interpersonal relationships, social support systems, and job satisfaction and focusing on promoting and supporting healthy lifestyles, educational pursuits, and financial stability will contribute to overall employee well-being. Workplace interventions that focus on a holistic approach to well-being while building connections and emotional resilience will contribute to a thriving individual and organizational culture (Putra et al., 2023).

Attention to the following antecedents and consequences of well-being while developing quantitative and qualitative measurement tools to evaluate wellness initiatives will be valuable for the college.

**Table 17**

*Antecedents and Consequences of Well-Being*

<b>Well-Being Antecedents</b>	<b>Well-Being Consequences</b>
Psychosocial and workplace relationships (interpersonal relationships, social support, job satisfaction)	Holistic wellness and professional connections (physical health, work productivity, interpersonal relationships)
Individual flourishing and growth (healthy lifestyle, education, financial stability)	Emotional resilience and life fulfillment (mental health, longevity, happiness)
Environment and social justice (safe environment, health access, social justice)	Community involvement (social participation, quality of life, life satisfaction)

*Note.* (Putra et al., 2023)

The external research discussed in this lens shows that measuring employee wellness has proven to be a challenge, however, the perspectives, performance measures, benchmark indicators, and antecedents suggested are helpful in creating employee wellness measurement tools. To use these tools, the creation of measurable goals and objectives is necessary in turn, supporting the recommendation for the creation of measurable goals and objectives and the reporting of quantitative and qualitative results.

### **Supported by Internal Action Research**

#### ***Review of College Documents***

Measurement tactics and results were scarce in college documents that were reviewed. The 2021 Strategic Plan Progress Report stated quantitative participation rates in wellness programs with one dimension and three or more dimensions. No qualitative statistics were reported, and the report does not discuss the type of programs the employees took part in, nor does it state their satisfaction levels. No statistics were available for 2022 or 2023 (Langara College, *Strategic Plan 2025*, n.d.).

There were no statistics or measurement tactics found to address employee wellness initiatives at the college. This lack of reporting on employee wellness supports the recommendation to gain additional quantitative and qualitative feedback based on measurable goals and objectives regarding employee-wellness-related programs and services.

#### ***Wellness Promotion Committee Interview Feedback***

Throughout all the interviews, measurement of awareness and measurement of success was a recurring theme. The feedback from the interviewees suggested that measurement was challenging but extremely necessary to understand what programs and services were successful (or not successful) and to guide the creation of new programming. It was reported that the few quantitative measurement tactics in place to gauge awareness and participation levels in programs and views on the Langara Post and website were not reliable and required self-reporting.

The lack of measurement of wellness initiatives at the college and employee knowledge of the successes of the work they are contributing to supports the recommendation to create measurable goals and objectives for all wellness initiatives and to report and share quantitative and qualitative results.

#### **4.8 Step 8: Sharing and Communicating the Results**

The results of the wellness promotion interviews were shared with participants who completed the interviews, to ensure they approved of the data being shared in the dissertation. The participants were given three weeks to report back to the researcher; no objections were received.

The final results and recommendations of the action research will be shared electronically within the dissertation with the Wellness Promotion Committee who are members of the action research community at Langara College. Once the dissertation has been shared, the researcher will then discuss with the committee chair how they would like to proceed. It is anticipated that the researcher will meet with the committee to answer questions and provide clarifications on the recommendations where applicable.

#### ***Reflection***

As the final sharing of the results will not take place prior to the completion of the dissertation, the researcher is unsure how the sharing and communicating process will unfold.

#### **4.9 Step 9: Reflecting on the Process**

The researcher's reflection on the action research process was very thorough through each step of the process. As mentioned by Mertler, this may seem repetitive, but reflection is integral and one of the key components of action research (Mertler, 2016).

Given that the sharing, disseminating, and communicating of the results will not take place until after the dissertation is complete, the later stages of reflection on the action research process will take place in the future (and not in this document). That being said, the act of reviewing all that was

accomplished in the study in the action research steps 1–7 has been incredibly valuable in preparing the final recommendations of the report and the dissertation itself.

As mentioned by Mertler, reflection on the learning process and critical examination of the researcher's own practice regarding who was involved, what led to the desire to examine the practice of action research, why the project was chosen, where the appropriate time and place is to implement the suggested changes, and how this has impacted the researcher's practice were all reflected upon and will be discussed further below. Answering these questions will prove a deeper, more meaningful examination of practice (Mertler, 2016).

### ***Who Was Involved in the Process?***

There was one researcher involved in the action research process (Erin Wilkins). The researcher was supported by her PhD Supervisor, John Meldrum, and two members of her PhD advisory committee. The individuals who were involved in the action research were members of the Wellness Promotion Committee at the college.

The participants interviewed represented seven departments across the college, and four of the 11 participants were from the People and Culture Department. One faculty member was represented, and the remaining were in staff or administration positions around the college. Length of employment ranged from 1–20 years with the average being 7.8 years. Seven participants worked mostly or full time on campus, four participants worked a hybrid of on and off campus.

Although there were only 11 participants in the interviews the researcher felt she had a strong representation of the committee. She was able to speak with two individuals who were high up in college administration who provided her with a strong overview of all the wellness programs and services offered at the college as well as insight as to how and why the initiatives were created and implemented. She also gained insight on how many of the college initiatives that are not directly wellness promotion do in fact support employee wellness. She was also able to speak with an employee

who was a wellness expert in his area of specialization. The insight on how wellness programs in his discipline were designed and implemented was very informative and displayed best practices that could be mirrored with other components of wellness. The interviews also showed the researcher how the Wellness Promotion Committee TOR and structure could be enhanced to improve wellness leadership at the college.

### ***What Led to the Desire to Examine the Practice of Action Research?***

Langara College is actively implementing wellness initiatives driven by college administration, the People and Culture Department, and the Wellness Promotion Committee (a primarily volunteer committee made of college employees). Given the work has already started, action research provided a framework that collaboratively honoured the work that is currently being done, while finding ways to enhance the college wellness plan based on the external research conducted in the literature review.

Additionally, using action research as a framework in a dissertation has been documented as a successful tool which provides external validity or transferability of the findings, and the knowledge gained can be transferred beyond the research institution and be used for greater good academically or in the community of practice (Herr & Anderson, 2015). This was important to the researcher, as the project could potentially impact her own community at the college and other external post-secondary communities.

### ***Why Was the Project Chosen?***

Over the past 13 years as a current faculty member and past Department Chair at a post-secondary institution (Langara College), the researcher has witnessed the increasing health and wellness challenges that employees (and students) face. With the growing recognition of the importance of health promotion in higher education settings through the Health Promoting Universities initiative, and the creation of the Okanagan Charter, exploring the design and implementation of employee wellness

frameworks was a natural fit for a recreation and wellness instructor and enthusiast who was interested in completing a PhD..

The researcher wanted to engage in a project that she was truly interested in, and which would continue to interest her over the four-year PhD program. She also wanted to engage in a project that could potentially have an impact on her place of work and her colleagues. Lastly, this project was chosen because it would provide the researcher with further education on wellness, a topic that she was currently teaching, as well as using to guide her own consulting and mentoring work.

### ***Where Was the Appropriate Time, Sequence, and Place to Implement the Suggested Changes?***

The action research timeline was chosen based on the researcher's PhD timeline, and also based on a timeline to complete the interviews when the majority of college employees were working (spring semester). This timeline also gave the researcher time during her non-teaching semester (summer) to develop the wellness framework of recommendations and action plans. Given that the action plan framework and recommendations will not be shared with the college until the dissertation is completed and there are no guarantees that the recommendations will be implemented by the college, a timeline for implementation is unknown.

### ***How Has This Impacted the Researcher's Practice?***

Taking part in the action research as part of the researcher's dissertation has been an incredibly impactful learning experience for the researcher. The detailed steps for action research provided structure and guidelines for the research, and as mentioned above, since the college was already implementing wellness initiatives, action research provided a framework that will collaboratively honour the work that is currently being done, while finding new possible ways to enhance the college wellness plan.

The research findings may also give the researcher an opportunity to potentially implement some of the recommendations at the college on a trial basis. This is exciting for the researcher, as it

would allow her to demonstrate her learning from the action research process and provide new career opportunities for her at the college.

Overall, reflection has been a key part of the action research process, and much of the deeper learning has taken place through action research. Further academic reflection and discussion will be captured in Chapter 5, Discussion and Conclusion.

## Chapter 5: Discussion and Conclusion

### 5.1 The Action Research Process

Chapter 5 starts by specifically recapping the research questions put forward for this dissertation, followed by a discussion around how the questions were both answered successfully. To align with the action research process that took place, discussion will follow the four main stages of action research. Throughout each stage, both the limitations and challenges that were presented throughout the process and how the literature reviewed contributed to and/or hindered the findings will be discussed. The conclusion includes a summary of the impact this project will potentially have on Langara College, post-secondary education institutions, and the field of research as a whole. It will also suggest new ideas and directions from the findings that may lead to future research.

The following research questions were answered:

*Primary: What are the components of an employee wellness framework in the context of a post-secondary institution?*

*Secondary: How can Langara College design and implement a viable framework for employee wellness which builds on their current initiatives?*

It was very important to the researcher to keep these questions in the forefront while conducting research, creating ideas, asking questions, analyzing data, and crafting recommendations. The researcher attributes this mindful and dedicated attention to the questions as one of the main contributors to successfully answering the research questions and creating the wellness framework and recommendations.

The research conducted led to the creation of an employee wellness framework using a kaleidoscope metaphor. The framework outlines six key components or lenses that should be addressed in the creation of any employee wellness plan. Each of these lenses has a description outlining what

must be included or addressed in the framework. These components were informed by the research conducted in the literature review and supported by the action research process. The researcher is confident that the creation of this framework directly answers the primary research question: *what are the components of an employee wellness framework in the context of a post-secondary institution?*

The answer to the secondary question is provided in much more detail than the primary as it is specific to Langara College, and also follows the same six-lens wellness framework with the addition of detailed recommendations. The recommendations are informed and rationalized by the practical and academic literature, Langara College wellness resources, and current plans, as well as feedback from the interviews that were conducted with the Langara Wellness Promotion Committee. The framework and implementation recommendations provided in Chapter 4, Step 9 specifically address the secondary research question: *how can Langara College design and implement a viable framework for employee wellness which builds on their current initiatives?*

In addition to answering the research questions by providing the framework and recommendations for the design and implementation of an employee wellness framework, the entire action research process (the dissertation itself) can further answer “how” this framework was created. This is an exciting larger piece that can be shared with other institutions as a detailed process that can be undertaken.

Throughout the entire research process, it was clear that there was not one singular template or framework for designing and implementing employee wellness plans as each organization is unique and this uniqueness needs to be honoured. In addition, stakeholder needs assessments and alignment with organizational values and goals should be included in order to be successful. In addition, most organizations are not starting from scratch, they may have some initiatives in place, and these should not be ignored but rather incorporated.

The six-lens framework proposed in this dissertation honours the work that needs to be done in order to ensure the plan is unique to the organization. In addition, it provides an academic and practical research-informed starting point that can be included in the creation of wellness frameworks or plans. An institution could use the framework as provided or as a starting point, and then conduct further internal research to provide their own recommendation for implementation. This is one of the unique benefits of the proposed framework. The kaleidoscope metaphor also reinforces that this is not a static process, it is continually evolving, and different lenses from the framework will require attention at different times. For a wellness framework to be successful, honouring and adapting to change is inevitable.

The process of coming to the above conclusions will be discussed in further detail below, looking more closely and reflecting on each step of the way.

### ***Planning Stage***

The planning stage of the action research process included Steps 1–4:

1. Identifying and limiting the topic
2. Gathering information
3. Reviewing related literature
4. Developing a research plan

The planning stage was an interesting process as many of its components were started prior to the action research itself. Acquiring approval to embark on this dissertation through the University of Victoria and Langara College required several approvals in order to commence.

#### **1. Identifying and Limiting the Topic**

This stage was started prior to the actual action research. The topic identified (employee wellness) and the process of limiting the scope was already underway and evolved over a two-year period while the researcher was completing required PhD course work and focusing the research topic alongside her

advisor and committee. Once the project was approved by both the University of Victoria and Langara College, and the action research process commenced, the topic was then further limited in scope to ensure that it was going to be of interest, valuable to the researcher's personal and professional development, valuable to the college, and valuable to the community of practice.

An example of the disconnect in timing would be the requirement to receive ethics board approval from both the University of Victoria and Langara College. These applications required a topic and research methodology to be disclosed. The proposed research questions and methodologies approved through the ethics boards were very similar to what came through during the action research process. However, identifying and limiting the research topic was somewhat of an organic process that did not exactly align with the action research process as it was part of a dissertation. This was not necessarily a limitation, but rather a learning experience and perhaps a consideration for PhD students planning on conducting action research as a methodology within a dissertation.

## 2. Gathering Information

The gathering information step took place in alignment with the traditional action research process. Information on the college website and SharePoint intranet as well as internal college documents were selected by the researcher with the support of People and Culture Department administrators and the Wellness Promotion Committee. These documents and resources are available to all employees via the SharePoint or on the college website, although having a tutorial from a People and Culture staff member to help navigate where everything was located was very helpful.

Detailed discussion about the content of the documents that were reviewed is located in Chapter 4, Step 2. The comments and limitations discussed here are directed more to the process of gathering information rather than the findings.

The documents that were reviewed demonstrated that Langara College is proactively trying to support the wellness of their employees. However, it was clear that there were some areas of wellness

that had much more robust content than others. In addition, there did not appear to be any outreach programs for employees to support them in wellness, and it was up to the employee to seek out wellness programs, services, or support on their own.

Two limitations regarding the content of information gathered were how wellness initiatives were funded and how they were measured. Wellness spans many departments across the college, not just the People and Culture Department. Wellness initiatives are developed and delivered college-wide through initiatives such as internationalization and indigenization, through student services, and through People and Culture. Data that quantified the time and resources that go to support wellness was not available. Although some initiatives may have had budgets, the researcher was not provided with these, nor were specific wellness line items shown in the annual financial reports. Measuring the success of wellness initiatives was also scarce. Some statistics were found in the first update of the strategic plan however there is an opportunity for the college to increase quantitative and qualitative data on wellness initiatives.

The information that was gathered was certainly helpful in the creation of the action plan and recommendations, however access to the documents and support to clarify any questions that arose in the review process was at times a limitation for the researcher.

### 3. Reviewing Related Literature

Reviewing related literature was an ongoing process throughout the dissertation. One of the first documents that was identified was the Okanagan Charter. The Okanagan Charter, which was an outcome of the 2015 International Conference on Health Promoting Universities and Colleges/VII International Congress, was designed with several purposes, the first being to guide and inspire action by providing a framework that reflects concepts, processes, and principles relevant to Health Promoting Universities (*Okanagan Charter*, 2015). With the health promoting university movement striving to

strengthen communities, transform the health and sustainability of societies, and contribute to the well-being of people, the Charter was identified as natural place to start investigating.

The Okanagan Charter focuses on a whole system implementation approach which includes not only employees but also students and communities. This did not negate that employees were a part of this system, and that information provided in the Charter could be helpful with the research. Although the Charter provides a high-level framework with calls to action to support and guide the creation of health promoting universities, there is no single framework for employee wellness or principles of action that addresses how employee wellness frameworks are created or implemented.

Research into the Charter led to the systematic review that was completed on employee workplace wellness programs in post-secondary education institutions. The objective of the review was to identify employee wellness programs, models, and best practices in post-secondary education institutions, and in addition, to identify theories, philosophies, and/or models that guide the creation of wellness programming. The results of the review suggested that there is no evidence of a singular successful workplace wellness model serving employees in post-secondary education institutions. The research conducted provided several wellness perspectives, performance indicators, and benchmarks to guide the measurement of wellness which will inform the measurement tactics suggested in the development of a wellness framework and recommendations for implementation created through the action research in this dissertation.

Next, a systematic review of college or university wellness course curriculum was conducted. The inspiration for this review came from the researcher's experience teaching a course on individual, organizational, and community wellness, and her understanding of the importance of wellness education in facilitating behavioural change related to individual wellness. The thought was that incorporating wellness education into the framework may be of significance. One of the key findings in this review was that wellness courses do in fact positively impact personal wellness knowledge,

attitudes, and behaviours. In addition, some best practices in wellness education included face-to face delivery as a more impactful mode than online delivery, the value of needs assessment and focusing on the needs of the student population to inform wellness curriculum, and the positive effects of personal sharing and reflective practice and their impact on mental health and wellness. All of the above were incorporated into the wellness framework and recommendations for Langara College.

The theme that started to recur while conducting the literature review was that there does not seem to be one singular answer to designing and delivering wellness frameworks or programs. This led the researcher to start taking some of the best practices identified and conducting further research on some of these topics. Research was conducted on Indigenous wellness frameworks, measuring wellness, and the impact of COVID-19 on wellness, all to help support the creation of the wellness framework and implementation recommendations.

Implementation theory and frameworks were also researched. The idea was that applying implementation theory to the recommended action plan for Langara College may improve processes, adoption, implementation, and sustainability of the employee wellness framework that will be proposed. The CFIR was the chosen framework which was identified through this research and was applied to recommendations in the proposed framework.

After completing the literature review, the researcher made note of the themes and best practices around employee wellness that were identified throughout all of the literature. These common themes, or best practices, were saved in a document that could be reviewed when the action plan and recommendations were being crafted. The researcher was very aware not to prematurely craft recommendations, in fact, one of the key themes was that an employee wellness framework or plan needs to be aligned with the specific organization's vision, values, and stakeholders, and there is no one turn-key plan. That being said, at a high level, there were recurring components that seemed to be consistent with all successful wellness plans. These were duly noted.

Overall, the literature that was reviewed certainly contributed to the creation of the wellness framework and associated recommendations, and the findings from the literature review strongly supported what was presented.

One of the limitations of the literature review findings was the fact that there is no singular best way to design and implement an employee wellness framework. They need to honour the individual organization and be crafted with stakeholder input. This finding provided a creative opportunity for the researcher to take what she had learned from the literature and create her own high-level framework that consolidated many of the best practices, and also create implementation recommendations that were specific to Langara College. The dissertation (and systematic review on employee workplace wellness programs), if published, will contribute to the resources available to those interested in developing and implementing employee wellness frameworks.

#### 4. Developing a Research Plan

Developing the research plan was a process that did not align exactly with the action research process because it was part of the PhD dissertation. Similar to Step 1, identifying and limiting the topic, the development of the research plan was somewhat organic in nature.

As noted previously, the research questions evolved based on reflection on employee wellness as the initial topic, along with conversations with the leadership of the People and Culture Department, and the researcher's advisory committee.

Since Langara College was actively implementing wellness initiatives driven by college administration, the People and Culture Department, and the Wellness Promotion Committee, action research was chosen as a framework as it would collaboratively honour the work that is currently being done at the college, while finding ways to enhance the current wellness plan based on findings from the action research process. Furthermore, action research has been recognized as an effective tool in dissertations, offering external validity or transferability of findings (as noted by qualitative case study

researchers). The insights gained can extend beyond the research institution, benefiting both academic settings and the broader community of practice (Herr & Anderson, 2015).

As part of the research plan, semi-structured interviews were chosen as the data collection method due to the manageable number of individuals that were part of the Wellness Promotion committee (a possible maximum of 23). This method was proven to be a good choice. Although the number of participants was only half the potential, valuable information was collected through free-flowing sharing of information in addition to feedback provided on the specific questions posed.

Chapter 3 describes the qualitative approach and action research framework design, followed by participant identification, research process timeline, and detailed limitations and delimitations that were identified. In order not to be repetitive, theses can be reviewed in Chapter 3.

Overall, the design of the research plan evolved organically, and the methodology, design, and plan were appropriate to address the research question.

### ***Acting Stage***

The acting stage of the action research process included Steps 5 and 6:

5. Collecting Data
  6. Analyzing Data
5. Collecting Data

Creating the interview guide and questions and then implementing the data collection process went smoothly. Contacting the participants and scheduling interviews was all completed in the anticipated timeframe and additional time was provided to the participants to connect with the researcher if questions or the need for clarifications arose. The researcher re-connected with some of the participants during this time but there were very few questions or concerns brought forward.

Semi-structured interviews and reviewing a collection of records were clearly the right processes for collecting data. The semi-structured interviews gave flexibility but also allowed for

consistency of the questions for all participants. Keeping the option open for additional follow up questions and sharing by the participants allowed the researcher to gain valuable information and insight that may not have initially been presented. There was also substantial information on the Langara SharePoint and website which contributed to the data collection outlined previously in Step 2, gathering information.

The limitations and delimitations in collecting data from the participants were mainly around sample size and diversity in the knowledge of the committee members which were identified and can be reviewed in Chapter 3.

## 6. Analyzing Data

Overall, coding and analyzing the data was a very informative process. It was rigorous, however the time spent and attention to detail was necessary in order to ensure the data was represented in a non-biased and accurate manner. Being mindful not to draw conclusions or create recommendations prematurely from what was shared during the interviews was important, however during the analysis process side notes were taken when common themes arose which could be informative in crafting recommendations at a later time.

It was also apparent that some of the questions posed were asking for participants' opinions or perceptions. In some cases, this was certainly valuable, while in others it posed additional questions as to the validity of the responses because participants had varying levels of understanding, or access to information that may have been required to answer the question critically. A key learning from this process was questions that ask for perception are harder to code when the participants may have varying levels of knowledge or experience with the question being posed. Regardless of the challenges with differing levels of experience or familiarity with college policies and procedures, the information collected was incredibly valuable, deemed reliable, and in fact responses revealed flaws in the Wellness

Promotion Committee structure and TOR, which informed and supported the wellness framework, and associated recommendations.

### ***Developing Stage***

The Developing Stage of the action research process included Step 7:

#### 7. Developing an Action Plan

While developing the action plan it was imperative that the research questions were always at the forefront. This ensured that all the research conducted and findings that were identified directly influenced the development of the wellness framework and associated recommendations. Although the two research questions were similar in nature, the second question required much more detail. In addition to the framework, the second question required associated recommendations that were informed by the action research, specifically the semi-structured interviews and review of documents from Langara.

As mentioned previously, throughout the action research process, specifically the review of literature and the data collection and analysis process, the researcher took notes and created a handwritten infographic that allowed themes to be written down and possible recommendations or suggested best practices to be captured and categorized under each theme.

Once the themes became more focused, they were named based on their overall content. This is how the six lenses were identified. It also became apparent that implementation of the six recommended lenses was not linear, especially for an organization already embarking on employee wellness initiatives. An analogy that came to mind was trying to renovate a home while you are living in it. This does not all happen at once, and throughout the process, challenges and opportunities often present themselves that may take priority or change the original blueprint. This is when the dynamic kaleidoscope concept was conceptualized. The kaleidoscope concept is also used in the Langara Academic Plan although in the researcher's opinion, the analogy or metaphor is not well communicated.

Once the lenses for the framework and recommendations for Langara's implementation plan were drafted, the researcher went back through all of her notes from the literature review, notes from the review of Langara's current wellness initiatives and related documents, and notes from each individual interview, to ensure that pertinent information was not overlooked. Throughout this process, the lenses and recommendations were nearly finalized. The next step was ensuring there was ample documentation for each lens. Support documents were categorized by external research (literature review) and internal action research, which included all of the Langara resources and the wellness promotion interview feedback. Once this was all completed, an infographic was created to visually display the wellness framework.

The outcome of the above process was the creation of a wellness framework and recommendations that provided a viable and research-supported employee wellness framework for a post-secondary institution (including Langara College), with implementation recommendations (specific to Langara College), that builds on their current initiatives. In addition, the detailed and documented action research process that took place provides a "how to" guide for any post-secondary institution to go through the same process to create a wellness framework and implementation plan completely on their own. This creation of the wellness framework and the action research process directly answers the research questions.

The researcher's recommendation would be that a post-secondary institution would choose to use the research-informed wellness framework (created by the researcher in this dissertation), and then conduct additional internal research to guide the creation of specific recommendations for their institution. The recommendations that are posed for Langara are directly related to what is described in the framework, however some of the implementation details are specific to Langara's current situation and recommended tactics.

A possible limitation or criticism of the proposed wellness framework and implementation recommendations would be that it is very high-level and does not provide institutions (other than Langara) with enough guidance in the implementation process. This limitation itself was a common criticism of all the external research that was reviewed during this dissertation and aligns with the common theme that there must be a unique plan for each institution that is informed by its own institutional research. The researcher feels strongly that this framework and recommendations are in fact structured and informative compared to other resources that were available, and what is presented may be a valuable addition to the pool of resources on employee wellness planning.

### ***Reflecting Stage***

The reflecting stage of the action research process included Steps 8 and 9:

8. Sharing and Communicating Results
9. Reflecting on the Process
8. Sharing and Communicating Results

Sharing and communicating the results of the action research did not align directly with the action research process as the action research was part of a larger project, the completion of the dissertation itself.

Some parts of the research were communicated during the process (i.e., the results of the Wellness Promotion Committee interviews were shared with participants to ensure they approved of the data being shared in the dissertation). However, the final action plan will not be communicated until the dissertation is completed. The researcher is unsure how the sharing and communicating process will unfold but anticipates it will be through presenting the findings to the Wellness Promotion Committee and sharing the dissertation itself.

Holding off on sharing the results is a limitation as timing was of the essence in that Langara College was about to embark on a strategic planning process which would benefit from the feedback

provided in the recommendations. In addition, it was communicated to the researcher during the interview process that the Wellness Promotion Committee was looking to revisit their TOR and the college wellness plan as a whole. This was taken into consideration by the researcher while she was designing the wellness framework in alignment with the kaleidoscope approach which allows for an organic and non-time-bound implementation process.

Another limitation or potential challenge would be if the action plan (framework and recommendations) were not well-received by Langara. Communicating the results after the dissertation is completed was a conscious decision by the researcher and her supervisor to ensure that not only the action plan but the entire creation process was shared (i.e., the literature review and review of internal documents). Sharing the additional research would support the content and the framework and recommendations.

For those completing an action research dissertation, it is recommended that there is careful consideration of the timing of sharing the results. Attention to the timing of results being shared will ensure that all background information on how the results were founded and will mitigate potential criticism of the content of what is communicated.

## 7. Reflecting on the Process

When embarking on writing this section of the discussion, the researcher's initial thoughts were "More reflection... have I not done this enough throughout the action research process...?" However, to aid others who may be interested in embarking on a similar pathway to create an employee wellness plan (or dissertation), the following discussion will hopefully provide insight on the importance of reflection and how one may go about it in a meaningful way.

One of the reasons that the action research process was an attractive tool to the researcher was that it did include reflection. The researcher firmly believes that to grow and learn from past experiences, reflection is essential. Whether it is a post-mortem review of an event or program planning

and delivery process, the review of a strategic plan, or an individual personal experience, it is reflection that provides the learning and a better understanding of how to improve in the future; the same goes for action research.

After each step of the action research process, the researcher was asked to reflect on the research that was conducted. This reflection could include questions like: How did the process go? What were some of the successes or challenges? It could also include reflection on the actual content that was created. What was noted in these sections was incredibly important when creating the wellness framework and recommendations, as it helped inform why some of the lenses or recommendations were created, and what resources or experiences support the findings.

The action of reflection was not about going back through the notes and summarizing them for the section, it was about deep thinking and asking the question why. This process for the researcher took place in a number of ways and was not merely about the research being conducted, but about the entire dissertation/PhD experience itself. For the researcher, reflection often took place away from the computer or books. It happened on dog walks, while having conversations with her supervisor or with friends, and often while swimming laps in the pool. There were many times that after the above experiences, she would immediately take notes or send herself emails from her phone to capture new thoughts and ideas and reflections on what was she was learning. This was surprisingly exciting at times and motivated her to keep working on what was next. The content of the action research reflections was captured throughout this document, but there was a lot more meaningful reflection that she will try to capture next.

As a full-time professor for nearly 15 years, her intentions for completing a PhD were unique, in that this was not necessary to secure a job in academia nor would it increase her compensation in her current position. After completing her six-year term as department chair, she was ready to focus on her own personal and professional development, and to embark on a new learning experience that would

be personally beneficial, but also have benefit to others. Both of these reasons contributed to the selection of employee wellness as the topic of choice.

By completing this dissertation on employee wellness, she could learn more about a subject she teaches and is passionate about and could also potentially improve the lives of her colleagues and others working in post-secondary education worldwide. The reflection that took place about this entire process was incredibly impactful and motivating. It affirmed that completion of a PhD was a good choice, and the learnings and experiences were increasing her confidence as well as improving her outlook on future possibilities personally and professionally. Perhaps this positivity can be attributed to her organizational and time management skills, but without a doubt, having a supervisor that is aligned with her values and that she truly enjoys working with and learning from is one of the main factors. For others considering a PhD, finding the right supervisor would be of the highest importance.

In summary, reflection was essential to completing this dissertation and was quite possibly the most rewarding part of the learning experience.

## **5.2 Contributions to the Literature**

The completion of the action research dissertation and its findings aligned with the external research which was conducted. In summary, there is not one singular framework for implementing employee wellness in post-secondary institutions; the framework must be designed to meet the unique needs of the institution and its stakeholders. This is in alignment with Suárez-Reyes & Van den Broucke's findings that evidence of a singular successful wellness model serving employees in post-secondary education institutes have been described as scarce (2016). There were common themes and best practices identified that can guide the creation and implementation of an employee wellness framework. These themes and best practices were included in the framework that was presented in this dissertation and contribute to answering the research questions that were explored.

The research-supported employee wellness framework and recommendations presented as a result of this action research study can be used by Langara College and other post-secondary institutions to guide the creation of their own unique plans. In addition, the research and findings in this dissertation could be a valuable contribution to the existing literature as they consolidate existing research and findings and provide a high-level framework that can be adapted accordingly for institutions interested in developing and implementing employee wellness frameworks. These findings are in alignment with Herr and Anderson's thoughts that utilizing action research as a framework in a dissertation has proven to be an effective tool, offering external validity or transferability of findings. The knowledge gained can extend beyond the research institution and be applied for the greater good, either academically or within a community of practice (Herr & Anderson, 2015).

### **5.3 Future Research Implications**

The research in this dissertation suggests that to address best practices in the design and delivery of employee wellness frameworks more thoroughly, there is an opportunity for further research in a number of areas.

#### *The Okanagan Charter and the Health Promoting Universities Framework*

The Okanagan Charter and the Health Promoting Universities framework provide excellent high-level calls to action. Many of these were incorporated to support the framework presented in this dissertation. Although the Health Promoting Universities concept, which promotes health and well-being in post-secondary education in accordance with the Okanagan Charter, has been developed and implemented in numerous countries (*Okanagan Charter, 2015*), documentation of the design and implementation process is poorly captured (Suárez-Reyes & Van den Broucke, 2016). Additional research on how these calls to action are being implemented by individual institutions could provide access to additional tools and best practices.

#### *Measurement*

There were examples identified in the research of what should be measured in terms of employee wellness. However, one of the challenges contributing to measuring wellness is the lack of consensus about wellness domains. As suggested by Kaiuppi et al., due to the lack of agreement on the specific domains of wellness, identifying and validating appropriate measures to assess and enhance wellness levels in individuals, organizations, and society becomes more challenging (Kauppi et al., 2024). Additional research on which domains of wellness to measure and how to design and implement quantitative and qualitative measurement tools is recommended. In addition, measuring the overall success of wellness initiatives (regardless of the domains that are measured) would be an opportunity for further research.

There is also an opportunity to research how external reports on post-secondary institutions' overall ratings are incorporating wellness into their reports and rankings and how they are measured. Further investigation into external reports and rating tools could provide institutions with further insight on how success is being measured and reported. These learnings could be incorporated into the design of measurement tactics for institutions' employee wellness endeavours.

#### *Financial Implications*

Another area where further research is recommended is the cost of holistic wellness programming and the financial impact on individual organizations. Statistics and cost benefit analyses on wellness initiatives in post-secondary institutions were scarce. These types of statistics could be very helpful for post-secondary institutions.

#### *Post-Secondary Collaboration*

Collaborative work designing and implementing employee wellness frameworks is also recommended. There is an opportunity for post-secondary institutions to collaboratively work together and share best practices in the design and implementation of employee wellness. Having this type of

work documented could greatly support others and add to the current research, tools, and best practices available.

The question could arise as to why the above recommendation for further research were not included in the research conducted in this dissertation. This could be seen as a possible omission. However, based on the findings of the research that was conducted, specific measurement tools, cost associated with programming, and collaboration opportunities are all unique to each institution and could be investigated by each of the institutions to support the development of their unique wellness plans. When returning to the research questions specific to this dissertation, these future research opportunities do not directly hinder answering the questions posed, they would simply enhance the framework and recommendations for individual institutions, hence why they are identified as future research opportunities.

#### **5.4 Final Conclusion and Implications for Practice: What Was Found and Next Steps**

Throughout the completion of this dissertation the researcher has learned that designing and delivering employee wellness frameworks is an ongoing endeavour, forever changing and a unique experience tailored to each institution. Research on this topic could and should be ongoing; however, for the purpose of this dissertation, the researcher feels strongly that she has answered both of her research questions thoroughly and is excited to present her research and findings to the community of practice.

The action research study and subsequent dissertation has provided a documented and research-informed understanding of opportunities and challenges surrounding the design and implementation of post-secondary employee wellness frameworks. It has also led to the design of a research-informed employee framework which, if implemented, can provide further insight on best practices in delivering employee wellness.

Moving forward, the researcher plans to share the outcomes of the action research with Langara College, with the hope that she will have the opportunity to work alongside the college to implement the proposed employee wellness framework devised from this study. As discussed previously, this will not be a linear implementation process. The researcher will need to work with the college to schedule opportune times to implement pieces of the framework and recommendations. As this implementation process evolves, it can be reflected upon and documented so that successes, challenges, and best practices can be shared with post-secondary academic institutions and in the greater academic community to further knowledge and resources on the design and implementation of employee wellness frameworks.

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## Appendices

### Appendix A: Approval Certificate Ethics: University of Victoria



University  
of Victoria

Office of Research Services | Human Research Ethics Board  
Michael Williams Building Rm B202 PO Box 1700 STN CSC Victoria BC V8W 2Y2 Canada  
T 250-472-4545 | F 250-721-8960 | uvic.ca/research | ethics@uvic.ca

### Certificate of Approval

PRINCIPAL INVESTIGATOR: <b>John Meldrum</b> (Supervisor)	<b>ETHICS PROTOCOL NUMBER</b> <b>22-0636</b> Expedited review - delegated
PRINCIPAL APPLICANT: <b>Erin Wilkins</b> <b>PhD student</b>	ORIGINAL APPROVAL DATE: 05-Oct-2023
UVIC DEPARTMENT: <b>Exercise Science, Physical and Health Education EPHE</b>	APPROVED ON: 05-Oct-2023 APPROVAL EXPIRY DATE: 04-Oct-2024
PROJECT TITLE: <b>Building Staff and Faculty Wellness- An Action Research Approach</b>	
RESEARCH TEAM MEMBERS: <b>None</b>	
DECLARED PROJECT FUNDING: <b>None</b>	
DOCUMENTS INCLUDED IN THIS APPROVAL: tpps2_core_certificate.pdf - 05-Jul-2023 Participation in Study -Letter to Langara Employees.docx - 05-Oct-2023 Interview Topics for Discussion.docx - 05-Oct-2023 Consent Form.doc - 05-Oct-2023	
<b>Conditions of approval</b>	
This Certificate of Approval is valid for the above term provided there is no change in the protocol.	
<b>Amendments</b> To make changes to the approved research procedure in your study, please submit "Amendments" or "Annual renewal with amendments" form. You must receive research ethics approval before proceeding with your amended protocol.	
<b>Renewals</b> Your ethics approval must be current for the period during which you are recruiting participants or collecting data. To renew your protocol, please submit a "Request for Renewal" form before the expiry date on your certificate. You will be sent an emailed reminder prompting you to renew your protocol about six weeks before your expiry date.	
<b>Project Closures</b> When you have completed all data collection activities and will have no further contact with participants, please notify the Human Research Ethics Board by submitting a "Notice of Project Completion" form.	
<b>Certification</b>	
This certifies that the UVic Human Research Ethics Board has examined this research protocol and concluded that, in all respects, the proposed research meets the appropriate standards of ethics as outlined by the University of Victoria's policies for research involving human participants.	
 Dr. Sandra Gibbons Chair, Human Research Ethics Board	 Dr. Matthew Murphy Vice-chair, Human Research Ethics Board

Certificate Issued On: 05-Oct-2023

## Appendix B: Approval Certificate of Ethics: Langara College

### Notice of Approval

From: Ryan Cawsey, Chair, Langara College Research Ethics Board

To: Erin Wilkins, Department of Recreation Studies, Langara College

Re: File 20231012-Wilkins "Building Staff and Faculty Wellness – An Action Research Approach"

Date: October 23, 2023

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Dear Erin,

I am pleased to report that the Langara Research Ethics Board (LREB) has approved the study, "Building Staff and Faculty Wellness – An Action Research Approach." The approval is for the period October 23, 2023, through October 23, 2024.


As a condition of this approval, you are expected to alert the LREB in a timely way of any significant ethical issues that arise during the course of the research. As well, if you amend the study, including by changing the study time period or its goals or methodology beyond what the LREB has approved, or if new risks to participants are identified, or if the consent form is changed, you must submit an amendment to the LREB by writing to its chair to indicate the nature of the amendment and to request ethical approval for the changes. Please include updated versions of study documents with any amendments.

Please provide a brief report of the project after it has been concluded. The report should describe the researcher's experience of the conduct of the study and any ethical challenges or problems that were encountered and how you dealt with them.

If you have any questions at any time about this approval or the ethical elements or implications of the study, please do not hesitate to contact the chair of the LREB at [ethics@langara.ca](mailto:ethics@langara.ca).

Good luck with your research!

Sincerely,



Ryan Cawsey  
Chair, Langara Research Ethics Board

## Appendix C: Wellness Promotion Committee Participation Letter

Dear Langara College Wellness Promotion Committee,

You are invited to participate in a study entitled Building Staff and Faculty Wellness- An Action Research Approach, that is being conducted by myself, Erin Wilkins.

I am a faculty member at Langara College in the Recreation Studies Department and School of Management, as well as a graduate student in the School of Exercise Science, Physical and Health Education at the University of Victoria, where I am currently completing my Ph.D. in Kinesiology.

The purpose and objective of this study is to help Langara employees, by developing an employee-focused and employee-driven plan for workplace wellness that is in alignment with the Okanagan Charter and the college's Academic and Strategic Plans.

Research of this type is important because the findings from this study may contribute to a better understanding of the development of effective workplace wellness plans and processes. In addition, this research may inform both the academic study in this area, and other organizations looking to use similar processes to develop their own specific wellness plans and programs.

At this time, I am interested to know if you would consent to voluntarily participate in this research. Your participation will include involvement in an interview with myself, the researcher. It is anticipated that the interview will take place via zoom and will take up approximately 30 minutes to 1 hour of your time. Interviews will be conducted between November 20<sup>th</sup>–January 26<sup>th</sup>. Upon receipt of your consent to participate we can find a time that is mutually convenient for the interview.

The topics we will discuss may include:

The current employee wellness programming at Langara College

The college Academic and Strategic plans and how they align with employee wellness

What the college is currently doing well to support Langara employee wellness

What opportunities and/or challenges currently exist regarding employee wellness and employee wellness planning

If you are interested in participating in this study, please reply to this email with your signed consent form attached or you can simply cut and paste the following sentence in your email:

["I \(name\) have read and understand the conditions to participate in the study outlined in the consent form and I consent to participate in this research project."](#)

You may also contact me by email if you have further questions at [erinwilkins@uvic.ca](mailto:erinwilkins@uvic.ca) or via phone at (604) 649-4836. The faculty supervisor of the project is Dr. John Meldrum who can be reached at [jmeldrum@uvic.ca](mailto:jmeldrum@uvic.ca). This study has also been reviewed and approved by the Human Research Ethics Boards at the University of Victoria and at Langara College. You may contact them at [ethics@uvic.ca](mailto:ethics@uvic.ca) or (250) 472-4545 or [ethics@langara.ca](mailto:ethics@langara.ca) to verify the ethical approval of this study or raise any concerns you may have.

Your participation would be greatly appreciated!

Sincerely,  
Erin Wilkins, BA, MBA

## Appendix D: Wellness Promotion Committee TOR 2019

### Langara Wellness Promotion Committee

#### MISSION STATEMENT

The mission of the Langara Wellness Promotion Committee is to promote a culture of employee wellness by providing education, resources, and opportunities for employees to participate in wellness-enhancing activities. The Committee will empower employees to adopt habits and behaviors that contribute not only to their personal well-being but ones that will also enable them to better support our diverse student body and better contribute to our collegial environment.

#### MEMBERSHIP

The Langara Wellness Promotion Committee will be comprised of:

- Vice President, People and Culture
- Coordinator, Strategic Initiatives
- At least one additional Administrative member
- At least two CUPE members
- At least two LFA members

Membership should consist of representation from a variety of departments across campus to encompass a wide range of employee groups, knowledge, and expertise.

#### TERMS OF REFERENCE AND RESPONSIBILITIES

##### 1. GENERAL

The Langara Wellness Promotion Committee (hereinafter called “the Committee”):

- 1.1 Shall report directly to the VP, People and Culture of the College, or his/her designate.
- 1.2 Shall appoint a Chairperson(s) from amongst its members, which appointment shall be made annually at the first meeting of each calendar year.
- 1.4 Shall hold quarterly meetings. A quorum shall consist of a simple majority of its members. Minutes shall be taken of the proceedings. A copy of the minutes, other such reports as may be required from time to time, and a yearly update on the

Committee's activities shall be submitted to the VP, People and Culture or designate, in a timely manner.

- 1.5 May form sub-committees to act in an advisory capacity to the Committee, and such sub-committees may include employees who are not appointed members of the Committee to assist the Committee with specific events/incentives or provide advice to the Committee, but such employees shall not have voting privileges on the Committee.

## 2. FINANCE

- 2.1 The Committee shall submit an annual budget to the VP, People and Culture.
- 2.2 All purchases/expenditures shall only be made in accordance with the College Purchasing Procedures.
- 2.3 Prizes to be used in the delivery of this Program may be solicited by the Committee, and prizes, donated and/or purchased shall be administered in accordance with the applicable provisions of the College Regulations.

## 3. PLANNING AND DEVELOPMENT

The Committee:

- 3.1 Shall provide suggestions/recommendations and develop and provide goals and objectives for the delivery of Employee Wellness services for Langara College with focus on Special Events, Work/Life Balance, Employee Communication, Planning and Research, and Evaluation/Accountability.
- 3.2 Shall play an active role in the delivery and promotion of Employee Wellness initiatives and projects.
- 3.3 Will continuously investigate and research innovative methods of improving employee wellness.

## 4. COMMUNITY LIAISON

The Committee:

- 4.1 Will assist the VP, People and Culture in the identification of employee needs as they pertain to overall well-being.

- 4.2 Shall liaise with all employees of Langara College to remain aware of their requirements and to solicit ongoing input. The identification of these needs and their priorities will assist in the maintenance of a long-term plan concerning employee wellness.
- 4.3 Shall liaise with the Mental Health Consultant to identify risks and develop strategies to cope with stressful situations, and create and design a mentally healthy campus and workplace.

## Appendix E: Applied Research Consent Form



University  
of Victoria

Research Services

Participant  
Consent Form

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### Building Staff and Faculty Wellness: An Action Research Approach

You are invited to participate in a study entitled Building Staff and Faculty Wellness: An Action Research Approach that is being conducted by Erin Wilkins.

Erin Wilkins is a graduate student in the department of Exercise Science, Physical and Health Education at the University of Victoria and you may contact her if you have further questions by email at [erinwilkins@uvic.ca](mailto:erinwilkins@uvic.ca) or via phone at (604) 649-4836.

As a graduate student, I am required to conduct research as part of the requirements for a PhD in Kinesiology. It is being conducted under the supervision of John Meldrum. You may contact my supervisor at [jmeldrum@uvic.ca](mailto:jmeldrum@uvic.ca) or at (250) 721-8377.

### Purpose and Objectives

The purpose and objective of this study is to help Langara employees by developing an employee-focused and employee-driven plan for workplace wellness that is in alignment with the Okanagan Charter and the College's Academic and Strategic Plans.

### Importance of this Research

Research of this type is important because the findings from this study may contribute to a better understanding of the development of effective workplace wellness plans and processes. In addition, this research may inform academic study in this area, and other organizations looking to use similar processes to develop their own specific wellness plans and programs.

### Participant Selection

You are being asked to participate in this study because you are a member of the Langara College Wellness Promotion Committee.

### What is Involved

If you consent to voluntarily participate in this research, your participation will include involvement in an interview with myself, the researcher. It is anticipated that the interview that will take place either in person, over the phone, or via zoom and will take up approximately 30 minutes to 1 hour of your time. Audiotapes/hand-written notes will be taken. A transcription will be made at the time of the interview but only a summary will be included in the dissertation. Participants will be given the opportunity to review and approve the interview summary prior to inclusion in the study.

### Inconvenience

Other than your time there are no other known inconveniences expected because of participation in this study.

**Risks**

There are no known or anticipated risks to you by participating in this research.

**Benefits**

The study aims to benefit Langara faculty and staff, by designing a process for developing an employee-focused and employee-driven workplace wellness plan. In addition, I hope to contribute to the broader knowledge related to effective processes used to create workplace wellness plans in other similar institutions.

**Voluntary Participation**

Your participation in this research must be completely voluntary. If you do decide to participate, you may withdraw at any time without any consequences or any explanation. If you do withdraw from the study your data will not be used and will be removed from the database.

**Ongoing Consent**

By signing this form, you are agreeing to ongoing consent. The researcher (myself) may return to you to clarify or collect additional information. At any time in this process, you may decline to continue to participate and dictate how previous information provided is or is not used in the final study.

**Anonymity**

In terms of protecting your anonymity no one, other than the principal investigator (myself), will be able to associate responses or other data with individual participants.

**Confidentiality**

Your confidentiality and the confidentiality of the data will be protected. In the ongoing analysis of data and in the final dissertation (or associated presentation of the research) no participant names or specific positions will be identified.

**Dissemination of Results**

It is anticipated that the results of this study will be shared with others in the following ways: as part of the final dissertation, in presentations or scholarly meetings, and/or in media outlets and on the internet.

**Disposal of Data**

Data will be stored in password encrypted files and erased 5 years after the completion of the study.

**Contacts**

Individuals that may be contacted regarding this study include myself (the researcher), whose contact information is available at the beginning of this consent form.

In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria (250)-472-4545 or [ethics@uvic.ca](mailto:ethics@uvic.ca)). You may also contact the Langara Research Ethics Board at [ethics@langara.ca](mailto:ethics@langara.ca) if you have concerns about your rights or treatment as a research participant.

Your signature below indicates that you understand the above conditions of participation in this study, that you have had the opportunity to have your questions answered by the researchers, and that you consent to participate in this research project.

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*Name of Participant*

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*Signature*

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*Date*

***A copy of this consent will be left with you, and a copy will be taken by the researcher.***

**Appendix F: Systematic Review on Employee Wellness in Post-Secondary: Synthesis of Results: Data collected and charted in phase 2**

**Key:**

- **Wellness program design:** production or example of a workplace wellness program
- **Resource:** a workplace wellness related action or strategy which may be adopted in the future
- **Best practice:** an example of a workplace wellness program (or component of a program) accepted or prescribed as being correct or effective
- **Evaluation:** a quantitative or qualitative judgement related to a workplace wellness program or initiative, to guide best practice
- **Theory:** a set of principles on which the practice of a workplace wellness related activity is based
- **Philosophy:** a theory that acts as a guiding principle in a model or activity related to workplace wellness
- **Model:** a system used as an example to follow or imitate regarding the creation, implementation, or evaluation of workplace wellness

**Characteristics for Charting**

Title /Citation	Characteristic for Charting	Category
Pérez-Wilson et al., “Asset Map in a Chilean Health Promoting University: ‘A Strategy for Revitalization’.”	Creation of an asset map (health asset model) for developing Health Promoting University revitalization strategy.  Asset mapping allows universities to discover resources they have and the best way to connect, access and activate them.	Model/  Best Practice
Dooris et al., “Conceptualizing the ‘whole university’ Approach: An	Exploring university leadership and understanding of commitment to being a Health Promoting University, leading to potential for change.	Model /  Best Practice

<p>International Qualitative Study.”</p>	<p>Focus on the ‘whole university approach model’ promoting health and well-being of students, staff, and community.</p>	
<p>Suárez-Reyes et al., “Factors Influencing the Implementation of the Health Promoting University Initiative: Experiences of Ibero-American Universities.”</p>	<p>Evaluation of factors influencing implementation of Health Promoting University concept enabling universities to address these factors and develop HPU initiatives in best possible conditions (political support, coordination structure, funding, collaborations, participation).</p>	<p>Evaluation/ Best Practice</p>
<p>Innstrand &amp; Christensen, “Healthy Universities. The Development and Implementation of a Holistic Health Promotion Intervention Programme Especially Adapted for Staff Working in the Higher Educational Sector: The ARK Study.”</p>	<p>Holistic intervention approach (ARK) to improve health and well-being of academic staff and how to conduct Health Promoting University programs in university setting. The systematic approach uses a bottom up strategy, empowering university to take action and responsibility for its members – uses theoretical model (JD-R/ ARK), sector specific, strengthens positive health assets, aligns with Health Promoting University.</p>	<p>Model / Theory</p>
<p>Newton et al., “Healthy Universities: An Example of a Whole-System Health-Promoting Setting.”</p>	<p>Stakeholders’ perception of Health Promoting Universities and how the concept of Health Promoting Universities is operationalized in two case study universities. Findings demonstrate the importance of viewing the organization as</p>	<p>Model / Theory</p>

	<p>a social system and fostering/nurturing the whole, paying attention to complex interactions and interconnections between the parts. <b>Systems thinking</b> approach is identified as a necessity.</p>	
<p>Suárez-Reyes et al., “How Do Universities Implement the Health Promoting University Concept?”</p>	<p>Explores implementation of Health Promoting University framework where universities implement the Health Promoting University Framework differently, categorized into “emerging” or “established.” The <b>whole systems approach and multi-service collaboration</b> are both cornerstones in successful implementation. Commitment of authorities identified as essential.</p>	<p><b>Model / Best Practice</b></p>
<p>Dooris et al., “The UK Healthy Universities Self-Review Tool: Whole System Impact.”</p>	<p>Reporting on research exploring the use and impact of UK Healthy Universities Network Self Review Tool, specifically examining whether it has supported universities to understand and embed a whole systems approach. <b>Self-Review tool</b> was extremely valuable, offering significant benefits to improve health and wellbeing of their communities. Key findings: HEIs seeking to implement Health Promoting University approach need tools and frameworks that offer them real utility. <b>“Whole University approach”</b> identified.</p>	<p><b>Resource/ Model</b></p>

<p>Jenkins et al.,  “Characterizing Employees’ Preferences for Incentives for Healthy Behaviors: Examples to Improve Interest in Wellness Programs.”</p>	<p>Examines preferences for incentivising participation in healthy behaviours. Findings suggest that preferences for incentives differ based on socioeconomic and demographic characteristics: organizations could benefit from using survey data to engage employees in wellness programs.</p> <p>Needs assessment / survey preferences using incentives as a tool in design.</p>	<p>Best practice</p>
<p>Goetzel, “Commentary on the Study: ‘What Do Workplace Wellness Programs Do? Evidence From the Illinois Workplace Wellness Study’.”</p>	<p>Challenging latest research by <i>Quarterly Journal of Economics</i> evaluation of iThrive wellness program of which the main finding was that wellness programs do not work.</p> <p>Article suggests conducting “real-world” evaluation to assess wellness rather than using an external study.</p> <p>Suggests that practitioners need to design programs that are evidence-based and aligned with desired outcomes and that more research is needed on effectiveness of delivery models.</p>	<p>Resource/  Best practices</p>
<p>Click, “Creating a Culture of Health - One University’s Experience.”</p>	<p>Focuses on a wellness program within one midwestern university. Analysis of 7 key factors or benchmarks that contribute to wellness program development through lens of one structure model/WELCOA framework.</p>	<p>Model/  Best practices</p>

<p>Joy et al., "Creation of University Wellness Program Healthy Eating and Active Lifestyle Supports: A Knowledge-to-Action Process."</p>	<p>Discussion on how to develop, implement and evaluate WWP healthy eating and active lifestyle program. Describes KTA (Knowledge to Action Framework)- theoretically grounded systematic process grounded in Diffusion of Innovation Theory and participatory action theories. Findings stress the importance of employee engagement, knowledge sharing, capacity building, and social responsibility.</p>	<p>Resource/ Theory/ Best practices</p>
<p>Horacek et al., "Development and Validation of the Policies, Opportunities, Initiatives and Notable Topics (POINTS) Audit for Campuses and Worksites."</p>	<p>Environmental audit/web-based assessment for health promotion policies. Discusses POINTS, a web-based audit tool for pre-assessment, advocacy, benchmarking, and tracking policies for health and well-being of students and employees.</p>	<p>Resource/ Best Practice</p>
<p>Ellis et al., "Examining the Impact of Wellness Champions on the Effectiveness of a Workplace Health and Well-Being Program."</p>	<p>Evaluation of the impact D2M Desire2Move peer support, an annual peer support health and well-being initiative for university employees. Findings suggest Wellness Champions positively impacted employee physical activity participation and program satisfaction.</p>	<p>Resource/ Best practice</p>
<p>Chigumete et al., "Facilitating and Limiting</p>	<p>Investigation of factors that affect workplace health promotion initiatives and exploration of ways to reduce</p>	<p>Resource/ Best Practice</p>

<p>Factors of Workplace Health Promotion at Rhodes University, South Africa.”</p>	<p>prevalence of non-communicable disease. Stakeholders reported health promotion initiatives were advertised but turnout was poor. Support staff said initiatives were not tailored to their needs, lack of cultural sensitivity. Major outcome: <b>employees who are recipients of the planned initiatives need to be involved in all stages of the planning and implementation.</b></p>	
<p>Lloyd et al., “Genesis of an Employee Wellness Program at a Large University.”</p>	<p>Due to lack of literature in theories that guide creation of post-secondary wellness programs, the article describes a <b>theory-driven approach</b> to systematically plan, develop, and implement a comprehensive university wellness program. <b>Health behaviour change theory presented</b> to guide other universities in creation of WWP. Describes step by step how the university implemented its wellness plan and <b>5 best practices identified in creation of WWP.</b></p>	<p>Theory/ Best Practice</p>
<p>Blackwell et al., “Health and Wellness Coaching Implemented by Trainees: Impact in Worksite Wellness.”</p>	<p>Study to establish the efficacy of health and wellness coaching implemented by coaching trainees in university workplace framework. An increase in wellness scores suggests <b>coaching trainees (students) were effective in motivating change</b> to boost participants’ well-being.</p>	<p>Resource/ Best Practice</p>
<p>Karl &amp; McDaniel, “Health Literacy Deficits Found</p>	<p>Project supports initiatives to assist employees to better navigate health information and services to improve health.</p>	<p>Resource/ Best Practice</p>

<p>Among Educated, Insured University Employees.”</p>	<p>Findings suggest that even among the well-educated, many people still have low health literacy (HL), (mean year formal ed 16.6 yrs-17% showed limited skills: 83% likely adequate). Suggests improving HL system-wide can assist workers in navigating the health care system, improve health outcomes, and reduce health costs. Approach: “health literacy universal precautions.”</p>	
<p>Mitchell et al., “Manager Support for Wellness Champions: A Case Study for Consideration and Practice Implications.”</p>	<p>Study examines the relationship between employee engagement in a workplace wellness champion program and direct managers’ support on wellness champion role. Wellness champions who reported high levels of management support in their role were more likely to have high levels of engagement in communicating wellness initiatives. Therefore, management support is necessary to facilitate employee engagement in champion programs.</p>	<p>Resource/ Best practice</p>
<p>Abell &amp; Main, “Participants’ Perceptions of Worksite Health-Promotion Educational Activities.”</p>	<p>Research project that examined participants’ perceptions of gaining knowledge and changing health behaviour practices as a result of knowledge gained through workplace health promotion activities. Recommended opportunities for collaboration between private sectors, health care students to help educate in the workplace.</p>	<p>Resource/ Best Practice</p>

<p>Schneider et al., “Physical Activity and Motivating Factors of Participants in a Financially Incentivized Worksite Wellness Program.”</p>	<p>Study to gather information regarding a financially incentivised worksite wellness program. Findings suggest people enrolled in the program were on average taking 2000 more steps than average American. Financial incentive was the most motivating factor to participate in program.</p>	<p>Resource/ Best practice</p>
<p>Melnyk et al., “Psychometric Properties of the Perceived Wellness Culture and Environment Support Scale.”</p>	<p>Study reports on the psychometric properties of the 11-item Perceived Wellness Culture and Environment Support Scale (PWCESS) and its relationship with employee healthy lifestyle benefits and behaviours. PWCESS was positively related to healthy lifestyle beliefs and behaviours supporting scale’s validity. Future use could guide workplace intervention strategies to improve organizational wellness culture and employee health outcomes.</p>	<p>Resource</p>
<p>Tang et al., “Tensions of Health: Narratives of Employee Wellness Program Participants.”</p>	<p>Article examines the dialectical tensions in the health narratives of participants of an Employee Wellness Program (EWP). Findings suggest that to better promote health and wellness in the workplace, EWP staff should consider unique experiences and beliefs about health and wellness when designing organization-wide programs and campaigns.</p>	<p>Resource/ Best Practices</p>
<p>Amaya et al., “The Ohio State University’s Strategic</p>	<p>Discussion of a strategic wellness plan promoting nine dimensions of wellness using the socioecological model as a guiding framework: Buckeye Wellness Innovator model</p>	<p>Model / Best Practice</p>

<p>Approach to Improving Total Population Health.”</p>	<p>(BWI). In the BWI, innovators serve as inspirational role models/communicators to support employee wellness. No outcomes published in this article.</p>	
<p>Leininger &amp; Adams, “University Worksite Health-Promotion Programs: An Opportunity for Experiential Learning.”</p>	<p>Discussion and details of an innovative work health promotion program, “Workplace Walk-off Challenge” (WWC), where students design and implement a program for employees to increase physical activity of employees and provide students interested in workplace health promotion with practical experience. Findings suggest 100% of students found the experiential program beneficial to their future professions and 95% of participants/employees were satisfied with program. Findings promote experiential learning and student/faculty collaboration.</p>	<p>Model/ Best Practice</p>

**Appendix G: Systematic Review on Wellness Education: Synthesis of Results: Data collected and charted in phase 2**

**Characteristics for Charting**

**Key:**

- **Wellness course curriculum, design, delivery evaluation:** example of wellness course content, delivery method
- **Best Practice:** an example of a wellness course (or component of a course) accepted or prescribed as being correct or most effective.
- **Evaluation:** a quantitative or qualitative judgement (related to a wellness course or initiative) to guide best practice
- **Theory:** a set of principles on which the practice of an activity is based (wellness related)
- **Philosophy:** a theory that acts as a guiding principle for the model or activity discussed (wellness related)
- **Model:** a system used as an example to follow or imitate (wellness related)

**\*Records below are categorized by most prominent components and may contain one or more of the above factors**

Title /Citation	Characteristic for Charting	Category
Ferguson et al., “Designing an Indigenous Wellness University Course.”	Development of an undergraduate course on Indigenous wellness at a Canadian postsecondary institution.  Proposed <b>three-party relational model</b> for Indigenous course development consisting of the course instructor, a keeper of traditional knowledges, and a teaching and learning expert.  <b>Course design, curriculum and frameworks discussed.</b>	<b>Curriculum/ Course Design/ Model</b>  <i>Holistic wellness focus: 4 components</i>

<p>Kruger et al., “Health Assessment Data Collection as Part of a College Wellness Course.”</p>	<p>Study examined the results of health assessment screening offered through a post-secondary wellness course. Results were used to educate individual students regarding their specific risk factors for cardiovascular disease (CVD) and act as a baseline to reach optimal wellness goals.</p> <p>Results provided information to guide teachers in future curriculum planning to best serve students based on their needs and health status. This study has also proven the value of continuing to offer a wellness course at the university level to address students’ health needs, optimal values for specific health and wellness categories, and educate and set goals for the lifestyle changes needed to reach goals.</p>	<p>Evaluation of the impact of a wellness course</p> <p>Course Design/ Best Practice</p> <p><i>Physical wellness focus</i></p>
<p>Guelfi et al., “Health-Focused Course Content Is Associated with Altered Health Behaviours in Undergraduate University Students.”</p>	<p>Study examined whether the completion of a course relating to preventive health and lifestyle risk factors was associated with alterations in health behaviours.</p> <p>Results indicated health-focused course content may benefit students through the knowledge gained that can be applied in future professional settings and also via positive alterations in their own health behaviours. Some behaviours (nutrition specifically) were improved more than others.</p>	<p>Evaluation of the impact of a wellness course</p> <p><i>Physical wellness focus</i></p>

	<p>Numerous factors that influenced the study were discussed and it remains to be determined whether changes observed in study will be maintained beyond the completion of course for life-long health and well-being.</p> <p>Theory of Planned Behaviour framework referenced.</p>	
<p>Cass et al., “Health-Related Priorities, Perceptions, and Values of University Students: Implications for Wellness Education.”</p>	<p>Study’s purpose was to assess the health-related priorities, perceptions, and values of college students in the context of wellness-oriented education.</p> <p>Considering the association between values and behaviours, value- and priority-informed wellness education may have an increased impact on health-related behavioural outcomes. Students ranking high importance were more likely to reach wellness goals.</p> <p>Wellness education may benefit by incorporating student-identified health priorities and values into curriculum.</p>	<p>Best Practice/ Curriculum</p> <p><i>Holistic wellness focus, nine components</i></p>
<p>Cardinal, “How Can We Help College and University Students Stay Active and Healthy for Life?”</p>	<p>Study evaluated the effects a health and wellness course had on students’ dietary and physical activity behaviours.</p> <p>It also considered the comparative effectiveness of face-to-face and online delivery of the course.</p> <p>Results suggest short-term benefits to dietary and physical activity behaviours, particularly when the course is offered in a face-to-face format.</p>	<p>Evaluation of the impact of a wellness/ Delivery method</p> <p><i>Physical wellness focus</i></p>

<p>Woloshyn &amp; Savage, “Increasing Teacher Candidates’ Mental Health Literacy and Stress Coping Skills through an Elective Mental Health and Wellness Course.”</p>	<p>A course on mental health and wellness is explored as a method of increasing students’ mental health literacy and strategies for coping with stress.</p> <p>Results indicated <i>sharing and personal reflection as critical elements of the course which helped students acquire a deeper understanding of mental health and wellness</i> and strategies for coping with stressful situations. In addition, participants reported <i>more complete understanding of mental health and well-being as a function of completing the course.</i></p>	<p>Evaluation of the impact of a wellness course/ Best Practice</p> <p><i>Emotional wellness focus (mental health)</i></p>
<p>Lockwood &amp; Wohl, “the impact of a 15-week lifetime wellness course on behavior change and self-efficacy in college students.”</p>	<p>Study assessed the <i>effectiveness of a lifetime wellness course</i> on students’ wellness behaviours, as well as the role that self-efficacy plays in wellness behaviour, specifically physical activity.</p> <p>Results provide evidence that a <i>lifetime wellness course can positively impact physical self-efficacy and help students successfully change behaviours.</i></p>	<p>Evaluation of the impact of a wellness course</p> <p><i>Physical wellness focus</i></p>
<p>Kuruganti, “The Impact of a Required Undergraduate Health and Wellness Course on Students’ Awareness and Knowledge of</p>	<p>Study examined the <i>effect of a wellness course</i> on students’ views of the impact of physical activity on disease and overall health and wellness.</p> <p>Results provided evidence on the <i>positive impact of a required health and wellness course</i> on students’ knowledge of health and suggested that the material in the course helped their overall understanding of health.</p>	<p>Evaluation of the impact of a wellness course</p> <p><i>Physical wellness focus</i></p>

Physical Activity and Chronic Disease.”		
Everhart & Dimon, “The Impact of Course Delivery Format on Wellness Patterns of University Students.”	<p>Study examined wellness course impact on students’ physical activity and nutrition patterns when course was delivered in a traditional classroom format, web-based format, or a combination of the two formats.</p> <p>Results indicate that respondents improved their cardiovascular endurance patterns more if they were in the traditional or blended delivery format than if they completed the wellness course totally online.</p> <p>Findings also suggest that completing the wellness course improved overall wellness regardless of course format.</p>	<p>Evaluation of the impact of a wellness course/ Course design</p> <p><i>Physical wellness focus</i></p>
Polacek et al., “The Longitudinal Impact of an Undergraduate General Education Wellness Course in Early Adulthood.”	<p>Study examines the relationship of general education wellness coursework on wellness behaviour and knowledge of students as undergraduates and again four years after graduation.</p> <p>Results found that wellness education offered in a general education curriculum has an impact on individuals’ wellness; wellness knowledge was retained after graduation.</p>	<p>Evaluation of the impact of a wellness/</p> <p><i>Focus on holistic wellness knowledge and behaviour</i></p>

## Appendix H: CFIR Domain Constructs and Definitions

### *CFIR Domain Constructs and Definitions: Innovation Domain*

Construct Name	Construct Definition
	Degree to which:
Innovation Source	The group that developed and/or visibly sponsored use of the innovation is reputable, credible, and/or trustable
Innovation Evidence Base	The innovation has robust evidence supporting its effectiveness
Innovation Relative Advantage	The innovation is better than other available innovations or current practice
Innovation Adaptability	The innovation can be modified, tailored, or refined to fit local context or needs
Innovation Trialability	The innovation can be tested or piloted on a small scale and undone
Innovation Complexity	The innovation is complicated, which may be reflected by its scope and/or the nature and number of connections and steps
Innovation Design	The innovation is well designed and packaged, including how it is assembled, bundled, and presented
Innovation Cost	The innovation purchase and operating costs are affordable

### *CFIR Domain Constructs and Definitions: Outer Setting Domain*

Construct Name	Construct Definition
	Degree to which:
Critical Incidents	Large-scale and/or unanticipated events disrupt implementation and/or delivery of the innovation

Local Attitudes	Sociocultural values (e.g., shared responsibility in helping recipients) and beliefs (e.g., convictions about the worthiness of recipients) encourage the Outer Setting to support implementation and/or delivery of the innovation
Local Conditions	Economic, environmental, political, and/or technological conditions enable the Outer Setting to support implementation and/or delivery of the CFIR
Partnerships & Connections	The Inner Setting is networked with external entities, including referral
Policies & Laws	Legislation, regulations, professional group guidelines and recommendations, or accreditation standards support implementation and/or delivery of the innovation
Financing	Funding from external entities (e.g., grants, reimbursement) is available to implement and/or deliver the innovation
External Pressure	External pressures drive implementation and/or delivery of the innovation  Use this construct to capture themes related to External Pressures that are not included in the subconstructs below
1. Societal Pressure	Mass media campaigns, advocacy groups, social movements or protests drive implementation and/or delivery of the innovation
2. Market Pressure	Competing with and/or imitating peer entities drives implementation and/ or delivery of the innovation

3. Performance Measurement Pressure	Quality or benchmarking metrics or established service goals drive implementation and/or delivery of the innovation
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***CFIR Domain Constructs and Definitions: Inner Setting Domain***

<b>Construct Name</b>	<b>Construct Definition</b>
	Degree to which:
Structural Characteristics	Infrastructure components support functional performance of the Inner Setting
1. Physical Infrastructure	Layout and configuration of space and other tangible material features support functional performance of the Inner Setting
2. Information Technology Infrastructure	Technological systems for tele-communication, electronic documentation, and data storage, management, reporting, and analysis support functional performance of the Inner Setting
3. Work Infrastructure	Organization of tasks and responsibilities within and between individuals and teams, and general staffing levels, support functional performance of the Inner Setting
Relational Connections	There are high quality formal and informal relationships, networks, and teams within and across Inner Setting boundaries (e.g., structural, professional)
Communications	There are high quality formal and informal information sharing practices within and across Inner Setting boundaries (e.g., structural, professional)

Culture	There are shared values, beliefs, and norms across the Inner Setting  Use this construct to capture themes related to culture that are not included in the subconstructs below
1. Human Equality-Centeredness	There are shared values, beliefs, and norms about the inherent equal worth and value of all human beings
2. Recipient-Centeredness	There are shared values, beliefs, and norms around caring, supporting, and addressing the needs and welfare of recipients
3. Deliverer-Centeredness	There are shared values, beliefs, and norms around caring, supporting, and addressing the needs and welfare of deliverers
4. Learning-Centeredness	There are shared values, beliefs, and norms around psychological safety, continual improvement, and using data to inform practice
Tension for Change	The current situation is intolerable and needs to change
Compatibility	The innovation fits with workflows, systems, and processes
Relative Priority	Implementing and delivering the innovation is important compared to other initiatives
Incentive Systems	Systems' tangible and/or intangible incentives and rewards and/or disincentives and punishments support implementation and delivery of the innovation
Mission Alignment	Implementing and delivering the innovation is in line with the overarching commitment, purpose, or goals in the Inner Setting
Available Resources	Resources are available to implement and deliver the innovation  Use this construct to capture themes related to Available Resources that are not included in the subconstructs below

1. Funding	Funding is available to implement and deliver the innovation
2. Space	Physical space is available to implement and deliver the innovation

***CFIR Domain Constructs and Definitions: Individuals Domain***

<b>Construct Name</b>	<b>Construct Definition</b>
	Degree to which:
High-level Leaders	Leaders are individuals with a high level of authority, including key decision-makers, executive leaders, or directors
Mid-level Leaders	Leaders are individuals with a moderate level of authority, including leaders supervised by a high-level leader and who supervises others
Opinion Leaders	Leaders are individuals with informal influence on the attitudes and behaviours of others
Implementation Facilitators	Individuals with subject matter expertise who assist, coach, or support implementation
Implementation Leads	Leaders are individuals who lead efforts to implement the innovation
Implementation Team Members	Members are individuals who collaborate with and support the Implementation Leads to implement the innovation, ideally including Innovation Deliverers and Recipients
Other Implementation Support	Support for individuals who are supporting the Implementation Leads and/or Implementation Team Members to implement the innovation
Innovation Deliverers	Individuals who are directly or indirectly delivering the innovation

Innovation Recipients	Individuals who are directly or indirectly receiving the innovation
<b>Project Characteristics</b> <b>Subdomain</b>	Degree to which:
Need	The individuals who have deficits related to survival, well-being, or personal fulfillment, which will be addressed by implementation and/or delivery of the innovation
Capability	The individuals who have interpersonal competence, knowledge, and skills to fulfill the role
Opportunity	The individuals who have has availability, scope, and power to fulfill the role
Motivation	The individuals who are committed to fulfilling the role

***CFIR Domain Constructs and Definitions: Implementation Process Domain***

<b>Construct Name</b>	<b>Construct Definition</b>
	Degree to which:
Teaming	Joining together and intentionally coordinating and collaborating on interdependent tasks, to implement the innovation
Assessing Needs	Collect information about priorities, preferences, and needs of people. Use this construct to capture themes related to Assessing Needs that are not included in the subconstructs below
1. Innovation Deliverers	Collect information about the priorities, preferences, and needs of deliverers to guide implementation and delivery of the innovation

2. Innovation Recipients	Collect information about the priorities, preferences, and needs of recipients to guide implementation and delivery of the innovation
Assessing Context	Collect information to identify and appraise barriers and facilitators to implementation and delivery of the innovation
Planning	Identify roles and responsibilities, outline specific steps and milestones, and define goals and measures for implementation success in advance
Tailoring Strategies	Choose and operationalize implementation strategies to address barriers, leverage facilitators, and fit context
Engaging	Attract and encourage participation in implementation and/or the innovation. Use this construct to capture themes related to “Engaging” that are not included in the subconstructs below
Innovation Deliverers	Collect information about the priorities, preferences, and needs of deliverers to guide implementation and delivery of the innovation
Innovation Recipients	Collect information about the priorities, preferences, and needs of recipients to guide implementation and delivery of the innovation
Doing	Implement in small steps, tests, or cycles of change to trial and cumulatively optimize delivery of the innovation
Reflecting & Evaluating	Collect and discuss quantitative and qualitative information about the success of implementation and/or the innovation  Use this construct to capture themes related to “Reflecting & Evaluating” that are not included in the subconstructs below

1. Implementation	Collect and discuss quantitative and qualitative information about the success of implementation
2. Innovation	Collect and discuss quantitative and qualitative information about the success of the innovation
3. Adapting	Modify the innovation and/or the “Inner Setting” for optimal fit and integration into work processes

*Note.* (Damschroder et al., 2022, pp. 5–8).