

THE IMPACT OF COLLEGE STUDENTS' LIFE EXPERIENCES ON THE
VARIOUS DIMENSIONS OF WELLNESS:
A QUALITATIVE STUDY

A Dissertation

by

KRISTINA MARIE GARCIA

Submitted to the Office of Graduate Studies of
Texas A&M University
in partial fulfillment of the requirements for the degree of
DOCTOR OF PHILOSOPHY

May 2011

Major Subject: Health Education

The Impact of College Students' Life Experiences on the Various Dimensions of
Wellness: A Qualitative Study
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Approved by:

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ABSTRACT

The Impact of College Students' Life Experiences on the Various Dimensions of
Wellness: A Qualitative Study. (May 2011)

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With the millions of students currently enrolled in higher education, a substantial opportunity arises for college personnel to impact the health and wellness of our future U.S. adult population.

Most health scholars agree that wellness is a multidimensional construct. Despite disagreement regarding the optimal *number* of dimensions – ranging from three to twelve – there is a general consensus around the following: (1) physical, (2) social, (3) spiritual, (4) intellectual, (5) emotional, and (6) occupational. With regard to these six dimensions of wellness, the purpose of this study was to conduct a naturalistic inquiry among graduating health education majors to evaluate which *particular dimension of wellness* was most influenced or impacted, by their college life experience.

Participants were recruited via email and in-class-visits. Of the 173 students who were eligible to participate in this study at the time of recruitment, 58 indicated interest and a final sample size of 30 students were interviewed.

When determining which specific dimension of wellness was most impacted or influenced by the college life experience, two narratives of an unplanned pregnancy and alcoholism immediately came to mind. However, when trying to compile all 30 narratives to identify which dimension was most impacted, collectively, I concluded that *all dimensions were impacted*, and, due to the dimensions' interconnectedness, no one particular dimension could be singled out as *most impacted*.

The six dimensions of wellness interact continually and synergistically. For example, the need for stress management and stress reduction is linked mostly obviously with emotional wellness; however, should one practice yoga for stress relief, he/she is impacting their physical, social, and spiritual health as well. Segmenting students' narratives about their college life experiences into discrete domains represented a challenge – one that reflects how activities that support wellness cannot easily be segmented into discrete domains, either.

DEDICATION

I dedicate this dissertation to my family, my parents, Drs. Manuel & Trinidad Garcia; my grandparents, Lolo & Lola Garcia, Lolo & Lola Espiritu, and Lucy Wendt; my brothers: Christopher, Pancho, Vincent, John Paul, and Danny Boy; my sisters-in-law, Marivie, Kim, and Reyna; my nephew & nieces, Christian, Hailey, Abigail, Ashley, and Miranda; and Roxie & Boo. You all are my everything. I love you.

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supported me through one colossal hurricane, some scattered showers, and a pot hole or two along the way.

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CHAPTER I

INTRODUCTION

Background

Between 1997 and 2007, enrollment in U.S. colleges and universities escalated from 14.5 million to 18.2 million (26% increase). From 2006 to 2017, the National Center for Education Statistics (NCES) projects a 10% growth in enrollment of people under 25 years of age, and a 19% increase in those over 25 (Snyder & Dillow, 2010). With college populations growing at a substantial rate, the nature of this population expands as well. Today's college students are more diverse, have been influenced by numerous political and social events, and are beginning their undergraduate careers more success-driven (Levine & Cureton, 1998). With the millions of students currently enrolled in higher education and the millions more to enroll, a substantial opportunity arises for college personnel to impact future college populations, more specifically, the health and wellness of the future adult population of the United States.

Entering college brings about considerable life changes to young adults. This transition is a significant marker of youth's transition from childhood to adulthood. This phase offers exciting opportunities for young adults to discover, acknowledge, and shape personal values and lifestyle choices. Nonetheless, this new-found autonomy does not come without inherent risk, as adolescent immaturity still leads to the notion of invincibility (Douglas, Collins, & Warren, 1997). Naïve young adults are susceptible to

This dissertation follows the style of *Health Education and Behavior*.

practicing risky behaviors, such as drug and alcohol use (Lightfoot, 2000), leading to physical, emotional, psychological, and spiritual harm, while testing their newfound independence away from the security of life-long friends and family (Kadison & DiGeronimo, 2004).

The contemporary young adult entering college carries with him/her an array of attitudes, values, and beliefs developed during childhood and adolescence regarding his/her personal health and wellness (Rozmus, Evans, Wysochansky, & Mixon, 2005). Adjusting to college life involves adapting these attitudes, values, and beliefs to a new environment, creating new social networks, preparing for challenging academic demands, and pursuing career goals (Von Ah, Ebert, Ngamvitroj, Park, & Duck-Hee, 2004).

Incoming freshmen students adapting to the new environment of a college dormitory, for instance, may be subjected to food choices and meal times dissimilar from those they were used to, at home. Most dorms have buffet-style food offerings and/or snack provisions accessible during any time of day or night, providing opportunities to overindulge. In terms of creating new social networks, freshmen have numerous options for student-run organizations in which to involve themselves, such as fraternities, sororities, and intramural recreational sports teams. Although new social networks may ease the transition from one's comfortable life at home to a potentially apprehensive life at college, learning how to balance time between social events and academic responsibilities could be an overwhelming adjustment. Challenging academic demands, along with unprecedented stress, may surface among students whose high school

aspirations to become a doctor or lawyer are taken aback due to overwhelming course expectations, leading freshmen to question their original plans for future careers.

Sophomores, in particular, are at a stage in their college career where institutions may need to be especially aware of wellness and academic issues. Increasingly, the sophomore year is being viewed as a time of idleness, in which students begin to contemplate their post-graduation career decisions and personal goals (Graunke & Woosley, 2005). Gardner and colleagues (2000) indicated second-year students were more likely than students in other classes to state “confirming their major selection or deciding on an appropriate career was their biggest personal problem” (p. 72). It’s common for colleges and universities to feel successful by retaining students after the first year, and redirecting their attention to the next incoming set of freshman students. Consequently, not all sophomores have decided on a major and those who have, may not be especially engaged in the obligatory courses for their major (Schreiner & Pattengale, 2000).

The junior year isn’t just a “rite of passage” to becoming an upperclassman, it’s also a time when students begin to think seriously about their career plans and/or prepare for graduate school. This is often a stressful time for students. By their junior year, students should already have a designated major and a degree plan. However, for some, the junior year is also a year to have fun before the hustle of senior year.

A mutual life experience for the many students in their third (junior) year of college is their 21st birthday. At 21 years old, individuals are now at a legal age for alcohol consumption. The novelty of this life experience is commonly commemorated

by consuming alcoholic beverages with others in their social network(s). Research indicates that 21st birthday celebrations are often *over-celebrated* such that heavy episodic (binge) drinking occurs (Rutledge, Park, & Sher, 2008). Consequences among binge drinkers include poor academic performance, driving under the influence, and aggressive behavior towards themselves and others (Wechsler & Nelson, 2006). Aggressive behavior in these situations, such as fighting, has led to numerous emergency room visits resulting in hospitalization for serious injuries including (but not limited to) fractures, head trauma, and suicidality (Turner & Shu, 2004).

Another incidence attributed to alcohol overindulgence, is unplanned sexual relations. In a national sample of college students surveyed by the American College Health Association (ACHA), 16% indicated they had a least one unprotected, unplanned, sexual encounter while intoxicated during the last year (Abbey, Saenz, Buck, Parkhill, & Hayman, 2006).

In contrast to the challenges these freshman, sophomore, and junior college students face, graduating (senior) students encounter obstacles as well, but of a different nature, and with different characteristics. As stated previously, students graduating from college are the future adult population of the United States. The transition from college life to a workplace environment involves challenges that extend far beyond securing employment (Perrone & Vickers, 2003). When emerging adults exit college and begin their transition to the professional world, they are embarking on their first (of potentially many) career transition, which will require varying degrees of coping skills and adaptability over time. Many of these young adults immerse themselves into the

workforce quickly as they exit college, viewing the multitude of career options as exciting and empowering (Arnett, 2000). Others, seemingly become psychologically paralyzed, despondent, and in more extreme cases, depressed, as they leave college in search of their identity and career path (Mortimer, Zimmer-Gembeck, Shanahan, & Holmes, 2002; Kenny & Sirin, 2006).

Although students face many employment opportunities, research indicates that 79% of college graduates preparing to begin their careers feel they have little or no awareness of the work culture prior to entering it (Sleap & Reed, 2006). Further, results of a survey performed by Kammerlyer-Mueller & Wanberg (2003) indicated graduates also have an inadequate understanding of organizational culture, leading to potentially negative impacts in their socialization process (Sleap & Reed, 2006). This inadequate understanding, coupled with college graduates' apprehensions and fears of being ill-prepared for their future careers, provide examples of how senior college students' health and wellness can be particularly affected.

Yet even before graduation, enrolled college students face a series of potential threats to their wellbeing, such as (1) stress, (2) colds/flu/sore throats, (3) sleep difficulties, (4) concern for friends or family, and (5) depression/anxiety disorders – the top five hindrances to students' academic performance, according to the most recent American College Health Association's National College Health Assessment (Spring 2009; ACHA's NCHA). These top five health threats remain consistent with the NCHA survey results from the year 2000 (ACHA, 2001).

To address these threats and other college-specific health deterrents, the ACHA created *Healthy Campus 2010: Making It Happen* (ACHA, 2006). Healthy Campus 2010, a modification of the *Healthy People 2010*, is a comprehensive agenda designed to accommodate health and wellness program planning targeting college and university populations. Healthy Campus 2010 seeks to promote the health and wellbeing of college students, by focusing on determinants that impact the multiple dimensions of their wellness.

Dimensions of Wellness

Most health scholars agree that wellness is a multidimensional construct. Despite disagreement regarding the optimal *number* of dimensions—ranging from three to twelve – there is a general consensus around the following six as proposed by Hettler (1980): (1) physical, (2) social, (3) spiritual, (4) intellectual, (5) emotional, and (6) occupational. Further, Hettler’s designated six dimensions are endorsed by the National Wellness Institute (NWI; 1979). The NWI defines wellness as “...an active process through which people become aware of, and make choices toward, a more successful existence” and emphasizes these particular dimensions create harmony and balance and characterize the “whole person.”

The physical dimension accentuates one’s ability to carry out daily tasks without fatigue. It includes components of physical fitness such as muscular strength, cardiovascular endurance, flexibility, and body composition. This physical dimensions points to the need for regular physical activity, and encourages learning about diet and

nutrition while discouraging the use of tobacco, drugs, and excessive alcohol consumption. Optimal physical wellness is met through the combination of good exercise and good eating. The physical dimension of wellness entails personal responsibility and care for minor illnesses and also knowing when professional medical attention is needed (NWI, 1979).

The social dimension centers on people's environment and community. By making willful choices to enhance personal relationships, important friendships, and building a better living space and community (NWI, 1979), people achieve social wellbeing. "Social [wellness] involves the quality of our relationships, satisfaction in our social roles, our sense of belonging, and feelings of love and acceptance" (Hawks, 2004). Social wellness is a nurturing process cultivated throughout one's childhood stages into adulthood, within a caring family environment, leading to enhanced self-esteem and self-worth (Hawks & Richins, 1994).

The spiritual dimension involves the search for meaning and purpose in human existence (Hawks, 2004). It is characterized by a belief in a higher power or being, and emphasizes one's morality, ethics and values (Adams, Bezner, Drabbs, Zambarano, & Steinhardt, 2000). Within the spiritual dimension of wellness, one may experience many feelings of doubt, despair, fear, disappointment and dislocation as well as feelings of pleasure, joy, happiness and discovery – all important experiences and components of one's spiritual wellness (NWI, 2000).

The intellectual dimension includes engaging one's mind in creative, stimulating, mental activities (Hettler, 1980). An intellectually well person encourages the discovery

and development of personal gifts to be shared with others (Renger et al., 2000). Within the intellectual dimension of wellbeing, issues related to problem solving, creativity, and learning are highlighted. As one develops his/her intellectual curiosity, he/she actively strives to expand and challenge the mind with creative endeavors (Hettler, 1980).

The emotional dimension highlights the awareness and acceptance of one's feelings (Hettler, 1980). Emotional wellness includes the degree to which one feels positive and enthusiastic about one's self and one's life. It comprises the capacity to manage feelings and related behaviors including the realistic assessment of personal limitations, development of autonomy, and ability to cope effectively with stress. The emotionally well person maintains satisfying relationships with others. Awareness and acceptance of a wide range of feelings in one's self and in others, are essential to wellness. Making personal choices and decisions based upon the synthesis of feelings, thoughts, philosophies, and behavior demonstrates optimal emotional wellness (NWI, 2000).

The occupational dimension of wellness accentuates the satisfaction gained from one's work and the degree to which one is enriched by that work (Hettler, 1980). This dimension is characterized by one's ability to balance work and leisure while developing one's standards and outlook for his/her occupation. A person's work provides support for him/herself as well as for others, for upholding life (NWI, 2000). Alongside personal fulfillment and progress, work also allows a person to obtain financial support.

Because wellness is multidimensional, the focal goal of health and wellness programming is to promote *a balance* across all dimensions. The top five academic

performance hindrances identified in the NCHA report (ACHA, 2009), demonstrate how college students' wellness has the potential for becoming imbalanced. The five most salient barriers to academic performance are related to, and stand to impact the *emotional* (hindrances 1, 3, and 5: stress, sleep difficulties, and depression/anxiety disorders, respectively), the *social* (hindrance 4: concern for friend or family), and the *physical* (hindrances 2 and 3: colds/flu, sore throats and sleep difficulties, respectively) dimensions of college students' wellness. Alongside the impact on these dimensions, other college-life stressors described in the beginning paragraphs of this chapter, directly impact the *intellectual* (i.e., increased academic demands of freshman), *occupational* (i.e., college graduates adapting to working culture), and *spiritual* (i.e., expectations of becoming fully-realized adults) dimensions.

Purpose

To further investigate how these six dimensions of wellness are impacted during the college life experience, **the purpose of this study** is to conduct a naturalistic inquiry among graduating health education majors at large university located in southeast Texas, hereafter Lone Star Liberty University (LSLU). More specifically, this study aims at evaluating which *particular dimension of wellness* these health education majors perceive as most influenced or impacted, by their college life experience.

Dissertation Format and Chapter Descriptions

This dissertation used the traditional format consisting of five chapters followed by an appendix section. I selected the five-chapter format because it provides the most appropriate structure for generating this study through comprehensive writing. This format also presents a proficient way for describing reflections and in-depth analyses needed for a qualitative dissertation.

Chapter I described the purpose of the study and an introduction to current trends and characteristics of college life, the motivation for examining life experiences of college students, statement of purpose, and constructs to be examined. **Chapter II** presents an extensive review of the literature. This literature review describes how college students' wellness has previously been evaluated and measured. **Chapter III** describes the research methodology, including the rationale for utilizing a qualitative design, participant recruitment, data collection via student interviews, data analysis procedures, possible ethical issues, and my role as the data collection instrument (Lincoln & Guba, 1985). **Chapter IV** presents and highlights the findings from the student interviews. In this chapter, I identify emergent themes from the student interviews accompanied with specific quotes to exemplify those themes. The last chapter, **Chapter V**, contains the conclusion, discussion, and recommendations learned from the study. The *conclusion* portion offers a succinct summary of the findings discussed in Chapter IV. In the *discussion* section, I 1) articulate my interpretations of these (as well as of absent) findings, 2) compare and contrast my results with those from other studies measuring college student wellness, 3) connect my findings to theoretical

perspectives (when applicable), and lastly, 4) include my *recommendations* for future practice or implementation. I conclude this chapter and dissertation by describing *contributions* this research makes to the field of health education.

CHAPTER II

LITERATURE REVIEW

Colleges and universities have a responsibility for student development both inside and outside of the college campus (Pascarella & Terenzini, 1991). Further, theories about student development (Astin, 1977; Tinto, 1975; and Chickering, 1969) have evolved recent years charging colleges and universities with enabling the holistic development of their students (Andreas, 1993). This trend is based on the premise that during the college life experience, students are transitioning toward an independent identity and belief system.

At the core of students' holistic development as young adults, lie their health and wellness, and at the core of the charge to colleges and universities, lies a particular challenge: the challenge of assessing, or gauging, students' health and wellness. given that these constructs can be measured (and, in fact, have been measured) in numerous ways. They can be gauged *clinically* via blood pressure, body composition, and blood cholesterol measures. Physiologically, variables of wellness include assessing muscular strength, cardiovascular fitness, and flexibility. Additionally, health and wellness can be evaluated through behavioral variables and lifestyle choices such as dietary selections and alcohol and/or tobacco use. While clinical, physiological, and behavioral variables are indeed important for assessing college students' health and wellness, these variables only address the physical dimension of one's health.

Most assessments of college students' health have focused on assessing, almost exclusively, the physical dimension of wellness. There is limited research investigating the impact of multiple, coexisting behaviors upon the overall wellness (not merely physical) of these students. Outlined within this literature review are empirically-based findings which represent the historical background, definitions, models, and measures for wellness research regarding young adults in college.

A substantial number of the studies described herein utilized survey instruments and quantitative research designs for their analysis. Although these instruments can provide valuable health information regarding college populations in an efficient manner, quantitative findings may miss contextual details answering questions of *how* and *why* particular experiences, incidents and trends occur.

Conversely in qualitative research, the investigator is the primary instrument for data collection. As the primary instrument, the investigator can go beyond the immediate boundaries of a survey, and identify intangible factors such as gender roles, social norms, opinions, and emotions, all of which are significant for understanding a student's college life experience. Hence, my study stands to make an important contribution to a more in-depth understanding of the phenomenon of college students' multidimensional wellness, because it employs a qualitative approach to data collection and analysis. Only a qualitative investigation into students' college life experiences can thoroughly assess their lifestyle, activities, beliefs, behavioral choices and perceptions of barriers to optimal health, affecting specific dimensions of their wellness.

Development of Multidimensional Wellness Research

The multidimensional health and wellness movement has evolved over time. In 1948, the World Health Organization (WHO) defined health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

In 1961, Halbert Dunn (the first director of the United States National Office of Vital Statistics) built upon the WHO (1948) definition of health, by developing a distinctive construct which contrasted with the traditional concept of health (absence of disease or sickness). He terms this new concept “wellness,” more specifically, “high-level wellness.” “High-level wellness,” as defined by Dunn, is “an integrated method of functioning which is oriented toward maximizing the potential of which the individual is capable, it requires that the individual maintain a continuum of balance and purposeful directions within the environment where he [sic] is functioning” (Dunn, 1977, pp. 4-5). Dunn’s foundation for wellness research regarding his holistic multidimensional construct for optimal wellness (integrating the body, mind, and spirit) has, since its proposition, been advanced by numerous health researchers and practitioners.

Soon after Dunn’s refinement of the concept of wellness, Ardell (1977) proposed the first comprehensive model of wellness with specifically-defined dimensions: 1) self-responsibility, 2) nutritional awareness, 3) stress management, 4) physical fitness, and 5) environmental awareness. To assess one’s overall wellness, Ardell developed a 97-item questionnaire based on these five dimensions, placing the most emphasis on self-responsibility. He posited “[self-responsibility] is the philosopher’s stone, the mariner’s

compass, and the ring of power to a high level wellness lifestyle. Without an active sense of accountability for your own well-being, you won't have the necessary motivation to lead a health-enhancing lifestyle" (p. 102).

In 2001, Ardell modified his five-dimensional model into a 3-dimensional one, but he maintained his emphasis on self-responsibility. Ardell's revised model emphasized 3 domains of self-management. These three domains, comprising 14 skill areas, addressed the challenge of living a healthy lifestyle. The first domain — physical—includes exercise & fitness, nutrition, appearance, adaptations & challenges. Secondly, the mental domain involves emotional intelligence, effective decisions, stress management, factual knowledge, and mental health. The last domain, meaning and purpose, consists of meaning & purpose, relationships, human involvement & play.

Multidimensional Wellness Research Among College Populations

While Ardell was the first to develop and publish an instrument for measuring holistic, multidimensional wellness, it was Hettler's (1980) Lifestyle Assessment Questionnaire (LAQ) developed in 1976, and later adopted by the National Wellness Institute (NWI) in 2000, which proved to be most influential wellness model for subsequent holistic wellness researchers.

During his tenure at The University of Wisconsin – Stevens Point (UW-SP), Hettler developed the LAQ (paper-and-pencil questionnaire) for examining and assessing, specifically, college student wellness. Hettler proposed wellness initiatives should be implemented in college and university settings for numerous beneficial

reasons, but mainly to increase students' retention in academic programs and to improve students' chances for success after they graduated.

The LAQ, centered on Dunn's (1961) multidimensional description of wellness, consists of four sections, each with the specific purpose of addressing: 1) wellness inventory, 2) personal growth, 3) risk of death (health hazard appraisal), and 4) medical alert. The wellness inventory section, the section most relevant for this dissertation, was designed to encourage students to recognize their strengths in each of the following six wellness dimensions: 1) intellectual, 2) emotional, 3) physical, 4) social, 5) occupational, and 6) spiritual.

The section for personal growth was developed to identify high-interest wellness areas for students' health promotion program planning. The third section, risk of death (health hazard appraisal), was designed to elicit information relating to the morbidity and mortality of the respondent. The results from this information-gathering identified what behaviors could be changed to improve the chances of both survival and quality of life. The final section, medical alert, was utilized to "alert" the respondent of any potential health problems. This information was useful for the respondent's personal knowledge and/or to any medical or health care provider who might see or treat the student in a clinical setting (Hettler, 1980). Altogether, these four sections yielded 100 questions measured on a 5-point Likert scale (lower scores meant lower levels of wellness).

Incoming UW-SP students were required to complete the LAQ upon beginning their first semester. The UW-SP Health Service processed these LAQ's and provided two sets of results; one copy was sent to the student (along with an interpretation sheet to

explain the results), and another copy was kept in the student's university health records. Students were encouraged by the university to attend an interpretation session facilitated by a trained residence hall director, a master's-level counselor, and/or one of the members of the Student Health Advisory Committee (SHAC) (Hettler, 1980). It was the Hettler's ingenuity in developing the LAQ that provided the groundwork for a student-based wellness model continuously adopted in various forms (even till this day) by hundreds of colleges and universities worldwide.

The original LAQ was later adapted into what's currently known as the TestWell. TestWell is an online application consisting of a group of wellness assessments initially designed for health providers and wellness administrators in corporate, business, and/or professional health care settings. TestWell consists of four parts, which can be used separately or in a specific combination to fit the need of an individual. These four parts include: 1) Holistic Lifestyle Questionnaire (HLQ), 2) Health Risk Assessment (HRA), 3) Custom Questions (CQ; assessment designed by a health program evaluator to include a variety of questions in various formats such as check-box, radio button, and drop-down combo box), and 4) Topics for Personal Growth (TPG; a short assessment asking the user to checkmark any of the listed topic(s) about which he/she would like more information (NWI, 2000).

The success of the original TestWell in professional settings led to Hettler's (1980) development of four age-specific TestWell assessments: 1) Teen Assessment, 2) College Assessment, 3) Adult Assessment, and 4) Older Assessment (NWI, 2000).

The TestWell College Edition Survey is a comprehensive assessment tool based on the six-dimensional model of wellness as conceived by Hettler in 1980. This six-dimensional model emphasizes the importance of creating a balance in the dimensions that constitute human wellness. Each dimension influences the other five dimensions and determines one's overall wellness status. The TestWell College Edition Survey was designed to help an individual become aware of these different areas and identify those that need improvement.

The TestWell College Edition Survey consists of two parts. Part one asks participants to self report demographic information: gender, year in college, residency, ethnicity, and Grade Point Average. Part two provided the necessary instruction to answer the survey. This part asks respondents to answer questions using the following values: Never or Almost Never (1), Occasionally (2), Often (3), Very Often (4), and Always or Almost Always (5). Part two includes the 50 items related to college student behaviors related to the six wellness dimensions: physical (20 items), social (5 items), emotional (10 items), intellectual (5 items), occupational (5 items), and spiritual (5 items).

While Hettler's work refining the concept of wellness and identifying its six dimensions has significantly improved the ability to assess college students' overall health and wellness, specifically, his model has had wide-spread applicability and use with other population groups. Moreover, "Hettler's dimensions" have become the foundation for most other wellness models that followed. For our purposes, however, we

will focus on the use of his model exclusively for the assessment of college students' health and wellness.

Wellness Studies Among College Populations Utilizing LAQ and TestWell

In 1987, Archer, Probert, and Gage surveyed 3,200 undergraduate students attending 11 different colleges and universities throughout the United States. These researchers examined students' perceptions of Hettler's (1980) six-dimensional model by asking the students to rate three aspects of their own health: 1) the extent to which they believed each dimension affected their health and wellness, 2) for which dimensions they believed they needed more information and assistance, and 3) their current level of health and wellness in each dimension.

The first aspect — assessing the impact with which each dimension affected the students' health and wellness — was evaluated by asking them to select 3 topics, activities or behaviors (from a list of 15 choices) they believed were most beneficial to their wellness and 3 (from a list of 17 choices) believed to be most detrimental to their wellness. The study's results indicated close relationships (social/emotional), exercise (physical), and socializing (social) were what the students selected as most beneficial to their wellness, respectively; the most detrimental were worrying (emotional/intellectual), poor sleep habits (physical), and procrastination (occupational), respectively (Archer, Probert, & Gage, 1987).

The students' responses to the second aspect — identifying for which dimension more information and assistance was needed — specified occupational wellness as that

dimension; conversely, physical wellness represented the dimension they felt information and assistance was least needed. Regarding students' ranking of their current level of health in each dimension (aspect #3), they rated themselves as highest in the social dimension and lowest in the spiritual dimension (Archer, Probert, & Gage, 1987).

The LAQ also was utilized by Brylinsky and Hoadley (1991) to compare wellness scores of two groups of college students at two college campuses in South Dakota. The study investigated differences in wellness scores between college students reporting suicidal thoughts and/or attempts, and those whose scores displayed no suicidal tendencies. Students placed in the "suicide/at risk" group were those who answered "yes" to the LAQ questions "Have you ever attempted suicide?" and/or answered "yes" to any of the following questions: 1) "Have you considered killing yourself within the past year?", 2) "Have any of your relatives committed suicide?", and/or 3) "Do you frequently feel that life is not worth living?". Those who answered "no" to all of the same questions were placed in the "control" group.

Of the 48 students who reported they had attempted suicide prior to completing the LAQ, 38 were female. To no surprise, the suicidal/at risk group (N=175, 48 suicidal, 127, at risk) displayed poorer health risk behaviors than the control group (N=975). Specifically, the wellness inventory of the LAQ showed the suicidal/at risk group scored lower on the following 8 (of 12) inventory items: 1) self-care, 2) vehicle safety, 3) drug use, 4) emotional awareness, 5) emotional management, 6) spiritual sub-scale, 7) environmental sub-scale, and 8) composite score. This group also displayed poorer

health measures (i.e., higher blood pressure) and poorer preventive/self care behaviors (i.e., higher incidence of smoking) compared to the control group. In their conclusion, Brylinsky and Hoadley's (1991) study provided evidence the LAQ is a constructive instrument for identifying health-risk conditions and self-care behaviors characteristic of college students.

In 1992, McClanahan utilized the TestWell to examine one aspect of a fitness and wellness course: lifestyle behaviors. More specifically, this study examined the influence of instructional approach on students' lifestyle behaviors. McClanahan compared a cognitive-based fitness and wellness course with an activity-based course, to determine if either approach had more influence on lifestyle behaviors of college students.

The cognitive instruction approach to wellness, according to McClanahan (1992), is supported by the Health Belief Model (HBM), suggesting three steps to encourage behavior change: providing instruction focusing on knowledge, beliefs, and feelings. The first step involves assessing behaviors and identifying possible alternatives; the second consists of deciding the new behavior is worth the effort to change; and the third step requires developing a plan to promote success (Girvan & Reese, 1990).

The activity approach is rooted in the theory of experiential learning (Piaget & Cook, 1954). Experiential learning is thought to affect the learner in three ways: 1) cognitive structures are altered, 2) attitudes are modified, and 3) behavior skills are expanded.

The 274 participants in the McClanahan study were divided into an activity-based group (Aerobics course; N=95), a cognitive-based group (Concepts of Fitness and Wellness course; N=106), and lastly, a control group (Business course; N=74). Both the cognitive-based and activity-based courses produced favorable outcomes (i.e., increased TestWell scores), however; the results of the study clearly favored the activity-based instructional approach. Scores on the TestWell illustrated that inclusion of physical activity in wellness classes produced greater results.

Murray and Miller (2001) investigated students' perceptions about the importance of the six dimensions of wellness and their relationship to the students' actual current wellness levels. One hundred-five college students (45 men, 60 women) enrolled in a health and wellness course completed two surveys. The first survey assessed each of the six wellness dimensions (Wellness Inventory of the LAQ). The TestWell – College Edition (NWI, 1993) was the second survey.

The results from these two surveys indicated the students believe each dimension of wellness is important. The emotional dimension was rated as having the strongest effect on wellness, thus demonstrating that students recognize the strong association between their emotional state and their overall well-being. However, students rated the social dimension as having the lowest effect on overall wellness. The authors concluded either students believe the social dimension is less pertinent to their overall wellness, or they simply take social wellness for granted due to their large network of friends.

Murray and Miller (2001) noted with respect to the value and usefulness of the Hettler (1980) wellness model, the results of this study are optimistic. The students

seem to understand the model and actually believe that each dimension plays a role in their overall wellness. However, what was most useful is that students have indicated that they need the most guidance in the intellectual, spiritual, and emotional dimensions of wellness. This runs contrary to what is typically taught in collegiate introductory health and wellness courses where the physical dimension is primarily stressed.

Hey, Calderon, and Carroll, in 2006, designed a study comparing the TestWell with an instrument they developed called the Body-Mind-Spirit Wellness Behavior and Characteristic Inventory (BMS-WBCI). The BMS-WBCI consisted of 44 items divided into three subscales. The subscale labeled as “body” comprised nine items (items 1-9) relating to risk behaviors, including personal safety, physical fitness, and dietary intake, encompassing the physical domain of wellness. The second subscale labeled “mind” consisted of 20 items (items 10-29) representing the intellectual, social, emotional, and occupational domains of wellness. The third subscale “spirit” consisted of 15 items (items 30-44) spanning the spiritual, emotional, and occupational domains of wellness.

The specific purpose of this two-study project was to generate and then identify baseline wellness statements about behaviors and characteristics of the body, mind, and spirit dimensions of wellness that are important to college students. An additional purpose of the study was to develop an efficient, cost-effective, and useful wellness inventory for college professionals to use in assessing wellness-related behaviors and characteristics of college students. The authors compared this new tool, BMS-WBCI, to the TestWell.

The results indicated a comparison of the three BMS-WBCI dimensions with those dimensions intended to measure similar wellness constructs in the TestWell subscales provided concurrent criterion-related validity. The BMS-WBCI Body correlated with TestWell's Physical Fitness, Nutrition, and Self-Care and Safety subscales. The Mind dimension was highly correlated with TestWell's Social Awareness, Emotional Awareness, and Intellectual Wellness subscales. The Spirit dimension was highly correlated with the TestWell Spirit and Wellness dimension.

In 2007, Gieck and Olsen introduced Hettler's six dimensional wellness model into an 11-week knowledge-based program delivered to a sample of obese and sedentary college students (N=41). The program required participants to 1) attend five classes covering modified versions of Hettler's model, and 2) record the number of daily steps taken during this period. The classes offered information about general holistic wellness, physical wellness, healthy eating, importance of hydration, spiritual wellness, emotional wellness, and stretching. Although the goal of achieving balance across these wellness dimensions was presented as a lifelong process, gains in health and fitness levels were framed as secondary benefits to the experience of engaging in health-related behaviors.

Participants completing this 11-week intervention experienced a decrease in body fat and an increase in self-efficacy and knowledge concerning principles of holistic wellness. Participants also reported an increase in activity level, both in terms of general activity level, resistance training, and walking behavior. Even one month after the intervention, participants continued new lifestyle behaviors. This study provided further

evidence that educating students about the importance of wellness and reasons to engage in wellness behaviors can help increase the probability that students will practice healthy behaviors.

Wheel of Wellness (WoW) and Wellness Evaluation of Lifestyle (WEL)

Background

Other attempts, in addition to Hettler's, have been made to capture the multi-dimensional aspects of health and wellness. In 1991, Sweeney and Witmer proposed another holistic model for wellness and disease prevention across an individual's lifetime. Their model was based on psychological theory and empirical research regarding characteristics and behaviors of healthy persons. Witmer and Sweeney (1991) defined wellness as "a way of life oriented toward optimal health and well-being in which the body, mind, and spirit are integrated by the individual to live more fully within the human and natural community" (p. 252). Eighteen characteristics were identified and presented in a circular graph, the Wheel of Wellness (WoW), depicting a configuration of reciprocal relationships among these behaviors.

The Wellness Evaluation of Lifestyle (WEL; Witmer & Sweeney, 1991) was developed to measure each of the components of wellness depicted in the WoW. The WEL is based on the five major life "tasks" (spirituality, self-direction, work & leisure, friendship, and love) and subtasks enabling healthy persons to interact effectively with the environment and ecological life forces. The instrument consists of 131 items: self-statements to which respondents reply using a five-point Likert scale. One score is

provided for each of the five life tasks and sub-tasks, as well as a composite score for “total wellness.” Scores are presented in a profile that allows for interpretation based on individual scores as well as patterns.

Wellness Studies Among College Populations Utilizing WoW and WEL

Hermon and Hazler (1999) surveyed 155 undergraduate students at a large Midwestern U.S. university using a combination of the WEL (Witmer & Sweeney, 1992) and the Memorial University of Newfoundland Scale of Happiness (MUNSH) (Kozma & Stones, 1980). This combined instrument was designed to examine if students who adhered to a holistic wellness model had a greater sense of psychological wellness. Among the five dimensions in their holistic wellness model 1) spirituality, 2) self-regulation, 3) work, recreation & leisure, 4) friendship, and 5) love), Hermon and Hazler’s (1999) research indicated self-regulation, and work, recreation, & leisure as the best predictors of these college students’ psychological wellness.

Granello (1999) examined overall wellness, ability to empathize, and social support networks of 100 college students by utilizing a combination of WEL (Witmer & Sweeney, 1992), the La Monica Empathy Profile Instrument (LEP; 1984), and the Norbeck Social Support Questionnaire (NSSQ; Norbeck, Lindsey, & Carrieri, 1981). Results of the study displayed a significant relationship between students’ own ratings of wellness and their total wellness scores. Additionally, a relationship between social network size, and perceived social support was found.

In 2002, Supergeon designed a study using the WEL to investigate the differences between students from Historically Black Colleges and University (HBCUs) and students from Predominantly White Institutions (PWIs). The results revealed that racial identity and self-esteem did not predict a significant proportion of the variance in wellness. However, there were significant differences between HBCUs and PWIs on 8 of the 17 WEL sub-scales . African American students at HBCUs had higher scores on friendship, love, sense of worth, emotional awareness & control, humor, and gender identity, whereas students attending PWIs scored higher on exercise and nutrition. This study suggested that minority-group-context appears to determine which variables are more important, more salient, for that group. This determines the manner in which wellness programs should be developed.

The wellness of young adults at a university was measured and compared to a adult non-student sample, by Myers and Mobley in 2004. In a sample of 1,567 young adults they found that students scored highest in the social dimension and lowest in coping. Myers and Mobley (2004) reported no overall differences in wellness scores between the groups but did find that the younger university student group scored lower on self-care.

The WEL was also utilized by LaFountaine, Neisen, and Parsons in 2006, to identify wellness behaviors of 1,007 first-year college students attending two Catholic, Midwest, liberal arts colleges in the U.S. The results indicated the students from these colleges scored highest on the love and self-regulation dimensions and the lowest in nutrition. When comparing these results to a national sample of 1,357 students who also

completed the WEL (Hattie, Myers, & Sweeney, 2004) the students from the smaller colleges scored significantly higher in the work, recreation & leisure, and self-regulation domains (LaFountaine, Neisen, & Parsons, 2006).

Perceived Wellness Model (PWM) and Perceived Wellness Survey (PWS)

Background

The Perceived Wellness Model (PWM: Adams, Bezner, & Steinhardt, 1995) was built on a multidimensional and integrated systems framework. For the multidimensional aspect of the PWM, Adams et al. (1995) defined wellness as a “manner of living that permits the experience of consistent, balanced growth in the physical, spiritual, psychological, social, emotional, and intellectual dimensions of human existence” (p. 15). The six dimensions chosen for the PWM model are consistent with a holistic perspective of wellness, integrating aspects of the body, mind, and spirit.. According to this particular model, physical wellness is defined as an individual’s positive expectations and perceptions of his/her physical health. Spiritual wellness is an individual’s belief in a unifying force between the mind and the body, or a feeling of having purpose in life. Psychological wellness is present when an individual possesses dispositional optimism, or a belief that positive outcomes will result from life events. Social wellness is the perception of having support from family and friends or providing this support. Emotional wellness is experienced when an individual has self-esteem or a positive self-regard. Intellectual wellness refers to an individual’s experiences with optimal levels of intellectually stimulating activity (Adams et al., 1995).

Harrari, Waehler, and Rogers (2005) explain that the PWM refers to the functioning within the individual dimensions as “magnitude” and the interactions across the dimensions as “balance.” Thus, individuals’ magnitude within the dimensions and balance across dimensions both contribute to their overall wellness perception. The PWM holds the assumption that when people perceive themselves as attending to all wellness dimensions equally, they are healthier. Thus, balance contributes positively to their overall wellness perception. Optimal balance, according to Adams et al., (1997) occurs when an individual has an equivalent positive perception of functioning on each of the six dimensions.

An important difference among wellness models is that there is disagreement about whether optimal wellness results from an equivalent emphasis on all dimensions, or whether some dimensions supersede others (Harrari et al., 2005). The Perceived Wellness Survey (PWS; Adams et al., 1997) is a 36-item self-report wellness measure designed to assess the degree to which adolescents and adults perceive themselves to be functioning across the six wellness dimensions described above. The items are scored on a Likert scale ranging from 1 (very strongly disagree) to 6 (very strongly agree). Higher scores indicate greater perceived wellness in each dimension. In addition to providing scores on each of the six dimensions, scoring includes an overall wellness composite score derived from the mean of the six dimensions (magnitude score) and a dimensional standard deviation (balance score). (For specific information for calculating each score refer to: Adams et. al., 1997; and Harrari et. al., 2005).

Studies Using PWS

Sidman and colleagues, in 2009, paired the PWS with the Self-Efficacy and Exercise Habits Survey (Sallis, Pinski, and Grossman, 1988) to 1) determine the relative importance of exercise self-efficacy and 2) examine the relationship of exercise self-efficacy and perceived wellness in a sample of 611 college students enrolled in a physical activity and wellness course. The results indicated exercise self-efficacy was a positive predictor of overall wellness and all [6] dimensions of wellness; however, exercise self-efficacy did not predict social wellness. The authors stated this study provided preliminary evidence to support the development of exercise self-efficacy through strategically-planned curricula and educational programs. These strategies may represent effective ways to improve wellness among college students.

American College Health Association's National College Health Assessment (ACHA-NCHA)

The American College Health Association (ACHA) is the nation's principal advocate and leadership organization for college and university health. As such it represents a diverse membership that provides and supports the delivery of health care and prevention & wellness services for the nation's 18 million college students (ACHA, 2009). The ACHA developed the original National College Health Assessment (ACHA-NCHA) in 2000, to measure health concerns of college students. The assessment includes 300 questions about varied content areas, including health, health education, and safety; alcohol, tobacco, and other drugs; sexual health; weight, nutrition, and

exercise; mental and physical health; and impediments to academic performance. The questionnaire also contains questions about a variety of demographic characteristics. Administrators and researchers from more than 300 colleges in the United States have voluntarily administered the NCHA to over 350,000 students since 2000.

The most recent data gathered through the NCHA was from 1,860 students on 701 campuses (ACHA, 2009) in the Spring of 2008. When students were asked about factors that negatively influenced students' ability to perform academically, students tended to report feeling stressed (34.1%), having the flu or a cold (27.1%), experiencing sleeping difficulties (26.1%), being concerned for friends or family (19%), having relationship problems (16.4%), experiencing mental health concerns (16.3%), or using (over-using) the Internet (16.3%).

The revised survey, the ACHA-NCHA-II (2009), was developed following a thorough pilot testing process. Although the categories measured remain the same between the original ACHA-NCHA and this revised survey, a number of questions have been modified, and new questions have been added to monitor a variety of health constructs. Specific revisions include updated lists of illegal drugs, contraceptive methods, and vaccines. New items have been added to capture sleep behaviors, self-injury, the use/abuse of prescription drugs and additional mental health issues.

CDC-National College Health Risk Behavior Survey

In 1995, the Centers for Disease Control and Prevention (CDC) developed the National College Health Risk Behavior Survey (NCHRBS), which included questions about a variety of risky behaviors: unintentional and intentional injuries, tobacco use, alcohol and other drug use, risky sexual behaviors, unhealthy dietary behaviors, and physical inactivity (Douglas et al., 1997).

Zullig, Pun, & Patton (2006) examined responses of 4,609 students from 136 universities. The results indicated most students (90.8%) reported using a seatbelt while driving a car, but more than a fourth of students (27.4%) reported driving a car after drinking alcohol in the past month. Ten percent of students reported being in a physical fight in the previous 12 months and another 10.3% seriously considered attempting suicide. Over a quarter of participants (29%) reported smoking at least one cigarette in the previous month. A third of students (34.5%) reported binge drinking and 14% of students reported marijuana use in the 30 days prior to the survey. Eighty-six percent of students reported that they had had sexual intercourse and 34.5% reported having more than six sexual partners. One fifth of students (20.5%) had a body mass index that identified them as being overweight and 37.6% of students reported exercising on three of the past seven days.

In 2005, Rozmus performed a study utilizing multiple surveys to describe the health promotion and health risk behaviors of young adults entering a small urban university setting. The first survey, the Multidimensional Health Locus of Control (MHLC) questionnaire, was developed by Wallston, Wallston, Kaplan, and Maides

(1976). The second survey, The Value Survey (1985), measured the personal values of “a comfortable life”, “an exciting life,” “freedom,” “happiness,” “health”, “inner harmony,” “pleasure”, “self-respect,” “a sense of accomplishment,” and “social recognition”. Thirdly, The Health Promoting Lifestyle Profile II (HPLP II; 1996) measured six aspects of health promotion behaviors; health responsibility, physical activity, nutrition, spiritual growth, interpersonal relations, and stress management. Final questionnaire was the NCHRBS (Douglas et al., 1997). The six categories of behavior assessed by the survey for this study were 1) drug/alcohol use, 2) tobacco use, 3) physical activity, 4) nutrition, 5) sexual activity, and 6) intentional & unintentional injuries. Results indicate that the college students participating in this survey do engage in behaviors that place them at risk for serious health problems.

Qualitative Studies

Perhaps one reason for the mixed findings in the literature discussed above is that researchers in relied on quantitative survey data and were limited in their understanding of college students’ overall holistic wellness. A few studies assess college students’ health and wellness domains, qualitatively, but they focus, selectively, on single dimensions, for instance, *physical* (Behrens, Dinger, Heesch & Sisson, 2006; Tucker & Erwin, 2007; Greaney et al., 2009; and Waldron & Dieser, 2010), *emotional* (Butler, Dodge, & Faurote, 2010), *spiritual*: Baldacchino, 2008; Dent, Higgins, & Wharff, 2005), *occupational* (Butler, Dodge, & Faurote, 2010), *social* (Greaney et al., 2009; Stieha, 2010), and *intellectual* (Lee, Hoerr, Weatherspoon & Schiffman, 2008).

Nevertheless, my investigation of the literature, up to this point, has not produced any *qualitative analyses of multidimensional, overall, and/or holistic wellness* among college students in the United States. Hence, my study stands to make an important contribution to a more in-depth understanding of the phenomenon of college students' multidimensional wellness. Only a qualitative investigation into students' college life experiences can thoroughly assess their lifestyle, their activities, their beliefs, their behavioral choices and their perceptions of barriers to optimal health, affecting specific dimensions of their wellness.

CHAPTER III

METHODOLOGY

The *focal purpose of this study* was to determine which dimension of wellness was most impacted during the college life experience, among a sample of students from Lone Star Liberty University choosing Health Education as their major. In this chapter I will discuss how this purpose was achieved beginning with the “Methodological Overview.” Second, I will describe the “Setting” where the research took place, followed by the “Participant Sample and Recruitment.”. The fourth section will address the “Data Collection Procedures,” and the fifth, describes the “Data Analysis and Synthesis.” Last, I explain the methods to ensure “Trustworthiness of the Data.”

Methodological Overview

After a review of the literature overall college student wellness has been, thus far, primarily measured using quantitative methods. This provided a strong rationale for my choice of a qualitative paradigm for this study. Researchers who use a qualitative approach examine people or situations in their natural settings. Strauss & Corbin (1990) define qualitative research as “any kind of research that produces findings not arrived at by means of statistical procedures or other means of quantification” (p. 17). Since qualitative research does not apply [quantitative] tests for statistical significance, the researcher must uncover and interpret the meaning of what is observed, and establish a credible connection between what is observed and the researcher’s conclusions.

Qualitative researchers attempt to understand experiences, using the meanings or interpretations of the people involved in those experiences (Denzin & Lincoln, 2005). Qualitative researchers, therefore, aim to comprehend the meanings related to personal situations and events in a particular time and context. In order to comprehend those meanings, these researchers go directly to the participants for information. “Only by observing and communicating with [people] face to face, can we understand the meaning making apparatuses that individuals bring to, and create from, a dynamic stream of events. Both of those tactics, observing and communicating, are qualitative methods” (Denzin & Lincoln, 2005, p. 225).

Qualitative research methods are unsurpassed for researching problems/phenomena for which the variables are unknown and need to be explored (Creswell, 2005). They can also be drawn upon to gain new perspectives about variables for which much is already known, or to obtain more in-depth information that might be difficult to express quantitatively. The ability of qualitative research to better describe a phenomenon is an important consideration from both the researcher’s and the reader’s perspectives.

A qualitative approach was most suitable for this study because it allowed me to capture the intricacies of college students’ lives during their time at Lone Star Liberty University. Capturing this information was accomplished via personal in-depth interviews, which elicited perceptions and lived experiences of the graduating health education majors in my sample. As these students shared an experience, he/she interpreted the occurrence of actions and events in a format that made sense in his/her

life (Polkinghorne, p. 150). The experiences shared by each student in this study supplied comprehensive data from which personal stories emerged.

All people are storytellers (Lincoln & Guba, 2000), and stories they reveal represent the way they interpret experiences and how their identities are constructed (Czarniawaska, 2004, p. 5; Polkinghorne, 1988, p. 150). Stories shape these identities providing structure to a person's perception of reality and by presenting "rich data for understanding interpersonal interaction, individual bias, social expectations and cultural values" (Horrocks & Callahan, 2006, p. 72). To elicit stories, events, and viewpoints from the students participating in this study, only a narrative research approach was adequate, specifically, narrative inquiry.

The various designs of narrative research include life histories, oral histories, narrative inquiry, and biographical studies (Denzin, 1989; Riessman, 1993; Creswell, 1998; and Merriam, 2002). The choice of design for qualitative research depends on the purpose of the investigation, what information will be most useful, and what information will bring about the most credibility. In contrast to other qualitative methods examining text and language, narrative inquiry not only interprets content but also aims to understand the experiences and make meaning of them in their own rich and varying contexts and formats (Clandinin, 2007).

Narrative inquiry is an approach in which researchers seek to "experience the experiences" of the participants through the telling of their stories (Clandinin & Connelly, 2000, p. 50). These stories (narratives) can be in oral or written form, and serve as a means to explain and present particular life experiences, as well as the

emotions associated with these experiences. According to Riessman (2008) the interviewee, in narrative inquiry, connects his/her particular events in a progression that is essential for later examination, as well as for the meanings the interviewee wants to portray. Because stories are often emotional and symbolic, they can augment specifics and provide deeper meanings for the details offered (Horrocks & Callahan, 2006);

My study asked graduating health education majors to describe, chronologically, situations and events they've experienced throughout their college life at Lone Star Liberty University. By revealing their college experiences in a linear manner, participants allowed me to understand their present, in light of their past. In sum, the use of narrative inquiry was especially conducive to examining the meanings and details concerning the impact of a college life experience on the various dimensions of college students' wellness.

Setting

College and university atmospheres can have a significant influence on the dimensions of wellness deemed most impacted during the college life experience. Data for this investigation were collected during the Spring 2010 semester at Lone Star Liberty University. It is a largely populated (48,702 enrolled students in Spring 2010) secular/public institution; however, its student body has a reputation for being religiously and politically conservative.

Participant Sample and Recruitment

The intent of qualitative research is not to generalize research findings to a population (as in quantitative); instead, qualitative research aims to develop an in-depth understanding of a central phenomenon. This understanding transpires through a comprehensive insight of the study's participants.

Participants in my investigation were recruited, after approval from the LSLU Institutional Review Board, via purposeful sampling. Purposeful sampling involves the intentional selection of participants from which specialized data can be collected (Kuzel, 1999; Patton, 2002; Wolff, 2002). Given that the focus of this study was to identify which dimension of wellness was most impacted during the college life experience, I purposefully directed my recruitment efforts towards a homogenous group with a genuine interest in health and wellbeing: health education majors (Merriam & Simpson, 2000). Students majoring in health education learn to personally identify with behaviors and practices necessary for living healthy lifestyles, and although they are taught about these behaviors and practices in the classroom, applying them to their day-to-day lives does not occur automatically.

Of the 270 health education majors enrolled during the Spring 2010 semester (LSLU Enrollment Profile, Spring 2010), 132 were of senior status and scheduled to graduate in May 2010. Senior status was necessary for my sample, so I could gather students' entire college life story, beginning with their move away from home (when they were required to adapt to a new atmosphere as a college freshman), and proceeding with each following year, till the moment the interview took place.

Specifically, then, requirements for participating in my investigation included:

- 1) Being a senior undergraduate health education major actively enrolled in his/her last semester of required coursework.
- 2) Having attended Lone Star Liberty University for all years of his/her college education.
- 3) Having transportation to the specified interview site.
- 4) Living in Bryan/College Station independent from parents.

Due to the in-depth nature of my interviews, it was helpful for me to identify and make use of gatekeepers (Creswell, 2005) within the Department of Health Education. Gatekeepers are individuals who have an official or unofficial role at the research site, provide entrance to the site, and help researchers locate potential participants (Hammersley & Atkinson, 1995). For my study, two health education professors and the Health Education Academic Advisement Director, served as gatekeepers to my potential participants.

I recruited participants from two health education courses on campus, Health Education Methodology (HLTH 415), and Health Program Evaluation (HLTH 425), as senior classification was necessary for enrollment in these courses. Recruitment occurred only once, at the beginning of the Spring 2010 semester, during the first or last ten minutes of these classes. At that time I briefly described the study and invited students to participate. Willingness to participate was documented by a “yes” or “no” answer marked on a small form provided to each student. Students who marked “yes” were asked to include their name and email address on the form provided. The forms of

the students who circled the “no” response were counted for calculating the response rate, then shredded and discarded

Students who agreed to take part in the study were contacted via email the same day to “thank” them for their interest and to alert them to expect a follow-up email within two weeks, to schedule the interview. Within the follow-up email, I provided a brief recap of my study’s purpose, a reminder that participation was completely voluntary, and asked the student to reply and indicate days/times during the week when he/she was available for an interview.

In qualitative research, the number of participants sampled vary, from one study to another. To allow for in-depth information during this narrative inquiry process, I proposed to interview 25-30 participants; however, the final sample size (N = 30) was decided by the point at which iterations among the interviewees yielded a well-developed concept, further observations yielded minimal new information, and patterns of behaviors discussed began repeating themselves. This point is referred to as “theoretical saturation” (Lincoln & Guba, 1985).

Of the 23 students in the Health Education Methodology course (HLTH 415), and the 25 students in the Health Program Evaluation course (HLTH 415), 9 and 8, respectively, marked “yes” indicating interest in participating. Among these 17 willing participants, 9 confirmed a date and time to interview. Since I proposed to interview between 25-30 participants, an IRB Amendment was submitted and approved to supplement the in-class recruitment with an email approach and an incentive (gift cards) for enlisting more interviewees. The gift card incentive was structured so that all the

participants would be entered into a drawing to win one of five \$20.00 gift cards from Barnes & Noble Bookstore, Target, I-Tunes, Wal Mart, or Cinemark [movie] Theater.

One hundred thirty-two email addresses of health education majors scheduled to graduate in May 2010 were provided by the LSLU Health and Kinesiology undergraduate program advising director. After distributing the email invitations, 57 students replied stating their willingness (N = 41) or inability (N = 16) to participate. Students unable to participate stated reasons such as: “not interested,” “currently away [from the College Station area] for internship,” and “[didn’t] have the time necessary for an entire interview.” The 41 students who emailed a reply stating their participation interest received a prompt response via email or phone to schedule an interview. A total of 30 interviews were confirmed via class recruitment and email invitations; the interviews began in March 2010 and concluded April 2010.

As the interviews were proceeding, snowball sampling (pg. 196) was also utilized. Snowball sampling is a type of purposeful sampling that ideally proceeds after a study begins and occurs when the researcher asks participants to recommend other individuals to study. Since asking individuals to share their college life experiences may sound intrusive, I speculated that some students may feel hesitant to be interviewed. To reach these “hesitant” students, I asked interviewees, post interview, if they knew of others who might consider participating but might be apprehensive due to the nature of the subject. If participants indicated knowing someone potentially interested, they were asked to convey my contact information.

Data Collection Procedures

Interviews

Each participant was emailed and/or called the day prior to the interview, reminding him/her of the scheduled interview date & time, as well as the interview location (if other than my office). Interviews were conducted with one participant at a time. While this approach is usually the most time consuming, one-on-one interviews were ideal for discussing how each interviewee's college life experiences impacted his/her wellness (Cottrell, Girvan, and McKenzie, 2009).

Because particular topics may evoke emotional responses from participants, a private setting for individual interviews was most suitable for conversations which could be uncomfortable if held in an open, populated setting. For this reason, all but 2 interviews took place in my office, at the Lone Star Liberty campus. As study participants arrived, they were cordially greeted, escorted to their seats, and offered a non-alcoholic drink. Before each interview, participants read and signed the consent form, and completed a brief demographic survey.

So that I could maintain eye contact, I memorized the wording and general order of the interview guide (discussed below). However, depending on the interviewee's responses, I occasionally asked questions in different sequences, as needed. The sequences of questions were facilitated with the use of verbal transitions which helped the interview flow in a sensible manner. The dialogue was open-ended and responsive to the lead of the interviewee (Spradley, 1979). All interviews were digitally audio-recorded for transcription.

Interviewer

Instruments are required to collect data. In qualitative research, “the interviewer uses him/herself as the research instrument, drawing upon an implicit bodily and emotional mode of knowing that allows a privileged access to the subject’s lived world” (Kvale, 1996, p. 124). For this dissertation study, therefore, I—equipped with my interview guide (discussed below)—served the role of the research instrument. I obtained data, life stories/experiences, from the soon-to-be graduating health education majors, and analyzed and interpreted them in a way that their stories/experiences could be understood and described. Participants were asked to disclose their college life stories and to reflect on the way these stories affected their wellness. The collected data were both intimate and insightful. Such intimacy and insight left openness for personal vulnerability of the bearers of this data. My duty as the interviewer was to respect and protect this vulnerability.

I performed my function as the research instrument by applying humanistic communication fundamentals (Littlejohn, 1992) which included: 1) maintaining eye contact, 2) listening empathetically, 3) reflecting back what I heard, 4) clarifying responses, and 5) focusing the interview (Littlejohn, 1992). In addition, as an instrument that elicited sensitive data, I demonstrated appropriate body language that accommodated the interview’s content. My body language during the interviews included facial expressions that reflected the mood of the interviewees, and I did not hesitate to smile, laugh, or even cry with participants. I assured all interviewees that I’d be available to listen to them if they needed to talk further after the interview. Four

participants requested to return, later, based on this offer. All four of these return interviewees met with me within 2 weeks of their initial interview, discuss matter related to our interview discussion (i.e., worksite health, graduate school, women's health).

Interview Guide

Collecting qualitative data consists of acquiring participant perspectives using data collection forms that are less structured and more open-ended than those used in quantitative research (i.e., interview guides/protocols; Creswell, 2002). Qualitative studies pose wide-ranging, expansive questions to interviewees, allowing them to communicate views somewhat unrestrained by the interviewer's perspectives. Dissimilar from quantitative research, qualitative research does not use an instrument with precise, predetermined measurement scales.

I used a semi-structured interviewing guide (discussed in detail below) in which particular questions were close-ended, yet the majority were open-ended. The advantage of this semi-structured type of interviewing is that the predetermined close-ended responses can bring about useful information to facilitate subsequent open-ended questions (Creswell, 2002). These questions, on the other hand, allow the participant an opportunity to provide information outside or beyond that identified in the close-ended options.

Whether employing one type of question or another in qualitative interviewing, Atkinson (1998), Kvale (1996), and Patton (1990) argue that rich data does not "just happen;" they require advanced preparation by the researcher. Following this premise, I

planned my interview guide to consist of open-ended questions and probes. The questions asked participants to describe particular times in their lives including the present, growing up, deciding to attend college, living in college, and planning for their futures.

My semi-structured interview guide was structured to elicit narratives about students' LSLU undergraduate experience. My purpose was to interpret how these personal experiences could be described according to the six dimensions of wellness: (1) physical, (2) social, (3) spiritual, (4) intellectual, (5) emotional, and (6) occupational. The development of my interview guide was informed by holistic, overall, & multidimensional wellness surveys, quality of college life surveys, life satisfaction questionnaires and accompanying literature previously discussed in Chapters I and II of this dissertation (Renger et al., 2000; Sirgy, Efraty, Siegel, & Lee, 2001.)

In late February 2010, I piloted the interview protocol with two LSLU College of Education graduate students. The comments provided by each graduate student, post-interview, helped to improve the guide's wording of the questions in terms of clarity and continuity.

A "header" was added to the top of the interview guide, to facilitate capturing of smaller bits of data, unobtrusively. This "header" included the shortened study title, Dimensions of Wellness Experienced Among College Students, and designated space to document the interview's date, time, location, and sitting arrangement. Next in the header, there were reminders to 1) briefly review the purpose of the study, 2) discuss sources of data being collected, 3) inform the participant what I would do with the data

and how it would be confidentially managed (i.e., names would be changed into aliases or identification numbers and would be privately stored in a locked file cabinet), 4) provide approximate time the interview would take, 5) allow for participant questions and/or concerns, 6) advise that he/she could refrain from answering any questions, and that the interview could end at any time, 7) collect the signed consent form, and lastly, 8) turn on the digital recorder. Following this header, were my catalog of questions. This “questions” section contained space along the margins and in between questions for note taking during and after the interview.

The interview protocol’s design provided the interviewee the freedom to describe his/her life experiences, while simultaneously letting me probe deeper into specific plots of the story without creating contrived interviewing conditions (Reissman, 2008). Probes are subquestions or remarks formulated into the interview guide that a researcher asks to derive more detailed information.

In this study, both *elaborating* and *clarifying* probes were used to ensure thorough coverage of potential factors that could have affected participants’ wellness. *Elaborating* probes are used to facilitate further conversation with the interviewee regarding a particular response (i.e., “That’s fascinating. Please tell me more.”, “Can you give me some examples?”; “What does ‘not much’ mean when you responded to my question about how often you go to church?”) (Creswell, 2002). *Clarifying* probes are applied when asking an interviewee to explain an answer in more detail (Creswell, 2002) and/or go beyond a minimal answer to cultivate thoughts and ideas to help me, the interviewer, understand. Examples of clarifying probes used were, “I’m having a

difficult time understanding that. Can you explain what “Facebooked him” means?”; “I apologize, but I don’t quite get that. Tell me again, would you?”; “I’m having trouble understanding the situation you’ve just described. Can you provide more detail about that?”

When an interviewer wants a participant to continue talking or expand on what he/she is talking about, the use of probes can help draw out unexpected information and/or relationships among factors. For example, when I asked interviewees how they decided on Health Education as their major, many of them stated they had had an interest in the health and wellness of people since middle and high school, and had visions of becoming nurses, doctors, physician assistants (PA), occupational therapists (OT), or physical therapists (PT). When attending LSLU’s New Student Conference, these [then] incoming freshmen students with health-related interests were advised to enlist in the Biology or Bio-Medical Science (BIMS) majors. However, some interviewees said they couldn’t keep up with the required work and/or that the course material in these majors was too difficult to comprehend, so they “kind of fell into Health Education.” By using the clarifying probe, “I’m not sure what you mean by ‘fell into’ Health Education. Can you explain how one ‘falls into’ Health Education?” This probe helped me understand that “falling into” the Health Education major meant “failing out” or “opting out” of the BIMS major, while still retaining an interest in the health and wellness field. Since a number of classes within the BIMS major coincided with those of the Health Education major, some advisors recommended this change of major for a smooth transition. Most interviewees stated they had never heard of the

Health Education major and it wasn't until they opted out of, or failed out of the other science majors that they "fell into" Health Education (further discussed in Chapter IV). Without "probing" for clarification on this matter, I may have never learned that there was a relationship between their experiences as a Biology and/or BIMS major and "falling into" or selecting the Health Education major.

Data Analysis and Synthesis

Data were transcribed verbatim from digital audio-recordings of interviews. Since the analysis of text was primarily content-driven, data transcription incorporated pauses, non-lexicals, and accentuated words; the length of pauses and false starts were disregarded, however.

Narrative research is flexible and creative -- not restricted to a uniform technique. As Elliot (2005) postulated "...there is no standard approach or list of procedures that is generally recognized as representing the narrative method of analysis" (p. 36). Although narrative analysis can be applied through different paradigmatic lenses, generally, narrative data are categorized within an interpretive framework (Denzin, 1989; Riessman, 2008). Interviewees who convey their story to a researcher re-create their life. In this way (as previously discussed), the researcher acts as the central tool for revealing the created lives of his/her participants. The text, in this case, becomes the source of entry into the experiences and lives of the graduating health education majors. Narrative inquiry is an inductive preparatory process.

This study's analysis draws upon methods used by various narrative researchers and is guided by the research question, "Which dimension of wellness is most impacted by the college life experience?" Each analytic method presents a particular lens through which narratives are observed and examined. The primary goal of this study was to determine "which" dimension of wellness was most affected throughout the undergraduate experience of health education majors at Lone Star Liberty University. An analytic method appropriate for this goal must be able to illuminate both the content and form of students' stories.

Thematic Analysis

Agar (1980) suggests that one "...reads the transcripts in their entirety several times. Immerse yourself in the details trying to get a sense of the interview as a whole before breaking it into parts" (p. 103). Using Agar's (1980) suggestion, my analysis began with reading through all of the transcribed data to obtain an overall awareness of the information. Then I performed a preliminary exploratory analysis that consisted of 1) acquiring a general sense of the data, 2) memoing ideas, 3) thinking about the organization of the data, and 4) considering whether more data were needed.

While carefully reading the transcripts, codes were developed to systematically organize my findings. Coding is a practice within thematic analysis of segmenting and labeling text to form descriptions and general themes from the data; making sense of it all. There are no rigid guidelines for coding data, but some general procedures do exist (Creswell, 1994; Tesch, 1990).

- 1) Make sense of the data
- 2) Divide it into text or image segments
- 3) Label the segments
- 4) Examine codes for overlap and redundancy
- 5) Collapse themes

I chose to code by hand, instead of using a computer software. As Creswell proposes, hand-analysis helps the researcher be “close to the data, and have a hands-on feel for it without the intrusion of a machine” (Pg. 261). After thoroughly familiarizing myself with the interview transcripts, open coding procedures, as described by Miles & Huberman (1994) and Strauss & Corbin (1990), were performed for the 30 interviews. I utilized color coding to indicate specific portions of text relating to each dimension of wellness (Miles & Huberman, 1994): 1) physical: blue, 2) social: orange, 3) spiritual: yellow, 4) intellectual: purple, 5) emotional: pink, and 6) occupational: green. When themes overlapped, each applicable color was represented. To each code, I attached an operational definition and identifying word (Miles & Huberman, 1994). From the coding, central concepts or themes emerged, which are presented in detail in Chapter IV: Findings.

Open coding consisted of categorizing phenomena through carefully reading the data. In addition to the color-coding, data were also coded using a line-by-line technique in a constant comparative method, where appropriate (Strauss & Corbin, 1990).

Constant comparison is one of the fundamental tools used to develop codes. In this

method, particular events are noted and compared against other events for similarities and dissimilarities. Constant comparison allows events to be assembled together or separated. Though I made an effort to assemble codes within a specific dimension of wellness, this became challenging because codes seemed to span different dimensions of wellness and, therefore, could not be plainly assembled under a unique/ single theme or category.

Issues of Trustworthiness

Trustworthiness, in qualitative research, aims to support the argument that the study's findings are "worth paying attention to" (Lincoln and Guba, 1985, p. 290). Issues of trustworthiness include credibility, dependability, confirmability, and transferability. I will address each of these features, below.

Unlike quantitative research, where the standards most frequently used for conclusive and convincing research are *validity* and *reliability* (Creswell, 2002) criteria in qualitative research parallels these standards with the notions of *credibility* and *dependability* (Lincoln and Guba, 1985), respectively. While *validity* (in quantitative research) is the extent to which the data truly represent the phenomenon of interest, *credibility* (in qualitative research), is the extent to which the researcher describes and understands the phenomena of interest from the participant's perspective. Further, quantitative research is deemed *reliable* if two researchers studying the same phenomenon will produce compatible results. *Dependability*, alternatively, asserts the

researcher will be able to account for the perpetually-changing context from which data are collected.

In this study, *credibility* was established through *data triangulation* (using multiple methods to corroborate evidence obtained): by comparing my handwritten field notes to the transcribed dialogue, by using a uniform interview protocol (Appendix D), and by employing peer debriefing (asking a health education colleague to examine my assumptions and/or consider alternative ways of analyzing my data). My *credibility* included taking into consideration the concept of reactivity (Maxwell, 2004, pp. 108-109). Reactivity happens in interview situations where the interviewer poses an influence on the interviewee (Polkinghorne, 1988, p. 164), and in this study, reactivity was valued as part of the mutual relationship between myself and the participant (Czarniawska, 2004, p. 50). Potential sources of reactivity were my nonverbal responses to the participant, and the previous rapport I had established with participants who had been my students. Similarly, participants may have had preconceptions of what I wanted to hear, leading to potentially biased answers. As Paget (1983) suggested, interviewers can adopt strategies to make interviewees disclose more candid answers without worrying about what is expected, and being comfortable to talk at length. My study did not attempt to reduce or eliminate reactivity, but I attempted, instead, to use a consistent interview style with each participant, incorporating the possible researcher-participant association and process into my interpretations.

Dependability investigates “the accuracy and adequate documentation of changes, surprise occurrences, and the like, in the experiences being examined” (Lincoln

and Guba, 1985). Dependability can be strengthened by ensuring full description of data collection and evaluation, the use of triangulation, and by using a routine system of data coding and recoding. *Confirmability* (considered external validity or objectivity in quantitative research) refers to “the degree to which the findings are the product of the focus of the inquiry and not the bias of the researcher” (Babbie & Mouton, 2001, p. 278).

Transferability posits an accurate description of the research process for the reader to determine whether similar processes will work in their own personal settings and communities, by understanding thoroughly how they occurred in the research setting (Bloomberg & Volpe, 2008, p. 78). Analyzing the narratives of a purposeful sample of participants may or may not be transferable to others within that community culture (Elliott, 2005). I did not seek to generalize the themes from the narratives, and jeopardize the richness of the narratives themselves (Clandinin & Connelly, 2000); however, I believe the findings from my research will be useful to others in similar contexts.

CHAPTER IV

FINDINGS

The purpose of this study was to utilize qualitative research techniques, specifically naturalistic inquiry, to investigate how the six dimensions of wellness (Hettler, 1980) have been impacted by the college life experience of graduating health education majors. Particularly, my aim was to evaluate which *individual dimension of wellness* these health education majors perceived as most influenced or impacted during their college life experience at Lone Star Liberty University. It is important to emphasize that any single dimension of wellness can be influenced by another, and that there is a dynamic interrelationship among multiple dimensions. For example, a student's poor academic performance in core science classes (intellectual dimension) can diminish his/her ambition to attend medical school and become a physician (occupational dimension).

A better understanding of how students' college life experiences impact the various dimensions of wellness can provide useful information for faculty and staff of higher education institutions to design, implement, evaluate, and revise health education and health promotion programs for their students. This chapter presents key findings obtained from semi-structured, in-depth interviews with 30 soon-to-be graduating health education majors. Key findings are presented as themes & sub-themes, and organized in the order in which [most] interview questions were asked or presented themselves.

The themes comprised the various dimensions of wellness: intellectual, emotional, physical, occupation, social, and spiritual. Sub-themes were defined as “aspects”, or patterns of subject-matter emerging from “conversation topics, vocabulary, recurring activities, meanings, [and] feelings...” within a particular theme (Taylor & Bogdan, 1984, p. 131). For example, several students claimed regular physical activity is needed for leading a healthy lifestyle (theme: physical dimension); however, some female interviewees stated they felt “intimidated” by the cardiovascular equipment and strength training machines, as well as by other “really fit” recreation center patrons using the facility and, therefore, didn’t participate in regular physical activity (sub-theme: barriers to engaging in physical activity).

The emphasis throughout this chapter is on letting each student speak for him/herself. Illustrative quotations taken from interview transcripts verbatim portray multiple perspectives and capture some of the richness and complexity of the subject matter (Bloomberg & Volpe, 2008).

Intellectual Dimension

The intellectual dimension includes engaging one’s mind in creative, stimulating, mental activities (Hettler, 1980). Within the intellectual dimension of wellbeing, issues related to problem solving, creativity, and learning are highlighted. As one develops his/her intellectual curiosity, he/she actively strives to expand and challenge the mind with creative endeavors (Hettler, 1980).

The sub-themes found for the intellectual dimension of wellness, include:

- Discovering the Health Education Major
- Learning “How” to Study
- Using What’s Learned in College to Prepare for Future Career

The first question asked in each interview investigated why and how each student made the decision to attend Lone Star Liberty University. Nineteen of the 30 interviewees specifically stated they were “in the top 10% of their graduating senior [high school] class” and, for this reason, they would be accepted into any public college or university in Texas. Among these 19 students, 14 added they felt Lone Star Liberty University had a more “prestigious” reputation than the other Texas colleges or universities they could choose from.

Discovering the Health Education Major

After learning about each participant’s interest in attending Lone Star Liberty University, I inquired about how they decided to choose health education as their major. Only 3 students declared their major as health education upon beginning their first semester at Lone Star Liberty University. The other 27 students stated they intended to have careers as a professional health care provider such as (but not limited to) a physician, dentist, veterinarian, nurse, physical therapist, occupational therapist, or optometrist. These 27 students — interested in professional health careers all — started their Lone Star Liberty University career majoring in Biology (10 of 27), Biomedical Sciences (BIMS; 14 of 27), Kinesiology (2 of 27), or Nutrition (1 of 27).

The most reoccurring reason interviewees provided for switching into the health education major was sequenced in three parts: 1) performing poorly and/or lacking interest in their original (mostly science-based) major and being instructed to switch out of that major, 2) discovering the health education major from an advisor, classmate, and/or friend, and 3) switching into the health education major for its ability to provide career opportunities in health care settings. This three-part reason contributed to many interviewees' initial negative feelings of stress, of "being lost", and being incompetent. However, finding contentment with the health education major, ultimately, led to positive feelings of relief and passion for learning.

Below, I have provided Melanie's, Jamie's, and Beth's narratives regarding their experiences with "*discovering the health education major.*"

During Melanie's freshman orientation, she spoke with an advisor about her goal of becoming a physical therapist (PT). At that time, Melanie also shared with the advisor her interests in the mechanics of physical fitness and the importance of good nutrition. Equipped with Melanie's interests and some personal information, the advisor suggested Melanie major in Kinesiology or Nutrition. Melanie initially chose to declare Kinesiology as her major; on her second semester, she changed to Nutrition. After giving both of these majors a try, Melanie came to the conclusion that those "programs were too heavy in the sciences." Prior to beginning the following fall semester, Melanie felt "stressed out because [she] had to choose a major but didn't know what to choose." A friend, who was a Health Education major, "explained [to Melanie] what you [can] do with the major" and immediately Melanie felt "this was exactly what [she] was looking

for.” During her interview with me, Melanie shared that she “wished [she] would have known about the health ed major when [she] first came in” and later continued, “I wouldn’t have wasted a whole year and stressed myself out so much, not to mention the money I probably wasted, had this [information] been presented to me before.”

Jamie was advised to major in Biology in order to prepare for studying optometry. While taking classes in the Biology major, Jamie discovered her “[enthusiasm] for biology classes, but [aversion] towards the Chemistry requirements.” This negative outlook towards Chemistry had Jamie questioning her choice of the Biology major. After speaking with a career advisor, Jamie learned if she didn’t get into optometry school, other employment options with a Biology major were unappealing to her. Looking for a major that developed one’s knowledge and skills towards more “hands-on health-specific” career opportunities (her words), Jamie “found the health education major on the Lone Star Liberty University website.” Jamie switched into the health education major her junior year and “has been really happy with [her] decision ever since.”

I asked Jamie to tell me “what” about this decision to switch made her “happy?” Jamie replied, “Before [in the Biology major] I never felt like I could keep up. I, well actually, my parents, provided me with extra money to hire a chemistry tutor and even that (working with a chemistry tutor) didn’t make a difference. I remember, before each of my chemistry exams, I would, literally, get sick to my stomach. My anxiety was so bad; I went and made an appointment to talk with someone from the student counseling services here on campus. The counselor suggested that “if this (chemistry) subject and

the exams are putting you under so much pressure that you're getting sick, you should really consider something else to major in where chemistry's not so involved." "Months later," Jamie continued, "I went back to the same counselor to touch base with her after I made the switch (to health education) and she could tell I was a completely different person...happier, you know!?"

Beth experienced some pulmonary health-related issues starting in infancy and throughout adolescence. The "positive [interaction she] had with her physicians during her years of treatment inspired [her] to become a doctor as well." One of Beth's doctors, who graduated from Lone Star Liberty University, informed her of the Biomedical Sciences (BIMS) major. This doctor told Beth that "while at Lone Star Liberty University, she (Beth's doctor) majored in BIMS," hence, Beth felt she should take this recommended major, too.

As Beth started her courses in BIMS, for the first time in her academic career she "felt [inept] in her ability to learn the required material and succeed as a BIMS major". She adds, "... at this point in my freshman year I found out that I had no idea how to study." She expanded on this feeling by telling me "It (BIMS major) was unfriendly competition. All the other [students] in the (BIMS) major were really uptight and really competitive, so much that they wouldn't help you, they just wanted to beat you (get better grades)." This "unfriendly competition" had Beth "for the first time questioning [her] academic abilities." These feelings of insecurity led her to switch out of the BIMS major and (through the recommendation of a friend) into the Allied Health track of the Health Education major, to become a nurse. Once in the Health Education major, Beth

found “[her] niche and really excelled in the required Health Ed (and nursing prerequisite) courses.”

About a month after this interview (April 2010), Beth stopped by my office to tell me the good news about her acceptance into nursing school for the upcoming Fall 2010 semester. When I asked Beth, “how does it feel, now, to know you’re going to nursing school?” She replied, “well, I remember telling you that the BIMS majors were so competitive and that I felt really [insecure] when I was in class with all of ‘em. Now, I’ve got my confidence back. For a while I thought I didn’t have a chance at working in the health field, and here I am now...going to nursing school this Fall! It’s like, a-ha...I knew I could do it...kinda like a big weight lifted off my shoulders!”

Learning “How” to Study

More than half of the participants (16 of 30) had similar opinions as Beth’s (above) about not knowing *how* to study and prepare for college-level exams. Generally, 2 - 3 hours of outside class study time is recommended for each course credit taken. For example, if a student is taking a 3-credit hour college course, he/she should plan to apply 6 - 9 hours per week, outside of attending class, studying the material.

But, devoting the appropriate amount of weekly study-time was not enough; students reported they had to learn “how” to study, or how to most efficiently use this study-time at this advanced level. Most interviewees informed me that, in high school, they could just “read the book chapter and skim their notes the night before” and “easily ace the exam.” However, these students learned quickly that preparing for a high school

exam, compared to preparing for a college-level exam, is “completely different.”

Hettler (1980) signifies striving for personal growth and willingness to seek out and use new information in an effective manner contributes to intellectual wellness. By learning and developing skills to comprehend college level subject matter, students can lessen the anxiety they experience in their new academic environment. Below, I share Kamesha’s and Maria’s sentiments regarding their preparation for their first college exam.

Kamesha’s academic excellence in high school was well-rewarded with a full scholarship to Lone Star Liberty University. When I asked Kamesha about how well she adapted to the college course load and college environment during her first semester at Lone Star Liberty University, Kamesha said (with a big smile on her face), “school always came easy for me...I guess that’s why finishing in the top 10% of my [high school] class wasn’t that big-a-deal. Finding out I got the [full] scholarship...well, that’s another story. Kamesha continued, “anyways, but, man, my first semester, when my first Biology exam came around, I sat down at my desk the night before and started reviewing the material...for the first time in my life, I think, I experienced what others would call text anxiety (eyes open wide). I interjected, “what happened?” Kamesha began telling me the number of [textbook] chapters and how many pages of notes she had to “know for the exam.” “I felt so overwhelmed when I was sitting there looking at all the stuff (book and notes),” she said. “There was so much [biology material] that we had to know that I didn’t even know where to begin. I felt like saying “screw it; I’ll just [drop] this class! I took the exam anyway, and got the first C (letter grade) in my life. I guess I should be happy that I passed it at all.”

An intellectually well student uses logical and scholarly activities in and beyond the classroom combined with the human resources and learning resources available within the university community (Hettler, 1980; Myers & Sweeney, 2004). Kamesha's intellectual wellness was demonstrated when she told me, "I went and talked to the GA (graduate assistant) after bombing that first exam and she (the GA) was really nice – she helped me and showed me the importance of *learning* the course content...not just *memorize* like I did in high school." I asked Kamesha, "how'd you do in the end (finishing the biology course)?" Kamesha explained, "Well, I ended up getting a B in the class. If it were high school, I would have freaked out, but I was fine." "What's your test anxiety like now, do you still experience it?" I asked. "Sometimes," Kamesha continued "but, it's nothing I can't handle. Just imagine, years later, I'm about to graduate, and to think about what I was like when I came in my freshman year...oh my gosh, I can't believe I used to stress myself out like that (smiling and laughing)"

Similar to Kamesha's perception, high school "was [also] pretty easy," for Maria. After asking Maria to "tell me a little bit more about [her] high school to college transition" she replied, "I hardly ever studied for exams in high school. They (the high school teachers) really only cared about getting us ready for the TAKS (Texas Assessment of Knowledge and Skills) exam. I dunno, when I look back and think about my high school days, I seriously don't think I learned anything [of real substance] that's helped me here in college." Maria informed me that she also started out as a Biology major (with hopes of going to medical school), and in the required Biology-major

classes (her freshman and sophomore year), she sensed the competitiveness of other students around her. This sense of competitiveness “made [Maria] nervous.”

Maria provided me with a few more examples of other science-based classes that she “panicked about” and “lost sleep over.” After listening to these examples I asked Maria “how [she] pulled herself through that dreadful time?” She said, “well, one, I talked with a few other kids in my classes and found out they really *weren’t out to get me*, in fact, a lot of the other [students in her classes] felt the exact same way. And two, the counseling center here, has like, these small student-groups that meet every week or so, and talk about stuff just like this (test anxiety and feelings of incompetence). We all (students in the small group) kinda help each other and encourage each other.” “Help each other how?” I asked. Maria replied, “[we formed] study groups...which made us kind of accountable for each other. I guess that (being in study groups) helped me [learn] how to study better.” “...I think their support and encouragement is what got me through (sigh and smiling)!”

By volunteering herself to seek help through the student counseling center, Maria demonstrated courage and intellectual wellness. Oftentimes, there is a stigma placed on those who seek “treatment” at counseling centers; however, the ability to overlook this stereotype (perception of being emotionally unwell) led to Maria’s positive college life experience.

Using What's Learned in College to Prepare for Future Career

The foundation of the health education field is to promote, maintain, and improve the health of individuals and communities by encouraging the adoption of healthy lifestyle behaviors (Cottrell, Girvan, and McKenzie, 2009). Health education undergraduate curricula aim to develop students' knowledge and skills to assess measures of wellness by collecting and analyzing personal health data. The data are, then, utilized to identify community and organizational needs prior to designing, implementing, monitoring, and evaluating health promotion programs intended to endorse healthy lifestyles, policies, and environments (Eddy, 2006).

Students expressed mixed feelings about the degree to which the health education curriculum has positively or negatively impacted their college life experience. When I asked various students about their future use of the knowledge and skills they acquired through majoring in Lone Star Liberty University's health education program, their mixed feelings were expressed in the following ways.

Miranda replied, "Nah, I probably won't use anything I learned in the classes I took for this major...at least I don't think so. I dunno, maybe someday, I guess. I want to go into pharmaceutical sales so I probably should have taken more business classes." Miranda's lackadaisical expression demonstrated the health education program had a minimal impact on her intellectual wellness.

Some students had statements similar to Anna's discussed below. Anna shared with me that she "will likely use" this acquired health knowledge. Anna's career endeavor is to become a nurse, and although she doesn't anticipate designing or

evaluating health promotion programs in the hospital or private practice setting she plans to work in, Anna (with a smile on her face) said, “I can see myself going back into my community health materials at some point...to organize, like, health fairs and stuff.” I briefly interject and share with Anna, “Organizing a health fair takes a lot of planning and evaluating, especially if this is something you think you might want to do on a yearly basis. You’ll need to find out the health needs of the community or organization you intend to do the health fair for, so that you can do your best to bring in those [appropriate] agencies or individuals. This is where your program planning and evaluation classes come in,” I said with excitement in my voice. Anna said she “hadn’t really thought about it that way (writing notes to herself about the planning and evaluation classes)” Anna’s reaction to this insight (jotting notes) provided convincing evidence that the subject matter Anna learned through the health education program positively impacted her intellectual wellness.

Feeling entirely different from Miranda’s perception of the health education curriculum, Abigail conveyed her [post-graduation job] work “required” her ability to apply health education theories, methods, and models. With a wide-eyed, smiling face, Abigail said, “Oh my gosh, I’ll probably be using everything I’ve learned. I got a job with a worksite health agency and even in my interview they had me briefly describe how I’d plan a health promotion program. I think they really liked it when I said things like: needs assessment, evaluation methods...and they really perked up when I threw in something about Transtheoretical Stages of Change and the PRECEDE-PROCEED

model (almost laughing). I think they were impressed. But, whatever, I feel good and well prepared for starting this job. I can't wait!"

To Miranda, the health education major didn't appear useful for her career aspiration of becoming a pharmaceutical sales representative. This was well represented in her body language while conversing with me. Throughout the interview, Miranda looked around the office space, at the walls, pictures on the desks, and the screen saver moving on the computer screen. Oftentimes I needed to repeat my question to her.

Anna's conversation with me, picked up after describing ways she could use her health education background for planning health fairs and such. After being provided information of how useful her planning and evaluation classes would be, she asked more questions regarding skills necessary for the type of work she wanted to do.

The health education curriculum contributed positively to Abigail's intellectual wellness. Her expressions and feelings of being "well prepared" to start her job exemplified Abigail's confidence about life after college. This proves when health education students find a connection between what their learning and how they'll apply that knowledge, previous feelings of stress and anxiety are minimized.

Emotional Dimension

The emotional dimension highlights the awareness and acceptance of one's feelings (Hettler, 1980). Emotional wellness includes the degree to which an individual feels positive and enthusiastic about his/her self and life. It comprises the capacity to manage feelings and related behaviors including the realistic assessment of personal

limitations, development of autonomy, and ability to cope effectively with stress (NWI, 2000).

The sub-themes found for the intellectual dimension of wellness, include:

- Coping with Life-Altering Events
- Academic Stress

When asking students questions regarding the emotional dimension of wellness, all 30 participants expressed they experienced emotional strain at some point (or many times) during their undergraduate years at Lone Star Liberty University. As discussed in Chapter I, the transition from living at home with parents to living in a dormitory environment marks a significant college life experience. This relocation is a time when students are introduced to an atmosphere where lifestyle choices – such as Charlotte’s and Susie’s below – may lead to life-changing events.

Coping with Life-Altering Events

Charlotte began her story about college life experience telling me about how excited she was about moving away from home. She said, “I couldn’t wait to move away from my parents. I was excited to: (counting each reason pointing to a finger) one, not have to be home for curfew; two, pick classes at the times I (stressed loudly) wanted ‘em, and, three, my boyfriend, Bobby, who my parents weren’t all that fond of, was also here at Lone Star Liberty University.” I asked, “Did Bobby start Lone Star Liberty University the same year you did?” “No,” Charlotte said, “he was already here. BUT (Charlotte stresses) I DIDN’T move here, or pick Lone Star Liberty University, just

because of him...I want to make that point clear!" I ask, "What was it like being able to stay out as long as you liked, and being in the same city as your boyfriend?" "Well, it was awesome in the beginning. I felt free! I was, like, woo-hoo, party!" I replied, "In the beginning? Is it different now?" "Well, yeah, a LOT different (demeanor goes from upbeat to indifferent). I had to take time off after my first year here 'cause I got pregnant." "Oh, okay, what was that time like for you...finding out you're pregnant," I inquire? "It was tough. I didn't know if I was gonna keep it, and if so, how I was gonna break the news to my parents. OR, if I was gonna (Charlotte hesitates) not keep it." I asked, "Did the baby's father know about the situation?" (I didn't want to assume the baby's father was the same as her boyfriend.) "Yeah, we both were kinda like, what should we do? My parents never really liked him, even when we were dating all through high school." (This let me know the baby's father and her boyfriend were the same person.) Not knowing exactly how to ask if she carried through with the pregnancy or not, I paused and then asked, "How did that whole situation affect your college life experience?" (Lone Star Liberty University has a reputation for being conservative, and I didn't want Charlotte to feel guarded about sharing this experience with me.) Charlotte quickly replied (with a smile on her face), "me and my boyfriend, Bobby, well, now my fiancé (showing me her engagement ring), have a beautiful little girl now!" Trying to match my voice with the tone of Charlotte's excited voice, I asked, "Do you have any pictures of her with you?" Charlotte rummages through her purse to find her phone and begins showing me pictures of her beautiful daughter, while continuing to say, "she's (the baby) the best thing that's ever happened to me, well, to us!"

I congratulated Charlotte both for her daughter and engagement, then asked, “What else about this experience has impacted your being here at Lone Star Liberty University?” She replied, “At first, being away from home, away from parents, and pretty much totally independent, it was awesome. Then it went from awesome to scary...then from scary to amazing, and, from amazing, to like, whatever’s better than amazing!”

Charlotte experienced a wide array of emotions throughout the first three years at Lone Star Liberty University. After her first year, while she was pregnant, she had to take time off of school to work and save money, while Bobby did the same (took a semester off to work and save money). Although she experienced emotions of feeling insecure, terrified, and timid, Charlotte turned around some “irresponsible decisions” (her words), and became a sensible, mature mother, appreciative daughter (both Charlotte’s and Bobby’s parents were supportive), girlfriend, and soon-to-be wife. Additionally, Charlotte’s narrative provides an example of the interconnectedness of the dimensions of wellness. Although she was impacted emotionally by her unplanned pregnancy (stressed, not knowing what to do), she was also impacted physically (pregnancy), intellectually (had to take time off from school), and occupationally (needed to work and save money for baby on the way).

Susie shared that her “homelife,” (before attending Lone Star Liberty University) was “strict, like being on a tight-rope, and super conservative.” I asked Susie to provide an example of what she meant by this “homelife” description. Susie replied, “At home, my parents were like those too-involved type of parents. They wanted to know who I

was calling or texting by looking at the [phone] numbers on the cell phone bill, what times I was, like, talking to my friends, and I wouldn't be surprised if they, like, tapped my phone and recorded conversations I had with my friends. Little did they (parents) know, I had like, Facebook and different email accounts that I could chat on online with my friends. Sooooo, (grinning) just in case they DID record my cell-phone conversations, they would have only heard conversations about Bible study, youth group, you know...church kinda things (she says with laughter in her voice)."

"So how was the transition from your life at home with your parents to being able to make decisions, good or bad, on your own, and without them knowing?," I asked. Taking a deep breath, Susie said, "Well, I enjoyed my new independence WAY TOO MUCH when I first got here. I was finally away from my strict household where sometimes it felt like I was in juvie (juvenile detention) or something." I asked, "Did you have difficult times as a teenager going through high school?" Susie said, "Yeah, with my parents. I couldn't do anything so I didn't ever have a chance to get in trouble back then. I just counted down the days till I could leave that place." I continued, "You said you enjoyed your new independence WAY TOO MUCH...how so, what do you mean by that?" "Oh geez, where do I start?," she replied. I remember coming here and thinking about EVERYTHING I could do that my parents would never know about. I could stay out late, I could eat whatever I want, absolutely anything!" I replied, "Did you take advantage of this newness?" She answered, "Oh, did I! So much so that I ended up having to leave after my first semester here." "Uh-oh," I interjected, "so you had to move back home, how was that?" Susie (looking down) says, "Well, I became

sick my freshman year. I became an alcoholic.” “Oh...” I said, but not knowing really what to say. I finally conjured up, “How are things now, are you ok? I’m guessing you’ll be graduating soon if you volunteered to be a part of this dissertation study.” Susie said, “I take things day-by-day. That’s all I can do. It’s hard, but I do ok.”

I continued, “With being in this environment, where there’s temptation all around you, how do you deal with it?” She replied, “I meet with one of the counselors at the student counseling service every Thursday, and go to AA meetings as often as I can. Surprisingly, I’m not the youngest person there. There’s actually a few of us (referring to college-aged kids) that go to AA consistently. It’s good, you know. At least I feel like I’m not the only crazy person in [Lone Star Liberty University area].” Susie continued to tell me about her (continuing) road to recovery. I inquired, “Was there something that triggered this behavior when you first got here?” She immediately replied, “Yeah, it was like my whole life before coming here is what triggered it. I was so sheltered and never-ever allowed to make a single decision on my own. Then when I moved here, every decision I made was about me, for me, yeah...about me! Maybe if my parents didn’t treat my life like they were defending the Alamo (laughing sarcastically), my life, especially my life here at [Lone Star Liberty University], would have been completely different. They had to go through counseling too.”

Adjusting to their new independence were significant, life-changing, college experiences for both Charlotte and Susie. The impact of these occurrences both contributed to, as well as depleted these young women’s emotional wellness. Charlotte and Susie both referred to these life-altering incidents as “learning experiences.” I could

see from their expressions that sharing their stories was somewhat taxing; however I let them both know how appreciative I was for their willingness to share their very personal life stories with me.

Academic Stress

Mentions of academic stress, in my study's sample, revolved around reasons for switching into the health education major (as discussed earlier in Melanie's, Jamie's, and Beth's stories), and perceptions of lack of support from academic support personnel.

Seventeen (of the 30) interviewees shared unique situations about insufficient academic support while, 1) trying to complete course requirements necessary to graduate, and/or 2) attempting to gather career advice regarding job options and opportunities for health education majors post-graduation. Of these 17 narratives shared by the interviewees, Marilou's and Cecile's accounts were selected to represent common circumstances experienced by those who endured, what I categorized as the sub-theme, *academic stress*.

Marilou began, "When I met with Kerri (a member of the academic support personnel) I had taken a speech class over the Winter Break or something and I had asked [Kerri] in person, ya know, is this the right speech course to take. And she said 'yes.' Then when I came back and applied for [acceptance into the health education major] they (other members of academic support personnel) said, [I] took the wrong speech class" Marilou says as she puts her hands in the air. I asked, "So this [speech] class didn't count [towards your major]?" Marilou responds, "Nope, I probably should

have checked myself, but (raising her voice) it's Kerri's job to know these things and tell you these things! Had I [taken the right speech class] I could have graduated in May, but now I have to graduate in August. Ugh, so frustrating! It's not only that I have to wait until August to graduate, but that's like, more than a thousand bucks, pretty much wasted, since I had to extend my [apartment] lease. This really upset me and I, like, cried about it because I didn't know how I was going to come up with more tuition and rent money. I don't even think Kerri cared. Maybe if she didn't come off so cold, or acted like she cared even just a little bit, I would have felt different. But, she made me feel like I was some incompetent nobody, when I'm actually a very smart and resourceful person," Marilou exclaimed! "Did you go back and discuss this with Kerri, or anyone else from the [academic support team]?" I asked. Marilou replied, "Yeah, when I went and talked to Kerri later about the situation, she was just trying to cover her butt, and she said that I had never [discussed the speech class with her].

"So, it was bad enough that I had to forget my dream of becoming a doctor after not making it through (failing) o-chem," Cecile added, "but trying to figure out what I was gonna do with my life that dealt with my ultimate goal of helping people be healthy was so stressful. I searched all over the different [Lone Star Liberty University] websites to see what was out there and I found information about this major." I asked Cecile, "What was it about this major that interested you?" Cecile replied, "Umm, well I guess, I guess it was like a bunch of things. I actually learned later that I could have majored in health ed and taken the prerequisites for med school. I think that taking o-chem, biology, labs for both of those, and I think I took physics that semester too, and

like, one elective; it was just way too much on my plate! I'd end up crying all night if I had two tests in the same day. If I would have spread these classes out and taken these health ed classes that I really liked with 'em (the science prerequisites), I may have survived. No one at this place (Lone Star Liberty University) tells you, you can do that. When you come here for orientation and say you want to go to med school, they like, they pretty much tell you, you HAVE (Cecile says loudly) to major in biology or BIMS. I don't think those people (the freshman orientation academic advisors) even know about the health ed major...someone should tell 'em about it, seriously!"

"So, are you happy with your transition into this major?" I asked. Cecile replies, "Oh yeah, well, in the beginning I was." "Why only in the beginning," I inquired. "Well, when I first switched into this major, Linda (previous member of the academic support personnel) was here. Linda was awesome! She was on top of everything. If you needed a certain class, if you weren't taking the right section of a class, if you had questions about graduation, or career, or pretty much whatever, she either had the answer right then, or would email, and sometimes even call you, with the answer, like, right away." I asked Cecile about what's different now, and she replies, "Oh my [gosh], the person that's there now couldn't give two [expletives] about you, your future, or probably about anything...for real. She's bitter about something, who knows? (sounding sarcastic) They need to find a replacement for her. I'm sure you'll have others that'll come talk to you (for the interviews) and tell you the exact same thing!"

Marilou and Cecile commented numerous times throughout their interviews how "stressed" and "emotionally drained" (Marilou's words) "dealing with the [academic

support personnel] made [them] feel.” Feelings of failure and disappointment in their academic pursuits negatively affected Marilou’s and Cecile’s college life experiences. Although Marilou and Cecile currently feel optimistic about their future after graduation, they, like many of the interviewees, expressed their discontent with Lone Star Liberty University’s personnel “who are supposed to be there to help you” (interviewees’ words).

Physical Dimension

The physical dimension accentuates one’s ability to carry out daily tasks without fatigue. It includes components of physical fitness such as muscular strength, cardiovascular endurance, flexibility, and body composition. It points to the need for regular physical activity, and encourages learning about diet and nutrition while discouraging the use of tobacco, drugs, and excessive alcohol consumption (Hettler, 1980; NWI, 2000).

The sub-themes found for the physical dimension of wellness, include:

- Barriers to Engaging in Physical Activity
- Facilitators to Engaging in Physical Activity
- Barriers to Eating Healthy Nutritious Meals
- Facilitators to Eating Healthy Nutritious Meals

All 30 interviewees shared stories about how the physical dimension of their wellness was impacted by their college life experience. Twelve of these interviewees provided narratives specifying particular life events such as: adjusting to new the college

environment and college expectations (6 of the 12), death of friend or family member (2 of the 12), new romantic relationship (2 of the 12), and ending of a romantic relationship (2 of the 12), which led to their struggles with weight gain and/or weight loss. Weight gain and/or weight loss came about from exercising and eating more or less. Somewhat similar to the effect particular dimensions of wellness have on other individual dimensions, the sub-themes identified within the physical dimension all (mostly) influence each other.

Within the following dialogues for Melanie and Marilou, I indicated, in parentheses, where each physical dimension sub-theme presented itself. For example: “There’s no limit to how much you can eat at the dorm buffet, so I indulged.” (*Barrier to Eating Healthy Portion-Controlled Food*).

In addition to Melanie’s narrative about discovering the health education major (intellectual dimension section), she also talked about her continual weight gain throughout her undergraduate years at Lone Star Liberty University. “When I started [Lone Star Liberty University] I was all, like, I need to study-study-study ‘cause, you know, my main reason for coming here was to get into [Lone Star Liberty University’s] med school and be[come] a pediatrician. As soon as I got my syllabus [from the instructor of] each class, I, like, wrote down every date for tests, quizzes, assignments, every-everything into my planner. Then I’d go through and write down what pages or chapters I’d need to read and what day I should read ‘em.” I asked Melanie, “Did that help you stay organized? Have you continued to do that throughout your whole time here at [Lone Star Liberty University]?” Melanie (slightly laughing) replied, “Well (eyes

open wide), that would help me stay organized for like the first two weeks of school [each semester]. After that, or like, after the first set of exams would come around, those assignments I [wrote out for] myself each day, like, never happened.” “Why was that?” I asked. “I dunno,” Melanie continued, “it was like, I’d have to ‘x’ out one thing, so that I could study harder for the other thing.” “Did you have to ‘x’ out anything else,” I inquired. “Not that I *haaad* to,” Melanie exclaimed, “but, I took exercise completely out of my schedule. It’d be, like, the first thing to go. I felt like the time I’d be using the rec center, I could and should be studying (*Barrier to Physical Activity – obligation to study rather than build in exercise time*)! Don’t get me wrong, I scheduled my classes so that I *couuuuld* exercise (*Facilitator to physical activity – scheduling time*), I just didn’t. And once you, or at least it’s like this for me, once you get out of a good routine it’s hard to get back on it, you know? Soooooo that, along with not having my mom around cook all my meals (*‘previously’ a Facilitator to Eating Healthy – mom cooking*) like she did when I was in high school, took me from looking like this (showing me a picture of her from high school that she kept on her phone) to almost 20lbs later, looking like this (pointing to herself and laughing).” “Did you not learn to cook before you came here? Or, do you not like to cook?” I asked. Melanie said, “Ummm, I probably do (know how to cook), I just don’t. It’s kinda like the exercise thing, instead of using time to exercise, or in this case, cook, I felt like I should be studying. If I’m being honest with myself, I know it’s just an excuse called...being lazy (*Barrier to Eating Healthy*)” (grinning).

Marilou began her physical dimension narrative telling me about her transition from living at home, to moving into the dorms her freshman year, and experiencing “the

freshman 15” (a speculation that freshmen gain an average of fifteen pounds their first year at university).

“I should have known it (“the freshman fifteen”) was gonna happen. I remember picking [Casablanca Dorms] because one of my friends who was living there told me they (the dormitory) had the best food out of all the [off-campus] dorms.” “Was your friend right?” I asked. “Ummm, helloooo,” (showing me a picture of her on her phone), this was me at Spring Break my first year here” (she was noticeably heavier in the picture she showed me). “Every time I look at this [picture], I’m like, hells-no – never again!”

I asked Marilou to describe her experience of gaining weight and then losing weight. “Well, like I said, I lived in [Casablanca Dorms] my first year here. Their food was good, and it was readily available. I’d have like pancakes, bacon, eggs...the works, and that was just breakfast. No self control, I tell ya,” Marilou said laughingly (*Barrier to Eating Healthy and Facilitator of Weight Gain*!)” “What about now, it looks like you’ve got your self-control back,” I said to Marilou. Marilou replied, “Yeah, when I went home the first summer after my freshman year, my brothers were like, joking around about my weight gain.” “How did that make you feel...your brothers joking with you?” I asked. “Aaaah, they’re my brothers so it didn’t hurt my feelings that much. We’re used to poking fun at each other. But it did make me think about how I might look to others.” “And?” I said as if I was asking a question. “Yeah, ummm, hmmm, I think my friends wanted to say something but didn’t so that they wouldn’t hurt my feelings. It didn’t help that they could eat whatever they wanted and never gained an

ounce (*social environment contributing to Facilitator of Weight Gain*). “Let’s see, then, when I came back to campus after that summer, I moved into an apartment with a few friends I made in the dorms. That probably was the single best thing for my health since starting college,” Marilou says with a big smile. “Can you tell me a little bit more about that?” I asked. Marilou continued, “Well, having a kitchen was awesome (*Facilitator to Eating Healthy*)! I learned how to cook, and loved doing it. I could see everything that was going into my meals and my body. My roommates and I would pick different nights of the week to cook and we all ate really healthy.” Marilou continued talking about meals she and her roommates prepared and websites from which she used to download recipes.

Occupational Dimension

The occupational dimension of wellness accentuates the satisfaction gained from one’s work and the degree to which one is enriched by that work (Hettler, 1980). This dimension is characterized by one’s ability to balance work and leisure while developing one’s standards and outlook for his/her occupation. A person’s work life provides material/financial support for him/herself as well as others, for upholding life (NWI, 2000).

The sub-themes found for the occupational dimension of wellness, include:

- Insecure About Future Career
- Enthusiasm Towards Future Career
- Future Career is “in God’s Hands”

Since participating students interviewed for this dissertation study were required to be within one year of graduation (graduating in Spring 2010, Summer 2010, Fall 2010, or Spring 2011), I inquired about their future life plans post-graduation. Questions asked included (but were not limited to): “Do you have a job waiting for you when you graduate...if so can you please describe what your responsibilities will entail?”, “What do you plan to do with your degree after you graduate?”, “Please describe for me how you see your life 5 years from now”, “...10 years from now.”

Only 8 (of the 30) interviewees had specific post-graduation plans which included beginning medical school (1), beginning an occupational therapy program (1), continuing school and getting a health education master’s degree (3), doing worksite health programming for a hospital or agency (2), and being a stay-at-home mom (1). Several (12) participants planning to graduate in “December,” Fall 2010, or “next May,” Spring 2011, stated they still had “plenty of time to decide” and some (5 of the 12) hoped their upcoming internship would “turn into a full time position.” The remaining 10 interviewees had mixed feelings about “life after Lone Star Liberty University.”

Insecure about Future Career

“Who knows what I’ll do when I finish this place,” Yvette expresses. “It’s like so discouraging to think about trying to find a job. I haven’t heard a single thing about job availability for us in health education. The only thing you hear about jobs for college graduates is about how there’s NO jobs for us,” she continued. I asked Yvette, “What kind of job are you looking for, where have you looked for job postings?”

“Ummmm, I dunno, nowhere yet, really. I kinda don’t even wanna look, cause I’ll probably be even more discouraged when I find out what everybody’s saying is actually true.” “What if everything you’re hearing is NOT true?” I asked. “Well, then I, I dunno, I guess maybe I’ll be able to get a job.” I replied sarcastically laughing to Yvette, “Hmmm, let’s see, so you’re discouraged about finding a job, yet, you haven’t looked or applied for a job thus far...did I get that right?” Slightly grinning, Yvette replies, “Yeah, I guess that sounds pretty miserable, huh? (laughing).”

Enthusiasm Towards Future Career

Abigail’s narrative, included previously in the “intellectual dimension” portion, discussed her opportunity to use her knowledge and skills she’s learned while being a health education major at Lone Star Liberty University for a future job post-graduation. Although her story fit well into the intellectual dimension of wellness (learning applicable knowledge and skills), it’s evident how this would affect her occupational dimension as well such that, the required courses she took for her major were necessary for being hired at her job.

Occupationally well individuals recognize personal satisfaction and enrichment in their lives through work; however, the desire to positively impact an organizational environment should be balanced with the desire to positively influence others in his/her personal environments. Yvette’s narrative displayed an occupationally unwell, unenthusiastic outlook towards employment possibilities after she graduates from Lone Star Liberty University. I perceived Yvette’s reluctance to initiate a job search as

feelings of insecurity in the health education skills she developed or, more likely, uncertainty about what type of work she wants to do. Alternatively, Abigail's exhilaration towards her future job displays optimism and confidence in her ability to integrate skills, values, and interests to attain success and contentment within her occupational wellness domain.

Future Career is "in God's hands"

The closing two questions in each interview were associated with the occupational dimension. These questions were, 1) "Can you describe for me how you perceive your life 5 years from now?" and 2), "Can you describe what your day-to-day life would be like for you 10 years from now?"

A frequent response I received to both of these questions contributed to the sub-theme, "*future career is in God's hands.*" Among the 22 students who didn't have solidified post-graduation plans, 9 interviewees provided answers that either specifically stated, or referred to their futures as "[being] in God's hands."

Callie, a participant who identified her future as being "in God's hands" stated that she wasn't sure what she wanted to do after she graduated, but that she "need not to worry as God will take care of everything." I asked her to elaborate on this answer and she provided me with the information that she only has "so much control over the direction her life will take [her]. When asking Callie about her career interests or internship possibilities after she graduates, she stated, again, "I'm not sure...I'll just

have to wait and see.” Feeling like this conversation was not going anywhere, I did not probe for any more explanations regarding this topic.

Learning to handle workplace stress, building stronger work relationship, and exploring options to create a better work environment are all characteristics of being occupationally well. Gaining self-awareness to understand and develop personal career goals and aspirations is an important approach to overall well-being. Without self-awareness, career and occupations can result in stress and doubt (emotional dimension).

Social Dimension

The social dimension centers on people’s environments and communities. By making willful choices to enhance personal relationships, important friendships, and build a better living space and community (NWI, 2000), people achieve social wellbeing. “Social [wellness] involves the quality of our relationships, satisfaction in our social roles, our sense of belonging, and feelings of love and acceptance” (Hawks, *Spiritual Wellness, Holistic Health, and the Practice of Health Education*, 2004).

The sub-themes found for the social dimension of wellness, include:

- Environmental and Societal Influences
- Personal Relationships
- Perceptions of Diversity

Social wellness involves the ability of people to successfully engage, interact, and maintain meaningful interpersonal relationships. People considered socially well are

usually involved with others rather than isolated and they report satisfactory levels of perceived social support (Mauk, 2006).

Environmental and Social Influences

Josie described the environment of Lone Star Liberty University as initially difficult to become acquainted with. She began, “I think it’s really settling into the community has been huge, cause I came in ummm, even though I went to a smaller school I was used to being in a bigger city, generally, and ummm, like I was in Dallas and Austin, downtown Houston, you know, I was just used to that bigger city environment, so I did not like [Lone Star Liberty University city] coming in. I was like, I just don’t think... I can’t wait to get out of here, ummm, the longer I was here the more I’ve grown above it, it’s more about the relationships that I have here, and that has really helped me feel settled and just comfortable (pause) here, and so I think that’s-that’s been a good thing, it’s not just like I’m constantly in transition you know?”

Windy, shared certain aspects about how being a student athlete impacted her social dimension of wellness. Windy began her narrative saying, “It’s, I mean, I’ve enjoyed [participating in the sport], but I do think back, like if I hadn’t [played this sport], just because it takes so much time, it, it, a lot of times your social world and your [athletic] world become the same thing cause you don’t really have, really have an option outside of doing anything else but [playing your sport], so, and, well, I like a lot of people on the team, but a lot of them don’t share the same values (spiritual dimension) as me and stuff, as I do, and I wonder sometimes if I hadn’t [been a student-athlete], if I

would have met a lot more people like myself, ya know (smiling)?” “So do you feel like [participating in this sport] put a damper on your social life?” I asked. Windy responded, “I don’t feel like I had the whole, like, Lone Star Liberty University experience, it DEFINITELY put a damper on my social life, yes. But, like, like I mentioned earlier, I kinda go back and wonder if I hadn’t [been a student-athlete], what it would have been like.

Personal Relationships – Friendships

Both the social and emotional dimensions of wellness entail managing feelings that involve other individuals. Oftentimes it’s difficult to single out or separate the social dimension of wellness from the emotional due to this interconnectedness. Although I’ve placed the narratives of Anna and Becky in this “social dimension” section, it just as easily could have been included in the emotional section.

Most of the students (21 of the 30) shared positive experiences about moving into the university dorms. Nine of the 21 students with positive experiences moved into their dorm with a friend they knew prior to attending Lone Star Liberty University. The remaining 12 students, who shared positive dorm-experience stories with me, were paired with their new roommate via “potluck.” “Potluck” is a roommate matching method where students complete and send-in residence applications and the dorm resident assistants (RAs) match roommates based on similarities in personality and lifestyle habits described within the applications. Although there were 12 students who had positive outcomes via potluck, 5 participants shared narratives about their “potluck

roommate” that reflected upsetting or distressing circumstances. The remaining 4 (of the 30) interviewees who were matched with their roommate via potluck (2 of 4) or with friends (2 of 4) had neither positive nor negative comments regarding their new or familiar roommate – mostly describing their dorm experience as “[it was] fine.”

Anna was the first student to describe her “potluck” roommate story with me. “Before I moved in, like a couple weeks before, I called the girl who was going to be sharing the dorm with me. I was kinda nervous knowing I was gonna be sharing a room with a complete stranger.” Anna continued, “She ended up being great, it (being matched) worked out really awesome,” Anna exclaimed with a broad smile. “After living together our freshman and sophomore years in the dorm, we decided to find an apartment together and we’ve lived together ever since (still smiling); she’s definitely become one of my closest friends.” I asked Anna, “What was it about your roommate that helped the two of you get along so well?” Anna replied, “Hmmm, well, it’s a lot of things, I guess. We’re, like, completely and totally different, but we’re also completely and totally the same. I’m kind of a prissy girl. I like to wear make-up, have my nails done, and you know, girly stuff like that. [Molly] is the opposite, kinda like a tomboy. She’s like, all into sports and stuff. She could care less about how her hair and nails look, and she’s definitely not the make-up kind. But (Anna exclaims loudly), we both have the same sense of humor, we both have similar study habits, like the same kinds of foods, we both like to keep our room pretty tidy, for the most part (grinning), and umm, yeah, we just “click” ya know (slightly giggling)?!”

For the next 5 – 7 minutes Anna continued her conversation with me about her and Molly's friendship. Anna said she had never been away from home before, was really close to her family, and cried after her parents left the day they helped her move into the dorm her freshman year. Anna said, "I'll never forget the look on my mom's face when they started driving away. It was depressing, I was really-really sad." Then, Anna shared a few family stories which described the close-knit relationship she has with her family. I asked Anna, "How has meeting Molly your freshman year impacted your college life experience?" Anna said (with a gracious smile), "I would have never made it through this place without her! Molly's been there for me through a really bad break-up with me and my boyfriend, when my dreams of becoming a doctor were crushed after I didn't pass O-Chem (organic chemistry class) for the second time, and I dunno...she's been there for just about everything, seriously!" Anna's description of her and Molly's friendship provided a great example of how Molly positively impacted Anna's emotional well-being, and although Molly wasn't interviewed for this dissertation study, I imagine that Anna's friendship has positively impacted Molly's emotional and social wellness too.

Becky was not as fortunate as Anna regarding her dorm experience. As soon as I asked Becky to describe her transition from living at home, to living in the dorm, Becky (sarcastically rolling her eyes) said, "Ugh, I couldn't wait to get out [of the dorm]. I moved in with, like, my childhood best friend and...ummm, let's just say, we haven't talked for like, I dunno, probably since we moved apart (into separate dorms) our second year here." I asked Becky, "What happened (with concern in my voice)?" Becky

replied, “It’s more like, what DIDN’T happen!” “What’s that supposed to mean?” I asked. Becky said, “Well, we were so excited to move in together. Since we were kids, we’d, like, spend the night at each other’s places, like, every weekend. Seriously, back then, there wasn’t anything we did without each other. Then, when we got here (start of Lone Star Liberty University), and, ummmm, I think we were just around each other too much.” “How so,” I asked? Becky replied, “I think that when we lived at home, we always had [our own] home to go back to. I guess, looking back at that (time when they were young) now, we had that time apart. I mean, it wasn’t much time apart, but I guess it was enough to, like, look forward to seeing each other whenever the next time would be. When we lived together, it’s like we were together WAY TOO MUCH (eyes opened wide)! For example, sharing clothes when we were in high school was fun. When we got here I, like, wanted to find a way to lock-down my closet. She’d use my clothes, then leave them on the floor, like, not even wash them so I could use them. She always had mommy to pick up after her at home; and, that kinda stuff you don’t learn about someone until you live with them. Just stuff like that...it was SO annoying. I felt like she was so spoiled and disrespectful. Anyways, that was that...and I’ve DEFINITELY (eyes open up wide again) moved on from that [friendship]. That was such a miserable year!”

Becky’s expression of having such a “miserable” freshman year showed the negative impact this deteriorated friendship had on her emotional wellness. Although the remainder of Becky’s college life experience was “fine and pretty uneventful” the

demeanor she displayed while sharing this portion of her narrative was dismal and upsetting.

Perceptions of Diversity

Opinions varied significantly regarding interviewees' perceptions of diversity on Lone Star Liberty University's campus. Their opinions, however, were similar to those who came from similar backgrounds. For example, Charlotte, felt that the "a lot of diversity on campus." She informed me she was really surprised by "how many Asian students came [to this university]!" I asked Charlotte if she felt there was an overrepresentation of any other races or cultures?" Charlotte said, "not really, just, like, a lot of Internationals, I guess."

Melanie, who was from the same town as Charlotte, had a similar view of diversity on campus. Melanie stated, "When I came here, I had no idea there'd be so much diversity...I'm not used to seeing this many people of color?" I asked Melanie, "When you say people of color, are you referring to just Blacks, or to all different non-Caucasian groups?" Melanie said, "all of 'em...I think all the diverse ethnic groups and races are well represented here. They (the university) probably do a really good job at recruiting the underserved population. It's good to see, you know?"

Conversely, Windy, had a different perception of the campus's diversity. Windy came from a more populated town that had much higher percentages of people representing other races, cultures, and ethnicities. When I asked her, her perceptions of diversity on campus, Windy said, "What diversity? There's really none if you ask me.

It's almost like if you see a guy that's Black and has a muscular build, you automatically think he's a student-athlete. Well, I guess here, that's probably right around here."

Windy (a Caucasian) is a student-athlete herself and informed me that when she was in high school, she was actually in the minority. Windy ended this portion of the conversation with, "It'd be nice if there was more colors at this school. Not just Blacks, but everyone. It's too White here. I don't think this is anything like it would be in the real world. A lot of these other students are gonna have a big wake up call when they leave this place if they think is a big diverse city, here."

A socially well person takes an active role in the community and encourages effective communication among community members. Social support could be made up of people from work, school, professional organizations, and clubs. Being respectful of others helps to develop a socially well person. Hettler (1980) reminds us, that 1) it is better to contribute to the common welfare of your community than to think only of yourself, and 2) It is better to live in harmony with others and your environment than to live in conflict with them. Developing social wellness is necessary to build strong support systems and nurturing intimate relationships.

Spiritual Dimension

The spiritual dimension involves the search for meaning and purpose in human existence (Hettler, 1980). It is characterized by a belief in a higher power or being, and emphasizes one's morality, ethics and values (Adams, Bezner, Drabbs, Zambarano, & Steinhardt, 2000). Within the spiritual dimension of wellness, one may experience many

feelings of doubt, despair, fear, disappointment and dislocation as well as feelings of pleasure, joy, happiness and discovery – all important experiences and components of one’s spiritual wellness (NWI, 2000).

The sub-themes found for the spiritual dimension of wellness, include:

- Strengthening or Development of Spiritual and/or Religious Beliefs
- Faith-Based Decision Making
- Interconnectedness With Each of the Other Five Dimensions.

Due to Lone Star Liberty University’s reputation for being conservative and “within the Bible belt,” I was cautious and sensitive when asking interviewees about their spirituality and religious beliefs (or non-beliefs). Most of the interviewees (26 of the 30) described “spirituality and/or religiosity [as being] very important to their overall well-being.” Eighteen of these 26 participants replied “no,” after being asked if they would consider dating and/or marrying someone outside their faith or religion. Fourteen (of the 26) explained that their “faith [in God] became stronger throughout their college life experience at Lone Star Liberty University,” and 9 of these particular 14 interviewees informed me that they decided to attend Lone Star Liberty University [over other colleges or universities] exclusively due to its “conservative” and/or “Christian” prominence. Of these 9 interviewees, 5 added that they had come from a “small, private, Christian [elementary and/or high] school.”

Among the participants, religious preference was distributed across various backgrounds including Baptist, Catholic, Episcopalian, Lutheran, Methodist, and Presbyterian. Four of the participants selected “Other.” Two of these 4 wrote in

“Christian,” while the other 2 left the space blank. These findings are similar to those identified by Lee et al. (2002) suggesting a variety of faith backgrounds are represented among the health education majors.

Strengthening or Development of Spiritual and/or Religious Beliefs

Earlier during her interview, Maria shared a story about high school learning, or lack thereof, and feeling as though her high school only cared about the preparation for TAKS exams. After learning she has been in a romantic relationship since high school, I inquired about “any future plans to marry.” Maria answered, “Yes.” I followed this question with, “Does your family [feel like he’s a good fit] for you?” Maria replied “Well, I’m the only ‘believer’ [in God] in my family, [and my boyfriend’s a believer] so that’s a struggle with [them].” Intrigued, I asked Maria to tell me more about the reasons for differences in her spirituality and religious beliefs from other members in her family. Maria began, “Well [my family] came from Bosnia, my dad was in the war, that’s why we came to America, to get away from the war. We “refuged” around Europe and we lived in Africa for a while, all the while my dad was in the war. I mean the war turned into a genocide of Christians killing people and my parents are atheist/agnostic, ya know? They don’t believe in anything, and they didn’t claim a religion so they saw a very ugly side of religion, and I was raised that way...[that] any sort of religion or organized religion is terrible, it separates people, [that’s my parents’ perception] ya know what I mean? It’s completely understandable [that my parents feel this way], I mean, I can’t say that I disagree, it [participating in organized religion] is a way of

separating people.” Maria continued, “. . .it’s so hard because there are so many misconceptions [about religious preferences]. It’s just like, I don’t know, [I am] a very open minded person, I understand, ya know, I mean, I know that there are gonna be doubts and questions, and I think that those doubts are the ones that strengthen your faith and that’s what strengthened my faith is having those doubts, and having those questions and figuring out [answers to] those questions.”

Captivated by Maria’s experiences of her family seeking refuge from those [who mistreated Christians], I said to Maria, “You must be strong in your spiritual and religious beliefs for you to have different views and opinions than your family. Is this a struggle for you?” Maria replied, “Yes, it is, it is.” Then I asked, “What brought about this difference? Was there an experience you had that helped make this decision [to practice Christian faith]?” Maria answered, “He, um my boyfriend, he was really involved in church in high school. When he graduated from high school, oh I was a year younger, he was like, yeah, um I don’t think this is gonna work, we’re not equally yoked (“equally yoked” description in next paragraph). And so I was confused cause I didn’t know what that meant, so I was really upset. And then [my boyfriend] started doing an internship at his church, and youth ministry, and I didn’t know what any of that meant [either], and so, you know, I went to what is now my home church and visited with Joseph one time and he was just like “Hey, [this] Wednesday you should come [to the church that Joseph attends],” and at that time we weren’t dating, we were just friends. . .but we had changed, we had become different people, and I decided to go [to church that Wednesday], and it was awesome! I loved it, I got SAVED (Maria’s eyes

open up wide and a smile begins forming) yeah...it was good! And so, yeah, I began my spiritual journey separate from Joseph and then that kinda placed [Joseph and me] back together, and it's been great ever since (Maria smiling even more)." "So all this happened, getting back together with him, when?" I asked. Maria answered, "It all happened the summer before I left to come here [to the university]."

I ask, "So you've been together since high school?". She replied yes, after the year that we were apart, I went through a lot of spiritual growth. He did too. During this interview with Maria, I had a subtle idea of what she meant when she said her and Joseph weren't "equally yoked." However, so that I could be sure I interpreted Maria's characterization of this term correctly, I investigated further.

First, a "yoke" is an apparatus that holds two animals together [usually] for plowing farm fields. Yoke contraptions operate best when two of the same animals (i.e., horses) with similar strengths pull on each side; hence, being "equally yoked," in Maria's circumstance with her boyfriend, referred to them having the same intensity of admiration and devotion to God and the Christian faith. In referring to two Christians being life partners with each other, the Biblical scripture most often referred to, I learned, is II Corinthians 6:14, where the apostle Paul says to the members of the church in the ancient city of Corinth, "*Do not be yoked together with unbelievers. For what do righteousness and wickedness have in common? Or what fellowship can light have with darkness?*"(NIV). According to Refior (2005), this scripture is perceived by Christians to mean, in general, believers (in Christ) should not be with non-believers (Refior, 2005).

Faith-Based Decision Making

This sub-theme was provided by, Beth. Beth stated, earlier during our conversation, that she was engaged. Because I personally enjoy listening to marriage proposal stories, I kindly asked Beth “if [she] wouldn’t mind sharing [hers]?” Taking a deep breath, Beth started, “Oh my gosh, of course! I love telling [our engagement] story! Let’s see, where should I start (smiling broadly with bright eyes)? Well, we, my boyfriend, well now fiancé, broke up our freshman year, but we were still friends, and then we started dating again [after a year of being apart].” I asked, “How was that year of being apart, how did you two decide to get back together?” Beth (sighing) said, “It (the decision to begin dating again) was really through a lot of prayer. We had both changed a lot [over the year apart]. One night he pulled me aside, (Beth sidetracked saying - and lately I had been praying a lot and telling God, ok, I like him a lot, so talk to him and let him be bold and ask me out or take all these feelings[I have for him] away from me). Oh, anyways [after he pulled her aside, he said] he had been praying about us. Later that [same] night he said I would like to ask your permission, ...to date you with the intention of getting married.” Beth continued her story, “So then [after he asked for my permission to date again], we sat down and prayed about our [future] engagement and our lives together. This time, well the second time we dated, we decided not to pray together until we were engaged cause we felt that it was really [personal] to us, and [something’s that] really intimate. So yeah, it was about a year after that (dating for the second time) that he proposed.”

A little later I asked Beth if she and [her fiance] had set a date for their wedding. Beth replied, “Yep (with an enormous smile on her face), we’ll be getting married at the end of this [Spring 2010] semester.” I inquired, “And, which semester did you say you’ll be graduating?” Beth said, “Well I’ll be graduating in August, and [her fiance] won’t graduate until December 2010.” With (what I assumed to be) a surprised look on my face, I reacted asking, “Oh, wow...did both [yours and his] parents also get married just before or just after graduating college?” Beth said, “Oh, yeah...it’s kind of portrayed around my church crowd that you get married right outta college, or just before finishing college. You get married young. It’s looked at as weird if you don’t.”

A spiritually well person has the ability to forgive, to show compassion, and to love. Beth displays her spiritual wellness in her willingness to build back the relationship she once had with her boyfriend after they had been apart for over a year. After much prayer, and what she referred to as “spiritual guidance,” Beth states that her life and the decisions she makes are based on what Jesus would want. The spiritual dimension is also displayed in Maria’s narrative regarding the differences in opinion between her and her parents’ ethics, values, and morals. Although Maria’s parents have strong negative feelings towards Christianity, the ability to appreciate the differences displays spiritual wellness. Developing spiritual wellness takes time, and there is no single approach that fits all.

CHAPTER V

CONCLUSIONS AND DISCUSSION

The purpose of my study was to explore, with a sample of university undergraduates, the influence or impact their college life experience had on the six dimensions of wellness: 1) emotional, 2) intellectual, 3) occupational, 4) physical, 5) social, and 6) spiritual (Hettler, 1980). Specifically, I investigated which *individual* wellness dimension was most affected by the college life experience of 30 health education majors approaching graduation. My investigation was performed using qualitative research methods of narrative inquiry (Reissman, 2008; and Clandinin & Connelly, 2000) and thematic analysis (Wolcott, 1994; Boyatzis, 1998).

Narrative inquiry, in my study, was performed via: a) asking students to respond to semi-structured interview questions (personal in-depth interviews), and b) by engaging in conversations which resulted from their responses to my questions. The semi-structured interview guide was derived from a thorough review of the literature (see Chapter II) that investigated overall, holistic, and/or multidimensional wellness of college students. The literature review identified numerous studies pinpointing positive and negative influences on college students' wellness; however, all but 2 of these reviewed studies (or 21 of 23) utilized quantitative measures and approaches. This finding – that overall college student wellness has been, thus far, primarily measured using quantitative methods – provided a strong rationale for my choice of a qualitative paradigm for this study.

After the data collection concluded, I examined the transcribed interviews using thematic analysis (Wolcott, 1994; and Boyatzis, 1998). Thematic analysis, a method of encoding qualitative data (Boyatzis, 1998), was employed to expose issues and concerns of the health education majors' college life experiences. The six dimensions of wellness became the *major themes* in this study, and the *sub-themes* were chronicled as circumstances and/or events relating to each dimension which were most commonly disclosed by the 30 interviewees.

This final chapter provides the conclusions, discussions, and recommendations conceived from this college student wellness research venture. The *conclusion* portion offers a succinct summary of the findings discussed in the previous chapter, Chapter IV. In the *discussion* section, I 1) articulate my interpretations of these findings, 2) compare and contrast my results with those from other studies measuring college student wellness, 3) connect my findings to theoretical perspectives, and lastly, 4) include my *recommendations* for future practice or implementation. I conclude this chapter by describing *contributions* this research makes to the field of health education, alongside its limitations.

Conclusions

This study sought to identify which specific dimension of wellness – among the six dimensions proposed by Hettler (1980) – was most impacted by the college life experience of soon-to-be graduating health education majors at Lone Star Liberty University. Particular attention was paid to reoccurring sentiments and situations

conferred by each participant during his/her interview. These reoccurrences formed the basis for the sub-themes identified in the analysis.

The intellectual dimension of wellness explores issues associated with the ability to make sound decisions, think critically, and express creativity. The sub-themes developed from the interviews included: 1) discovering the health education major, 2) learning how to study, and 3) using what's learned in college to prepare for one's future career.

Within the emotional dimension, acceptance, awareness, and management of one's feelings are attributes which characterize this main theme. The sub-themes derived from conversations with the students involved: 1) coping with life-altering events, and 2) managing academic stress

Physical wellness encompasses healthy behaviors such as adequate exercise, proper nutrition, and avoiding harmful habits (e.g., drug and excessive alcohol use). Sub-themes presented in the physical dimension were: 1) Barriers to Engaging in Physical Activity, 2) Facilitators to Engaging in Physical Activity, 3) Barriers to Eating Healthy Nutritious Meals, and 4) Facilitators to eating healthy nutritious meals.

Preparing and utilizing talents and skills to enjoy happiness and enrichment in life illustrates the occupational dimension of wellness. Among the information provided during the interviews, 1) insecurity about a future career, 2) enthusiasm towards a future career, and 3) leaving one's future career "in God's hands" were the sub-themes identified.

Social wellness is displayed by the ability to interact successfully within one's environment. Having efficient communication skills and creating a support network of friends and family members contribute to well-being in this domain. The sub-themes derived from the student interviews were: 1) environmental and societal influences, 2) personal relationships, and 3) perceptions of diversity.

The spiritual dimension of wellness entails deriving meaning and purpose for life, as well as possessing a set of guiding beliefs, values, and principles that help give direction to one's life. The spiritual dimension sub-themes entailed: 1) strengthening or developing spiritual and/or religious beliefs, 2) faith-based decision making, and 3) interconnectedness with each of the other five dimensions.

Upon reflection of my dissertation study's purpose – determining which specific dimension of wellness was impacted or influenced the most by the college life experience – Charlotte's and Susie's respective narratives of an unplanned pregnancy and alcoholism immediately came to mind. I believe, among the 30 soon-to-be graduating health education majors I interviewed for this study during the Spring semester of 2010, Charlotte's and Susie's stories were most compelling due to the life-altering circumstances which they had to work through. However, when trying to compile all 30 narratives to identify which dimension was most impacted, collectively, I concluded that *all dimensions were impacted* and due to the dimensions' interconnectedness, no one particular dimension could be singled out as *most impacted*.

The six dimensions of wellness interact continually and synergistically. Segmenting students' narratives about their college life experiences into discrete

domains, represented a challenge. The challenge reflects how activities that support wellness cannot easily be segmented into discrete domains, either. For example, the need for stress management and stress reduction is linked mostly obviously with emotional wellness; however, when a student uses yoga as a stress reliever, he/she is exercising their physical, social, and spiritual health as well.

Intellectual Dimension

The first of the sub-themes within the intellectual dimension was “*discovering the health education major.*” Choosing a major is one of the most important decisions an undergraduate student makes regarding his/her academic career. Research indicates that students choose majors based on their “genuine interest in the subject,” and for “the kind of work or job possibilities” to which an educational path might lead (Adams, Pryor, & Adams, 1994; Collins & Giordani, 2004, respectively). Consistent with these finding is Beggs, Bantham, and Taylor’s (2006) qualitative study where students had comments such as “I don’t want to sit at a desk all day,” and “I like working with people,” as factors which played a role in their academic major and career choices.

My research indicated consistency with the previous literature in that the majority of interviewees selected Biology, Bio-medical Science (BIMS), Kinesiology, and Nutrition for their majors, with anticipation to pursue their interest in becoming a health professional post graduation. Numerous participants informed me that these major selections were not “exclusively” chosen by them; rather, they listened to recommendations made by the academic advisors during their freshman orientation.

Most college freshmen are unaware they can major in any program or subject they desire, and still apply for schooling in their “ideal” health profession, as long as the required courses (mostly math and science-based) are completed during their undergraduate years. Some colleges and universities offer majors such as “pre-med,” “pre-vet,” and “pre-dent” which include the necessary core curriculum for applying to most medical, veterinarian, and dental schools; however, Lone Star Liberty University does not offer these types of major selections.

The second sub-theme identified in the interviews, within the intellectual dimension of wellness, was “*learning how to study.*” Participants shared with me their “quick wake-up call” when it came to studying for college courses as, according to them, they “never had to study in high school.” Worksheets and review sheets they were provided in high school were now replaced by exams, research papers, and presentations which required knowledge and familiarity of concepts, as opposed to simple memorization of facts.

Colleges and universities offer appropriate settings and resources to help students transition into their new environment, because these institutions assume student learning is multifaceted and involves creating a positive learning environment, promoting student development, and supporting academic achievement. Libraries, faculty, cultural programs, student organizations and other university personnel (i.e., career advisors, counseling centers) provide an array of opportunities for assistance; however, the student must take advantage of these programs in order to benefit.

The last of the sub-themes which surfaced in the intellectual dimension of wellness was “*using what’s learned in college to prepare for one’s future career*”. In this study, numerous participants were unable to describe how majoring in health education will play a role in their future profession. This correlates with the findings indicating most of the interviewees didn’t have jobs waiting for them post-graduation (*occupational dimension*). It’s reasonable to say, health education graduates who are unsure of what profession or industry they’ll be working in will also be unsure of how they’ll utilize the knowledge and skills they’ve acquired through majoring in health education (Kuo, Hagie, & Miller, 2004).

Several interviewees in my study entered college with aspirations of becoming a professional health care provider; however, many of them weren’t successful in their initial major and therefore “found” or “fell into” the health education track. As stated in the findings, students select majors based on their “genuine interest” or “job possibilities.” Since many of the participants’ “genuine interests” were originally aimed at such careers as medicine or dentistry, and not health education or health promotion, utilizing the knowledge and skills they’ve acquired through the major seem irrelevant. Even while taking the health education classes, I learned during the interviews, students knew they still wanted to pursue some type of health career, but “just didn’t know what.”

My findings relating to the intellectual dimension of wellness parallel those from a study performed by Hawks in 2008. Hawks’ study investigated how the various dimensions of wellness were represented in health education research published in professional literature from 2000 – 2005. Among the 2,610 articles reviewed, only 3%

(N = 48) measured variables such as mental skills, learning styles, and teaching techniques – variables which he specifically associated with intellectual health. Hawks described the need for “individual health education researchers who are willing to commit time and energy to designing, implementing, and evaluating the impact of programs that target various nonphysical dimensions of health” (p. 323). He posits that more research performed in these nonphysical dimensions (i.e., intellectual and spiritual) would lead to the development of better health promotion and health education career preparation (Hawks, 2008).

Also consistent with my findings, was Murray and Miller’s (2001) study that investigated students’ perceptions of Hettler’s (1980) six dimensions of wellness and their relationship to actual wellness levels. In this study, the intellectual dimension was the area where the greatest amount of guidance and information was needed (Murray & Miller, 2001).

Students have a variety of needs concerning their careers and whether they will be properly prepared for the job market when they graduate. Many colleges offer seminars, career planning, and life planning courses in an attempt to better prepare students. Johnson, Nichols, Buboltz, & Reidesel (2002) indicate that by taking courses on career development, students develop a stronger understanding of their majors and their interests, values, and abilities, and therefore are more satisfied with their educational experiences.

Intellectual Wellness Theoretical Orientation. This study's findings for the intellectual dimension describe a process which personal factors, environmental factors, and human actions interconnect and affect each other – a process described in Social Cognitive Theory as reciprocal determinism. Several participants switched into the health education major (behavior) due to deficient academic performance (personal factors) in their previous majors such as Biology, BIMS, or Kinesiology. Majoring in health education provided an alternative avenue for these students to continue their personal interests and aspirations of wanting to “help people be healthy” and/or “work as some type of health care professional” (expectations). Courses within the major, such as program planning and evaluation, taught students how to effectively plan, design, implement, and evaluate sound health education and promotion programs (behavioral capability). By simulating these health education and promotion programs in class for their peers, students gain a feeling of confidence related to providing health information to an audience (self-efficacy).

For a few students, this sequencing of events is exactly what happened. As graduation approached, three interviewees from this study informed me of their post-graduation internship or job. Although many of the students “fell” into the health education major, their positive experience going through the Lone Star Liberty University's health education program resulted in jobs they're excited to begin, which will “help people be healthy,” and be able to “work as a health care professional.”.

Recommendations for Improving Intellectual Wellness Among College Students.

Students can especially improve their intellectual wellness domain by taking advantage of the free resources offered by their college or university. Academic support services can provide such help as tutors, favorable testing environments, seminars to improve study skills, and test taking strategies. Students should also begin acquainting themselves in high school with the academic direction they wish to take. Although the student doesn't need to have an exact career-plan in place at the beginning of the college years, having an idea of what type of work he/she would like to do post-graduation would facilitate developing an academic plan, altogether.

Additionally, internships should be a requirement for all health education majors. Many college students are unsure of "what they want to do after they graduate." Providing internship opportunities may help students decide. In the field of health education, having experience in the field is oftentimes one of the first requirements listed on job postings. Academic and career advisors should strive to maintain or build partnerships with community and organizational members to increase possibilities for students to provide health education in real world settings. The opportunity to apply knowledge and skills learned in class would increase not only a student's intellectual dimension of wellness, but also occupational (better job opportunities), social (being involved with the community), and emotional (increasing self-efficacy).

Students cannot achieve success in college by themselves. Higher education institutions are responsible for supporting effective teaching and learning methods. Successful faculty members of undergraduate education: 1) encourage contact between

students and faculty, 2) develop reciprocity and cooperation among students, 3) encourage active learning, 4) give prompt feedback, 5) emphasize time on task, 6) communicate high expectations, and 7) respect diverse talents and ways of learning (Chickering, 1969).

Emotional Dimension

All 30 participants in my study indicated that they've experienced emotional stress at various times throughout their undergraduate years at Lone Star Liberty University. This appears to be true of today's college students, as they are currently experiencing higher levels of stress than students of any previous generations (Schoroeder, 2003). In the book, *College of the Overwhelmed: The Campus Mental Health Crisis and What to Do About It*, Kadison and DiGeronimo (2004) report that over the past decade the number of students with depression has doubled, the number of suicidal students has tripled, and sexual assaults have increased fourfold. College students today are coming to college having already been diagnosed with depression, mental illness, and other psychological problems (Kadison, & DiGeronimo 2004, p. B20).

More recently, instead of planning outreach prevention programs, more counselor time is being directed towards managing serious psychological problems. According to Hodges (2001), the traditional approach of dealing with academic and homesick-related issues has diminished and has moved into treating emotional distress such as clinical depression and intense mood disturbances. These ailments of depression,

stress, and mental illness are characteristics most commonly associated with the emotional dimension of wellness. Unfortunately, “a significant amount of colleges and universities don’t feel that fostering the emotional development and well-being of their students is part of their mission” (Kadison & DiGeronmomo, 2004, p. B20).

Adjusting to the university environment during a student’s freshman year is a major college life experience. Enjoying a new-found independence of being away from home and parents for the first time may bring about irresponsible behaviors resulting in consequences potentially damaging to a student’s well-being. The first sub-theme discussed under this dimension was “*coping with life-altering events.*” This sub-theme was exemplified by Charlotte and Susie, two students who individually shared their life-changing circumstances with me during their interviews. Both of these students’ situations (unplanned pregnancy and excessive alcohol use, respectively) occurred soon-after their move away from home.

These life-altering events placed a significant amount of distressing tension on these two students. However, Charlotte’s and Susie’s ability to cope with their situations by seeking guidance and support from family and friends (*social dimension*) suggests forethought within their emotional domain.

The Mental Health America Association (formerly National Mental Health Association) (2010) described depression and anxiety disorders as some of the key threats to college students’ overall well-being. The sub-themes identified in this research underscore findings that the college years are a period of life challenges in which the average student can feel vulnerable and stressed.

The second sub-theme within the emotional dimension was “*managing academic stress*.” Academic stress, in this case, wasn’t relating to scholastic matters in the sense of test preparation and retaining information learned in class (as conferred earlier in the intellectual dimension), rather, several interviewees shared stories, similar to Marilou’s and Cecile’s about stressors they encountered dealing with the university academic support personnel.

Marilou’s and Cecile’s narratives emulate findings from a study performed by Habley and McClanahan (2004), in which noncognitive factors, for instance, career advisement and occupational goal planning, played essential roles in undergraduate achievement and self-efficacy.

According to Light (2001), “Good advising may be the single most underestimated characteristic of a successful college experience” (p. 81). In a study performed by Hale, Graham, and Johnson (2009) 79.8% of the participants (N = 1,187) perceived their current academic advisor as being a *developmental advisor*, indicating that these students perceived their relationship with their advisor as being more than simply a matter of course scheduling. Developmental advisors build personal relationships with students and integrate academic, career, and personal goals into the advising process (Jordan, 2000). Approximately 20% of the students from Hale, Graham, and Johnson’s (2009) study perceived their current academic advisor as being a *prescriptive advisor* (Hale, Graham, and Johnson, 2009). Prescriptive advising is seen as impersonal and authoritarian in nature, with a primary focus on academic requirements and course scheduling (Crookston, 1972). Students with prescriptive

advisors may not have the same opportunities to become integrated into the academic (*intellectual dimension*) and social communities (*social dimension*) of the university as do students with developmental advisors (Braxton & McClendon, 2001-2002; Myers & Dyer, 2005).

Nearly all (95.5%) students indicated that their preferred academic advisor would be a developmental advisor (Hale, Graham, & Johnson', 2009). This suggests that students want a personal relationship with advisors and seek more from the advising relationship than simply information on course selection and scheduling. According to the specific narratives offered by Marilou and Cecile, and endorsed by several other interviewees, Kerri (described by Marilou as “cold” and “standoffish”) fit the description of a prescriptive advisor whereas Linda (described by Cecile as “good at following through” and “organized”) appeared to display characteristics of a developmental advisor at Lone Star Liberty University.

Emotional Wellness Theoretical Orientation. The Transaction Model of Stress and Coping is a framework for evaluating the processes of coping with stressful events. The theoretical foundation of stress and coping is based on examining three important issues: 1) how believing one has control in a stressful event can heighten threat, 2) the relationship between control and coping, and 3) pathways through which control can affect the adaptational outcomes (Antonovsky & Kats, 1967; Cohen 1984).

The Theory of Stress and Coping is useful in describing Susie’s ability to work through her alcoholism issues during her freshman year at Lone Star Liberty University.

Stressful experiences do not affect all people in the same manner; however, the way in which someone *cope*s with his/her stress can lead to negative experiences and/or illness, or turn into positive experiences and/or better wellbeing. In Susie's case, she had to courage to seek help for her illness through social support and encouragement from others.

Recommendations for Improving Emotional Wellness Among College Students.

Considering the significant impact that stress can have on an individual's health and performance, college administrators should consider building stress management training seminars into orientation activities. Further, certain stress management training seminars and orientation activities should be gender-specific. For example, seminars for females should include topics regarding eating disorders, contraception safety, use, and availability, as well as self-defense training. For males, useful seminars could include role playing situations to promote safe sex, information about the HPV vaccine, Gardasil, and developing healthy, intimate relationships.

Although academic stressors affecting the emotional wellness of college students cannot be eliminated, a better job can be done to prepare students on how to manage them and to provide the counseling resources on college campuses to handle overwhelming academic demands. Having students learn how to cope with stress will provide them with life-long skills in stress management that they will likely use as they enter the work environment (Hudd, Dumlao, Erdmann-Sager, Murray, Phan, Soukas, and Yokozuka, 2000).

Physical Dimension

According to Levitsky, Halbmaier, and Mrdjenovic (2004) the transition from high school to college is a critical period in life where the risk of weight gain is much higher than other time periods, especially for women. Just as my study demonstrated, incoming college freshmen exposed to new experiences and lifestyles have a higher chance for weight gain, compared to students in any other year of college (Racette, Deusinger, Strube, Highstein, & Deusinger, 2005).

Academic stress contributed to the sub-theme, “*Barriers to Engaging in Physical Activity.*” Increased stress that comes along with academic demands can contribute to weight gain among college students (Macht, Haupt, & Ellgring, 2005). This is exactly what Melanie explained to me during her interview. Melanie stated she believed that time spent on exercise would be time better spent on studying.

While participating in regular physical activity is one method students can use to manage the expectation and stressors associated with college life, including academics (Iso-Ahola, 1989), several students admitted that physical activity is not a part of their day-to-day or weekly routine. This was surprising since all of the students in this study were health education majors and would be expected to promote, as well as participate in, healthy, active lifestyles.

Colleges and universities nationwide are investing millions of dollars on campus recreation and wellness centers. College administrators and directors of campus wellness promote these investments, not only to attract and retain prospective students,

but also to enable health-conscious students to participate in preventive care and comprehensive wellness programs. These facilities, wellness programs, and college personnel involved with this form of health promotion are part of this study's sub-theme, "*Facilitators to Engaging in Physical Activity.*"

Poor dietary intake can contribute to a variety of health problems. During my interviews I learned that numerous students who lived in dorms gained weight due to the accessibility of "buffet style food", a finding comparable to a study performed by Levitsky, Halbmier, and Mrdjenovic (2004). This food-accessibility exemplifies my sub-theme, "*Barriers to Eating Healthy Nutritious Meals,*" as the opportunity to overindulge in junk food supersedes the opportunity of eating the recommended servings of fruits, vegetables, proteins, and dairy. College students' failure to have healthy nutritious diets could be explained by frequent meal skipping, inadequate variety of foods, convenience of take-out or fast food, and lack of awareness or understanding of food recommendations and guidelines.

A life-event that changed most of these opportunities for overeating was that of moving out of the dorms into an apartment or house that had a *kitchen*. Since living in the dormitories limits the type of cooking, and storing of food students eat, having a kitchen with appliances (and space) where a student could plan and prepare his/her meals made a significant difference. This living adjustment contributed to my sub-theme, "*Facilitators to Eating Healthy Nutritious Meals.*"

Physical Wellness Theoretical Orientation. Marilou's narrative about gaining the "freshman fifteen" during her first year at college and then taking measures to lose the weight displayed many of the elements explained in the Theory of Reasoned Action (Ajzen & Fishbein, 1980) and Theory of Planned Behavior (Ajzen, 1988, 1991). After Marilou moved away from home and into the dormitory, the abundance and availability to non-healthy foods she liked proved too difficult to resist, resulting in her freshman-year weight gain. Marilou spent the summer after her freshman year back at home. When she returned home, Marilou's brothers playfully teased her about her weight gain (*subjective norm*) which, in turn, encouraged her to take measures to lose the added weight (*behavioral intention* and *attitude*). These weight loss measures included learning how to cook healthy, nutritious meals and making a commitment to exercise a few times a week. This commitment to exercise started by registering for a structured physical activity course (strength and conditioning) her sophomore year. This course taught Marilou the skills necessary to overcome her intimidation of using the strength and cardio equipment at the school's recreation center (*perceived behavioral control*). Eventually, Marilou's new-found enjoyment for cooking (mostly) healthy meals and exercising regularly (*behavior*) helped her get back down to her pre-college weight (*behavioral outcome*).

Recommendations for Improving Physical Wellness Among College Students.

Colleges and universities provide opportune settings for promoting the physical wellness of those who attend. Specific recommendations for increasing physical activity could include, for instance, providing healthy alternatives for traveling to and from campus.

One alternative can include adding bike racks to off-campus buses. Although students may not want to ride their bikes to campus on the busy city streets, bike racks on buses provide a way to bring a bike to campus and use it as a means of on-campus transportation as opposed to taking inner-campus bus rides. Additionally, planting trees to provide shaded sidewalks, and having a pedestrian-friendly campus that is safe and enjoyable for walking are alternatives easily implemented.

Campus recreation and wellness centers can promote physical activity by implementing well designed health promotion and health education programs free for student participation. These programs should include equipment orientation in exercise facilities, and several opportunities for group recreation (i.e., intramural sports, group exercise such as aerobics and spinning, special interest clubs like marathon and triathlon training groups).

To improve students' nutritional intake, opportunities such as healthy cooking classes and free nutrition counseling services could be made readily available. Also health promotion program planners, dieticians, and nutritionists can work with campus and dormitory cafeteria staff to plan menus offering healthy food options. For students experiencing eating and/or exercise-related disorders, counseling services should be available for students to seek help.

I believe the recommendations of planning, designing, implementing, and evaluating college wellness programs aimed towards increasing or engaging in physical activity and nutritious eating behaviors are great projects for students within the health education major to complete. I've come across numerous health and wellness programs

at colleges and universities that don't coordinate projects and activities with students majoring in health education and promotion – Lone Star Liberty University is an example of this very phenomenon. Working cooperatively with university health promotion specialists would provide students real life opportunities (Goodson, 2010, p. 193) to understand and develop sound, theoretically-driven, campus wellness programs.

Occupational Dimension

The college and worksite settings differ significantly in both purpose and activity. Various students participating in this study felt they did not acquire the necessary skills required for being employed after graduating with their health education degree. These particular students contributed to the development of the sub-theme, “*insecure about future career.*” According to Neill, Mulholland, Ross, and Leckey (2004), this insecurity is not an uncommon feeling among college students. Students in their study who felt unsure about their career after they graduate, were also students who did not have any health education work experience. Neill et al., (2004) claim graduates and employers stress that work experience may be the missing ingredient in undergraduate education. Having the ability to integrate skills, interests, and values heightens occupational wellness.

On the other hand, students who expressed their “*enthusiasm towards their future career*” (sub-theme #2) were among the individuals who have had work experience and/or confidence in their ability to adapt to their new work environment, findings that were consistent with those of Hoeger et al. (2007). Hoeger and colleagues (2007)

describe these individuals as being occupationally well, as they are able to make use of the tools, knowledge, and skills they've acquired, in this case, the ones acquired in the health education program.

Several participants described their future careers, as "*being in God's hands.*" To the best of my knowledge, no other research has elicited this sub-theme. Given the absence of related findings in the health promotion literature, I will offer my opinions of how the students who offered this argument, in my study, perceived them.

As described previously in this dissertation, Lone Star Liberty University has a reputation for being conservative and religiously motivated. This was evident in numerous replies offered by students who participated in this study. Students who felt strongly about "God's intentions" for them, were mostly those who didn't (yet) have an established plan post-graduation. Some were waiting for admission into professional health programs (i.e., nursing school, medical school, physical therapy programs), and others had applied for jobs but had not yet learned the outcome. This *uncertainty* was, to them, "up to God to decide." For example, if I asked, "what happens if you don't get into physical therapy school?" a sample reply might be, "Well if I don't get in, then God must have a different plan for me." I could not get clarification from any of these particular students (whose futures are in God's hands) as to how they could differentiate the role of "God's plan" for their future from their responsibility toward academic preparation for their career aspirations.

Occupational Wellness Theoretical Orientation. After learning about various students' career plans post graduation, I felt excited for some and apprehensive for others regarding how they saw their future occupations. According to the Adult Learning Theory (Speck, 1996), adults will commit to learning when the goals and objectives are considered realistic and important to them. This element was articulated in Abigail's narrative regarding her enthusiastic attitude towards the applicability of what she's learned in the health education major to her new job. In Miranda's case, she didn't find any resemblance between what she wanted to do professionally (pharmaceutical sales representative) and the knowledge and skills she learned in the health education program. This perception of non-applicability in Miranda's case is consistent with the Adult Learning Theory in that if an individual doesn't see that activities are related or have any relevancy, it's likely he/she will resist participating or learning the activity.

Recommendations for Improving Occupational Wellness Among College Students. Internships are only required for certain tracks within the health education major. Perhaps internships and/or shadowing opportunities would help students who are insecure about their future career to have less apprehension about transitioning into the work environment. Career counselors should encourage colleges and universities to implement workplace scenarios and required skills into all students' curricula. Faculty should also be encouraged to create active learning environments where students could apply theoretical knowledge to probable work situations and real-life circumstances.

Career advisors can assist soon-to-be college graduates by making sure they provide up-to-date and accurate information, as well as develop appropriate expectations regarding worksite environments. This advisor assistance can aid students in the anticipation state as they begin their career preparation. Universities can also employ the assistance of alumni to supply students with resources and professional contacts for conducting interviews. Conversations with alumni can lessen the apprehension felt by students about occupations and places of employment.

Social Dimension

The sub-theme, “*social and environmental influences*,” was derived mostly from interviewees’ narratives describing freshman and junior year experiences. As incoming freshmen, all but one of the participants stated they moved into on- or off-campus dorms. Being a part of the dorm environment provided numerous opportunities to meet and associate with others who were also beginning their college careers.

During the junior year, most of the participants celebrated their 21st birthday, a birthday commonly considered a “rite of passage” as 21 is the legal drinking age in the U.S. The junior year was also the academic year which most interviewees settled into their college major. Participants claimed that after being admitted into the health education major, they tended to socialize more with students in health education as opposed to people outside their program.

The results for this study, regarding this sub-theme, are consistent with past research, as exemplified by Kessler and McRae’s (1981) “expansion hypothesis of life

involvement” which posits that those who are more socially involved are more satisfied with life, overall. Within the social dimension of wellness, it seemed that academic achievement combined with social involvement provided a sense of well-being for several students in this study’ sample. Students enjoyed and were more motivated being physically active with friends (*emotional and physical dimensions*), and retained more information when studying with friends (*intellectual dimension*). This finding is also consistent with Jackson and Finney’s (2002) observation that successful interpersonal relationships can significantly affect well-being among young adults.

The second sub-theme within the social domain, “*personal relationships*,” was exemplified by Anna’s positive, as opposed to Becky’s negative, roommate experiences. Anna and Molly initially met as incoming freshman students assigned into the same dorm room through the “potluck” process. Their “just” roommate status quickly upgraded to a friendship after getting to know each other and they learned to appreciate one another for their different, personal interests. Anna considered herself more “girly,” than Molly (i.e., enjoys manicures, make-up, pampering), while Molly was perceived as more “alternative,” or enjoying “stuff that usually boys do” as Anna described (i.e., enjoyed skate boarding, playing sports). Anna said the differences in their personal interests and tastes is what kept their friendship so close and endearing, “like opposites attract,” as Anna described.

Unlike Anna’s, Becky’s roommate experience resulted in a broken friendship. Becky and her childhood friend moved into the dorms as roommates. Becky accounts the fading friendship to “just growing up to be different people.” The last sub-theme

identified within the social dimension was, “*perceptions of diversity.*” After asking students if they considered Lone Star Liberty University as one that displays a racially and ethnically diverse campus, responses varied significantly. Some interviewees felt that this university has minimal to “no diversity,” whereas others described the campus environment as “extremely diverse.” The variance in these responses mostly reflected the upbringing and exposure to diversity, or lack of exposure, of certain interviewees.

Korgen, Mahon, and Wang (2003) acknowledge that most colleges across the United States exert every effort to increase racial and ethnic diversity on their campuses. A few participants in my study demonstrated their realization that students coming from racially diverse communities bring broader understanding and openness towards diversity in their college environment. It is likely that the more an individual interacts, socializes, and is open to racial and ethnic diversity, the more socially tolerant he/she is likely to become.

Kent (1996) points out that current research into the nature of diversity on campus illustrates that the university is a micro-cosmos of society and faces the same problems as society at large. Chang (2000) emphasizes that merely adding more racial minorities to a campus, without also creating a positive racial environment, can lead to increased racial tensions. The campus racial environment is a part of the institutional context that includes community members’ attitudes, perceptions, behaviors, and expectations around issues of race, ethnicity, and diversity (Hurtado, Milem, Clayton-Pederson, & Allen, 1999). Hurtado et al. (2008) recommends campus administrators find better ways to convert the vast amounts of racial environment information collected

on campus into institutional action. By advancing student skills to become competent, she adds, multicultural citizens will also advance colleges' and universities' missions to advance social progress in the next generation (Hurtado et al., 2008).

Social Wellness Theoretical Orientation. Intergroup Contact Theory (Allport, 1954) states that under appropriate conditions, interpersonal contact is one of the most effective ways to reduce prejudice between majority and minority group members (Pettigrew & Tropp, 2006). The lack of awareness of (the very small) campus diversity by numerous interviewees at Lone Star Liberty University demonstrates a need for increasing interaction between racial, ethnic, and diverse populations. Allport (1954) proposed four elements to reduce these problems and lead to better interaction:

- 1) Equal Status – participating diverse groups taken into an equal status relationship
- 2) Common Goals – participating diverse groups work on a problem/task and share this as a common goal (also called a superordinate goal)
- 3) Intergroup Cooperation – the task must be structured so that individual members of the groups are interdependent on each other to achieve this common goal
- 4) Support of authorities, laws, or customs – some authority that the participating diverse groups acknowledge and define social norms that support the contact and interactions between the groups and members

In addition to the four conditions, Pettigrew and Tropp (2006), advocate “cross-group friendships,” friendships that provide extensive contact in multiple social contexts with access to cross-group friendship networks and opportunities for self-disclosure.

Their research on cross-group friendships has “repeatedly found friendship negatively and substantially related to prejudice.”

Competitions fuel reasons for fights and rivalries. For Lone Star Liberty University, using the intergroup contact theory can be applied to the Black and Hispanic Student Associations. Having the two groups compete in something where they’d have to work together (i.e., athletic events for men, and salsa dancing & step dancing for women) can help lessen a rivalry. A project or volunteer opportunity which these two groups could raise money or host an event would provide a means for the groups to share a common goal, cooperate, and have equal status. After the project is complete, the goal would be that the groups would find cohesion.

Recommendations for Improving Social Wellness Among College Students. One response to the lack awareness of diversity on college campuses has been the introduction of diversity training workshops. McCauley, Wright, and Harris (2000) state that although diversity workshops have had an overwhelming positive impact on campuses, nation-wide, no attempt has been made to evaluate whether the workshops are having any impact on inter-relations on campus. (Gurin, Dey, Hurtado, & Gurin, 2002).

The ambiguity and unawareness of racial diversity represented by many of my study participants’ narratives reflect the need for universities and colleges to continue developing and implementing programs to enhance the knowledge and attitudes of students regarding diversity among different ethnicities, religions, cultures, and sexual orientations.

In order to be actively working on social wellness, students should be building close friendships, empathizing and listening to friends and family, practicing or working towards understanding and developing a support network of friends and/or family members (Fahey, Insel, & Roth, 2003). Developing strong communication skills is a behavior that is vital for maintaining a strong social network, and in turn, social health. Colleges and universities can easily provide workshops, seminars, and unstructured opportunities for developing positive communication skills, and for promoting friendships among students.

Spiritual Dimension

Within the spiritual dimension of wellness, I evaluated religious, spiritual beliefs, and/or faith-based beliefs, views, and practices. In the interviews with the participants, the importance of religious and/or spiritual wellness was well reflected in our conversations. Some examples of statements reflecting their views consisted of, “guided by God’s plan”, or “[before making big decisions] always think about what Jesus would do,” and “it’s important that my future husband be a man of God.” Numerous students also shared that they turn to their “faith” in times of “trouble,” “despair,” and “sadness.” These findings are consistent with a study performed by Schafer (1997), such that college students in their studies indicated they search for purpose and meaning in life, have interest in spirituality, and concur that spirituality is a source of joy.

I found that within this spiritual dimension, interviewees intertwined their faith repeatedly with the other five dimensions of wellness when making life decisions or

handling life situations. This was illustrated in remarks such as, “I turn to God when my husband and I have marriage issues” (emotional), “it’s important that my friends share the same faith or religion as me (social),” “I’ll leave my future in God’s hands (occupational),” “I pray before all of my exams and presentations (intellectual),” and “I feel safe and secure [walking from the library to my car after a late night of studying] ‘cause I know God’s watching me (physical).” These findings reflect prior research suggesting faith and spirituality play a role in students’ physical and psychological wellness, influence personal choices and behaviors made on a daily basis, and promote higher self-esteem (Hawks, 2004).

Narratives from the students also seemed to demonstrate their religiosity, spirituality, and/or faith grew stronger as they moved away from home and “grew up” in college. Some interviewees shared that they were no longer “going to church,” or were “a practicing Catholic,” due to parental influence; rather, their transition into and throughout college had them “[questioning their] religious beliefs and practices” after starting college. This “questioning,” participants shared, “brought [them] to a deeper understanding of their faith.” This particular finding is consistent with Fowler’s (1981, 2000) theory which posits that college students transition out of the conventional faith state into the “individuating reflective stage” – a stage characterized by questioning beliefs and assuming responsibility for choices made regarding the development of one’s own ideology.

Spiritual Wellness Theoretical Orientation. According to Baldacchino (2008), spiritual health is not just a dimension of wellness, but also an intrinsic component of the other five dimensions of wellness. Optimum wellness, Sweeney and Witmer (1991) state, can *only* be attained when there is spiritual and personal balance in each of the other areas of well-being. Several students during their interviews offered stories about how their relationship with God, their faith, or spirituality deepened throughout the progression of their college life experience. Additionally, most of these same students would likely indicate that “God comes before all else” in their lives, and that “nothing is possible without Him.”

As previously stated, the dimension of spiritual wellness was highly referred to and relied on by the participants in this dissertation study. Through the college life experience, numerous interviewees shared their spiritual quest beginning with their move from home where they transition out of their conventional faith state and into the “individuating reflective stage (Fowler, 1981) characterized by questioning original beliefs (likely based on what parents’ beliefs were) and assuming responsibility for choices made regarding the development of one’s own ideology.

Recommendations Regarding Spiritual Wellness Among College Students. As the various findings suggest above, the college years provide a great opportunity for students to learn, question and participate in activities to develop their understanding of, or disbelief in, their spirituality, religiosity, and/or faith. Appropriate university personnel can support services and programs that aid the advancement or familiarization

with students' spiritual dimension of wellness. These programs and services usually include various volunteer opportunities, on-campus speakers, and publicizing faith-based or "non-believer" student organizations for those interested in expanding their doctrines or uncertainties.

Contributions and Limitations

This dissertation study aimed to investigate which dimension of wellness was most influenced or impacted by the college life experience. Although this research provides a much-needed qualitative "lens" to view the phenomenon of college students' wellness, and uncovers valuable information regarding health and wellness practices and beliefs among college students, it is important to couch such information in the study's limitations.

Perhaps the most salient limitation was the demographic homogeneity of the sample: all of the students interviewed for this dissertation were health education majors and this homogenous group of 30 participants included only one male. His responses did not skew the findings, however, as his statements mirrored the majority of the females' responses. Nonetheless, findings might have varied if the sample included equal numbers of males as females. According to Levin and Cureton (1998) females tend to be more spiritually involved (i.e., in worship, fellowship, prayer) than males, and openly express their views regarding spirituality, religiosity, and faith.

Additionally, because all participants were health education majors, this commonality may have provided more health and wellness-based answers, as opposed to

a random selection of university students. Also, numerous participants (17 of 30) were former students of mine. My familiarity with these students may have caused them to hold back or restrain from providing certain responses which they thought might change or jeopardize my personal opinion of them. However, this familiarity could also have been beneficial to my research, as participants may have felt more relaxed discussing some of their personal situations with me, more so than they would with someone with whom they were not as familiar.

Because students in my sample were all approaching graduation, this may also have biased the presentation of their narratives: some of their reflections and reported events were difficult to pin-point, chronologically and it was hard to determine when, precisely, they had occurred (whether in their freshman, sophomore, junior, or senior years). Understanding in which year some of these occurrences happened might have made a difference in my findings. For example: personal relationships from freshman and senior years were discussed most. As freshmen, the students became acquainted with people in their new dormitory environment, affecting their social wellness. As seniors, personal relationship narratives revolved around engagements, becoming married, and difficult break-ups which affect the emotional wellness domain.

Lastly, the “conservative” nature of this particular college environment is not representative of most United States colleges and universities. My sample’s emphasis on spirituality as pervading all other dimensions of wellness may not be a common phenomenon at other institutions of higher education, nation-wide.

Despite its limitations, this dissertation takes a step toward understanding how the various dimensions of wellness are impacted by the college life experience. Previous studies have been performed to study the well-being of college students; however, these studies have employed mostly quantitative measures. This is the first qualitative study, to my knowledge, that investigates the *overall, holistic, multidimensional* wellness among college students via in-depth, individual, personal interviews. These interviews allowed a more detailed understanding of college students' life experiences, beliefs, and behaviors. The semi-structured nature of the questions gave students a chance to voice their perceptions without being bound to a solitary, specific answer choice(s). During the interviews, I had the opportunity to ask students to "elaborate" more on their answers, and to "observe" emotions that occurred during certain portions or throughout entire interviews – two actions that cannot be performed using quantitative methods and even some qualitative methods such as focus groups and document reviews.

The qualitatively-derived results of this study can provide college and university health educators, program planners, administrators, faculty, staff, and counselors, with rich data based on college students' personal experiences and behaviors they've encountered throughout their undergraduate program. The findings herein can also help program development by serving as a needs assessment tailored specifically to the college student population.

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APPENDIX A
CONSENT FORM

Quality of College Life Among Graduating Health Education Majors:
A Multidimensional Assessment

Introduction

The purpose of this form is to provide you information that may affect your decision as to whether or not to participate in this research study. If you decide to participate in this study, this form will also be used to record your consent.

You have been asked to participate in a research project studying the quality of college life. The purpose of this study is to assess how personal experiences throughout the undergraduate years at Lone Star Liberty University have contributed to or taken from the quality of college life among graduating health education majors. You were selected to be a possible participant because you marked “yes” on the investigator’s participation form when answering the question, “Would you be willing to participate in a face-to-face interview to discuss personal experiences while attending Lone Star Liberty University that have contributed to or taken from your quality of college life?”

What will I be asked to do?

If you agree to participate in this study, you will be asked to partake in a face-to-face interview to discuss personal experiences while attending Lone Star Liberty University that have contributed to or taken from your quality of college life. This interview will take approximately 60 minutes.

Your participation will be audio recorded.

What are the risks involved in this study?

The risks associated in this study are minimal, and are not greater than risks ordinarily encountered in daily life.

What are the possible benefits of this study?

Your responses may help guidance counselors and program administrators, faculty, and staff at Lone Star Liberty University identify potential problems and areas of strengths regarding college facilities and services as well as the academic and social aspects.

Do I have to participate?

No. Your participation is voluntary. You may decide not to participate or to withdraw at any time without your current or future relations with Lone Star Liberty University being affected.

Will I be compensated?

By participating in this study, you will be entered into a drawing for 1 of 5 gift cards in the amount of \$20.00. Gift card options will be among the following vendors:

- I-Tunes
- Target
- Wal Mart
- Cinemark Theater
- Barnes and Noble Bookstore

Gift card disbursement will occur after all interviews (data collection) have been completed and analyzed. Should you be 1 of the 5 selected in the drawing, you will be notified via email.

Who will know about my participation in this research study?

This study is anonymous. The records of this study will be kept private. No identifiers linking you to this study will be included in any sort of report that might be published. Research records will be stored securely and only Kristina M Garcia will have access to the records.

If you choose to participate in this study, you will be audio recorded. Any audio recordings will be stored securely and only Kristina M Garcia will have access to the recordings. Any recordings will be kept for approximately 6 months and then erased

Whom do I contact with questions about the research?

If you have questions regarding this study, you may contact Kristina M Garcia via phone, (W):979-458-2217 (M): 979-575-5845 or email, garcia@hlkn.edu.

Whom do I contact about my rights as a research participant?

This research study has been reviewed by the Human Subjects' Protection Program and/or the Institutional Review Board at Lone Star Liberty University. For research-related problems or questions regarding your rights as a research participant, you can contact these offices at (979)458-4067 or irb@LSLU.edu.

Signature

Please be sure you have read the above information, asked questions and received answers to your satisfaction. You will be given a copy of the consent form for your records. By signing this document, you consent to participate in this study.

Signature of Participant: _____

Date: _____

Printed Name: _____

Signature of Person Obtaining Consent: _____

Date: _____

Printed Name: _____

APPENDIX B

PARTICIPATION PREFERENCE AND CONTACT INFORMATION FORM

¹Quality of College Life among Graduating Health Education Majors
Participation Preference & Contact Information Form

- 1) I have attended Lone Star Liberty University throughout my entire undergraduate career and am within one year of graduation. (please mark one)

_____ Yes _____ No (If you marked “No”, you do not need to complete the rest of this participation form)

- 2) Would you be willing to participate in a face-to-face interview to discuss personal experiences while attending Lone Star Liberty University that have contributed to or lessened your quality of college life?

_____ Yes (If you marked “Yes,” please complete questions 3 - 6)

_____ No (If you marked “No,” you do not need to complete the rest of this participation form)

- 3) Please indicate your sex: Please indicate your current age: _____

Male _____ Female _____

- 4) Please indicate your anticipated graduation date:

_____ May 2010 _____ December 2010

_____ August 2010 _____ May 2011

- 5) Please provide your contact information to set up interview date and time:

Printed Name: _____

Phone: _____

Email: _____

If you have any questions or concerns about this study, please feel free to contact me at:

Phone: 979-458-2217 or Email: garcia@hlkn.LSLU.edu

IRB Protocol Number: 2009-0234

¹ This title “Quality of College Life among Graduating Health Education Majors” was used when discussing my study with the health education majors.

APPENDIX C

RECRUITMENT EMAIL

Hello,

I am Tina Garcia, a health education doctoral student in the Department of Health and Kinesiology at Lone Star Liberty University. I'm inviting you to participate in my dissertation study assessing how the various dimensions of health (physical, emotional, mental, spiritual, social, occupational, and environmental) are impacted during one's college life experience at Lone Star Liberty University.

As a participant, you will be asked to partake in an individual discussion with me about how you've evolved while attending Lone Star Liberty University. By participating, you will be entered into a drawing for 1 of 5 gift cards in the amount of \$20.00. Gift card options will be among the following vendors:

- * I-Tunes
- * Target
- * Wal Mart
- * Cinemark Theater
- * Barnes and Noble Bookstore

The risks associated in this study are minimal, and are not greater than risks ordinarily encountered in daily life. By participating in this study, your responses may help guidance counselors, program administrators, faculty, and staff at Lone Star Liberty University identify potential problems and areas of strength regarding the University's services, facilities, academics, and social /extracurricular opportunities.

If you would like to participate in this research study, please reply to this email including your phone and/or email contact information. If you have questions, I can be easily reached via email (garcia@hlkn.LSLU.edu) or phone (979-458-2117).

Thank you for your consideration!

Cordially,
Tina Garcia

Kristina M. Garcia, MS, CHES
Doctoral Student & Graduate Assistant
Lone Star Liberty University
Department of Health and Kinesiology
Office: G. Rollie White 119-A
Mailstop: LSLU 4243
Phone: 979.458.2217

APPENDIX D
INTERVIEW GUIDE

Getting Started

- Year & Semester Started at LSLU
- What's your age now?
 - Was 21 a big year for you or just another birthday?
- What semester will you be graduating?
- How did you decide on LSLU?
- What was your high school like?
- Was a real shock when you moved away from home?

Physical Health

- Has your physical health changed since beginning at Lone Star Liberty University?
 - Why?
 - Were you really active in high school?
 - Social eating, less exercise, etc?
 - Did you know how to cook?
 - Did you go out to eat with friends a lot?
- What's your perception of health weight/size?
- Did you ever feel pressure from family, friends, media, etc to be a certain weight/size?

Emotional/Psychological Health

- What have been the best experiences you've had here at A&M?
- Have you ever experienced feeling of depression or sadness while attending Lone Star Liberty University?
 - What brought on these feelings?
 - How did you handle them?
 - How do you feel about those particular situations now?
- Can you describe, in general, how you feel about the security and protection Lone Star Liberty University provides for its students?
 - Campus police?

Mental/Intellectual Health

- How did you decide to become a health education major?
- How will this major help you in your future endeavors? What is your ideal job?
 - Can you describe your perfect day of work?
- Can you describe, in general, how you feel about the quality of academics at Lone Star Liberty University?
 - Quality of teaching?
 - Professors' knowledge of subject?
 - Interaction in the classroom?
 - Accessibility of faculty?
 - Professors communication skills?
 - Level of difficulty of coursework?

Social Health

- Do you have friends you like to talk or do things with? A best friend?
 - How do you know them? (fraternity/sorority, from home, Fish Camp, etc)
- Do you ever feel lonely?
- How satisfied would you say most of your friends and other classmates are with overall quality of life at Lone Star Liberty University?
- Can you describe, in general, how you feel about the social environment at Lone Star Liberty University?
 - Quality of fellow students?
 - Ethnic diversity?
 - Sexual diversity?
 - Speaker series?
 - Sporting events?

Spiritual Health

- How much of a role does your spirituality play in contributing to your quality of college life?
- Can you describe, in general, how you feel about the university support of spiritual life?
 - Spiritual life organizations?
 - On-campus worship services?

Environmental Health

- Can you describe, in general, how you feel about living in College Station, TX?
 - How does College Station compare to your hometown?
 - How satisfied are you with the way the campus looks?
 - Location?
 - Distance from your family's home?
 - Size of student body?
 - Athletic fields?
 - Parking?

Occupational Health

- Did you work while in school?
 - Do you know what you'll do after you graduate?
 - Does the future ever make you nervous?
 - Where do you see yourself in 5 years?
 - Where do you see yourself in 10 years?
-
- What do you think contributes to or takes away from quality of college life?
 - Can you describe a situation or time while attending Lone Star Liberty University that you felt the most satisfied with your college life? (and vice versa – dissatisfied)

VITA

Name: Kristina Marie Garcia, M.S., C.H.E.S.

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