

Lindenwood University

Digital Commons@Lindenwood University

---

Dissertations

Theses & Dissertations

---

Spring 1-6-2021

## School-Based Wellness Programs: Educator Perceptions

Rocky C. Valentine  
*Lindenwood University*

Follow this and additional works at: <https://digitalcommons.lindenwood.edu/dissertations>



Part of the [Health and Physical Education Commons](#)

---

### Recommended Citation

Valentine, Rocky C., "School-Based Wellness Programs: Educator Perceptions" (2021). *Dissertations*. 9.  
<https://digitalcommons.lindenwood.edu/dissertations/9>

This Dissertation is brought to you for free and open access by the Theses & Dissertations at Digital Commons@Lindenwood University. It has been accepted for inclusion in Dissertations by an authorized administrator of Digital Commons@Lindenwood University. For more information, please contact [phuffman@lindenwood.edu](mailto:phuffman@lindenwood.edu).

School-Based Wellness Programs:  
Educator Perceptions

by

Rocky C. Valentine

January 6, 2021

A Dissertation submitted to the Education Faculty of Lindenwood University in

partial fulfillment of the requirements for the degree of

Doctor of Education

School of Education

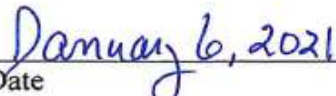
School-Based Wellness Programs:  
Educator Perceptions

by

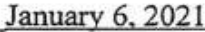
Rocky C. Valentine

This Dissertation has been approved as partial fulfillment  
of the requirements for the degree of  
Doctor of Education  
Lindenwood University, School of Education


  
\_\_\_\_\_  
Dr. Shelly Fransen, Dissertation Chair

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Dr. Kathy Gover, Committee Member

  
\_\_\_\_\_  
Date

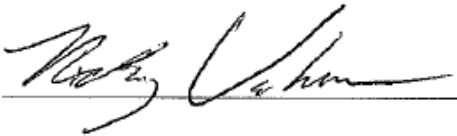
  
\_\_\_\_\_  
Dr. Travis Kite, Committee Member

  
\_\_\_\_\_  
Date

Declaration of Originality

I do hereby declare and attest to the fact that this is an original study based solely upon my own scholarly work at Lindenwood University and that I have not submitted it for any other college or university course or degree.

Full Legal Name: Rocky C. Valentine

Signature:  \_\_\_\_\_ Date: 1-6-2024

## Acknowledgments

I am appreciative of Dr. Shelly Fransen, my dissertation chair, for her support, attention, and guidance throughout this process. I would like to share my appreciation for the time and energy of my dissertation committee, Dr. Shelly Fransen, Dr. Kathy Grover, Dr. Travis Kite, and Dr. Amy St. John. I would also like to thank the school districts and their educators who participated in this study. The insight they provided was incredibly valuable as I progressed through my research.

To my wife, Breanna, I share my love and appreciation for allowing me to pursue this goal. Her support and patience made this pursuit achievable. Thank you to my daughters, Lyla, Lily, and Laney, for being supportive and patient. To my parents, Monty and Kathy, thank you for love, support and guidance throughout my life. To my dad, thank you for providing an example of hard work and dedication in everything you do in life. To my mom, thank you for encouraging me to set goals and always pushing me to achieve them. Finally, to my brother Brandon, I know you would be proud of me.

## **Abstract**

The utilization of workplace wellness programs in the field of education has become increasingly popular. Educators are receptive to school-based wellness programming to reduce stress, increase work engagement, and provide opportunities for health and wellness (Schultz et al., 2019). The purpose of this explanatory, sequential, mixed-method study was to investigate certified educators' perceptions of school-based wellness programs, wellness program components, and their impact on educator stress, burnout, and retention. An interpretivist theoretical framework was used to make sense of the meanings and understandings of the participants (Creswell & Creswell, 2018). Little research has been focused on the implementation and evaluation of wellness programs in schools (Lever et al., 2017). Phase one data were collected from three southwest Missouri school districts. Phase two interviews were developed after analysis of the School-Based Wellness Programs Survey responses. Analysis of six educator interviews revealed five emergent themes: convenience, onsite health care, mental health, flexibility, and COVID-19. Implications of this study include the significance of educator collaboration in school-based wellness program development, the inclusion of mental health components in school-based wellness programs, school district leadership support of school-based wellness programs, and the need for convenience in implementation of school-based wellness programs.

## Table of Contents

Abstract .....	iii
List of Figures .....	vii
Chapter One: Introduction .....	1
Background of the Study .....	1
Theoretical Framework .....	3
Statement of the Problem .....	4
Purpose of the Study .....	6
Research Questions .....	7
Significance of the Study .....	7
Definition of Key Terms .....	8
Delimitations, Limitations, and Assumptions .....	10
Summary .....	11
Chapter Two: Review of Literature .....	13
Theoretical Framework .....	13
History of Interpretivism .....	14
Principles of Interpretivism .....	16
Workplace Wellness Program History .....	19
Workplace Wellness Program Benefits .....	20
Workplace Wellness Program Challenges .....	22
School-Based Wellness Programs .....	24
COVID-19 .....	28
Affordable Care Act .....	30

Types of Workplace Wellness Programs .....	31
Incentive-Based Programs .....	31
Wellness Champion-Based Programs.....	32
Onsite Clinic-Based Programs .....	34
Components of Workplace Wellness Programs .....	36
Nutrition-Related .....	37
Biometric Screenings and Health Risk Assessments.....	37
Fitness .....	38
Health and Wellness Challenges.....	38
Mental Health.....	39
Summary .....	39
Chapter Three: Methodology .....	41
Problem and Purpose Overview.....	41
Research Questions.....	42
Research Design.....	42
Population and Sample .....	43
Instrumentation .....	45
Reliability.....	47
Validity.....	47
Data Collection .....	48
Data Analysis .....	49
Ethical Considerations .....	51
Summary .....	51



Chapter Four: Analysis of Data .....	53
Survey Data Analysis.....	54
Interview Data Analysis.....	74
Summary.....	84
Chapter Five: Conclusions and Implications .....	85
Findings.....	86
Conclusions.....	90
Implications for Practice .....	96
Recommendations for Future Research .....	100
Summary .....	101
References.....	104
Appendix A.....	127
Appendix B.....	129
Appendix C.....	130
Appendix D.....	131
Appendix E .....	132
Appendix F.....	134
Appendix G.....	135
Appendix H.....	136
Appendix I .....	137
Vita.....	138

## List of Figures

Figure 1. <i>Educators Perceive Their Jobs as Stressful.</i> .....	55
Figure 2. <i>Educators Have Thoughts about Leaving Education.</i> .....	56
Figure 3. <i>Educators Feel Their Wellness Impacts Their Role as an Educator.</i> .....	57
Figure 4. <i>Educators Feel Their Wellness Program Lowers Their Stress/Burnout.</i> .....	58
Figure 5. <i>Educators Feel Their District Wellness Program Impacts Wellness.</i> .....	59
Figure 6. <i>Educators Feel Their Wellness Positively Impacts Their Ability as an Educator.</i> .....	60
Figure 7. <i>Educators Feel Their Wellness Offerings Are Beneficial.</i> .....	61
Figure 8. <i>Educators Feel Their Wellness Program Makes Them Feel Valued.</i> .....	62
Figure 9. <i>Educators Feel Wellness Programs Retain Educators.</i> .....	63
Figure 10. <i>Educators Feel Wellness Programs Help Engage Educators.</i> .....	64
Figure 11. <i>Educators Feel Fitness Offerings Reduce Work-Related Stress.</i> .....	65
Figure 12. <i>Educators Feel Mental Health Offerings Reduce Work-Related Stress.</i> .....	66
Figure 13. <i>Educators Feel Incentives Make Wellness Programs Effective.</i> .....	67
Figure 14. <i>Educators Feel Champions Make Wellness Programs Effective.</i> .....	68
Figure 15. <i>Educators Feel Health Care Options Make Wellness Programs Effective.</i> ....	69
Figure 16. <i>Educators Feel HRAs and Biometric Screenings Make Wellness Programs Effective.</i> .....	70
Figure 17. <i>Educators Feel Personalized Offerings Make Wellness Programs Effective.</i>	71

## **Chapter One: Introduction**

Educators are the most valuable asset in society, and their wellness is one of the most important factors in an effective and functional education system (Devaki et al., 2019). According to Mankin et al. (2018), “High quality teachers are paramount in promoting student academic and behavioral outcomes” (p. 230). Positive educator wellbeing is beneficial to teaching practice and student learning (Turner & Theilking, 2019). Educator wellness can impact student achievement, response to the critical needs of students, and overall educator effectiveness (Devaki et al., 2019). Herman et al. (2018) determined 93% of elementary educators reported experiencing high stress levels (p. 96). Educator stress was recognized as an indicator of overall health (Hibbs-Shipp et al., 2015). Wellness programs with a variety of components have been shown to increase educator morale, improve the perception of handling stress, reduce absenteeism, and improve overall wellbeing (Lever et al., 2017).

This chapter includes the background and overview of the study. The theoretical framework is introduced. The statement of the problem and purpose of the study are included with the research questions that guided the study. The significance of the study is discussed before closing with the definition of key terms and delimitations, limitations, and assumptions.

### **Background of the Study**

The Patient Protection and Affordable Care Act (ACA) (2010) mandated employers utilize programs to improve and promote health and wellness. According to Chait and Glied (2018), the ACA created incentives for employers to encourage wellness-programming offerings by raising the limit on wellness incentives from 20% to

30% of the total cost of health care (p. 515). Employers and political leaders see promise in workplace wellness programs as a tool to reduce employee healthcare spending and improve overall employee health (Pollitz & Rae, 2016). A focus on improving employee wellbeing generates an engaged, high-performing, healthy, and less-costly workforce (Guo et al., 2015).

Many educators are motivated to leave the profession due to emotional stress, exhaustion, and disengagement (Skaalvik & Skaalvik, 2016). Educator stress and subsequent burnout implications occur at equal rates for males and females and for veteran teachers and those new to the profession (Smith, 2019). School districts report positive results when they implement a defined yet broad approach to address educator health and wellness by targeting lifestyle changes and encouraging healthy behaviors (Greenberg et al., 2016). Educators with higher levels of total wellness are less likely to have symptoms of educator stress and burnout (Brasfield et al., 2019). Interventions aimed at improving educator wellbeing and stress management may reduce burnout (Aflakseir & Nemati, 2018). School administrators must support the practice of social and emotional competencies to retain teachers in the field of education (Bukko, 2019).

Wellness programs can influence employees with interventions focused on improving lifelong health and wellness (Mattke et al., 2013). Successful workplace wellness programs feature varied incentive structures that include financial benefits and the tracking of cost and health outcomes (Vu et al., 2016). Brasfield et al. (2019) found comprehensive wellness programs may benefit overall wellness and reduce educator burnout. Furthermore, the implementation of comprehensive wellness programs can

create a positive culture of health and wellness by influencing both participants and non-participants in the work environment (Rabarison et al., 2017).

### **Theoretical Framework**

Grant and Oslanoo (2014) described the theoretical framework as the blueprint that guides how the ideas of a study are related. Furthermore, McChesney and Aldridge (2019) noted the chosen theoretical framework must be reflected in the methods and overall decisions of the specific study. The theoretical framework for this study is interpretivism, which can be combined and included interchangeably with the constructivism framework (Creswell & Creswell, 2018; Merriam & Tisdell, 2016). The interpretivist framework provides a holistic stance to frame a mixed-methods study (McChesney & Aldridge, 2019). The interpretivist worldview was used to guide the research process in this study.

An interpretivism/constructivism framework allows the researcher to rely on educators' views of school-based wellness programs (Creswell & Creswell, 2018). According to McChesney and Aldridge (2019), the rich information gained from interpretivist research is linked to the participants and the focus of the study, as opposed to theories or law. Constructivist researchers look at the complexity of participant views and rely on the perception of experiences to guide the study (Creswell & Creswell, 2018). The interpretivist/constructivist theoretical framework is relevant to this study, because "the researcher's intent is to make sense of (or interpret) the meanings others have about the world" (Creswell & Creswell, 2018, p. 8).

## Statement of the Problem

Education is a profession with uniquely high levels of stress and burnout (Lever et al., 2017). Educator stress and burnout are threats to the profession and are often specific to individual educators (Nygaard, 2019). According to Herman et al. (2018), “Stress and burnout are significant problems that affect our schools” (p. 98). Recent researchers have indicated serious long-term effects for educator health and teaching performance due to burnout (Iancu et al., 2017).

Even though work-related stress has an impact on educators throughout the United States, a lack of wellness program resources to support the management of educator stress and promotion of health and wellness is evident (Lever et al., 2017). Parker et al. (2019) noted more research is needed on school-based wellness programs in the areas of development, implementation, and evaluation. Specifically, research is needed regarding the impact of school-based wellness programs on educator health and wellness. School administrators should be aware of educator stress, burnout, and overall job satisfaction (Skaalvik & Skaalvik, 2017). Iancu et al. (2017) suggested more research is needed on the specific causes of educator stress and possible interventions that could lessen its impact.

The ACA (2010) contained provisions promoting wellness programs in the workplace focused on preventive services and incentives for participation. According to the National Center for Chronic Disease Prevention and Health Promotion’s (2017) *Workplace Health in America 2017* report, only 46% of employers offer wellness programs that encourage employee health (p. 19). Research regarding the implementation and evaluation of workplace wellness programs in school districts is not common;

therefore, additional studies would be beneficial (Lever et al., 2017). Wellness programs have been shown to improve employee morale, absenteeism, healthcare costs, and overall health and wellness; however, organizations face challenges regarding the timing of offerings and options to improve participation rates (Kohler et al., 2015).

Research related to wellness programs in schools indicates there are benefits to employees participating in effective wellness programs (Lever et al., 2017). Additionally, more research is needed to understand the job demands of educators and the impact on educator stress, burnout, and satisfaction (Skaalvik & Skaalvik, 2017). Literature searches indicate evidence-based educator wellness programs are underdeveloped and understudied, resulting in opportunities to expand this area of research (Lever et al., 2017).

According to Skaalvik and Skaalvik (2017), burnout and job dissatisfaction are the strongest predictors of educators leaving the profession, which highlights the importance of reducing the prevalence of these predictors. The most engaged educators have high levels of job satisfaction, are highly ambitious, invest significant time improving their craft, and may have the highest risk of burnout (Skaalvik & Skaalvik, 2017). According to PDK International (2019), half of all educators have considered leaving the field of education, and 19% of educators indicated stress, pressure, and burnout as the main reasons (p. 7). Educator job satisfaction, improved health, wellness, and increased student performance are related to healthy educators (Lever et al., 2017). Investigating educator perceptions regarding wellness programming can provide a better understanding for administrators of the importance of wellness in the workplace.

## **Purpose of the Study**

There is potential for improvement of school-based wellness programs based upon research regarding essential elements of wellness programs and their impact on healthy educators (Lever et al., 2017). School administrators must identify and recognize the importance of financial support and employee participation in offerings focused on health and wellness (Lever et al., 2017). According to LeCheminant et al. (2017), workplace wellness programs developed based upon specific employee needs remain under-researched across diverse settings and populations. Turner and Theilking (2019) found, “Few studies have examined teacher well-being from a positive perspective” (p. 938). Additionally, there remains a need to identify and study the essential components of wellness programs using an evidence-based approach to determine the impact these programs have on educators (Lever et al., 2017). Furthermore, to promote effective and healthy educators, Lawrence (2016) suggested the need for researchers “to devote considerable time and resources to foster health and wellness in the workplace” (p. 82).

The proper implementation of wellness programs is focused on high participation and targeted offerings to meet employees’ needs (Kohler et al., 2015). Herman et al. (2018) suggested, “Finding innovative and impactful ways to improve outcomes for students by supporting teachers may make a significant contribution to society” (p. 98). Research on workplace wellness programs in the educational setting is needed to determine benefits related to behavioral changes, mental health, and job performance outcomes (LeCheminant et al., 2017). Furthermore, school leaders must establish a culture of wellness focused on providing a positive environment that supports educators’ health throughout daily operations (Greenwald, 2018).



The purpose of this mixed-methods study was to determine if educators perceive school-based wellness programs as impactful in improving educator stress and burnout. Additionally, educator perceptions from this study may shape how school districts approach employee wellness regarding current expenditures. As a result of this study, school leaders will have the opportunity to evaluate their current wellness programming and the perceived effects on educator health, wellness, engagement, and stress levels. This study may help shape future wellness program structures, offerings, district expenditures, and educator performance. For this study, the term *certified educator* includes administrators, counselors, and teachers who hold a teaching certificate from the Missouri Department of Elementary and Secondary Education (MODESE).

### ***Research Questions***

The following research questions guided the study:

1. What are the perceived benefits of wellness programs according to certified educators?
2. How do certified educators perceive the implementation of onsite health clinics, wellness incentives, and wellness champions as strategies to reduce certified educator stress and burnout?
3. What do certified educators perceive as the most effective components of wellness programs to improve educator health, stress, burnout, and retention?

### **Significance of the Study**

This study is significant because it provides valuable insight to school district leaders as they develop school-based wellness programs for their employees. For school leaders to fully understand the benefits of wellness program planning and

implementation, they must identify how employees view the format, offerings, and goals of wellness programs. School leaders must make efforts to influence educator engagement in wellness programs as a tool to advance overall health and ultimately to improve teaching and increase student learning (Lawrence, 2016).

This research has practical application, because the results may promote engagement and collaboration among school leaders and employees regarding school-based wellness programs. Organizations that create a strong wellness culture can influence employee lifestyles, behaviors, and overall health outcomes (Melnik et al., 2017). Tapps et al. (2016) found school leaders benefit from the knowledge of educator perceptions to target the development of wellness programming and enhance participation. Furthermore, Simmons et al. (2019) asserted educator wellness is interconnected with teaching and learning that must be created and supported at the organizational level and by individual educators.

Additionally, this study extends the knowledge of how school-based wellness program offerings help reduce educator stress and burnout. According to Ansley et al. (2016), educators can utilize evidence-based strategies to reduce stress, develop coping skills, and optimize work performance and overall wellbeing. Wellness programs have proven to benefit the physical and mental health of employees while also increasing morale, retention, and overall productivity (Knippen et al., 2018).

### **Definition of Key Terms**

For the purposes of this study, the following terms are defined:

#### ***Biometric Screening***

According to the Centers for Disease Control and Prevention (CDC) (2019):

[Biometric screening is] the measurement of physical characteristics such as height, weight, body mass index, blood pressure, blood cholesterol, blood glucose, and aerobic fitness tests that can be taken at the worksite and used as part of a workplace health assessment to benchmark and evaluate changes in employee health status over time. (Workplace Health Glossary B section, para. 2)

### ***Burnout***

According to Maslach and Jackson (1981), “Burnout is a syndrome of emotional exhaustion and cynicism that occurs frequently among individuals who do ‘people-work’ of some kind” (p. 99).

### ***Health Risk Assessment***

According to De La Torre and Goetzel, (2016), “Health assessments typically involve asking employees questions about modifiable risks, such as smoking behavior, physical inactivity, poor diet, and high stress levels” (p. 2).

### ***Onsite Health Clinic***

According to the National Association of Worksite Health Centers (2020), “A workplace ‘onsite clinic’ is a setting where an employer offers one or more medical and wellness services, delivered by licensed providers, to all or a designated portion of its active population and other eligible individuals” (para. 1).

### ***Wellness Champion***

A wellness champion is a designated individual who leads a grassroots effort to promote wellness to peers (Wieneke et al., 2016).

### ***Wellness Programs***

According to the CDC (2019), wellness programs “refer to a coordinated and comprehensive set of strategies which include programs, policies, benefits, environmental supports, and links to the surrounding community designed to meet the health and safety needs of all employees” (Workplace Health Glossary W section).

### **Delimitations, Limitations, and Assumptions**

The scope of the study was bounded by the following delimitations:

#### ***Time Frame***

The collection of data occurred during the fall of 2020.

#### ***Location of the Study***

The location of the study included three southwest Missouri school districts.

#### ***Sample***

The sample was derived from a population of 750 certified educators employed in three school districts.

#### ***Criteria***

Only certified educators employed in one of the three selected school districts were considered for inclusion in this study.

The following limitations were identified in this study:

#### ***Sample Demographics***

The sample selected for participation in this survey was limited to three southwest Missouri school districts.

### ***Instrument***

The principal investigator designed the Likert-type statements and the interview questions for this study. Validity was limited as a result.

The following assumptions were accepted:

1. Participants' responses were offered willingly and without bias.
2. Participants could end their involvement in the study at any time.

### **Summary**

School-based wellness programs have been shown to improve educator health behaviors, mental health, and health savings (LeCheminant et al., 2017). Wellness programs that provide employees the opportunity to share qualitative information regarding accountability, resources, and offerings result in increased morale, retention, and job satisfaction (Knippen et al., 2018). According to Brasfield et al. (2019), it is important to assess wellness offerings and educator stress levels to develop wellness programming to impact specific needs. Comprehensive wellness programs, with a variety of interventions connected to total wellness, can reduce stress and other burnout factors (Lawrence, 2016).

Chapter One included the background of the study and the theoretical framework. Using the interpretivist/constructivist theoretical framework, this study was focused on educator perceptions of school-based wellness programs. The statement of the problem, the purpose of the study, and the research questions were provided. The significance of the study and key terms were identified. Finally, the delimitations, limitations, and assumptions were detailed.

Chapter Two includes a thorough review of the theoretical framework, interpretivism, through which this study was viewed. Also included is a review of current research on workplace wellness programs, school-based wellness programs, and the Affordable Care Act. Chapter Two concludes with a description of the types of workplace wellness programs.

## **Chapter Two: Review of Literature**

Research indicating the impact of workplace wellness programs is not well-known (Rabarison et al., 2017). Many researchers who study workplace wellness programs have focused on the results of employees who participate compared to those who do not (Carroll, 2018). Furthermore, researchers have utilized diverse methods of measuring productivity, resulting in a varied discussion of potential benefits (Oliver et al., 2019). Determining educator perceptions of school-based wellness programs and the effectiveness of wellness program offerings to reduce stress and burnout has the potential to advance their usage.

Chapter Two includes a summary of the theoretical framework of this study, interpretivism. The chapter continues with a review of literature related to workplace wellness programs and school-based wellness programs. Additionally, an analysis of literature related to the Affordable Care Act's implications on workplace wellness programs is provided. Lastly, a review of literature related to the types of workplace wellness programs is shared.

### **Theoretical Framework**

Theoretical frameworks are derivative from established theories in literature that have been tested and confirmed by other researchers and accepted by scholarly literature (Grant & Oslanoo, 2014). An articulated theoretical framework provides focus, boundaries, and purpose which allow for dissertation research (Butin, 2010). Additionally, a deliberate theoretical framework is a key component to the research process but is often misunderstood by researchers as they formulate dissertation research (Grant & Oslanoo, 2014). Creswell and Creswell (2018) expanded, "This lens

[theoretical] becomes a transformative perspective that shapes the types of questions asked, informs how data are collected and analyzed, and provides a call for action or change” (p. 62). Of the three most commonly used frameworks, interpretivism was chosen for this study (Ryan, 2018).

Selection of an appropriate framework for a dissertation requires the researcher to have a thorough understanding of key components of the research, including the research questions, purpose, problem, and significance (Grant & Oslanoo, 2014). Butin (2010) stated, “All too often, our theoretical frameworks ‘choose us’ rather than the other way around, in that we take much about our world and our worldview for granted” (p. 60). For mixed-methods research, the use of theory informs the design of the study including how the quantitative and qualitative data are collected, analyzed, and interpreted (Creswell & Creswell, 2018).

### ***History of Interpretivism***

Interpretivism is a philosophical research paradigm rooted in 12th-century cultural anthropology (Butin, 2010; Ryan, 2018). According to Willis (2007), interpretivism developed from Immanuel Kant’s argument that individuals cannot be objective because they are wired with basic understandings that influence perceptions. Rohlf (2020) further summarized Kant’s argument: “Our understanding uses [a priori concepts] to construct experience together with the a priori forms of our sensible intuition (space and time)” (Transcendental Deduction section). Mertens (2015) noted, “The constructivist ontological assumption holds that humans create knowledge based on processing their experiences through interaction with external stimuli” (p. 78). Yanow and Shwartz-Shea (2015) understood Kant’s theory to imply if an individual begins a



study with prior knowledge that influences what is perceived, then the study will be impacted by this underlying knowledge.

Introduced by Johan Gustav Droysen in the 1860s, the German term *verstehen* (understanding) was posited in contrast to *erklären* (explanation) as a method of human science to make “clear people’s interpretations of their own and others experiences, leading to the explications of context-specific meaning” (Yanow & Shwartz-Shea, 2015, p. 10). Wilhelm Dilthey later expanded the theory of understanding and applied the theory as summarized by Makkreel (2016):

If the human sciences are going to be capable of expanding the scope of our understanding beyond what is available to each of us in our particular circumstances, it must be rooted in the original fullness and richness of our lived experience. (Dilthey’s Main Critical Works section)

Kim (2019) noted Max Weber’s contribution to interpretive methods:

An understanding (*Verstehen*) in this subjective sense is not anchored in a non-cognitive empathy or intuitive appreciation that is arational by nature; it can gain objective validity when the meanings and values to be comprehended are explained causally, that is, as a means to an end. (Understanding section)

Weber expanded the theory of *verstehen* to mean a separate interpretation of each study’s participant experience (Yanow & Shwartz-Shea, 2015).

Interpretivism developed from a reaction against the theory that researchers can utilize methods and paradigms of the natural sciences in the study of social sciences (Willis, 2007). Flick (2014) furthered this division from natural science methods and stated the interpretivists’ view “that the realities we study are social products of the

actors, of interactions and institutions” (p. 76). Moreover, Dean (2018) noted, “Interpretivism is often placed in dichotomy with positivist approaches such as hard sciences versus social sciences, numbers versus discourse, generalisability versus situatedness” (p. 3). Interpretivism is thought of as in direct opposition to the positivist framework (Butin, 2010).

### ***Principles of Interpretivism***

McChesney and Aldridge (2019) asserted an interpretivist framework “can underpin and inform the whole of a mixed methods research study” (p. 234). Interpretivism is often considered part of social constructivism and “is typically seen as an approach to qualitative research” (Creswell & Creswell, 2018, p. 7). Additionally, Willis (2007) suggested interpretivism places an emphasis “on the social construction of knowledge” (p. 259). As a framework to conduct qualitative research, constructivism researchers are informed “with the approach that the realities we study are social products of the actors, interactions, and institutions” (Flick, 2014, p. 76). Furthermore, Willis (2007) indicated reality is socially constructed and only fully understood in perspective.

One of the most popular approaches to qualitative research, the interpretivist theory assumes reality is socially constructed based on multiple interpretations of a singular event (Merriam & Tisdell, 2016). Creswell and Poth (2016) noted the goal of interpretivist research is to focus on the participants’ subjective meanings of their experiences to develop an understanding of their views. According to Willis (2007), “What the world means to the person or group being studied is critically important to good research” (p. 6). Mertens (2015) explained constructivist researchers must take inventory of their beliefs and how they may impact perceptions of the research.

Additionally, constructivist researchers' backgrounds develop their perspectives, and consequently, must be acknowledged by their positions in the research (Bloomberg & Volpe, 2016).

Interpretivist researchers realize their personal experiences shape their understandings and therefore place themselves in the study to acknowledge their interpretation is impacted by these experiences (Creswell & Creswell, 2018). Butin (2010) stated, "An interpretivist researcher is, for better or worse, already part of the story about the truth because she is the one examining it and describing it" (p. 60). Researchers cannot isolate their values and beliefs, and as a result, they inform the collection, interpretation, and analysis of data (Ryan, 2018).

The interpretivist researcher develops theories or patterns of meaning as the study proceeds rather than starting with a basis for one (Creswell & Poth, 2016). According to Balsvik (2017), interpretivist researchers must seek to comprehend the meaning of participant actions and perceptions of why participants form these meanings of the studied topic. McChesney and Aldridge (2019) stated:

The knowledge arising from interpretivist research is integrally linked to the participants and the context of the research, meant that the products of interpretivist research is not universally applicable theories or laws but, rather, rich and contextually situation understandings. (p. 227)

Bloomberg and Volpe (2016) suggested to achieve this level of understanding, the researcher must interact and become involved with the participants of the study in meaningful ways. Interpretivist researchers construct knowledge, rather than simply finding knowledge (Merriam & Tisdell, 2016).

By using generic and broad questions, the researcher allows the participants to construct their understanding of the topic, which is often developed by interactions with others (Creswell & Creswell, 2018). To accomplish this interpretivist framework, researchers “focus on the specific contexts in which people live and work in order to understand the historic and cultural settings of the participants” (Creswell & Poth, 2016, p. 24). Moreover, Butin (2010) added, “An interpretivist perspective assumes that the world is not simply ‘out there’ to be discovered, but an ongoing story told and refashioned by the particular individuals, groups, and cultures involved” (p. 60). Interpretivist researchers interpret the meaning of participants’ understanding of the situation combined with their own experiences and background to formulate findings (Creswell & Poth, 2016).

There have been numerous studies designed to investigate workplace wellness programs (Bodin, 2018; Mattke et al., 2013; Perrault et al., 2020). Intending to improve employee health, a majority of employers in the United States provide workplace wellness programs (Mattke et al., 2013). Kanauss and Shupe (2016) stated, “Workplace wellness programs are developed to directly influence the behavior of employees” (p. 2). Additionally, Ogata (2019) noted, “The workplace has been recognized as an important setting for health promotion and there is evidence that worksite programs can be effective and contribute to the health and well-being of workers with positive results for businesses” (p. 621). The promotion of employee health is focused on encouraging environmental and behavioral changes (Hammer et al., 2015).

It is not uncommon for employers of all sizes to provide health mentors, biometric screenings, and health risk assessments to employees (Bodin, 2018). Workplace wellness

programs can save money for both the employer and employee, while also improving overall wellbeing, which has led to the growing popularity of wellness programs (Perrault et al., 2020; Song & Baicker, 2019). The growth in workplace wellness programs coincides with employers recognizing employees are their most valuable asset, not simply workers (Chenoweth, 2011). Tapps et al. (2016) concluded employees desire wellness programming focused on the reduction of stress and managing overall health. Furthermore, workplace wellness programs allow employers to intervene during a time of employees' lives when long-term wellbeing can be most impacted (Mattke et al., 2013).

### **Workplace Wellness Program History**

As early as the 1870s, employers in the United States started investing in employee health and wellness with recreation and fitness-based worksite programs (Chenoweth, 2011). Over the last century, the cost of providing employee healthcare has increased drastically (Ott-Holland et al., 2019). According to Hammer et al. (2015), workplace wellness programs began over 30 years ago. By the 1980s, workplace wellness program offerings expanded to include “stress management, lower-back care, smoking cessation, nutrition, prenatal health, weight control, health fairs, and weekly lunchtime learning sessions” (Chenoweth, 2011, p. 54). Although private-sector workplace wellness programs have been prevalent for many years, government entities have been slow to develop the same level of sophistication in program offerings (Otenyo & Smith, 2017).

Previous researchers emphasized the cost of health care as an expediting factor in the development of wellness programs (Ott-Holland et al., 2019; Song & Baicker, 2019). As the cost of health care has risen, employers have implemented interventions to improve employee health and wellbeing through fitness and wellness information (Ott-

Holland et al., 2019). According to Song and Baicker (2019), employers utilize interventions to mitigate health risks associated with various diseases by offering opportunities for physical activities, nutritional advice, and cessation programs. The focus of workplace wellness programs is to change behaviors and improve health outcomes and healthcare spending (Song & Baicker, 2019).

### **Workplace Wellness Program Benefits**

A large number of researchers of workplace wellness programs have examined overall benefits for both the employer and employee (Abell & Main, 2016; Aldana et al., 2012; Chen et al., 2015). Tung et al. (2018) found efforts to develop and implement evidence-based wellness programs are widely supported. Workplace wellness programs influence the development of a culture of health, which promotes an environment of employee wellness that leads to decreased health risks and lower medical costs (Aldana et al., 2012). Abell and Main (2016) found the convenience of workplace wellness programming available onsite improves health behaviors in addition to expanding employees' knowledge of how to improve their own wellbeing. Additionally, workplace wellness programs focused on employee nutritional goals can have an indirect impact on employee spouses' health and wellness due to the nature of program offerings (Kanauss & Shupe, 2016).

Some authors have suggested when employers include a range of stakeholders from the workplace in the development and implementation of workplace wellness interventions, greater participation and results may occur (Tabak et al., 2016). Tung et al. (2018) suggested employees respond better when workplace wellness programs are structured and organized to meet employees' health and wellness needs. According to

Ott-Holland et al. (2019), workplace wellness program participation can be impacted by employees' beliefs regarding their value as employees and leaderships' support for wellness. Additionally, employers should consider employee health needs when developing and implementing workplace wellness programming to ensure participation (Tsai et al., 2019).

Tung et al. (2018) stated employee perceptions of their wellness programs' effectiveness is impacted by the financial resources dedicated to implementation. Grossmeier et al. (2020) suggested strong support from organizational leadership is required to develop and implement efficient workplace wellness programs and initiatives. Hoert et al. (2018) clarified administrative support of wellness programs can improve employee participation, stress levels, and health behaviors. Additionally, in a study of workplace health promotion activities, Abell and Main (2016) found programs benefit from a strong organizational culture of wellness supported by management. Click (2017) claimed for workplace wellness programs to be successful, offerings must be engaging to employees and organizational leaders must believe in the value of the programming. Additionally, Chen et al. (2015) discovered positive employee perceptions of the organization's commitment to wellness programs positively influences work production. Jenkins and Sherman (2020) concluded nonparticipation in workplace wellness programs is associated with increased employee turnover rates.

Workplace wellness programs, when effectively organized and implemented, can reduce turnover rates and improve employees' health and work performance (Ott-Holland et al., 2019). Specifically, Tsai et al. (2019) noted, "Employers should take occupation and work organization characteristics into account when designing and implementing

WHPPs [workplace wellness programs] to maximize worker participation” (p. 33). Guo et al. (2015) determined workplace wellness programs can improve employer and employee healthcare costs, while also increasing employee physical health and productivity. Additionally, Jenkins and Sherman (2020) found participation in workplace wellness programs indicates higher levels of engagement with work and increased employee retention rates.

In a three-year study on the impact of worksite wellness programs on absenteeism and health benefits, Schwatka et al. (2018) established employers who implement wellness programs foster a culture that promotes health and behavior changes. Furthermore, Maeng et al. (2018) noted workplace wellness programs potentially result in delayed benefits including short-term changes in healthy habits and lifestyle changes that result in long-term medical savings. In a study of the relationship between wellness program participation and medical claims, Merrill and LeCheminant (2016) established participants had lower medical claim costs than non-participants.

### **Workplace Wellness Program Challenges**

There are challenges to wellness program implementation (Batorsky, Taylor et al., 2016; Huang et al., 2016; Pomeranz, 2015; Terry, 2018). Following the passing of the ACA, the use of incentives to drive employee participation in workplace wellness programs has become a nationally discussed debate (Huang et al., 2016). According to Terry (2018), the use of financial incentives related to participation in wellness programs can be viewed as a penalty to some employees. Pomeranz (2015) stated, “There are legal and ethical concerns associated with requiring participation” (p. 315). Furthermore, Batorsky, Taylor et al. (2016) advised the use of penalties to promote participation in



workplace wellness programs can be considered discriminatory depending on gender demographics, and thus should be monitored. Lewis (2017) stated:

...For several years after the ACA passed, it was difficult to determine who benefitted from the provision allowing employers to tie employees' health behavior and health outcomes to their healthcare premiums, especially since the economics of wellness do not support forcing non-compliant employees to pay substantially more for health insurance. (p. 13)

The use of incentives is often viewed as unfair to less healthy employees due to their inability to participate in wellness activities (Ott-Holland et al., 2019). Additionally, Chait and Glied (2018) found the heightened use of performance incentives as wellness program measures could lead employers to select new employees based on their ability to meet these goals.

The literature indicates employees worry about the use of wellness programs to expose their personal information (Ott-Holland et al., 2019; Perrault et al., 2020; Pollitz & Rae, 2017; Shea & Scanlon, 2017). Employee privacy concerns related to biometric screenings, health risk assessment data, and health records have led to lower participation rates in addition to skepticism about the purpose of wellness programs (Perrault et al., 2020). Shea and Scanlon (2017) commented some employees have begun "raising critical questions about privacy concerns and the lack of credible evidence supporting the link between WWP [workplace wellness programs] and employee health and healthcare cost" (p. 129).

Additionally, Chung et al. (2017) documented some employees were displeased with their workplace wellness program due to "design limitations of current activity

tracking technologies” (p. 4882). Lewis (2017) described some aspects of workplace wellness programs that require annual medical tests and fines or penalties for noncompliance as wellness done *to* employees rather than done *for* employees. Ott-Holland et al. (2019) stated, “Employees may choose not to participate in wellness programs due to concerns over how health information might be (mis)used by their employer” (p. 175). According to Pollitz and Rae (2017), employees’ concerns are elevated with health conditions which could trigger social shaming, blaming, and possible discrimination.

Ostovari et al. (2017) noted studies of wellness programs are limited but indicate possible issues. Although evidence of improved health risk behaviors was apparent, Schwatka et al. (2018) did not observe much progress in health outcomes or improvements in either absenteeism or presenteeism. Additionally, in a study of school-based wellness program outcomes, inconclusive evidence resulted related to the mental health and job performance of employees who participated (LeCheminant et al., 2017). Furthermore, Prada-Ospina (2020) determined, “There is no significant trend between Wellbeing activities and Work Satisfaction, and their correlation number” (p. 50). To counter the concerns related to workplace wellness programs, Shea and Scanlon (2017) noted employers and employees should work collaboratively to identify how workplace wellness programs fit into the overall scope and sequence of health benefits.

### **School-Based Wellness Programs**

Promotion of educator health at the elementary level can support students’ academics and health (Schultz et al., 2019). Lever et al. (2017) stated:

Wellness programs that focus on a broad array of wellness components such as nutrition, physical activity, and stress reduction have been shown to increase teacher morale, improve perceptions of being able to handle job stress, reduce absenteeism, and result in higher levels of overall well-being. (p. 10)

According to Greenberg et al. (2016), “Workplace wellness programs have reduced health risk, health care costs, and absenteeism among teachers” (p. 10). The implementation of school-based wellness programs has resulted in modest improvements in the health behaviors of school employees (LeCheminant et al., 2017). In contrast, educator wellness is often the least represented attribute of school-based wellness policy and wellness programs (Prescott et al., 2018).

An in-depth review of the literature on school-based wellness programs revealed several gaps and shortcomings (Carroll, 2018; Lever et al., 2017; Oliver et al., 2019; Rabarison et al., 2017). According to researchers Wessels and Wood (2019), educators are aware of the need to improve their health and wellbeing; however, they are often uncertain of what approach to take. Schultz et al. (2019) found educators are receptive to school-based wellness programming. The development and implementation of school-based wellness programs should target the specific needs of educators (Hibbs-Shipp et al., 2015). Schultz et al. (2019) asserted educators desire wellness components focused on “stress reduction programs, efforts to improve access to healthy foods while limiting access to unhealthy foods, and opportunities for health and wellness challenges and social engagement” (p. 9).

Parker et al. (2019) indicated school-based wellness programs can benefit employee health immediately, and outcomes continue to improve with continued

participation. School-based wellness programs are an investment in educator wellbeing, which contributes to the overall health and wellness of students and ultimately results in improved learning outcomes (Devaki et al., 2019). Schultz et al. (2019) recommended top-down support of wellness programming as a successful strategy for improving educator participation.

There exists a considerable amount of research on the positive impact of school-based wellness programs for educator stress, burnout, and wellbeing (Lawrence, 2016; LeCheminant et al., 2017; Skaalvik & Skaalvik, 2018). Skaalvik and Skaalvik (2018) emphasized the job demands of educators may have a disturbing impact on overall wellbeing. LeCheminant et al. (2017) confirmed school-based wellness programs result in modest improvements in stress levels, depression, and life satisfaction. Additionally, school-based wellness programs have been shown to improve employee mental and physical health when the components and programming takes place on campus (Parker et al., 2019). Lawrence (2016) determined comprehensive school-based wellness programs where educators are engaged in a variety of health interventions and activities have a positive impact on the factors associated with educator burnout. Alternatively, researchers concluded school employees who participate in a worksite wellness program show reduced or unchanged job-related outcome levels after two years of program involvement (LeCheminant et al., 2017).

### ***Educator Stress and Burnout***

Multiple researchers have emphasized the impact of educator stress and burnout on the education profession (Bottiani et al., 2019; Herman et al., 2018; Li, 2020; Wu, 2020). Herman et al. (2018) found only 7% of educators consider their profession to be

low stress while also experiencing positive overall wellbeing (p. 96). Wu (2020) reported educator work-related stress primarily results from work intensity, school management, and social environment. Additionally, Herman et al. (2018) suggested teaching is a stressful profession after their study confirmed high levels of stress in a majority of educators.

Educator stress results from a variety of factors that can result in burnout (Bottiani et al., 2019; Li, 2020; Wu, 2019; Yang, 2020). Li (2020) emphasized positive mental health in educators affects their ability to handle work-related stress, while mental health struggles indicate a likelihood for burnout to occur. Wu (2020) agreed as teachers experience greater job-related stress, the probability increases that teachers will also develop mental health issues. Additionally, Bottiani et al. (2019) found job demands and the lack of resources to properly meet expectations increase educator stress. High levels of work pressure and low levels of mental health factors are associated with burnout in educators (Yang, 2020)

Some authors have made a connection between educator wellbeing and student performance (Herman et al., 2018; Lever et al., 2017; Turner & Thielking, 2019). Specifically, Mankin et al. (2018) determined a “clear link between a teachers’ [teacher’s] ability to provide effective instruction and the teachers’ [teacher’s] psychological well-being” (p. 230). Turner and Thielking (2019) noted educators’ wellbeing and stress levels positively influence their professional engagement, and ultimately, student performance. Educator stress and the ability to cope affect overall educator wellbeing and student classroom performance (Herman et al., 2018). Lever et al. (2017) determined improved educator wellness can impact student achievement and

school climate as they relate to attendance, which increases the continuity of classroom instruction.

Numerous researchers have investigated the correlation between teacher stress and burning out of the profession (Nygaard, 2019; Skaalvik & Skaalvik, 2016, 2018). In a study of teacher burnout and attrition, Nygaard (2019) confirmed, “There is not a simple explanation for teacher burnout... [and] many factors can lead to developing burnout symptoms” (p. 28). Educator burnout is linked to school-related stressors such as time pressure, student behavior, student motivation, and consonance (Skaalvik & Skaalvik, 2016). In a separate study, Skaalvik and Skaalvik (2016) established time pressure, lack of support, low student motivation, and value conflict stressors are correlated with exhaustion, emotional stress, low self-efficacy, and lower engagement, which all lead to educator burnout. Nygaard (2019) suggested educators face many attributing factors leading to burnout; however, the profession is diverse, and thus not all experiences are the same.

Lawrence (2016) stated, “The onset and manifestation of burnout is detrimental to both students and teachers” (p. 82). Nygaard (2019) indicated not all educators who present signs of burnout leave the profession. Alternatively, Skaalvik and Skaalvik (2018) noted educator job demands affect wellbeing and engagement and ultimately lead to leaving the profession.

### ***COVID-19***

Coronavirus, or COVID-19, is a novel respiratory virus spread from person to person (CDC, 2020a). In March of 2020, the CDC released recommendations for school district leaders regarding when schools should consider closing due to school-based cases

of the Coronavirus (CDC, 2020b). Many areas of the world faced partial or total lockdowns, which “led to the immediate closure of universities and schools” (Flores & Swennen, 2020, p. 453). Porter (2020) noted, “The COVID-19 pandemic has required teachers to become experts in online learning almost overnight” (Summary section). Conditions surrounding lock down and remote teaching and learning led to educators facing challenges related to the uncertainty of the initial stage of the pandemic (Kim & Asbury, 2020).

According to the MODESE (2019), 210 Missouri school districts provided instruction onsite with distance options, 152 provided onsite instruction only, 113 provided distance learning only, and 82 provided blended onsite/distance learning (LEA Patterns of Instruction section). Education has been a fluid situation, and as Liesman (2020) noted, “New decisions [are] announced daily and school districts [are] often changing their minds as the virus spreads, or comes under control, and as parents, teachers, politicians debate what is safest for kids, teachers, and the broader community” (para. 4). For educators, the COVID-19 pandemic has caused stress related to significant changes to the traditional education setting, remote learning obstacles, and risks of possible exposure (Porter, 2020).

Educator stress was an educational issue prior to the COVID-19 pandemic (Manning & Jeon, 2020). However, the pandemic has created an environment that has impacted stress levels due to concern over individuals’ health and the health of loved ones (Hanover Research, 2020). According to Nelson (2020), Missouri educators are facing additional stressors from teaching seated and virtual students, sudden transitions to fully remote learning, and substitute shortages. Additionally, Allen et al. (in press)

established educators working during the lockdown are under greater stress and are more likely to leave the profession. School leaders, because of increased stress levels from the pandemic, are striving to focus on educator wellness to support those working remotely and in seated settings (Porter, 2020). *Wellness in the Schools (2020)* indicated increased pressure on school districts to provide additional resources and supports for mental and physical wellness to educators both on and off campus.

### **Affordable Care Act**

The implementation of wellness programs has increased because of the ACA (Chait & Glied, 2018; Chenoweth, 2011; Terry, 2018; Vu et al., 2016). The American health care system's rapidly increasing costs triggered legislation, which led to the expansion of workplace wellness programs (Chenoweth, 2011). In 2011, the Affordable Care Act consisted of "incentives to states, providers, patients, and employers to improve health" (Chait & Glied, 2018, p. 515). According to Vu et al. (2016), "Before ACA [Affordable Care Act], some employers had wellness programs, but these programs were not standardized and did not need to produce measurable results" (p. 276). The national opinion of workplace wellness programs changed from a novelty to a critical aspect of employee benefits and offerings, and the passing of the ACA in 2010 encouraged employers to structure wellness programs more favorably with incentives and penalties (Terry, 2018). Due to the passing of the ACA, workplace wellness programming is focused on patient interventions to improve lifestyle choices and referral services (Vu et al., 2016).



## **Types of Workplace Wellness Programs**

Employees who have exposure to workplace wellness programs can have a considerable impact on positive health behaviors (Song & Baicker, 2019). Ogata (2019) stated that for, “workplace health promotion initiatives to be most effective, it is important to know the epidemiological, social, and cultural aspects in each [work]place” (p. 621). Cheon et al. (2020) noted, “The design of wellness programs is one of the key elements for improved health outcomes among employees” (p. 36). Additionally, Pomeranz (2015) found that effective workplace wellness programs can potentially advance employee health and overall health care expense.

### ***Incentive-Based Programs***

The use of incentives to drive participation in workplace wellness programs can potentially increase health benefits to employees (Vu et al., 2016). Perrault et al. (2020) determined it is common for employers to use incentives to encourage employees to participate in wellness programs. Grossmeier et al. (2020) affirmed “the role of incentives for driving participation in simple awareness-raising activities” in a study measuring participation of health assessments and biometric screenings (p. 357). Heninger et al. (2019) noted incentives are often utilized for small group and individual rewards for goal achievement within short-term health initiatives. Cheon et al. (2020) indicated when workplace wellness programs are regularly promoted with incentives, supported by leadership, and implemented with relevant offerings, employee health outcomes improve significantly.

Incentive-based wellness programs are more likely to be supported and expected by high-income employees than low- to middle-income employees (Fink et al., 2020). In

a three-year study focused on school-based wellness programs, participation increased each academic year with requirements tied to incentives aligned with program completion (Merrill & LeCheminant, 2016). Fink et al. (2020) offered, “Many factors influence employee engagement in employer offered wellness incentive programs” (p. 257). When provided the choice of incentives, wellness participants prefer cash and tangible options (Heninger et al., 2019).

Individual and team-based monetary incentives lead to increased wellness participation (Losina et al., 2017). Furthermore, Patel et al. (2016) suggested, “Intervention using a combination of individual and team incentives nearly doubled the mean proportion that achieved the goal during the intervention period” (p. 752). Alternatively, after studying participation rates of wellness programs, Huang et al. (2016) determined, “Incentives seem to be effective, [but] they are not a panacea and offering a rich program is as effective as incentivizing employees to join” (p. 33). Chung et al. (2017) found the tracking requirement of employees’ wellness activities for incentives created employee concerns over privacy and possible discipline for inactivity.

Fink et al. (2020) determined employees’ income levels did not impact their perceptions regarding requirements to participate and the disclosure of health information in an incentive-based wellness program. Furthermore, in a study of incentive-based wellness programs, Maeng et al. (2018) concluded wellness program participants viewed as previously healthy were not significantly impacted by incentives.

### ***Wellness Champion-Based Programs***

Click (2017) stated, “To facilitate engagement, organizations often establish wellness champions (‘champs’) to promote the program broadly at a grassroots level” (p.

442). Wellness champions strive to improve health and a culture of wellness in the workplace by promoting and engaging employees in the wellness program (Seaverson, 2015). The implementation of wellness champions to promote wellbeing results in a positive impact on engagement and participation in workplace wellness programs (Wieneke et al., 2016).

Amaya et al. (2017) determined wellness champions have a “vested interest in achieving personal health and well-being as well as encouraging their colleagues to be healthier and well” (p. 64). Schultz et al. (2019) noticed a “difference in attitude, energy, and culture at the one school with an active wellness champion leading an employee wellness program, relative to the other participating schools” (p. 8). Additionally, Nygaard (2019) indicated positive workplace culture can diminish the impact of educator stress and burnout. A school-based wellness champion may impact student health behaviors in addition to improving the health and wellness of educators (Schultz et al., 2019).

According to Wieneke et al. (2016), a workplace wellness program champion must be supported by the organization’s leadership to create a culture and environment of health and wellness. Wellness champions provide support to participants while fostering an environment of support and partnership among the employees and employer (Wilkenson et al., 2020). Employee participation and engagement in wellness programs are enhanced by social networking and influence created by wellness champions (Seaverson, 2015). For example, researchers have provided evidence of improved health and wellbeing for non-participants in wellness programs due to a culture of health created within an organization (Rabarison et al., 2017). Additionally, employee perception of

workplace health promotion and commitment by the employer has been shown to improve productivity (Schultz et al., 2019).

A study of 23 workplace wellness programs revealed programs based on motivational theories, developed for participants' individual goals, and including interactions with health professionals showed significant results (Sandercock & Andrade, 2018). Workplace wellness program initiatives are most beneficial when promoted both on an individual basis and collectively to employee groups (Syed, 2020). Wilkenson et al. (2020) noted the benefits of "having a 'champion' in the workplace setting for the program who was experienced with physical activity provided the participants someone who could guide their mastery learning and provide additional rewards (recognition and support)" (p. 162).

### ***Onsite Clinic-Based Programs***

Literature related to workplace wellness programs featuring onsite healthcare clinics is limited (Enberg et al., 2018). More research is needed to determine the impact of onsite healthcare clinics on productivity levels of educators (Enberg et al., 2018). By providing onsite healthcare, employers can improve their employees' management of chronic illnesses and reduce the likelihood of emergency room visits (Stroo et al., 2015). Ostovari et al. (2017) found, "Onsite clinics have provided solutions for rising healthcare costs by providing cost-effective services in the work place compared with offsite providers" (p. 615). According to the National Association of Worksite Health Centers (2018), 71% of employers felt having an onsite healthcare clinic improved employees' overall health and wellness (p. 11).

O’Keefe and Anderson (2017) concluded onsite healthcare options reduce employer and employee medical costs while improving employees’ overall wellness and access to quality healthcare options. Furthermore, Evans (2018) emphasized implementing an onsite healthcare clinic “has a return on employee productivity simply because a healthy workforce is more productive” (p. 4). The National Association of Worksite Health Centers (2018) concluded, “When designed and managed correctly, a worksite clinic can deliver high value to both employer and employee” (p. 29). Additionally, onsite clinics are most effective when employers assess their impact and performance with employees to implement best practice (Ostovari et al., 2017).

Enberg et al. (2018) found the use of an onsite healthcare clinic for educators results in moderately lower absenteeism and less use of outside healthcare. Additionally, onsite health care clinics may increase employee awareness of the importance of preventative services to improve health and wellbeing (Ostovari et al., 2017). According to Stroo et al. (2015), onsite healthcare opportunities for employees lead to decreased absenteeism rates, improved overall wellness, and increased level of satisfaction with their employer. Alternatively, in a study on the impact of onsite clinics for educators, Enberg et al. (2018) determined health status and job performance are unaffected in educators who regularly utilize an onsite clinic.

Onsite health clinics have been shown to promote the importance of employee wellness programs in addition to promoting overall employee health and wellbeing (O’Keefe & Anderson, 2017). The National Association of Worksite Health Centers (2018) found the incentive of having an onsite healthcare clinic improved the rate at which employees completed their biometric screenings, which provide important health

metrics to employees. Ostovari et al. (2017) found, “Usage of preventative services increased significantly after onsite clinic implementation for women and men employees 9% and 14%, respectively” (p. 619). Additionally, onsite healthcare clinics can improve employee health and wellbeing while also helping employers create a culture of wellness (Evans, 2018). Employers have discovered onsite healthcare clinics play an integral role in promoting their organizations’ culture of health and wellness (National Association of Worksite Health Centers, 2018).

Glass et al. (2017), however, argued hospital visits and medical care costs will fluctuate, and wellness programs may not lower long-term healthcare costs. Glass et al. (2017) found costs associated with onsite health clinics over a five-year period fluctuate significantly, which could make the long-term financial impact unpredictable.

Additionally, regarding employee productivity, Enberg et al. (2018) indicated educators do not see a noted decrease in anxiety, depression, or tension as a result of access to onsite clinics.

### **Components of Workplace Wellness Programs**

Batorsky et al. (2016) indicated employers are better-suited to develop and implement workplace wellness programs with a targeted focus than programs that are all-encompassing. Additionally, Ammendolia et al. (2016) noted employers who tailor their workplace wellness programs to the needs of employees may see targeted results.

Workplace wellness program development and implementation can be improved when programming components are broken apart to identify what is effective (Sandercock & Andrade, 2018). Brown et al. (2020) suggested the implementation of evidence-based wellness interventions have an impact on employee health and wellbeing (Brown et al.,

2020). Additionally, when organizational leaders plan programming, it is important to identify preferences of employees regarding location, formatting, and implementation of workplace wellness components (Knippen et al., 2018).

### ***Nutrition-Related***

Kanauss and Shupe (2016) discovered wellness programs with a nutrition-related focus on employee health impact multiple health and wellness indicators (Kanauss & Shupe, 2016). In a study of workplace wellness program effectiveness, offerings focused on employee nutritional choices resulted in the most significant health-related outcomes such as blood pressure, cholesterol, and glucose (Cheon et al., 2020). Kanauss and Shupe (2016) indicated regular educational themes focused on nutritional choices, cooking demonstrations, and healthy recipes improve dietary intake of healthy foods and water.

### ***Biometric Screenings and Health Risk Assessments (HRAs)***

Sherman and Addy (2018) specified HRAs have evolved in recent years to encompass total employee wellness by seeking to address mental, behavioral, physical, nutritional, and financial wellbeing. Knippen et al. (2018) noted, “HRAs have long been used to establish institutional research, identify priorities, and assist with the establishment of programs” (p. 35). Brasfield et al. (2019) indicated assessing levels of overall employee health, wellness, and stress can provide valuable information to assist in the development of effective workplace wellness program interventions and components. Additionally, health risk assessments have progressed from paper-based questionnaires to internet-based formats in recent years (Sherman & Addy, 2018).

Sherman and Addy (2018) revealed biometric screenings provide employees with data regarding body mass index (BMI), cardiovascular functioning, and other indicators of overall health. Employers generally make completing health risk assessments and biometric screenings voluntary or utilize incentives to promote participation of employees (Pomeranz, 2015). Data from HRA assessments and biometric screenings can provide wellness coordinators with valuable information to inform the development and implementation of health and wellness initiatives (Sherman & Addy, 2018).

### ***Fitness***

Syed (2020) suggested fitness activities within a social network of employees can play an important role in modifying wellness behaviors. According to the *Workplace Health in America 2017* report, “28.5% of worksites reported offering some type of program to address physical activity, fitness, and/or sedentary behavior” (National Center for Chronic Disease Prevention and Health Promotion, p. 35). Oliver et al. (2019) argued that fitness-oriented elements are vital to successful wellness programs yet are often underdeveloped. Workplace wellness programs featuring components to encourage physical fitness activities can improve cardiovascular fitness among other benefits (Burn et al., 2019).

### ***Health and Wellness Challenges***

Parker et al. (2019) indicated school-based wellness programs can foster healthy behaviors while developing a sense of camaraderie among participants. Lowensteyn et al. (2019) concluded, “Workplace wellness programs focusing primarily on evolving team challenges may support long-term employee participation, engagement with healthy lifestyle habits, and sustained clinical improvements” (p. 857). According to Parker et al.



(2019), school-based wellness programs promote healthy behavior and lifestyle changes beyond the school building to educators' friends and families.

### ***Mental Health***

Understanding and improving mental health in the workplace is of increased interest to employers (Attridge, 2019). Knippen et al. (2018) noted, "For numerous reasons, mental health has significant impact on the overall dimensions of health" (p. 36). The use of workplace wellness programs has grown over time; however, programs focused on improving employee mental health have shown little growth (Jarman et al., 2016).

Alcalde et al. (2020) suggested employers implement workplace interventions to strengthen professional growth, enhance organizational support, establish trust among employees, and promote mental health strategies. Click (2017) recommended mental health programming that includes "stress management programs focused on mediation, mindfulness, and stress management and resilience training" to enhance overall employee health and wellbeing (p. 429). Workplace wellness programs can benefit from initiatives that partner with health promotion professionals focused on mental health (Attridge, 2019).

### **Summary**

Chapter Two included a review of literature related to the interpretivist framework and its use to guide this research. The review of literature included the topics of workplace wellness programs, school-based wellness programs, and the Affordable Care Act. In addition, literature related to types of wellness programs was reviewed.

Examined in Chapter Three is the methodology used to guide this study. This includes a review of the problem and purpose, research design, and the population and sample. The instrumentation, data collection, and data analysis of the methodology are also reviewed. Lastly, ethical considerations and a summary of the study's methodology conclude Chapter Three.

### **Chapter Three: Methodology**

Chapter Three includes an overview of the methodology used to obtain and analyze data regarding educator perceptions of wellness programs. The problem and purpose overview provide background on why this study is important. The research design and the population and sample of the study are discussed. Furthermore, the instrumentation, data collections, and data analysis are provided. Finally, the ethical considerations and a summary of the study's methodology are reviewed.

#### **Problem and Purpose Overview**

Li (2020) and Wu (2020) determined there is a relationship between educator health and wellness and occupational stress and burnout. Significant numbers of educators have indicated work-related stress is connected to burnout (Aflakseir & Nemati, 2018). Mankin et al. (2018) noted the promotion of educator wellness influences the capacity to provide quality instruction to students.

Wellness programs are best implemented when input from employees is used to determine the offerings (Spegman, 2017). Aflakseir and Nemati (2018) concluded interventions targeted to improve educator health, wellbeing, and stress management skills may improve educator burnout levels. School districts initiating programs to reduce stress can improve the health and wellness of educators in addition to developing a better perception among students and improved school satisfaction (Ramberg et al., 2018). The purpose of this explanatory, sequential, mixed-methods study was to determine educator perceptions of school-based wellness programs and how they impact stress and burnout. Additionally, this research can be utilized to develop a better understanding of the impact

of school-based wellness programs and how their development and implementation can improve educator stress and burnout levels.

### ***Research Questions***

The following research questions guided the study:

1. What are the perceived benefits of wellness programs according to certified educators?
2. How do certified educators perceive the implementation of onsite health clinics, wellness incentives, and wellness champions as strategies to reduce certified educator stress and burnout?
3. What do certified educators perceive as the most effective components of wellness programs to improve educator health, stress, burnout, and retention?

### **Research Design**

Mixed-methods research design was chosen to study educator perceptions of school-based wellness programs because of the benefits of drawing on both quantitative and qualitative research (Creswell & Creswell, 2018). Molina-Azorin et al. (2017) indicated the use of a mixed-methods design allows researchers to enhance the analysis of results to highlight the practical implications of a study. This study was conducted using an explanatory, sequential, mixed-methods approach. This approach allows researchers to use a two-phase system of data collection (Creswell & Creswell, 2018). This research method includes the collection and analysis of quantitative data then used to build the second phase of qualitative data collection (Creswell & Creswell, 2018).

## **Population and Sample**

The selection of a target population is focused on participants who can best share similar experiences and thoughts (Asiamah et al., 2017). For this research, a target population of certified educators from three southwest Missouri school districts that utilize wellness programs with specific characteristics was selected. The use of a target population in this research was strategic and based on identifying participants who could share their experiences and perceptions to address the research goals (Asiamah et al., 2017).

The target population included 875 certified educators recruited from three school districts in southwest Missouri. The three school districts were purposively selected based on their wellness programs. Purposive sampling allows for generalizations to be made about the sample being studied (Sharma, 2017). The districts selected feature one or more of the following wellness program frameworks: incentive-based, wellness champion-based, and onsite healthcare-based offerings. Cuellar et al. (2017) concluded the incorporation of financial incentives into wellness programs increases their impact and can influence health behavior. Schultz et al. (2019) suggested wellness program developers should utilize a dedicated wellness champion to guide programming and create positive results for employees. Onsite clinics and wellness programs have a potential synergy that could affect employees by optimizing health and improving the efficiency of interventions (Cohen & Liu, 2019).

A census sample was utilized for the phase one portion of the study. All 875 certified educators from the three southwest Missouri school districts were asked to participate in the survey. A census sample collects data from all eligible participants

(Fraenkel et al., 2019). After a two-week period of accepting survey responses, 106 certified educators responded.

### ***School District 1***

According to the MODESE (2019), School District 1 had 1,236 students and 102 certified educators during the 2018-2019 school year (p. 143). The average length of service for educators in School District 1 was 10.2 years (MODESE, 2019). School District 1's wellness program was established during the 2009-2010 school year and became incentive-based in 2015 (A. Cox, personal communication, March 12, 2020). Participation in School District 1's wellness program is high among individuals who utilize the district's health insurance (A. Cox, personal communication, March 12, 2020).

### ***School District 2***

According to the MODESE (2019), School District 2 had 2,442 students and 232 certified educators during the 2018-2019 school year (p. 608). The average length of service for educators at School District 2 was 11.4 years (MODESE, 2019). School District 2's current wellness program was established in 2015 and is led by a district wellness coordinator (A. Severs, personal communication, March 10, 2020). According to R. Moreland (personal communication, February 7, 2020), the district's program is wellness champion-based as a director handles all aspects of this district initiative. The district's participation rate is 74% for all employees (A. Severs, personal communication, March 10, 2020).

### ***School District 3***

According to the MODESE (2019), School District 3 had 6,389 students and 536 certified educators during the 2018-2019 school year (p. 651). The average length of

service for educators at School District 3 was 13.5 years (MODESE, 2019). According to K. Kopp (personal communication, March 10, 2020), School District 3 has utilized a wellness program since at least the 2006-2007 school year. The district had 231 employees participate in wellness activities during the 2019-2020 school year (T. Grigg, personal communication, March 10, 2020). School District 3's wellness program began providing free onsite healthcare in January of 2019 and saw usage increase significantly during the 2019-2020 school year (Z. Rantz, personal communication, February 13, 2020).

From this target population, a purposive sample of participants was selected to allow for generalizations about the sample being studied (Sharma, 2017). The unit of analysis for this study was certified educators who have access to wellness programming.

### **Instrumentation**

For phase one of this study, an online survey was created to collect quantitative data (see Appendix A). This instrument was a cross-sectional survey including 17 Likert-type scale questions and one open-ended question. Cross-sectional surveys provide participant preference data at one point in time (Creswell & Creswell, 2018; Fink, 2017). The survey was intended to measure educators' perceptions of wellness programs and the impact they have on educator stress and burnout.

The creation of the School-Based Wellness Survey was informed by the reviewed literature. The Maslach Burnout Inventory (MBI) survey was developed as an instrument to determine vocational burnout in human service employees (Maslach & Jackson, 1981). The Workplace Wellness Programs Study addressed the characteristics of successful wellness programs and the evidence used to analyze the impact of workplace wellness

programs (Mattke et al., 2013). Furthermore, Knippen et al. (2018) conducted a cross-sectional survey developed with constructs of the theory of planned behavior (Ajzen, 1991) and the Health Belief Model (Rosenstock, 1974). According to Ajzen (1991), a participant's intention to change behavior patterns can be predicted by the individual's attitude toward his or her own behavior. According to Rosenstock (1974), individuals believe preventative activities can reduce one's susceptibility to illness or disease. Additionally, the interpretivist framework informed and influenced the research questions of identifying educators' perceptions of wellness programs (Butin, 2010).

The study's research questions and a mixed-methods research design model guided the development of questions. Creswell and Creswell (2018) suggested the use of surveys to elicit quantitative data that can then be analyzed for qualitative follow-up. According to Fink (2017), surveys are most effective when the data are directly gathered from the participants about what they think and know about a topic.

To ensure validity, pilot testing was conducted within a similar environment with participants who had similar characteristics to the sample (Fink, 2017). This survey was administered to 10 certified educators eligible to participate in wellness programs similar to those targeted in the study. Revisions were made based on the results of the initial pilot test to improve issues with clarity, bias, and validity (Fink, 2017). The modified survey was then administered to the same 10 participants to ensure test-retest reliability (Creswell & Creswell, 2018; Fink, 2017).

Phase two of the mixed-methods research design included the identification of results to be integrated into interview questions (Creswell & Creswell, 2018). The development of one-on-one interview questions was based on the interpretivist



framework, which seeks to explore the understanding and perceptions of research participants (Ryan, 2018). According to Creswell and Creswell (2018), the quantitative results (survey) must inform and guide the qualitative questions in phase two. The interview questions (see Appendix B) were open-ended and loosely structured to allow flexibility in the discussion based upon participant responses (Creswell & Creswell, 2018; Ngozwana, 2018).

### ***Reliability***

According to Creswell and Creswell (2018), reliability refers to the ability of an instrument's measures to be consistent and repeatable. To ensure the survey questions meet standards of reliability, Fraenkel et al. (2019) suggested piloting instruments. Mills and Gay (2018) advised field-testing instruments with individuals with similar characteristics not participating in the study. The survey phase was field-tested with individuals eligible to participate in wellness programs in a K-12 public school setting similar to the targeted districts. The survey results were piloted in a test-retest method to ensure reliability (Fink, 2017). An interview guide (see Appendix C) was developed to provide consistency in the number and order of questions asked of each participant (Creswell & Creswell, 2018; Ngozwana, 2018).

### ***Validity***

According to Fink (2017), "Measurement validity refers to the characteristics of the survey instrument, whereas, design validity refers to the context in which the survey takes place" (p. 72). Creswell and Creswell (2018) suggested piloting surveys to establish validity, evaluate consistency, question clarity, and ensure survey questions collect the appropriate data sought. In a mixed-methods study, validity must be established in both

quantitative and qualitative research instruments (Creswell & Creswell, 2018). Upon creation of the interview questions, the Validation Rubric for Expert Panel (VREP) was utilized to ensure validity (Simon & White, 2016). To ensure validity of interview responses, a process called member-checking, in which participants review their transcripts for accuracy and may ask for a follow-up interview to clarify certain answers, was used (Creswell & Creswell, 2018).

### **Data Collection**

The data collection process began after receiving permission to conduct research (see Appendix D) from the three selected school districts' superintendents and approval from the Lindenwood University Institutional Review Board (see Appendix E) to conduct research with each approved school district. The selected districts' superintendents were asked to share an email communication with district certified educators. This email contained the invitation to participate in the survey (see Appendix F), the informed consent form (see Appendix G), and the survey link. The School-Based Wellness Program Survey gathered certified educator responses through the web-based survey tool Qualtrics. Completion of the survey was phase one of the explanatory, sequential, mixed-methods design.

To ensure ethical methods were utilized, each participant was assured of confidentiality, anonymity, transparency, and security of data (Gupta, 2017). An easy-to-read, multistep informed consent process with simple text, no subheadings, and lack of color was utilized to inform participants their participation in the survey indicated consent (Fielding et al., 2016). The survey was available for two weeks. Survey

participation was limited to the first 875 respondents based on district growth since the 2019-2020 educator total. The total number of survey participants was 106.

The email shared with superintendents included an invitation for two educators from each school district to participate in interviews related to educator stress, burnout, and wellness programs. Survey participants had the option of sharing their names if they were willing to participate in phase two. Qualitative data collection through interviews was phase two of the study. Quantitative data from phase one were analyzed to develop questions to guide the qualitative interviews (Creswell & Creswell, 2018). The second phase of the study took place after an email (see Appendix H) was sent confirming the time and date of individual interviews. Interview participation was voluntary and limited to the first two volunteers from each participating school district. Informed consent (see Appendix I) was shared as an attachment to the email confirming the date and time of the interview.

Prior to interviews, the informed consent was reviewed and each participant's signature was obtained. After interviews were conducted, the interpretation of both the quantitative and qualitative results allowed for analysis of each data set. The results of the qualitative phase were then utilized to further expand and explain the quantitative phase of research (Creswell & Creswell, 2018).

### **Data Analysis**

According to Merriam and Tisdell (2016), the purpose of data analysis is to provide answers to the study's research questions. This stage is a critical aspect of the research process that requires familiarization with and understanding of the data (Mills & Gay, 2018). Data analysis for explanatory, sequential, mixed-methods design requires the

quantitative and qualitative data to be analyzed separately (Creswell & Creswell, 2018). Once the School-Based Wellness Program Survey was complete, the quantitative results were then combined with the qualitative data in a process called integration (Creswell & Creswell, 2018). The results of the quantitative analysis then guided the development phase of the qualitative interview questions (Creswell & Creswell, 2018).

Bluman (2017) stated descriptive statistics “consist of the collection, organization, summarization, and presentation of data” (p. 37). The educators’ response data were presented in histograms to provide a visual representation of the frequency distribution (Bluman, 2017). The statistical results were then interpreted to determine any themes or patterns (Creswell & Creswell, 2018; Mills & Gay, 2018). A response percentage was provided for each survey statement and presented in the frequency distribution as a result of some educators choosing not to respond to all statements (Creswell & Creswell, 2018).

Following analysis of the School-Based Wellness Program Survey data, emerging themes assisted with the development of open-ended interview questions (Creswell & Creswell, 2018). Interviews were recorded using a phone recording app and were transcribed for review of data and to allow for member-checking by each interview participant (Mills & Gay, 2018). Data analysis of interview responses is complex and requires the researcher to reveal the participants’ perspectives and understanding and not the researcher’s own (Fink, 2017; Mills & Gay, 2018). Mills and Gay (2018) suggested coding the transcripts to identify and manage emergent themes and patterns of each respondent. These coded themes can then be presented visually in a table to aid in interpretation and analysis (Creswell & Creswell, 2018).

## **Ethical Considerations**

Several safeguards were implemented to ensure the protection, anonymity, and confidentiality of study participants. Site permissions were granted from each of the three school districts' superintendents to allow access to certified educators (Creswell & Creswell, 2018). Approval from the Lindenwood IRB was obtained before data collection. All participants were emailed the Lindenwood approved study and survey consent forms. The completion of the survey indicated informed consent was acknowledged. All electronic files, including email addresses and survey response data, were secured within a password-protected personal file and will be kept for three years (Fraenkel et al., 2019).

Participants in one-on-one interviews were provided with an informed consent form that was read aloud before the start of each interview. The Lindenwood-approved consent form identified the study purpose, any risks to participants, and outlined procedures to opt out of the study at any point. To ensure the anonymity of interview subjects, pseudonyms were used for participant names, school district names, and interview locations (Creswell & Creswell, 2018). Digital interview recordings and paper transcripts were kept in password-protected files and locked cabinets, respectively (Fraenkel et al., 2019). All participants' identifying information from the survey and the interviews will be electronically retained for three years and then securely destroyed. (Fraenkel et al., 2019).

## **Summary**

Chapter Three provided a brief review of the methodology of the research study. This included explanations of the problem, purpose, and research questions. Introduction

to the mixed-methods research design was shared. The population and sample of the study were also reviewed. Analysis of the instrumentation tools for phases one and two of the explanatory sequential mixed-methods design was presented. Details of data collection and analysis were discussed. Lastly, ethical considerations were presented to offer evidence of how participants were protected during research.

Provided in Chapter Four is an overview of the demographics of the participants. Following this, the results of the data collection from the quantitative and qualitative phases of the study are revealed. Data are presented with tables and graphics to share the perceptions of participants.

## Chapter Four: Analysis of Data

School-based wellness programs are not often developed with the needs of educators investigated and considered (Lever et al., 2017). Investigating how educators perceive school-based wellness programs can allow school leaders to have specific data to utilize when developing and implementing wellness-based interventions to address mental health, stress, and burnout in addition to physical fitness needs. The purpose of this study was to interpret educator perceptions of school-based wellness programs and how wellness programs influence educator health and wellness, and to determine how specific wellness program components affect educator health, stress, burnout and retention. Additionally, the purpose of this study was to determine how to develop and implement more effective school-based wellness programs to better support educators.

Data collection instruments for this study included researcher-created survey and interview questions. The survey included 17 interval scale statements and one open-ended question. The survey was created to elicit educator perceptions of school-based wellness programs, effectiveness of specific components of wellness programs, and wellness program impact on educator stress, burnout and retention. A total of 875 certified educators from three southwest Missouri school districts were sent the survey for completion. Data were based upon a sample ( $n = 106$ ) of educator responses to the School-Based Wellness Programs Survey.

Phase two of the study included interview questions created by the researcher to elicit qualitative responses. The interview questions were loosely structured and open-ended to allow the researcher to analyze the responses using the interpretivist framework. The interview guide included seven interview questions to ensure reliability of the

interview series. The data consisted of a sample ( $n = 6$ ) of certified educators' responses to questions asked during the qualitative phase of the study.

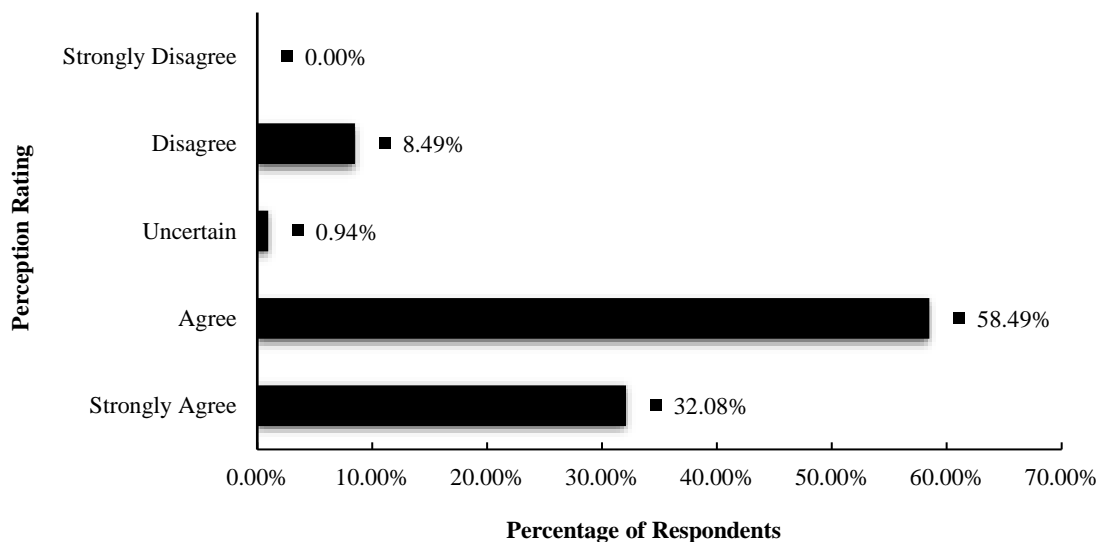
Upon the collection of data from the Workplace Wellness Programs Survey, results were evaluated using descriptive statistics including histograms to display tendencies and frequencies from each question's responses. One-on-one interview data were analyzed to allow the researcher to determine themes and trends. Interview data themes and trends were displayed through tables and discussions of the analysis.

### **Survey Data Analysis**

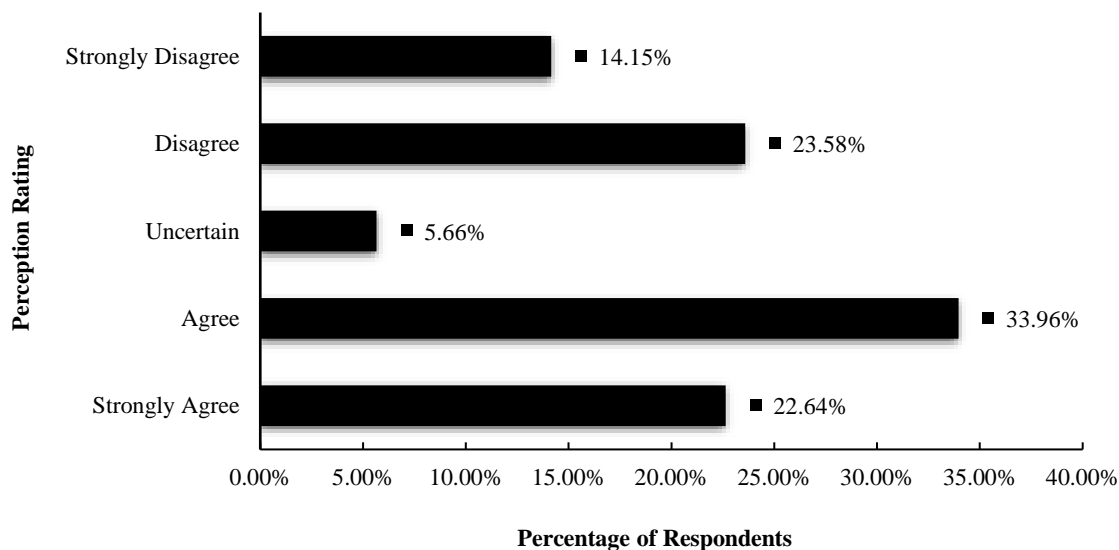
#### ***Survey Statement 1***

Participants in the study were asked to rate if they perceive their positions as educators to be stressful most days. Survey response data indicated 90.5% of participants agreed or strongly agreed their positions are stressful most days (see Figure 1). Of the 90.5% of respondents who agreed or strongly agreed, 58.4% indicated their positions are stressful most days. In contrast, only 8.4% of educators disagreed their positions are stressful most days. No respondents strongly disagreed their positions are stressful most days.



**Figure 1***Educators Perceive Their Jobs as Stressful****Survey Statement 2***

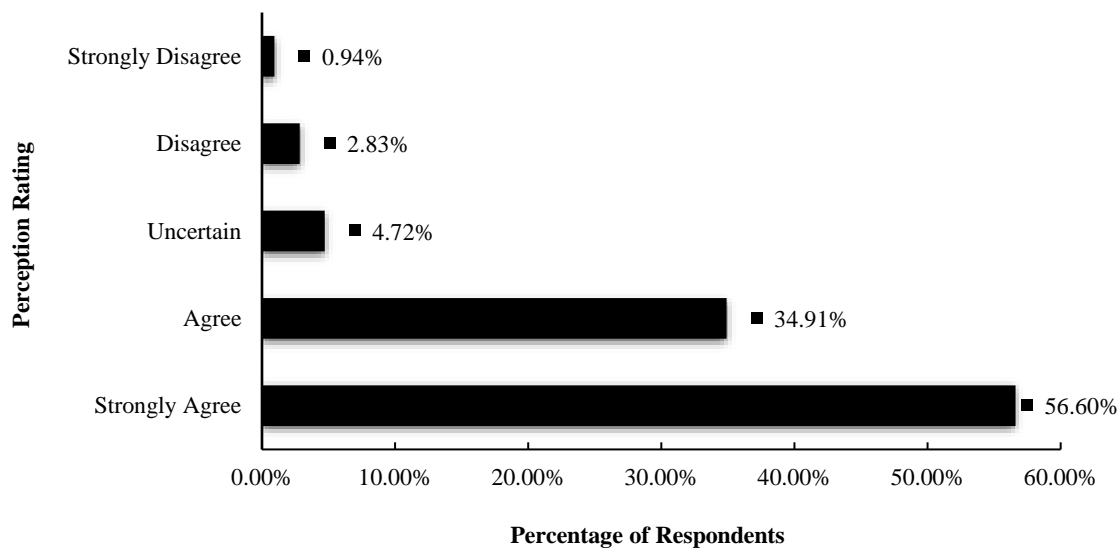
Participants in the study were asked to rate if they thought about leaving the profession in the last year. Survey response data indicated 56.6% of participants agreed or strongly agreed they thought about leaving the profession in the last year (see Figure 2). In contrast, 37.74% of participants disagreed or strongly disagreed they thought about leaving the profession in the last year. Only 14.15% of respondents strongly disagreed they thought about leaving the profession in the last year.

**Figure 2***Educators Have Thoughts about Leaving Education****Survey Statement 3***

Participants in the study were asked to rate if their wellness (mental, physical, emotional health) has a positive impact on their role as an educator. Survey response data indicated that 91.51% of participants agreed or strongly agreed their wellness (mental, physical, emotional health) has a positive impact on their role as an educator (see Figure 3). Of the 91.51% of respondents who agreed or strongly agreed, 56.60% strongly agreed their wellness (mental, physical, emotional health) has a positive impact on their role as an educator. In contrast, 3.77% of participants disagreed or strongly disagreed their wellness (mental, physical, emotional health) has a positive impact on their role as an educator. Only 0.94% of respondents strongly disagreed their wellness (mental, physical, emotional health) has a positive impact on their role as an educator.

**Figure 3**

*Educators Feel Their Wellness Impacts Their Role as an Educator*

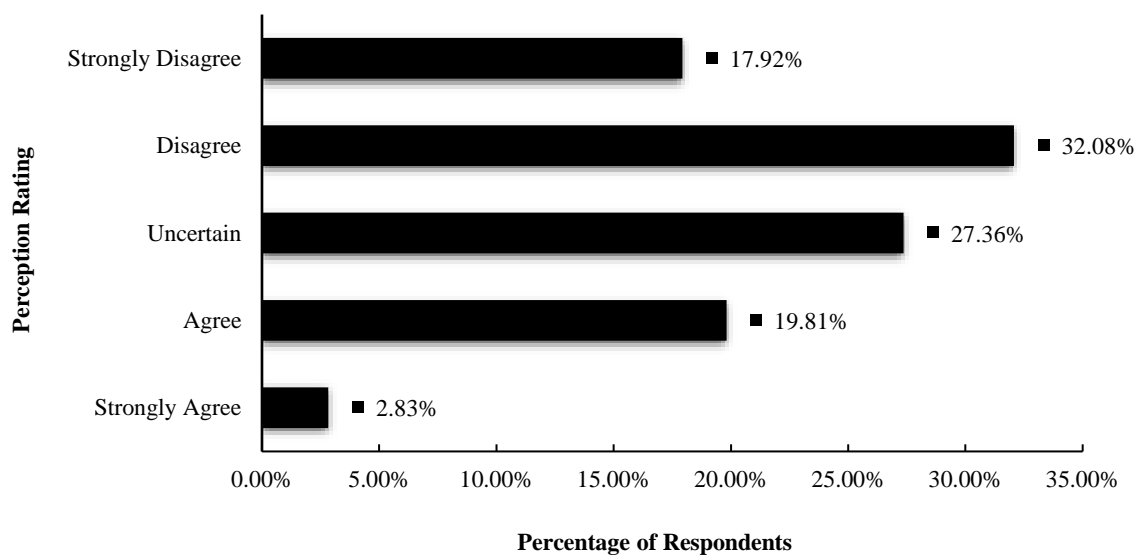


#### ***Survey Statement 4***

Participants in the study were asked to rate if their district's wellness program helps lower their stress/burnout level. Survey response data indicated 22.64% of participants agreed or strongly agreed their district's wellness program helps lower their stress/burnout level (see Figure 4). Of the 22.64% of respondents who agreed or strongly agreed, only 2.8% strongly agreed their district's wellness program helps lower their stress/burnout level. In contrast, 50% of participants disagreed or strongly disagreed their district's wellness program helps lower their stress/burnout level. While 17.92% of respondents strongly disagreed, 27.36% were uncertain if their district's wellness program helps lower their stress/burnout level.

**Figure 4**

*Educators Feel Their Wellness Program Lowers Their Stress/Burnout*

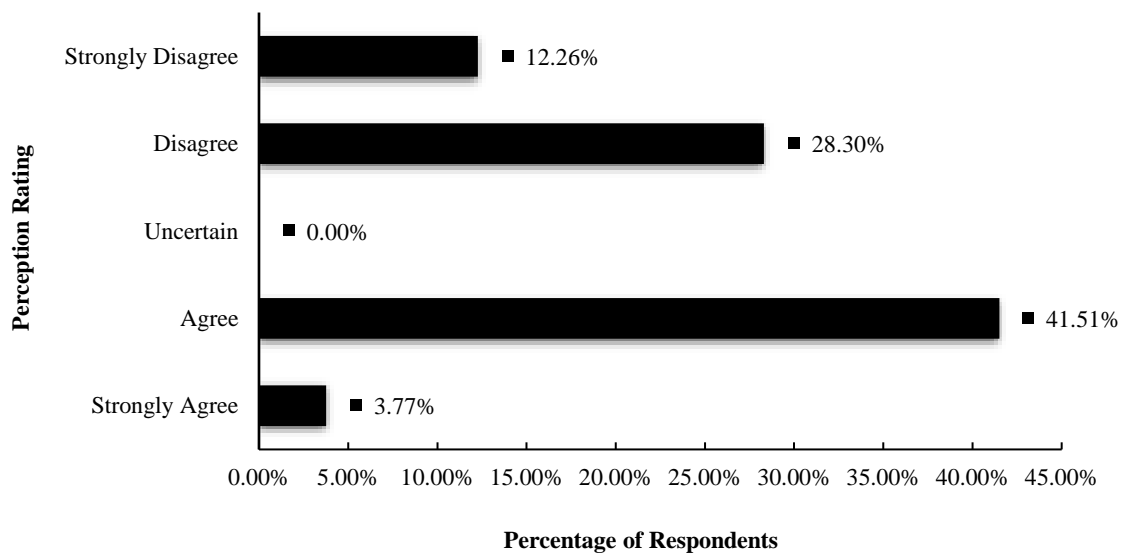


***Survey Statement 5***

Participants in the study were asked to rate if their district's wellness program has positively impacted their wellness (mental, physical, emotional health). Survey response data indicated 45.28% of participants agreed or strongly agreed their district's wellness program has positively impacted their wellness (mental, physical, emotional health) (see Figure 5). Of the 45.28% of respondents who agreed or strongly agreed, only 3.77% strongly agreed their district's wellness program has positively impacted their wellness (mental, physical, emotional health). In contrast, 40.57% of participants disagreed or strongly disagreed their district's wellness program has positively impacted their wellness (mental, physical, emotional health).

**Figure 5**

*Educators Feel Their District Wellness Program Impacts Wellness*

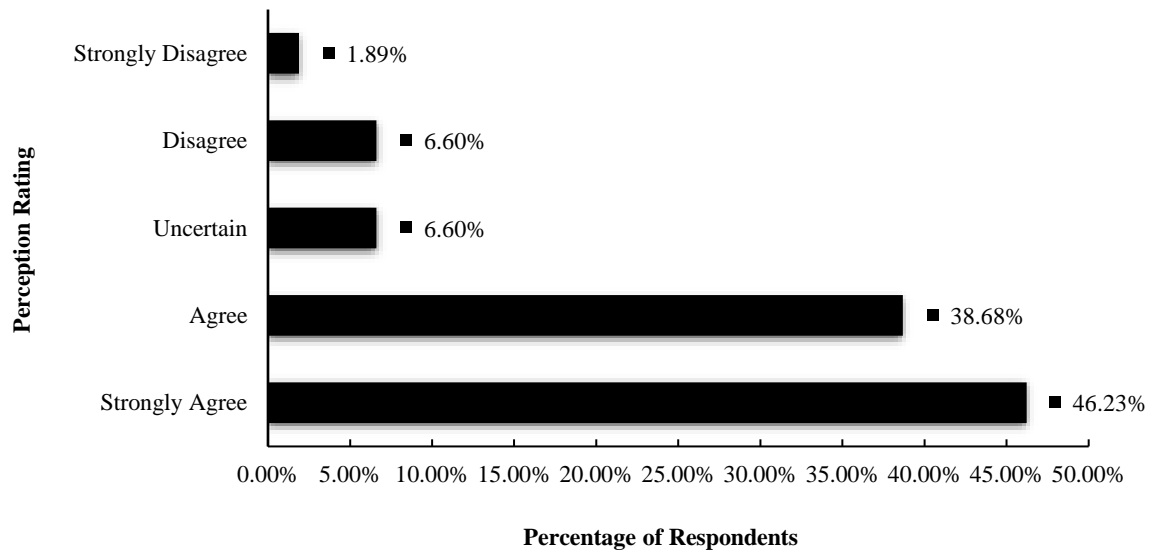


***Survey Statement 6***

Participants in the study were asked to rate if their wellness (mental, physical, emotional health) has a positive impact on their ability to be the best educator they can be. Survey response data indicated 84.91% of participants agreed or strongly agreed their wellness (mental, physical, emotional health) has a positive impact on their ability to be the best educator they can be (see Figure 6). Of the 84.91% of respondents who agreed or strongly agreed, 46.23% strongly agreed their wellness (mental, physical, emotional health) has a positive impact on their ability to be the best educator they can be. In contrast, 8.49% of participants disagreed or strongly disagreed their wellness (mental, physical, emotional health) has a positive impact on their ability to be the best educator they can be.

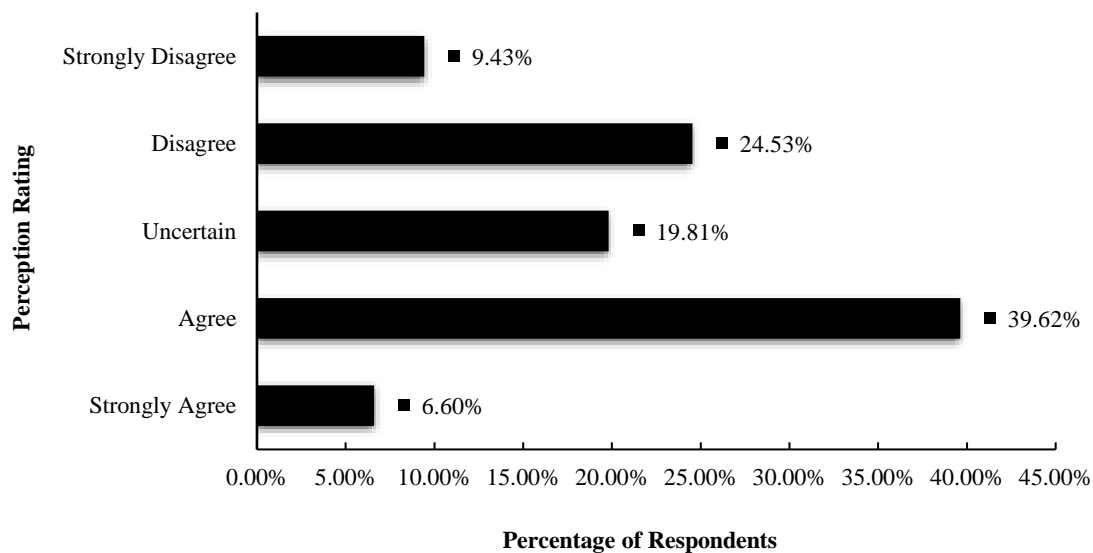
**Figure 6**

*Educators Feel Their Wellness Positively Impacts Their Ability as an Educator*



**Survey Statement 7**

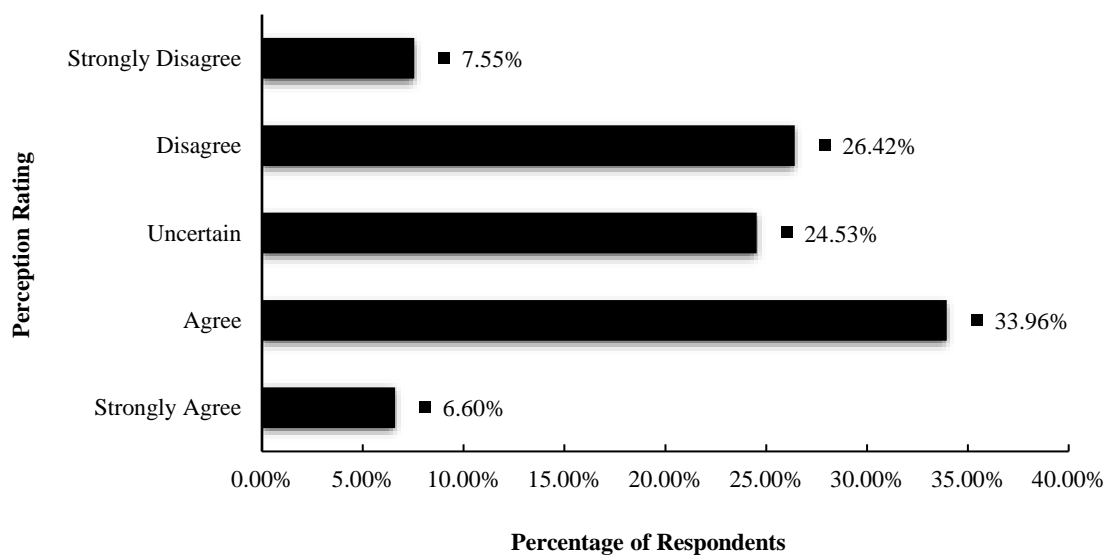
Participants in the study were asked to rate if their district’s wellness offerings are beneficial to them. Survey response data indicated 46.23% of participants agreed or strongly agreed their district’s wellness offerings are beneficial to them (see Figure 7). Of the 46.23% of respondents who agreed or strongly agreed, only 6.60% strongly agreed their district’s wellness offerings are beneficial to them. In contrast, 33.96% of participants disagreed or strongly disagreed their district’s wellness offerings are beneficial to them.

**Figure 7***Educators Feel Their Wellness Offerings Are Beneficial****Survey Statement 8***

Participants in the study were asked to rate if their district's wellness offerings are beneficial to them. Survey response data indicated 40.57% of participants agreed or strongly agreed their district's wellness offerings are beneficial to them (see Figure 8). Of the 40.57% of respondents who agreed or strongly agreed, only 6.60% strongly agreed their district's wellness offerings are beneficial to them. In contrast, 33.96% of participants disagreed or strongly disagreed their district's wellness offerings are beneficial to them. However, 24.53% were uncertain whether or not their district's wellness offerings are beneficial to them.

**Figure 8**

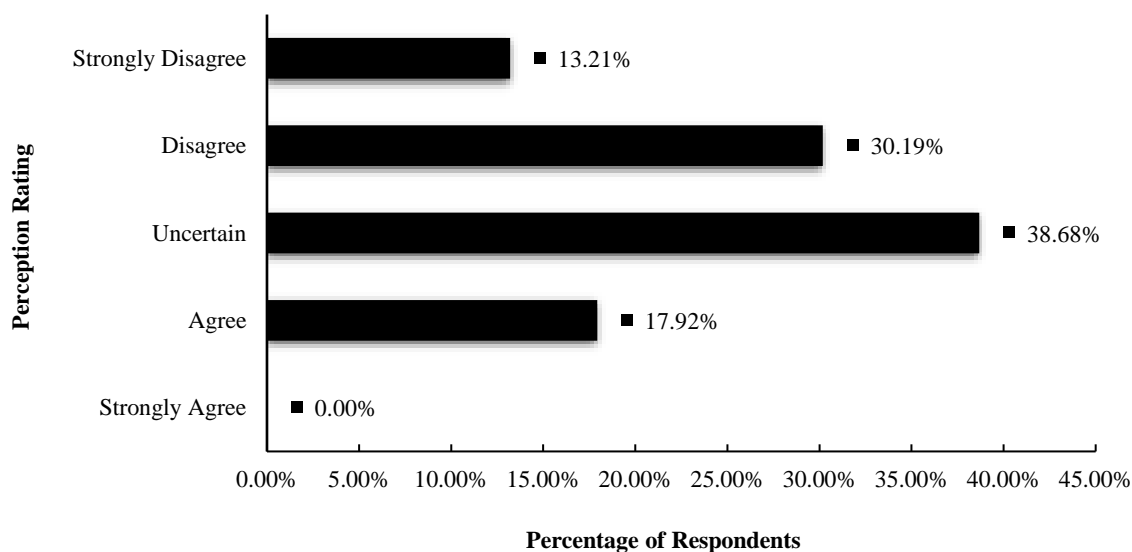
*Educators Feel Their Wellness Program Makes Them Feel Valued*



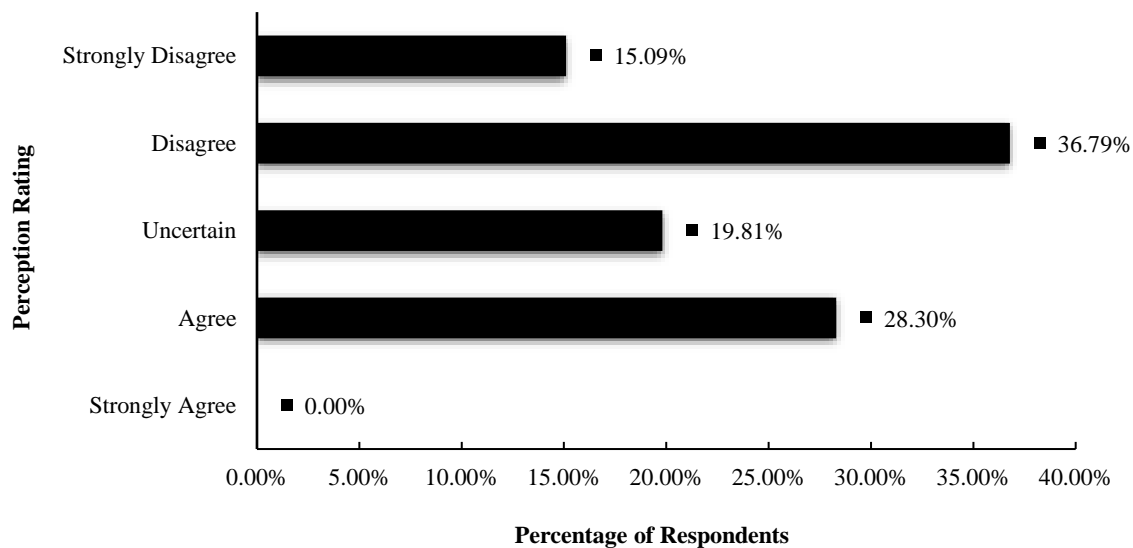
***Survey Statement 9***

Participants in the study were asked to rate if their district's wellness program is a benefit that helps retain educators. Survey response data indicated only 17.92% of participants agreed or strongly agreed their district's wellness program is a benefit that helps retain educators (see Figure 9). No participants strongly agreed their district's wellness program is a benefit that helps retain educators. In contrast, 43.4% of participants disagreed or strongly disagreed their district's wellness program is a benefit that helps retain educators. Overall, 38.68% were uncertain if their district's wellness program is a benefit that helps retain educators.



**Figure 9***Educators Feel Wellness Programs Retain Educators****Survey Statement 10***

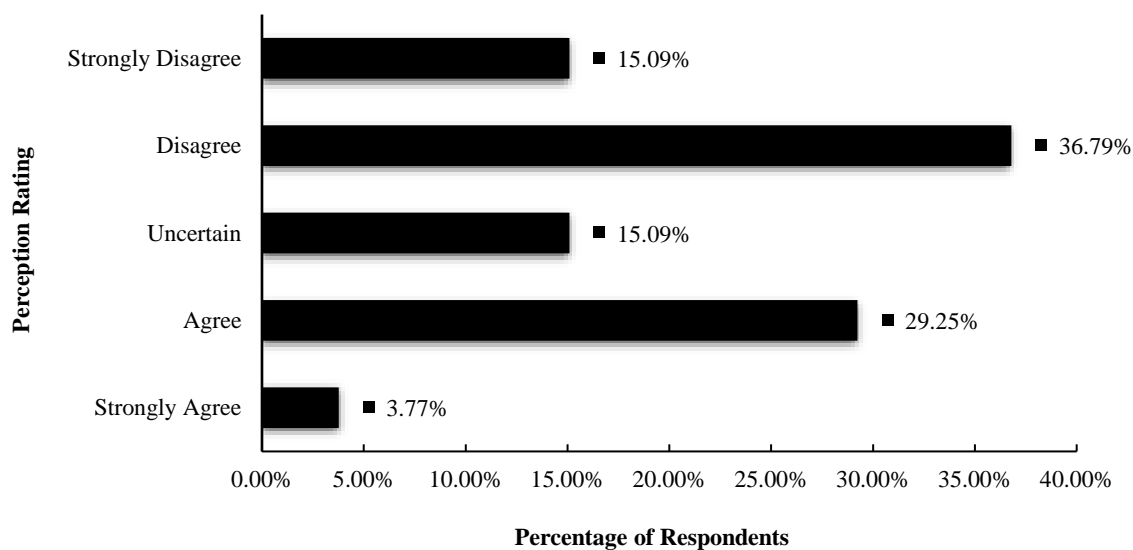
Participants in the study were asked to rate if their district's wellness program helps them engage with coworkers and feel connected to the district. Survey response data indicated 28.3% of participants agreed or strongly agreed their district's wellness program helps them engage with coworkers and feel connected to the district (see Figure 10). No participants strongly agreed their district's wellness program helps them engage with coworkers and feel connected to the district. In contrast, 51.89% of participants disagreed or strongly disagreed their district's wellness program helps them engage with coworkers and feel connected to the district. However, 19.81% were uncertain if their district's wellness program helps them engage with coworkers and feel connected to the district.

**Figure 10***Educators Feel Wellness Programs Help Engage Educators****Survey Statement 11***

Participants in the study were asked to rate if they felt wellness program fitness opportunities help reduce their work-related stress. Survey response data indicated 33.02% of participants agreed or strongly agreed wellness program fitness opportunities help reduce their work-related stress (see Figure 11). Of the 33.02% of respondents who agreed or strongly agreed, only 3.77% strongly agreed wellness program fitness opportunities help reduce their work-related stress. In contrast, 51.89% of participants disagreed or strongly disagreed wellness program fitness opportunities help reduce their work-related stress. Overall, 15.09% were uncertain whether or not wellness program fitness opportunities help reduce their work-related stress.

**Figure 11**

*Educators Feel Fitness Offerings Reduce Work-Related Stress*

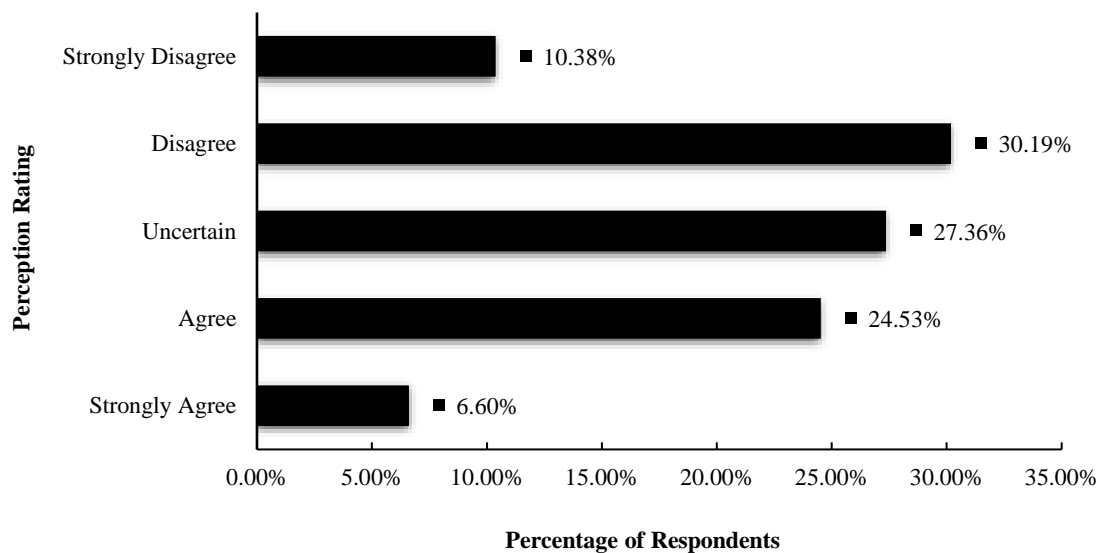


### ***Survey Statement 12***

Participants in the study were asked to rate if they felt wellness program mental health opportunities help reduce their work-related stress. Survey response data indicated 31.13% of participants agreed or strongly agreed wellness program mental health opportunities help reduce their work-related stress (see Figure 12). Of the 31.13% of respondents who agreed or strongly agreed, only 6.60% strongly agreed wellness program mental health opportunities help reduce their work-related stress. In contrast, 40.57% of participants disagreed or strongly disagreed wellness program mental health opportunities help reduce their work-related stress. Overall, 27.36% were uncertain if wellness program mental health opportunities help reduce their work-related stress.

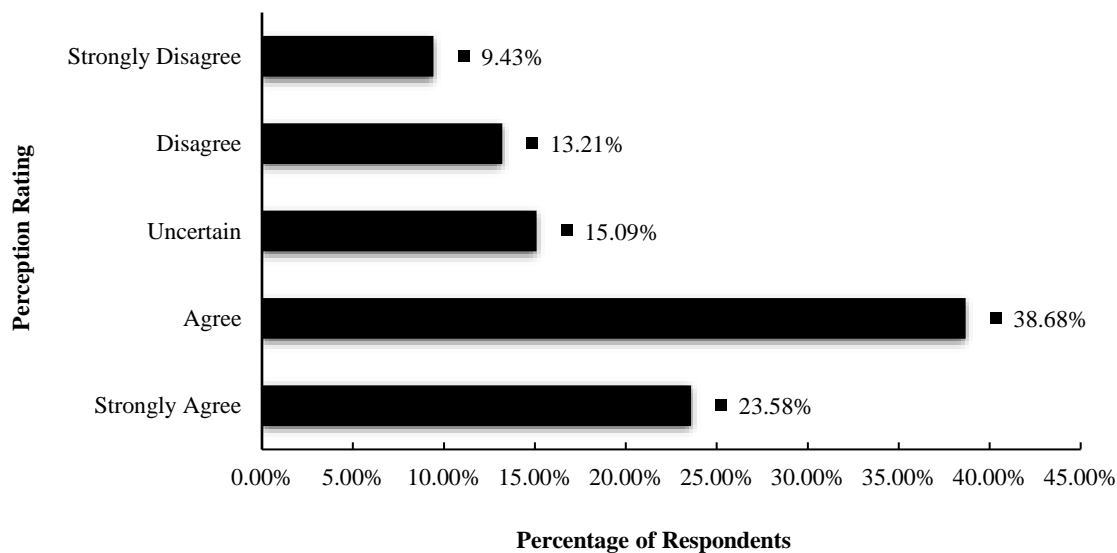
**Figure 12**

*Educators Feel Mental Health Offerings Reduce Work-Related Stress*



***Survey Statement 13***

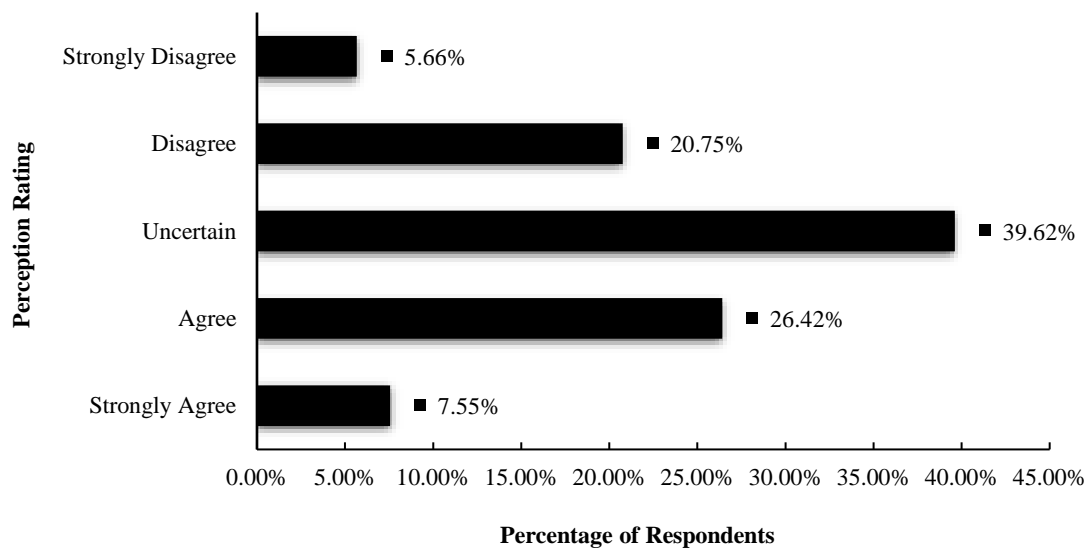
Participants in the study were asked to rate if they felt wellness program financial incentives make wellness programs more effective. Survey response data indicated 62.26% of participants agreed or strongly agreed wellness program financial incentives make wellness programs more effective (see Figure 13). Of the 62.26% of respondents who agreed or strongly agreed, 23.58% strongly agreed wellness program financial incentives make wellness programs more effective. In contrast, 22.64% of participants disagreed or strongly disagreed wellness program financial incentives make wellness programs more effective. Overall, 15.09% were uncertain if financial incentives make wellness programs more effective.

**Figure 13***Educators Feel Incentives Make Wellness Programs Effective****Survey Statement 14***

Participants in the study were asked to rate if they felt wellness program champions make wellness programs more effective. Survey response data indicated 33.96% of participants agreed or strongly agreed wellness program champions make wellness programs more effective (see Figure 14). Of the 33.96% of respondents who agreed or strongly agreed, only 7.55% strongly agreed wellness program champions make wellness programs more effective. In contrast, 26.42% of participants disagreed or strongly disagreed wellness program champions make wellness programs more effective. However, 39.60% were uncertain if wellness program champions make wellness programs more effective.

**Figure 14**

*Educators Feel Champions Make Wellness Programs Effective*

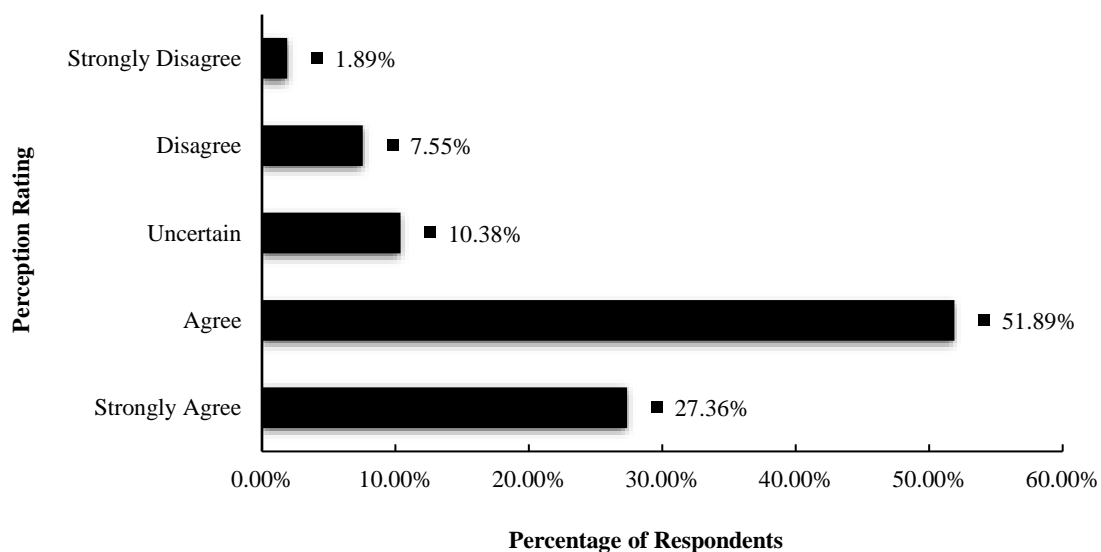


***Survey Statement 15***

Participants in the study were asked to rate if they felt on-campus health care options make wellness programs more effective. Survey response data indicated 79.25% of participants agreed or strongly agreed on-campus health care options make wellness programs more effective (see Figure 15). Of the 79.25% of respondents who agreed or strongly agreed, 27.36% strongly agreed on-campus health care options make wellness programs more effective. In contrast, 9.23% of participants disagreed or strongly disagreed on-campus health care options make wellness programs more effective. Only 1.89% of respondents strongly disagreed on-campus health care options make wellness programs more effective.

**Figure 15**

*Educators Feel Health Care Options Make Wellness Programs Effective*

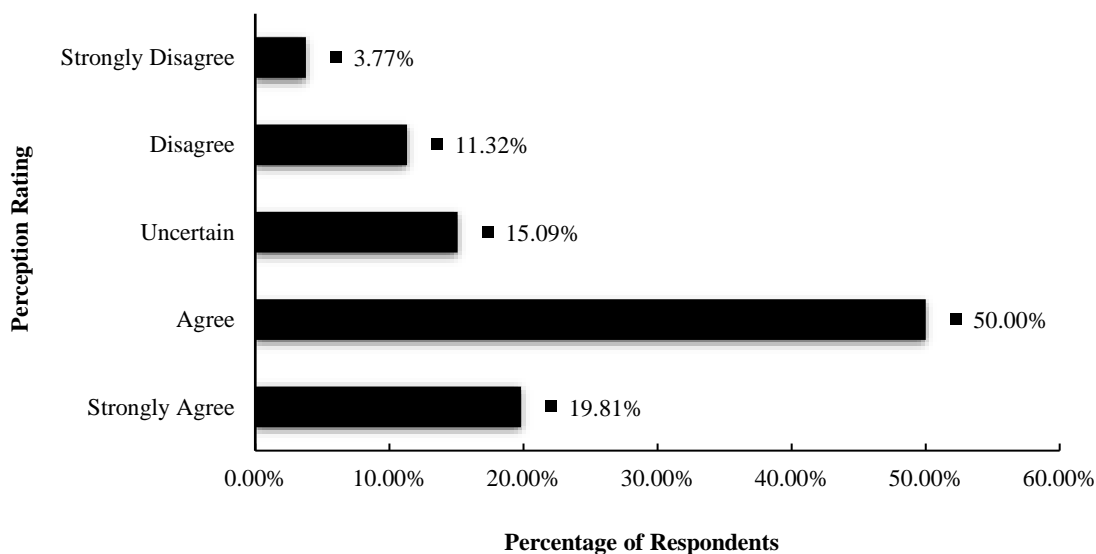


***Survey Statement 16***

Participants in the study were asked to rate if they felt Health Risk Assessments (HRAs) and biometric screenings taking place on campus make wellness programs more effective. Survey response data indicated 69.81% of participants agreed or strongly agreed HRAs and biometric screenings taking place on campus make wellness programs more effective (see Figure 16). Of the 69.81% of respondents who agreed or strongly agreed, 19.81% strongly agreed HRAs and biometric screenings taking place on campus make wellness programs more effective. In contrast, only 15.09% of participants disagreed or strongly HRAs and biometric screenings taking place on campus make wellness programs more effective. Overall, 15.09% were uncertain if HRAs and biometric screenings taking place on campus make wellness programs more effective.

**Figure 16**

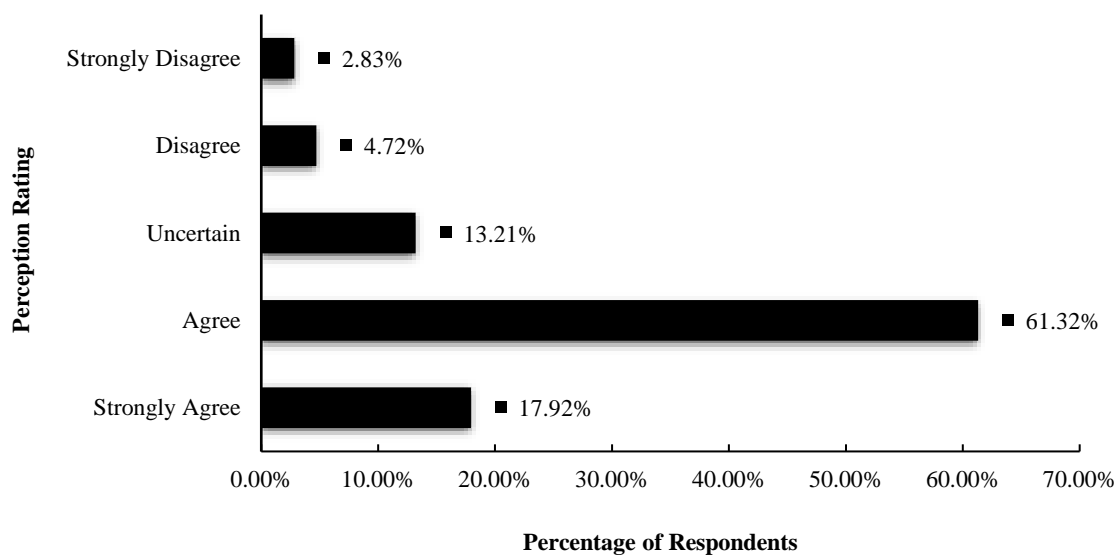
*Educators Feel HRAs and Biometric Screenings Make Wellness Programs Effective*



***Survey Statement 17***

Participants in the study were asked to rate if they felt personalized offerings make wellness programs more effective. Survey response data indicated 79.25% of participants agreed or strongly agreed personalized offerings make wellness programs more effective (see Figure 17). Of the 79.25% of respondents who agreed or strongly agreed, 17.92% strongly agreed personalized offerings make wellness programs more effective. In contrast, only 7.25% of participants disagreed or strongly disagreed personalized offerings make wellness programs more effective. Overall, 13.21% were uncertain if personalized offerings make wellness programs more effective.



**Figure 17***Educators Feel Personalized Offerings Make Wellness Programs Effective***Survey Question 18**

Participants in the study were asked to describe how involvement in their district's wellness program affected their overall wellness (mental, physical, emotional health). This open-ended question was created to elicit participants' perceptions of school-based wellness programs. Participants' ( $n = 71$ ) responses to the open-ended question were analyzed. Respondents' perceptions of their districts' school-based wellness programs are presented.

A total of 21.6% of participants perceived the requirements of wellness programs and necessary tracking as an added stressor. Most of the respondents mentioned their participation being tied to insurance costs as a negative aspect. One respondent noted, "Sometimes it can have a negative effect when I am uncertain how I will gain my points in order to not forfeit some of my salary at the end of the year." Additionally, one

participant indicated the school-based wellness program created a “frustration of cleaning out my inbox from all the overwhelming amount of things to do to earn credits.” An additional respondent shared, “The overall wellness program for individuals is more paperwork to complete and turn in to participate and was one more thing I eliminated to reduce stress.” Another respondent stated, “I find it very stressful to try to complete the online portion of tracking my activities, completing various assignments, etc.”

Responses to survey question 18 indicated 18.86% of participants perceived school-based wellness programs as effective in promoting and maintaining health and wellness among educators. Many participants indicated their district’s school-based wellness program made them more aware of their current health status and strategies to improve their overall wellbeing. One respondent explained, “It [school-based wellness program] has made me aware of what I need to do to take better care of my body.” Similarly, another participant responded, “It’s helped me explore different aspects of health, not just exercise or eating. It has helped me hold me a little more accountable.” Finally, another respondent clarified, “I am more aware of healthy habits/benefits because of the challenges and information that are made available to us.”

Responses to question 18 indicated 8.49% of participants perceived onsite clinics as a component of school-based wellness programs that has positively impacted their health and wellness. One respondent suggested, “On-campus health care options do make it easier to see a physician when I have mild symptoms that I might not otherwise see a physician for.” Another participant shared, “I do believe the virtual health visits available are very helpful, and [I] have used it so I didn’t have to take time off work and the extra time to make sub plans. That is definitely a win-win!” Furthermore, a respondent

perceived, “I have utilized their district’s onsite clinic a couple of times and have been very impressed at the convenience.”

Only 5.66% of surveyed educators were unaware of or had not been informed of their district’s wellness program. One response suggested, “I’m not sure I can tell you what the district wellness program is or encompasses.” A new teacher responded, “As a first-year teacher, I am not sure what type of wellness program my district has, if any.” One participant shared, “Truthfully, I am unaware what our wellness programs actually are beyond health insurance.”

A total of 9.43% of surveyed educators perceived school-based wellness program involvement as beneficial at building camaraderie and accountability to encourage health and wellness among team members. Several respondents suggested school-based wellness program activities help create a sense of community. One participant noted, “I also enjoy the group activities that come out of this program to do good in our community and build positive relationships with staff and their families.” Another participant explained, “They do a great job of including fun things and challenges. The fun activities help give my brain a break and to enjoy something fun with my co-workers.” Furthermore, a respondent stated, “Even though I don’t participate all of the time in the wellness competitions, I see the value of them and love encouraging those who are involved.”

Responses to question 18 indicated 32.07% of surveyed educators perceived their districts’ school-based wellness program impact as either negative or very insignificant. Several respondents perceived school-based wellness programs in a negative light. One respondent indicated, “I do not feel as if the district’s wellness program has had a positive

impact on my overall wellness.” Additionally, a participant shared, “My involvement has had little impact on my overall wellness.” Furthermore, one respondent suggested:

Overall, I don’t think I would be affected (positively or negatively) if we didn’t have our wellness program. I know it sounds negative, but it is my honest opinion. Overall wellness is important, but it’s something I do outside of the school environment for myself.

Other respondents noted they only participate in required activities to receive discounted insurance. One participant stated, “The money saved is my only motivation for completing the program, and if it were no longer offered then I would no longer participate.”

### **Interview Data Analysis**

Phase two of data collection included seven interview questions developed to produce qualitative data. The questions were developed using the interpretivism framework after analysis of results of the School-Based Wellness Survey. The open-ended questions were loosely structured to seek the understanding and perceptions of each participant. Each interview was conducted with the use of the interview guide to ensure questions were asked in the same order. The participants ( $n = 6$ ) were selected from volunteers identified during the phase one survey. After analysis and coding of the transcripts of each interview, many participant perceptions emerged as themes.

#### ***Interview Question 1***

*How has your wellness program benefited you as an educator?* Participants indicated they benefited from their wellness programs in several ways. All six respondents noted their districts’ wellness programs have impacted them in some way.

Participant 1 responded, “They really push us to take care of ourselves and push us to take time for ourselves and do the things that we enjoy just to keep us refreshed as educators.” Participant 3 agreed with this sentiment and suggested, “The benefits are the camaraderie that it brings because there’s lots of contests and challenges and probably just paying more attention to movement and activity.” Additionally, Participant 4 felt it was convenient to have a fitness instructor come to “schools after the day was over... like a boot camp class. So, they just make doing healthy things so much more accessible than sometimes they are otherwise. And that’s really nice, um, to have at our disposal.”

Two participants emphasized their district’s wellness program felt like just an additional burden placed on them. Participant 6 noted, “Honestly, it seems like one extra thing for us to do sometimes... but I know that the opportunities are there if I want to search them out.” These respondents indicated they were not fully aware of all of their districts’ program offerings or did not consider components part of their wellness offerings.

Four respondents acknowledged onsite health clinic options as beneficial. Though not all respondents had utilized this component of their districts’ wellness programming, they noted it was beneficial. Participant 3 felt it provided “peace of mind because I know it’s here anytime I need it, but I have not.” Similarly, Participant 2 added the cost-effectiveness of onsite health clinic options is an additional benefit and shared, “When there is something minor wrong, it’s very nice to not have to have to pay that copay or figure out how to get into the doctor’s office.” Participant 6 suggested the onsite health clinic option is beneficial because “it was super convenient because if a teacher wasn’t feeling well, but didn’t necessarily want to make plans and do all that, they could call and

come down on a plan time.” Additionally, Participant 2 highlighted the convenience of having access to telemedicine care for her dependents: “It’s very helpful to [not] have a copay for two kiddos.”

Health Risk Assessments and biometric screenings were recognized by two respondents as components that impacted them as educators. The convenience of onsite HRAs and biometric screenings were identified by Participant 5, who responded, “I do appreciate that we also bring it [HRA and screenings] here, and it’s just part of what we do at the beginning of the school year.” Participant 4 added, “The biometric screenings, it’s so convenient, to just be able to run across the street, or down the road, and not have to make an appointment with my doctor.”

### ***Interview Question 2***

*What do you perceive as the most beneficial aspect of your district’s wellness program to your colleagues?* Responses were framed in positive tones, as the district wellness programs were perceived as beneficial. Accountability among colleagues was praised by three respondents and was described by Participant 1:

We check in on each other, and... hold each other accountable, make sure nobody’s dragging... struggling, and if so you can jump in and help them out the best you can. There’s that accountability piece I feel like is a big part of our wellness program [that] helps keeps us going, I guess, checking in on each other.

Participant 4 appreciated how being involved on a team “also promotes a closeness, within those communities [colleagues]” as an aspect of accountability. Furthermore, Participant 5 suggested it is fun to “encourage people to continue on that wellness journey.”

Two respondents indicated onsite health care clinics and mental health resource opportunities are appreciated and beneficial. Participant 3 expressed, “I know that many of my colleagues have utilized the telemedicine here on our campus. It’s because it makes it so convenient. You can just walk down the hall and see a doctor.” Participant 2 indicated, “The Cox clinic, I think it’s the big thing, and I do think people appreciate that.” Similarly, Participant 6 shared:

So this year, one thing they’re really pushing is that employee assistance program [EAP], which is, um, there are so many resources and topics, and free counseling sessions available, and legal forms. And just so many things that I’ve seen.

A majority of the respondents indicated wellness challenges as beneficial components of school-based wellness programs due to highlighting various health and wellness concepts. The impact of exercise on health and wellbeing was noted by Participant 3:

From my own perspective, I’ve had a lifestyle of exercise for at least probably the last 15 years. I’m a believer in ‘exercise can you happy’ and it’s why I don’t get sick. With all of the exercise opportunities that our wellness program provides, I don’t know specifically about the teachers who are doing it, but from my own experience with exercise, I would say that would lead to... a happier outlook.

Participant 4’s response indicated the challenges add variety in health opportunities by “having all of these different programs and things [challenges], forces them to explore different, for lack of a better way to put it, forces them to take more interest in taking care of themselves.” Likewise, Participant 1 described his district’s efforts to impact wellness through challenges: “We have a wellness team in charge of, you know, putting out

challenges and different ways to take care of yourself.” Furthermore, Participant 3 reasoned the challenges can be extended past the physical realm and noted, “Sometimes we have challenges like mental health challenges or self-care where we have certain things we’re supposed to do daily... and we’ll do it for a month.” During these challenges, Participant 3 suggested participation is high and educators see benefits in terms of stress levels.

Two of the participants perceived school-based wellness program utilization tied to incentives as beneficial. Participant 5 appreciated the incentives tied to activities:

It’s fun to have some of those incentives, the incentive programs they do, like, ‘maintain, don’t gain.’ You bet against yourself basically, and you earn whatever money, if you maintain or lose, you earn your own money back. So that’s just kind of fun, just little things like that they do... to encourage people to continue on that wellness journey.

Participant 3 indicated these incentives help encourage participation and possibly reduce stress and burnout: “If you participate, you get points. So, the participation is pretty high because it’s not difficult things to do. So I think that probably helps with stress and possibly teacher burnout.”

### ***Interview Question 3***

*How could your district’s wellness program be improved?* Responses to this question resulted in far-ranging perceptions regarding how wellness programs could be improved. Formatting, quality, and accessibility of tools and applications to participate in wellness programs were indicated by Participant 2:



Honestly, when they would do those challenges or [share] this information, it just felt like something else that would be on my to-do list. I appreciate the thought behind it... If there would be anything I would say could possibly be improved is maybe if they wanted to do some of those challenges, to find a way to automate them... You know, it's not very helpful or wellness like, if it's just an added stressor.

The format of resources, online tools, and health portals was viewed as another aspect to be considered. Participant 6 responded:

The ease of use, make it super-super convenient for supporting teachers, so they know exactly where to go, what to click on so they don't have to do a lot searching for the different tools and resources that are there, because you don't want it to feel like, 'one more thing.'

Participant 4 suggested wellness programs be "a little more accessible, for everyone," and added, "Everything is kind of built around a teacher schedule. So sometimes, those after school workout programs they might start... at 3:30 or 3:45, but there are other positions that are not off at that time."

A majority of the respondents noted the need for more diverse opportunities of wellness components. Participant 2 felt reimbursement or discounted costs for fitness programs off-campus would be a nice component, because "if there's a little offset, you know, benefit to that, then people are more apt to want to join programs like that." Similarly, Participant 3 proposed a health fair component where "you could get the blood draw [biometric screening]... and you can get your flu shot," while also having "businesses that are, you know, have something to do with health and wellness would

come and have booths.” Participant 4 suggested mental health opportunities for educators are important and that her district is “starting to do this year, too, but I’m always a big proponent of... mental health. I would like to see more focus there, especially, in this day and age that we are in, that’s such an important thing.”

#### ***Interview Question 4***

*Based on your experiences, what additional wellness program offerings would you like to see? Why?* Educator perceptions of their experiences indicated offerings related to mental health resources would be vital. Participant 4 expressed districts could communicate:

more about how to take care of your mental health, or more promotion of resources and things that are out there... If you do need to see a counselor or something, just really taking the stigma away from seeing somebody.

Participant 1 expressed the field of education has made strides to help students’ mental health needs and explained there is a need for “being more aware of [educator] mental health. I think we do push a lot for being aware of mental health in children, but not so much for the teachers.” Participant 2 agreed; however, she has reservations regarding confidentiality and stated, “I feel like, again, it’s one of those things that’s really good in theory, but I’m concerned about... the privacy aspects.” The flexibility to utilize simple aspects of mental health was suggested by Participant 4: “There are some businesses that have, like, distress rooms. I don’t know what they call them necessarily, but you know it’s a quiet room where you can go have 10 minutes to [yourself].” Participant 2 proposed districts consider options to see mental health professionals during the day as a convenience to “have some availability, like to be able to use your plan time.”

Two respondents recognized onsite educational classes or seminars would be well-received. Participant 3 indicated educators might benefit from “health cooking classes” with a focus on learning “how to cook in ways that are... healthier than the ways we actually cook.” Participant 4 pointed to having onsite access to resources, “like having somebody that came once a month where people could have someone to talk to.”

### ***Interview Question 5***

*Based on your experiences, which aspects of your wellness program have been cumbersome?* Educators perceived the requirements to track school-based wellness program activities, points, and communication to be cumbersome. Participant 1 suggested:

[The] tracking piece has become cumbersome at times... because I think that is one more thing because I procrastinated a little bit, so at the end of the year, I have to think back to everything that I’ve done and enter those points.

Incentive-based programs require tracking, that according to Participant 6, takes “an hour of my time [to] log each of your exercises.” Participant 5 agreed the logging of activities is “really great in theory, but it, it’s just like, you know, more things you have to worry about.” Furthermore, Participant 5 suggested it would be beneficial if the health “portal spoke to my Fitbit” to simplify the interaction between her school-based wellness program and her health tracking.

Two of the participants perceived the HRA and biometric screening as cumbersome. Participant 3 shared, “They offer the biometric screening for free. I think it’s great, but it’s also required... I hate doing it.” Participant 6 explained the HRA and biometric screening “take us away and take time away from what we’re doing in the

class” and wondered, “What’s the benefit to us for that?” Ultimately, Participant 3 perceived the screening as a benefit, yet noted, “There are some people who, who don’t participate because they don’t want to deal with that stuff [HRA and biometric screening].”

Communication regarding school-based wellness programs was considered cumbersome by two respondents. Participant 2 found the frequency of communication about health and wellness activities as overwhelming and shared, “At some point a little blurb was sent out, I don’t know where, but on a regular basis, honestly, like I appreciate the spirit, I guess, but it just kind of feels like one more thing.” Participant 6 pointed out communication can be insufficient regarding the purpose: “Maybe there is a benefit, but that’s not communicated. Like why are we doing this?” Furthermore, Participant 2 explained communication about self-care can be perceived as off-putting and not addressing the real issues:

Maybe we should be looking at why teachers [are] struggling with finding time for self-care, like, instead of lecturing us about, like, “Hey, you gotta do all this stuff, oh and make sure that you do all this too” I am struggling.

***Interview Question 6***

*Which components of your district’s wellness program are the most effective in improving your overall health and wellness (mental, physical, emotional)?* Participant 5 and Participant 6 asserted components of mental health are most effective in improving overall health and wellness. Participant 6 suggested mental health services started with students, “and now it’s expanding to teachers to participate in that as well as staff,

through school-based services.” Participant 3 indicated, “Some people get super stressed,” and self-care activities can help “them feel better about things.”

Other responses varied from the perceived effectiveness of biometric screenings to the promotion of a broad understanding of health and wellness. Participant 5 indicated the impact of her biometric screening, “because it truly gives you some good baseline data and that’s a motivator to want to continue on a wellness journey.” Participant 4 felt her school-based wellness program featured “all the different aspects of health. So not just the physical, nutrition, but also the mental and emotional, financial health. That was helpful, as an overview, to... think about how you can tackle those different aspects.” Participant 2 expressed, “The clinics have been the most helpful... I think the most impactful” aspect of her school-based wellness program.

### ***Interview Question 7***

*What additional wellness offerings would be helpful to improve your work-related stress and/or burnout?* Respondents’ shared their perceptions of offerings to improve work-related stress and burnout. Participant 6 and Participant 2 agreed school districts should provide flexibility in work settings. Specifically, Participant 6 argued educators having more time “would benefit their mental health.” Participant 2 expressed concern about her child being quarantined due to COVID-19 and wondered, “You know, will I be able to work from home?”

Two respondents suggested free massages or other comparable self-care options could improve stress and burnout. Participant 3 explained that when her administrator provides staff and teachers “a massage... you know... you sit in the chair and get a 15-minute shoulder massage,” it improves stress levels. Participant 5 agreed and shared that

a free monthly massage would provide “time to go take care of... you... Go relax... Treat yourself to something like that.”

Communication from school leaders to encourage educators to unplug from work was suggested by two respondents. Participant 1 shared that as part of the return to school during the COVID-19 pandemic, his administrators made a push for educators to take “time for yourself, and I don’t feel like that’s been a big push until this year. They realize that teachers are very stressed out.” Participant 3 agreed and added, “My honest opinion about the people that are overly stressed about things... is somebody needs to make them go home and leave their computer at school.” Furthermore, Participant 6 expanded on how the pandemic has affected educators: “We can’t ignore what is happening and what we are going through in taking care of our teachers and our staff.”

### **Summary**

Chapter Four provided analysis of data collected. Phase one included quantitative data and phase two included qualitative data to answer the research questions of the study. The perceptions of certified educators regarding school-based wellness programs were collected with the School-Based Wellness Survey and were subsequently analyzed, coded, and presented using descriptive statistics and histograms. The interview transcripts were analyzed to provide deeper understanding of educator perceptions of school-based wellness programs.

Chapter Five presents the findings and conclusions of the explanatory, sequential, mixed-methods study of school-based wellness programs. Implications of this research on educator perceptions of wellness programs follows. The recommendations for future research regarding school-based wellness programs conclude the final chapter.

## Chapter Five: Conclusions and Implications

Tsai et al. (2019) concluded future efforts to increase implementation and participation in wellness programming would be beneficial. Robust wellness programs can support improved physical, social, and emotional health when they are designed specifically for educators (Lever et al., 2017). Research focused on school-based wellness program best practices is needed to improve benefits to educators (LeCheminant et al., 2017). High levels of educator wellbeing have been proven to positively affect several work performance domains (Turner & Theilking, 2019). Furthermore, Lawrence (2016) found school administrators should focus time and resources to maintain and improve educator health and wellness through wellness program offerings.

The purpose of this study was to advance knowledge of school-based wellness programs. The focus of the study was to determine educator perceptions of school-based wellness programs and their components. Wellness programs should be tailored to the specific interests and needs of employees to increase participation (Lever et al., 2017). Additionally, the intent of this study was to understand educator perceptions regarding school-based wellness programs and their impact on work-related stress and burnout. Educator stress and burnout are substantial issues that affect school districts (Herman et al., 2018).

The findings based upon this study's data analysis were introduced in Chapter Four and are further delineated in this chapter. Additionally, conclusions guided by the findings and enhanced by the reviewed literature in Chapter Two are provided. Implications for practice are offered with methods to improve school-based wellness program development and implementation based on educator perceptions. Future

research suggestions are also provided. The final summary of the study concludes Chapter Five.

### **Findings**

Educator perceptions of school-based wellness programs, their components, and their impact on educator stress and burnout were elicited and analyzed. Three research questions were used to guide this study and were answered with the collection of quantitative and qualitative data. The first phase of the study, the School-Based Wellness Program Survey, was utilized to collect quantitative data from certified educator participants. The quantitative data were then analyzed to create interview questions for the second phase of the study. Data from the survey and interviews revealed educator perceptions of school-based wellness programs, wellness program components perceived as most beneficial to reducing stress and burnout, and the need for more focus on mental health options.

#### ***Research Question One***

*What are the perceived benefits of wellness programs according to certified educators?* Participant response analysis revealed educators perceived school-based wellness programs to be beneficial, yet inconvenient at times. Educator perceptions fell into four separate clusters: (a) school-based wellness programs provide awareness for health and wellness; (b) the accountability of challenges and community engagement from school-based wellness programs is beneficial; (c) onsite health clinics, workouts, health screenings, and preventive care are convenient and encourage participation; and (d) school-based wellness programs are evidence to educators that their school district values them.



Quantitative data from the School-Based Wellness Survey indicated educator perceptions of district wellness programs. A total of 45.28% of surveyed educators perceived their districts' wellness programs as beneficial and positively impacting their wellness. Survey responses indicated 46.23% of participants perceived their wellness program offerings as beneficial. Additionally, 40.57% of participating educators perceived their district wellness program as something that made them feel valued by the district.

Analysis of quantitative data revealed educator perceptions of school-based wellness program components were primarily positive. School-based wellness programs with an onsite health clinic component were perceived to be beneficial by 79.25% of survey respondents. Wellness programs featuring incentives were perceived to be beneficial by 62.26% of survey respondents. School-based wellness programs with wellness champions were perceived to be beneficial by 32.96% of participants.

### ***Research Question Two***

*How do certified educators perceive the implementation of onsite health clinics, wellness incentives, and wellness champions as strategies to reduce certified educator stress and burnout?* Participant survey responses analysis indicated participants perceived school-based wellness programs with onsite healthcare as effective. Wellness incentives were perceived as both positive and negative. Wellness programs utilizing wellness champions were perceived as ineffective and not fully understood. Of the 108 survey participants, 90.5% indicated their positions as educators were stressful most days.

Survey responses regarding whether participants felt district wellness programs helped lower stress and burnout levels revealed only 22.64% agreed. In contrast, 50% of

participants disagreed their district wellness program helped lower stress and burnout levels. Wellness program fitness opportunities were perceived by participants to impact stress and burnout levels positively by 33.02% of respondents; however, 51.89% of participants disagreed fitness opportunities helped to reduce stress and burnout levels.

Of the 108 survey respondents, 62.26% indicated wellness incentives to be effective. Regarding wellness programs with wellness champions, 33.96% perceived them as effective, while 39.60% were uncertain if wellness champions were effective. Wellness programs with onsite health care options were perceived as effective by 79.25% of participants.

Few survey respondents indicated wellness programs have impacted their stress and burnout levels. Many indicated wellness program incentives involving tracking were actually an added stressor. Respondents noted incentives such as reduced insurance premiums, drawings for prizes, etc. caused unnecessary stress due to the need to submit data related to wellness program activity.

Analysis of qualitative responses indicated mixed results with regard to educators' perceived effectiveness of school-based wellness program strategies. Wellness programs offering onsite healthcare options were highly regarded as effective due to reducing the stress of missing work for both educators and their dependents. Many respondents shared the positive impact of avoiding sick days and planning for substitute teachers.

The implementation of incentives within school-based wellness programs was perceived as a burden for many participants interviewed. Several participants noted the stress of completing and tracking wellness program activities to receive incentives. The need to reduce data collection related to wellness program activities was perceived as a

possible solution to reduce the stress of tracking requirements. Only one respondent felt the incentives outweighed the requirements of submitting activity data.

Participants did not specifically address school-based wellness programs with wellness champions. However, two respondents discussed correspondence from a wellness committee or their administrators regarding wellness programs. Several respondents felt their administrators and wellness committee were working to provide resources and opportunities to improve their stress and burnout.

### ***Research Question Three***

*What do certified educators perceive as the most effective components of wellness programs to improve educator health, stress, burnout, and retention?* Quantitative data analysis indicated onsite health care options, onsite HRAs and biometric screenings, and personalized offerings as the most effective components of school-based wellness programs. Health care offered onsite was perceived by 79.25% of survey respondents as an effective component of school-based wellness programs. Additionally, 79.25% of respondents perceived personalized offerings as an effective component of wellness programs. Health Risk Assessments and biometric screenings occurring onsite were perceived by 69.81% of survey respondents as effective components of wellness programs.

Analysis of responses to the School-Based Wellness Program Survey's open-ended question indicated many participants were unsatisfied or frustrated with their district wellness programs. Several participants perceived wellness programs and their components as ineffective. Participants suggested various components of their wellness

programs were intrusive to privacy, not effective, or a burden. These open-ended responses were contradictory to previously mentioned survey data.

Open-ended response data indicated onsite health care options were the most effective component of school-based wellness programs. Many participants felt this was cost-effective and convenient. Respondents perceived onsite health care reduces the stress of missing work for themselves and their dependents.

Examination of qualitative data also revealed educators perceived onsite health care options as the most effective component of school-based wellness programs. Respondents indicated these options provide convenience in terms of cost and availability during the school day. Many participants noted onsite health care options had benefited them and their colleagues by reducing the stress of being gone from work.

## **Conclusions**

Three research questions were designed to assist in the integration of quantitative and qualitative data related to educator perceptions of school-based wellness program effectiveness (Creswell & Creswell, 2018). Iancu et al. (2017) proposed the need for more wellness interventions tailored to the educational environment. Determining educator perceptions of school-based wellness programs provides greater understanding and guidance for school leaders to implement effective components and strategies. Additionally, investigation of educator perceptions of school-based wellness programs provides insight on wellness program effectiveness in terms of improving educator health and wellness and overall participation (Lawrence, 2016; LeCheminant et al., 2017; Lever et al., 2017).

In March of 2020, the global coronavirus pandemic resulted in school closures across the world and in the United States (Flores & Swennen, 2020). Students, parents, and educators were faced with a forced transition from the traditional seated educational setting to a remote learning setting (Flores & Swennen, 2020). At the start of the 2020-2021 school year, school districts began providing virtual, seated, and hybrid learning options to students (Liesman, 2020). The pandemic has created added stressors for educators related to providing virtual instruction to remote students with little interaction, insufficient internet capabilities, and concerns over meeting all content outcomes (Korkmaz & Toraman, 2020).

Educators' work-related stress has been impacted significantly during the initial months of the COVID-19 pandemic and is likely to endure due to continued uncertainty (Kim & Asbury, 2020). Over the past few years, many school districts have faced teacher shortages, and during the fall of 2020, the COVID-19 pandemic exacerbated this problem while also creating a substitute teacher shortage (Nelson, 2020). During the 2020-2021 school year, educator requirements have grown to include expertise in remote instruction (Porter, 2020). The impact on this study is evident, as participants shared negative thoughts and feelings concerning a perceived lack of support for mental health and overall health and wellness. Data collected from phase one and phase two indicated educator perceptions of wellness programs were impacted negatively because of the global coronavirus pandemic.

Data collected from surveys and interviews were triangulated with the review of literature to develop the themes. The five themes that emerged included convenience,

onsite health care, mental health, flexibility, and COVID-19. These emergent themes are included as part of the conclusions of this study.

### ***Convenience***

Data collected and analyzed from the survey and interviews related to the convenience of school-based wellness programs led to this emergent theme. Participants shared examples of how participation in school-based wellness programs provides them with convenient options to improve and maintain their health and wellness. Abell and Main (2016) supported this conclusion with their suggestion that workplace wellness convenience is important to improving employee health and wellness.

Options for receiving medical care were cited frequently as what makes participating in a wellness program beneficial. Additionally, survey participants provided comments regarding convenience as a factor in how school-based wellness programs were beneficial to them. Previous researchers acknowledged wellness programs are more effective when they meet the health and wellness needs of employees (Tung et al., 2018). Examples of convenient options include providing onsite flu shots, telemedicine care for minor issues, and biometric screenings. Additionally, several participants suggested fitness opportunities such as yoga, boot camps, Zumba, etc. taking place on campus were convenient and significantly increased wellness.

### ***Onsite Health Care***

Participant conversations and responses to the survey and interviews revealed onsite health care options as an emergent theme. When discussing onsite health care options, ease of availability was addressed at length. Participants noted access for

dependents to onsite health care options as an added benefit that affects educator health and wellness.

Additionally, responses to the open-ended survey statement indicated the perceived benefits of onsite health care options. This was also supported by 79.25% of survey participants who agreed onsite health care options are beneficial. This aligned with previous findings by the National Association of Worksite Health Centers (2018) that 71% of employees positively perceived onsite care (p. 11).

Several participants mentioned the cost-effectiveness of having onsite health care options available. For most participants, the ability to avoid time off and preparing for a substitute was a benefit. This ease of access benefit included the ability to access healthcare during a plan period, lunch break, or while a colleague covers classroom responsibilities.

The increased productivity resulting from onsite care can be attributed to healthier employees (Evans, 2018). Additionally, participants noted savings on health care costs resulting from school districts covering the copay. Health care savings for employer and employee have been shown as a result of onsite health care options (O’Keefe & Anderson, 2017). Participants without access to onsite healthcare spoke about the benefit of school-based wellness program biometric screenings. This onsite option was indicated as an additional benefit due to the information provided to the educators (Brasfield et al., 2019; Sherman & Addy, 2018).

### ***Mental Health***

Mental health as a focus for school-based wellness programs emerged as a theme based upon participant survey and interview responses. Survey data indicated participants

sought more mental health options to reduce work-related stress and burnout. Previous researchers acknowledged the significance of stress and burnout on educators (Bottiani et al., 2019; Herman et al., 2018; Li, 2020; Wu, 2020).

The desire to see additional resources, options, and programs dedicated to mental health was reported by several interview participants. Employee interest in improving mental health options is consistent with previous research indicating employers are seeking to implement mental health care options (Attridge, 2019). Participants were focused on accessible options onsite or professionals who could provide services similar to onsite health care options.

All participants referenced COVID-19 and the additional stresses of working in the field of education during a pandemic. Educator stress from increased job demands and the lack of resources to meet the demands is consistent with previous research (Bottiani et al., 2019, Yang, 2020). Self-care as a strategy to mitigate work-related stress was suggested by several respondents (Click, 2017).

Most participants noted their school-based wellness program and school leaders were implementing some strategies; however, additional burdens of expectation were necessitating a broader response. Furthermore, the privacy of information was an identified concern. Previous researchers identified the privacy of employee wellness data as a concern (Ott-Holland et al., 2019; Perrault et al., 2020; Pollitz & Rae, 2017; Shea & Scanlon, 2017).

### ***Flexibility***

After considering participant survey and interview responses, flexibility emerged as a theme. All participants identified issues related to participant accountability,



documentation, and expectations within their districts' school-based wellness programming. A small number of survey and interview respondents referred to the punitive nature of incentive tracking for receiving insurance premium reductions.

This perception is consistent with previous literature (Batorksy, Taylor et al., 2016; Pomeranz, 2015; Terry, 2018). Responses to the open-ended survey question suggested activity logs and requirements were an added stress. Examples of issues mentioned related to documenting activities to earn incentives and access to wellness program online portals. This was consistent with research by Chung et al. (2017) regarding concerns with design limitations of tracking devices, portals, and applications. Although many participants recognized the need for accountability with participation in school-based wellness program activities, many suggested the necessary tracking was inconvenient and stress-inducing at times.

### ***COVID-19***

All participants mentioned COVID-19 and the impact the pandemic has had on their role as educators, their districts' school-based wellness programs, and their stress levels. This was consistent with previous literature from Hanover Research (2020) indicating educator stress has been negatively impacted by the pandemic. The work-related stress of being an educator includes worry about having to work remotely, possible exposure for children and themselves, and providing both seated and virtual instruction (Nelson, 2020).

COVID-19 was mentioned as the reason for some changes to district school-based wellness programs. Changes included added mental health components and resources, reduced tracking requirements, and less communication regarding the program. The

increased promotion of wellness program components suggested by participants was consistent with the reviewed literature (Wellness in the Schools, 2020). Educators shared perceived changes regarding how COVID-19 has affected their school districts' approach to wellness programming.

### **Implications for Practice**

The findings of this mixed-methods study have significant implications for school-based wellness program development and components. The first implication is that school districts should involve educators in the development of school-based wellness programs to advance offerings and components that meet their needs. The second implication is that school-based wellness programs should focus on the growing needs of certified educators regarding mental health. Thirdly, school-based wellness programs should provide convenient features for improving educator health and wellness. The final implication is the importance of school district leader support and promotion of wellness programs for educators.

### ***Development of a School-Based Wellness Program Should Include Educator***

#### ***Collaboration***

Stakeholder involvement should be part of the design and implementation of workplace wellness programs to ensure participation and results are achieved (Tabak et al., 2016). Based on interview participants' negative perceptions of school-based wellness program offerings, more effort should be made to involve educators in the design process of school-based wellness programs. Survey and interview responses indicated participation in wellness program activities was decreased due to the lack of perceived relevance.

Participation rates are improved when specific health needs are addressed with specific wellness program offerings (Hibbs-Shipp et al., 2015; Tsai et al. 2019). In interviews with participating certified educators, the impact of school-based wellness programs was most supported by components that meet specific educator needs. Because educators' work-related stressors play a critical role in their health and wellness, targeted interventions, strategies, and solutions should be collaboratively discussed to ensure participation. School district leaders must make efforts to create wellness committees comprised of educators to design purposeful school-based wellness programs.

### ***School-Based Wellness Programs Should Focus on Components to Improve Mental Health***

Participants of this study indicated the stress of being educators has created a need for increased focus on mental health offerings as part of wellness programs. Although the implementation of workplace wellness program strategies to improve employee mental health has increased (Attridge, 2019), these strategies were not focused on COVID-19 related educator stress (Manning & Jeon, 2020). Challenges identified by participants included heightened expectations because of COVID-19 and concerns over health (Allen et al., in press; Porter, 2020). School district leaders must adapt school-based wellness programs to meet the mental health needs of certified educators.

Wellness program implementation has increased; however, very little impetus has been placed on mental health (Jarman et al., 2016). Based on the results of the survey and interview responses, certified educators desire more wellness program offerings to improve mental wellbeing. Participants suggested stress reduction and self-care strategies and access to mental health professionals (Attridge, 2019; Click, 2017). More efforts

should be made to provide convenient wellness offerings that focus on the mental health of educators to increase organizational support, establish trust, and promote mental wellbeing (Alcalde et al., 2020).

### ***School-Based Wellness Programs Should Incorporate Features to Improve Convenience***

Survey and interview responses revealed convenience is an important factor to increase participation in school-based wellness programs. Providing wellness program activities onsite can improve employee behaviors targeting health and wellness (Abell & Main, 2016). School leaders should focus on the development of wellness interventions and strategies around activities that can occur on campus. More effort should be made to help educators obtain both medical and mental care onsite, in addition to providing convenient fitness opportunities.

It is of paramount importance for school leaders to be intentional in keeping school-based wellness components convenient in terms of delivery and tracking. Participants in the survey and interviews suggested school-based wellness programs can actually be an additional stressor for various reasons. School leaders should be mindful of convenience as a tool to promote participation. Onsite health care was suggested by participants as convenient due to not having to leave campus for minor health-related needs. Parker et al. (2019) stated onsite school-based wellness offerings improve the mental and physical health of educators.

Participants in the study discussed school-based wellness program challenges related to the inability to conveniently track activities and participation in wellness programming. Increasing the convenience of technology to track health and wellness data

was suggested as a way to improve educator engagement in wellness programs (Chung et al., 2017). School leaders must identify strategies to increase the convenience of school-based wellness program tracking.

***School District Leadership Should Be Intentional in Supporting Wellness Programs***

Employee perceptions and participation in wellness programs are positively impacted when organizational leaders support, value, and commit to the programs (Abell & Main, 2016; Click, 2017; Grossmeier et al., 2020; Schultz et al., 2019). In interviews with participants, wellness program support, improved health and wellness, and reduction of work-related stress were discussed as how school districts can support educators. Improved participation and buy-in were notable outcomes when school administrators voice support for educator health and wellness. School district leaders should invest time and energy to promote and encourage employee health and wellness through wellness program activities and participation.

A culture of health and wellness supported by leadership will impact wellness program engagement (Abell & Main, 2016). Participants in this study suggested their administrators strive to improve wellness program offerings, to eliminate work-related stressors, and to support their work. Challenges related to tracking wellness program participation had been eliminated in one district, and these changes were appreciated. School district leaders should be compelled to encourage and promote school-based wellness program participation and overall awareness of the importance of health and wellness. Ott-Holland et al. (2019) suggested employees who believe their employers support their health and value their worth will lead to increased participation in wellness program offerings.

## **Recommendations for Future Research**

This explanatory, sequential, mixed-methods study focused on educator perceptions of school-based wellness programs and effective program components to improve health, stress, and retention. The results of this study add to the knowledge of school-based wellness programs; however, further research is suggested to understand school district communication, school-based wellness programs implementation, and the effectiveness of mental health components. Additionally, further research is needed to understand educator perceptions of school-based wellness programs when a global pandemic is not affecting the field of education.

### ***Promotion and Communication of School-Based Wellness Programs***

The findings of this study suggest future studies should focus on the promotion and communication of school-based wellness programs to employees. Data collected from the survey and interview responses indicate many educators were unaware of their school district's approach to wellness programs. Investigating how school employees perceive school-based wellness programs and the purpose of implementation shed light on how to better promote participation and engagement. Additionally, data from the survey and interviews revealed some educators view current communication methods as ineffective at encouraging participation.

### ***Effectiveness of School-Based Wellness Programs with Mental Health Components***

Future research regarding educator perceptions of mental health components and their impact on mental wellbeing, educator stress, and burnout is justified. Analysis of data indicated educators are seeking more options and strategies related to improving their mental health. As school districts increase mental health components of wellness

programs, more research is needed to determine the effectiveness of strategies and offerings. This study would require school districts to actively engage in promotion of wellness program mental health components. A focus could be on either the quantitative or the qualitative benefits for certified educators.

### ***Educator Perceptions of School-Based Wellness Programs During Normal Operations***

Researchers recognized educator work-related stress in advance of the COVID-19 pandemic (Manning & Jeon, 2020). Research on educator perceptions of school-based wellness programs during normal operations would be justified to identify how regular stress and burnout levels are impacted. Analysis of data revealed the significant impact of COVID-19 and stress related to the reopening of schools on this study (Nelson, 2020). Future research could include duplicating this study when school operations are not impacted by COVID-19.

### **Summary**

Chapter One of this study included the significance of educator wellness with regard to performance and effectiveness (Devaki et al., 2019). Additionally, the impact of school-based wellness programs on educator health and wellness was examined (Lever et al., 2017). Interpretivism, the theoretical framework that guided this research, was also introduced in Chapter One. The focus of this study was educator perceptions of school-based wellness programs and their impact on educator stress and burnout in three southwest Missouri school districts.

Chapter Two included a review of literature. A thorough review of the theoretical framework interpretivism, which allows researchers to interpret participant understanding of a topic, was included (Creswell & Creswell, 2018). Workplace wellness programs

were reviewed, including the history, benefits, and challenges. Additionally, Chapter Two included a review of literature regarding school-based wellness programs and their impact on educator stress and burnout. Finally, different types of wellness programs and various components of offerings were presented.

The study's explanatory, sequential, mixed-methods methodology was defined in Chapter Three. This mixed-methods approach was utilized to allow the researcher to integrate results from the School-Based Wellness Programs Survey and qualitative interview responses to interpret educator perceptions of school-based wellness programs and their impact on stress and burnout (Creswell & Creswell, 2018). This process allowed the study's three research questions to be answered.

Chapter Four included data from the School-Based Wellness Programs Survey and interview questions displayed with histograms. The quantitative data included survey responses from certified educators who participated from three school districts. The qualitative data included certified educator interviews.

Chapter Five presented the critical findings and conclusions of the research study. Educator perceptions of school-based wellness programs and of specific wellness program components to reduce stress and burnout were identified to answer the study's three research questions. Implications for practice were developed and presented based on the findings and theoretical framework of this mixed-methods study. These included the involvement of educators in the development of school-based wellness programs, incorporation of mental health components in school-based wellness programs, utilization of features to improve the convenience of school-based wellness programs, and school



district leaders being intentional in their support of wellness programs. Chapter Five concluded with recommendations for future research.

## References

- Abell, C. H., & Main, M. E. (2016). Participants' perceptions of worksite health-promotion educational activities. *Journal of Community Health Nursing, 33*(4), 190–195. <https://doi.org/10.1080/07370016.2016.1227212>
- Aflakseir, A., & Nemati, O. (2018). Association between work-related stress and burnout among a group of the elementary and high school teachers in Zarrin, Dasht, Fars. *International Journal of School Health, 5*(2), 1–4. [http://intjsh.sums.ac.ir/article\\_45137\\_466d1cc24393bd9c2630e55baef0dd55.pdf](http://intjsh.sums.ac.ir/article_45137_466d1cc24393bd9c2630e55baef0dd55.pdf)
- Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes, 50*(2), 179–211. [https://doi.org/10.1016/07495978\(91\)90020-T](https://doi.org/10.1016/07495978(91)90020-T)
- Alcalde, I. H., Andres, A., Didymus, F. F., Norman, L., & Soler, S. (2020). Assessing psychological work environments of coaches in Spain and their relationship with mental health, behavioral-stress symptoms, and burnout. *The Sport Psychologist, 34*(2), 122–131. <https://doi.org/10.1123/tsp.2018-0114>
- Aldana, S., Anderson, D., Adams, T., Whitmer, W., Merrill, R., George, V., & Noyce, J. (2012). A review of the knowledge base on healthy worksite culture. *Journal of Occupational and Environmental Medicine, 54*(4), 414-419. <http://10.1097/JOM.0b013e31824be25f>
- Allen, R., Jerrim, J., & Sims, S. (in press). *How did the early stages of the COVID-19 pandemic affect teacher wellbeing?* Center for Education Policy & Equalising Opportunities.

- Amaya, M., Mazurek-Melnyk, B., Buffington, B., & Battista, L. (2017). Workplace wellness champions: Lessons learned and implications for future programming. *Building Healthy Academic Communities Journal*, *1*(1), 59–67.  
<https://library.osu.edu/ojs/index.php/BHAC/article/view/5744/4629>
- Ammendolia, C., Cote, P., Caceliere, C., Cassidy, D., Hartvigsen, J., Boyle, E., Soklardis, S., Stern, P., & Amick III, B. (2016). Healthy and productive workers: Using intervention mapping to design a workplace health promotion and wellness program to improve presenteeism. *BioMed Central Public Health*, *16*(1), 1–18.  
<https://doi.org/10.1186/s12889-016-3843-x>
- American Psychological Association. (2020). *Publication manual of the American Psychological Association* (7th ed.).
- Ansley, B., Houchins, D., & Varjas, K. (2016). Optimizing special educator wellness and job performance through stress management. *Council for Exceptional Children*, *48*(4), 176–185. <https://journals.sagepub.com/doi/10.1177/0040059915626128>
- Asiamah, N., Mensah, H. K., & Oteng-Abayie, E. (2017). General, target, and accessible population: Demystifying the concepts for effective sampling. *The Qualitative Report*, *22*(6), 1607–1621. <https://nsuworks.nova.edu/tqr/vol22/iss6/9>
- Attridge, M. (2019). A global perspective on promoting workplace mental health and the role of employee assistance programs. *American Journal of Health Promotion*, *33*(4), 622–629.  
<https://journals.sagepub.com/doi/pdf/10.1177/0890117119838101c>

- Balsvik, E. (2017). Interpretivism, first-person authority, and confabulation. *Philosophy of the Social Sciences*, 47(4), 311–329.  
<https://doi.org/10.1177/0048393117705297>
- Batorsky, B., Taylor, E., Huang, C., Liu, H., & Mattke, S. (2016). Understanding the relationship between incentive design and participation in U.S. workplace wellness programs. *American Journal of Health Promotion*, 30(3), 198–202.  
<http://doi:10.4278/ajhp.150210-QUAN-718>
- Batorsky, B., Van Stolk, C., & Liu, H. (2016). Is more always better in designing workplace wellness programs? A comparison of wellness program components versus outcomes. *Journal of Occupational and Environmental Medicine*, 53(10), 987–993. <https://doi.org/10.1097/JOM.0000000000000848>
- Bloomberg, L. D., & Volpe, M. (2016). *Completing your qualitative dissertation: A road map from beginning to end* (3rd ed.). Sage.
- Bluman, A. G. (2017). *Elementary statistics: A step by step approach* (10th ed.). McGraw-Hill.
- Bodin, D. (2018). Employer wellness programs: Breakthrough or bank breaker? *Foundation of the American College of Healthcare Executives*, 63(3), 148–151.  
<http://10.1097/JHM-D-18-00045>
- Bottiani, J. H., Duran, C., Pas, E. T., & Bradshaw, C. P. (2019). Teacher stress and burnout in urban middle schools: Associations with job demands, resources, and effective classroom practices. *Journal of School Psychology*, 77(12), 36–51.  
<https://doi.org/10.1016/j.jsp.2019.10.002>

- Brasfield, M. W., Lancaster, C., & Xu, Y. J. (2019). Wellness as a mitigating factor for teacher burnout. *Journal of Education, 199*(3), 166–178.  
<https://doi.org/10.1177/0022057419864525>
- Brown, M. C., Harris, J. R., Hammerback, K., Kohn, M. J., Parrish, A. T., Chan, G. K., Ornelas, I. J., Helfrich, C. D., & Hannon, P. A. (2020). Development of wellness committee implementation index for workplace health promotion programs in small businesses. *American Journal of Health Promotion, 34*(6), 614–621.  
<https://doi.org/10.1177/0890117120906967>
- Bukko, D. (2019). Nurturing teacher social and emotional wellness. *Leadership, 48*(3), 10–14.
- Burn, N. L., Weston, M., Maguire, N., Atkinson, G., & Kathryn L. W. (2019). Effects of Workplace-Based Physical Activity Interventions on Cardiorespiratory Fitness: A Systematic Review and Meta-Analysis of Controlled Trials. *Sports Medicine, 49*(1), 1255-1274. <https://doi.org/10.1007/s40279-019-01125-6>
- Butin, D. (2010). *The education dissertation: A guide for practitioner scholars*. Sage.
- Carroll, A. (2018, August 6). Workplace wellness programs don't work well. Why some studies show otherwise. *The New York Times*.  
<https://www.nytimes.com/2018/08/06/upshot/employer-wellness-programs-randomized-trials.html>
- Centers for Disease Control and Prevention. (2019). Workplace health glossary.  
<https://www.cdc.gov/workplacehealthpromotion/tools-resources/glossary/glossary.html>

- Centers for Disease Control and Prevention. (2020a). Coronavirus disease 2019 (COVID-19): Frequently asked questions. <https://www.cdc.gov/coronavirus/2019-ncov/faq.html>
- Centers for Disease Control and Prevention. (2020b). Operating schools during COVID-19: CDC's considerations. <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html>
- Chait, N., & Glied, S. (2018). Promoting prevention under the affordable care act. *Annual Review of Public Health, 39*(4), 507–524.  
<https://www.annualreviews.org/doi/10.1146/annurev-publhealth-040617-013534>
- Chen, L., Hannon, P. A., Laing, S. S., Kohn, M. J., Clark, K., Pritchard, S., & Harris, J. R. (2015). Perceived workplace health support is associated with employee productivity. *American Journal of Health Promotion, 29*(3), 139–146.  
<https://10.4278/ajhp.131216-QUAN-645>
- Chenoweth, D. (2011). *Worksite health promotion* (3rd ed.). HumanKinetics.
- Cheon, O., Naufal, G., & Kash, B. A. (2020). When workplace wellness programs work: Lessons learned from a large employer in Texas. *American Journal of Health Education, 51*(1), 31–39. <https://doi.org/10.1080/19325037.2019.1687366>
- Chung, C., Gorm, N., Shklovski, I., & Munson, S.A. (2017, May 6-11). *Finding the right fit: Understanding health tracking in workplace wellness programs* [Conference Session]. CHI 2017, Denver, CO, United States.  
<http://dx.doi.org/10.1145/3025453.3025510>
- Click, E. (2017). Creating a culture of health: One university's experience. *Health Matrix, 27*(1), 417–434.  
<https://scholarlycommons.law.case.edu/healthmatrix/vol27/iss1/14>

- Cohen, C., & Liu, H. H. (2019). Potential synergies between workplace wellness programs and on-site clinics. *Population Health Management*, 22(6), 470–472. <http://doi.org/10.1089/pop.2019.0069>
- Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches* (5th ed.). Sage.
- Creswell, J. W., & Poth, C. (2016). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). Sage.
- Cuellar, A., Haviland, A. M., Richards-Shubik, S., LoSasso, A. T., Atwood, A., Wolfendale, H., Shah, M., & Volpp, K. G. (2017). Boosting workplace wellness programs with financial incentives. *The American Journal of Managed Care*, 23(10), 604–610. <https://europepmc.org/article/med/29087632>
- Dean, B. A. (2018). The interpretivist and the learner. *The International Journal of Doctoral Studies*, 13, 1–8. <https://doi.org/10.28945/3936>
- De La Torre, H., & Goetzel, R. (2016). How to design a corporate wellness plan that actually works. *Harvard Business Review*, 3(1), 1–9. <https://hbr.org/2016/03/how-to-design-a-corporate-wellness-plan-that-actually-works>
- Devaki, N., Parveen, S., Priyanka, M., & Athilakshmi, A. (2019). A vibrant ray of hope: Staff well being is key to students well being. *Shanlax International Journal of Education*, 7(3), 34–40. <https://doi.org/10.34293/education.v7i3.459>
- Enberg, J. B., Harris-Shapiro, J., Hines, D., McCarver, P., & Liu, H. H. (2018). The impact of worksite clinics on teacher health care utilization and cost, self-reported health status, and student academic achievement growth in a public school

- district. *American College of Occupational and Environmental Medicine*, 60(8), 397–405. <https://doi:10.1097/JOM.0000000000001373>
- Evans, B. (2018). Employee healthcare moves onsite. *Journal of the American Management Association*, 3(4), 4–5.  
<https://issuu.com/americanmanagementassociation/docs/ama-quarterly-winter-17-18>
- Fielding, N., Lee, R. M., & Blank, G. (Eds.). (2016). *The SAGE handbook of online research methods*. Sage. <http://10.4135/9780857020055>
- Fink, A. (2017). *How to conduct surveys: A step by step guide* (6th ed.). Sage.
- Fink, J., Zabawa, B., & Chopp, S. (2020). Employee perceptions of wellness programs and incentives. *American Journal of Health Promotion*, 34(3), 257–260.  
<https://doi.org/10.1177/0890117119887687>
- Flick, U. (2014). *An introduction to qualitative research* (5th ed.). Sage.
- Flores, M. A., & Swennen, A. (2020). The COVID-19 pandemic and its effects on teacher education. *European Journal of Teacher Education*, 43(4), 453–456.  
<https://doi.org/10.1080/02619768.2020.1824253>
- Fraenkel, J. R., Wallen, N. E., & Hyun, H. H. (2019). *How to design and evaluate research in education* (10th ed.). McGraw-Hill.
- Glass, D. P., Kanter, M. H., Jacobsen, S. J., & Minardi, P. M. (2017). The impact of improving access to primary care. *Journal of Evaluation in Clinical Practice*, 23(6), 1451–1458. <https://doi.org/10.1111/jep.12821>



- Grant, C., & Oslanoo, A. (2014). Understanding, selecting, and integrating a theoretical framework in dissertation research: Creating the blueprint for your “house.” *Administrative Issues Journal*, 4(2), 12–26. <https://doi.10.5929/2014.4.2.9>
- Greenberg, M. T., Brown J. L., & Abenavoli, R. M. (2016). *Teacher stress and health effects on teachers, students, and schools* [Issue brief]. Edna Bennett Pierce Prevention Research Center, Pennsylvania State University. <https://www.prevention.psu.edu/publications/type/534>
- Greenwald, A. (2018). *Living and working well*. Association for Talent Development. <https://www.td.org/magazines/td-magazine/living-and-working-well>
- Grossmeier, J., Castle, P. H., Pitts, J. S., Saringer, C., Jenkins, K. R., Imboden, M. T., Mangen, D. J., Johnson, S. S., Noeldner, S. P., & Mason, S. T. (2020). Workplace well-being factors that predict employee participation, health and medical cost impact, and perceived support. *American Journal of Health Promotion*, 34(4), 349–358. <https://doi.org/10.1177/089011719898613>
- Guo, X., Coberly, C., Pope, J. E., & Wells, A. (2015). The value of a well-being improvement strategy: Longitudinal success across subjective and objective measures observed in a firm adopting a consumer driven health plan. *Journal of Occupational and Environmental Medicine*, 57(10), 1055–1062. <https://10.0.4.73/JOM.0000000000000540>
- Gupta, S. (2017). Ethical issues in designing internet-based research: Recommendations for good practice. *Journal of Research Practice*, 13(2), 1–14. <http://jrp.icaap.org/index.php/jrp/article/view/576/476>

- Hammer, S., Liebherr, M., Kersten, S., & Haas, C. (2015). Adherence to worksite health interventions: Practical recommendations based on a theoretical framework. *Journal of Workplace Behavioral Health, 30*(4), 325–343.  
<https://doi.org/10.1080/15555240.2014.999077>
- Hanover Research. (2020). School staff self-care during COVID-19.  
<https://www.hanoverresearch.com/reports-and-briefs/school-staff-self-care-during-covid-19/>
- Heninger, W., Smith, S., & Wood, D. (2019). Reward type and performance: An examination of organizational wellness programs. *Management Accounting Research, 44*(9), 1–11. <https://doi.org/10.1016/j.mar.2019.02.001>
- Herman, K., Hickmon-Rosa, J., & Reinke, W. (2018). Empirically derived profiles of teacher stress, burnout, self-efficacy, and coping and associated student outcomes. *Journal of Positive Behavior Interventions, 20*(2), 90–100.  
<https://doi.org/10.1177/1098300717732066>
- Hibbs-Shipp, S. K., Milholland, M., & Bellows, L. (2015). Barriers and facilitators to healthy eating and activity in head start staff: An opportunity for worksite wellness. *American Journal of Health Education, 46*(6), 347–350.  
<https://www.tandfonline.com/doi/full/10.1080/19325037.2015.1077488?scroll=top&needAccess=true>
- Hoert, J., Herd, A. M., & Hambrick, M. (2018). The role of leadership support for health promotion in employee wellness program participation, perceived job stress, and health behaviors. *American Journal of Health Promotion, 32*(4), 1054–1061.  
<https://doi.org/10.1177/0890117116677798>

- Huang, H., Mattke, S., Batorsky, B., Miles, J., Liu, H., & Taylor, E. (2016). Incentives, program configuration, and employee uptake of workplace wellness programs. *Journal of Occupational and Environmental Medicine*, 58(1), 30–34. <http://doi:10.1097/JOM.0000000000000613>
- Iancu, A. E., Rusu, A., Măroiu, C., Paucar, R., & Maricutoiu, L. P. (2017). The effectiveness of interventions aimed at reducing teacher burnout: A meta-analysis. *Educational Psychology Review*, 30(1), 373–396. <https://doi.org/10.1007/s10648-017-9420-8>
- Jarman, L., Martin, A., Venn, A., Otahal, P., Blizzard, L., Teale, B., & Sanderson, K. (2016). Workplace health promotion and mental health: Three-year findings from partnering Healthy@Work. *Plos One*, 11(8), 1–14. <https://doi.org/10.1371/journal.pone.0156791>
- Jenkins, K. R., & Sherman, B. W. (2020). Wellness program nonparticipation and its association with employee turnover. *American Journal of Health Promotion*, 34(5), 559–562. <https://doi.org/10.1177/0890117120907867>
- Kanauss, L., & Shupe, E. (2016). Academic and industry collaboration: A nutrition-related worksite wellness program. *The International Journal of Health, Wellness, and Society*, 6(3), 1–7. <https://doi.org/10.18848/2156-8960/CGP/1-7>
- Kim, S. H. (2019). Max Weber. In E. N. Zalta (Ed.), *The Stanford encyclopedia of philosophy archive* (Winter 2019 ed.). Stanford Center for the Study of Language and Information. <https://plato.stanford.edu/archives/win2019/entries/weber/>
- Kim, L., & Asbury, K. (2020). ‘Like a rug had been pulled from under you’: The impact of COVID-19 on teachers in England during the first six weeks of the UK

lockdown. *British Journal of Educational Psychology*, 90(3), 1–22.

<https://doi.org/10.1111/bjep.12381>

Knippen, K. L., Thompson, A., & Masters, A. (2018). Evaluation of employee behaviors, perceptions, and attitudes regarding worksite wellness in an urban environment.

*Health Educator*, 50(1), 31–37. <https://eric.ed.gov/?id=EJ1196098>

Kohler, K., Contacos-Sawyer, J., & Thomas, B. (2015). Employee wellness programs:

Savings for organizations and employees. *Competition Forum*, 13(2), 210–213.

Korkmaz, G., & Toraman, Ç. (2020). Are we ready for the post-COVID-19 educational practice? An investigation into what educators think as to online learning.

*International Journal of Technology in Education and Science*, 4(4), 293–309.

Lawrence, M. W. (2016). *Preserving our greatest resources: A quantitative study to*

*better understand the role that worksite wellness programs may have in mediating the symptoms of teacher burnout* (Publication No. 10168533) [Doctoral

dissertation, Manhattan College]. ProQuest Dissertations and Theses Global.

LeCheminant, J. D., Merrill, R. M., & Masterson, T. D. (2017). Changes in behaviors and

outcomes among school-based employees in a wellness program. *Health*

*Promotion Practice*, 18(6). <https://doi.org/10.1177/1524839917716931>

Lever, N., Mathis, E., & Mayworm, A. (2017). School of mental health is not just for students: Why teacher and school wellness matters. *Report on Emotional and*

*Behavioral Disorder in Youth*, 17(1), 6–12.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6350815/>

- Lewis, A. (2017). The outcomes, economics, and ethics of the workplace wellness industry. *Health Matrix*, 27(1), 1–58.  
<https://scholarlycommons.law.case.edu/healthmatrix/vol27/iss1/3>
- Li, S. (2020). Correlation among mental health, work stress and job burnout of rural teachers. *Revista Argentina de Clínica Psicológica*, 29(1), 1345–1350.  
<https://doi.org/10.24205/03276716.2020.194>
- Liesman, S. (2020, August 11). Half of U.S. elementary and high school students will study virtually only this fall, study shows. *CNBC*.  
<https://www.cnbc.com/2020/08/11/half-of-us-elementary-and-high-school-students-will-study-virutally-only-this-fall-study-shows.html>
- Losina, E., Smith, S. R., Usiskin, I. M., Klara, K., Michi, G., Deshpande, B. R., Yang, H., Smith, K. C., Collins, J., & Katz, J. (2017). Implementation of a workplace intervention using financial rewards to promote adherence to physical activity guidelines: A feasibility study. *BMC Public Health*, 17(921), 1–9.  
<https://doi.org/10.1186/s12889-017-4931-2>
- Lowensteyn, I., Berberian, V., Berger, C., Da Costa, D., Joseph, L., & Grover, S. A. (2019). The sustainability of a workplace wellness program that incorporates gamification principles: Participant engagement and health benefits after 2 years. *American Journal of Health Promotion*, 33(6), 850–858.  
<https://doi.org/10.1177/0890117118823165>
- Maeng, D., Geng, Z., Marshall, W. M., Hess, A., & Tomcavage, J. F. (2018). An analysis of a biometric screening and premium incentive-based employee wellness

- program: Enrollment patterns, cost, and outcome. *Population Health Management, 21*(4), 303–308. <https://doi.org/10.1089/pop.2017.0110>
- Makkreel, R. (2016). Wilhelm Dilthey. In E. N. Zalta (Ed.), *The Stanford encyclopedia of philosophy archive* (Fall 2016 ed.). Stanford Center for the Study of Language and Information. <https://plato.stanford.edu/archives/fall2016/entries/dilthey>
- Mankin, A., von der Embse, N., Renshaw, T. L., & Ryan, S. (2018). Assessing teacher wellness: Confirmatory factor analysis and measurement invariance of the teacher subjective wellbeing questionnaire. *Journal of Psychoeducational Assessment, 36*(3), 219–232. <https://journals.sagepub.com/doi/pdf/10.1177/0734282917707142>
- Manning, J., & Jeon, L. (2020). *Teacher stress and second-hand trauma: Supporting teachers during re-entry*. John Hopkins School of Education: Institute for Education Policy <https://jscholarship.library.jhu.edu/bitstream/handle/1774.2/63228/Supporting-Teachers-During-Re-Entry.pdf?sequence=1&isAllowed=y>
- Maslach, C., & Jackson, S. (1981). The measurement of experience burnout\*. *Journal of Occupational Behaviour, 2*(2), 99–113. <https://doi.org/10.1002/job.4030020205>
- Mattke, S., Liu, H. H., Caloyeras, J. P., Huang, C. Y., Van Busum, K. R., Khodyakov, D., & Shier, V. (2013). *Workplace wellness program study: Final report*. Rand Corporation. [https://www.rand.org/pubs/research\\_reports/RR254.html](https://www.rand.org/pubs/research_reports/RR254.html)
- McChesney, K., & Aldridge, J. (2019) Weaving an interpretivist stance throughout mixed methods research. *International Journal of Research & Method in Education, 42*(3), 225–238. <https://doi.org/10.1080/1743727X.2019.1590811>

- Melnyk, B. M., Szalacha, L. A., & Amaya, M. (2017). Psychometric properties of the perceived wellness culture and environment support scale. *American Journal of Health Promotion, 32*(4), 1021–1027. <https://doi.org/10.1177/0890117117737676>
- Merriam, S. B., & Tisdell, E. J. (2016). *Qualitative research: A guide to design and implementation* (4th ed.). Jossey-Bass.
- Merrill, R. M., & LeCheminant, J. D. (2016). Medical cost analysis of a school district worksite wellness program. *Preventive Medicine Reports, 3*(1), 159–165. <https://doi.org/10.1016/j.pmedr.2016.01.002>
- Mertens, D. (2015). Philosophical assumptions and program evaluations. *Spaziofilosofico, 13*(2), 75–85. <http://www.spaziofilosofico.it/en/numero-13/5347/philosophical-assumptions-and-program-evaluation/>
- Mills, M. E., & Gay, R. L. (2018). *Educational research: Competencies for analysis and applications* (12th ed.). Pearson.
- Missouri Department of Elementary and Secondary Education. (2019). Missouri school directory. <https://apps.dese.mo.gov/MCDS/Home.aspx>
- Molina-Azorin, J. F., Bergh, D. D., Corley, K. G., & Ketchen, D. J. (2017). Mixed methods in the organizational sciences: Taking stock and moving forward. *Organizational Research Methods, 20*(2), 179–192. <https://doi.org/10.1177/1094428116687026>
- National Association of Worksite Health Centers. (2018). *Worksite medical clinics: 2018 survey report*. NAWHC. <https://www.mercer.us/content/dam/mercer/attachments/private/nurture-cycle/us-2018-worksite-medical-clinics-survey-report.pdf>

- National Association of Worksite Health Centers. (2020). What is an onsite clinic?  
<https://www.nawhc.org/What-is-an-Onsite-Clinic>
- National Center for Chronic Disease Prevention and Health Promotion. (2017).  
*Workplace health in America 2017*. Centers for Disease Control and Prevention.  
<https://www.cdc.gov/workplacehealthpromotion/data-surveillance/docs/2017-Workplace-Health-in-America-Summary-Report-FINAL-updated-508.pdf>
- Nelson, A. (2020, November 10). Missouri education official calls substitute teacher shortage a crisis. *Missourinet*. <https://www.missourinet.com/tag/dr-paul-katnik/>
- Ngozwana, N. (2018). Ethical dilemmas in qualitative research methodology: Researcher's reflections. *International Journal of Educational Methodology*, 4(1).  
<https://doi:10.12973/ijem.4.1.19>
- Nygaard, K. (2019). *The causes of teacher burnout and attrition* [Master's thesis, Concordia University]. [https://digitalcommons.csp.edu/teacher-education\\_masters/10](https://digitalcommons.csp.edu/teacher-education_masters/10)
- Ogata, A. J. N. (2019). A global view of health and well-being. *American Journal of Health Promotion*, 33(4), 621–622. <https://doi.org/10.1177/0890117119838101b>
- O'Keefe, L., & Anderson, F. (2017). Benefits of on-site clinics. *The Online Journal of Issues in Nursing*, 22(2). <https://DOI:10.3912/OJIN.Vol22No02PPT51>
- Oliver, D., Boivin, A., & Crimmins, J. (2019). Fitness practices amongst worksite wellness programs: A scoping review. *The International Journal of Health, Wellness and Society*, 9(4), 15–35. <https://doi.org/10.18848/2156-8960/CGP/v09i04/15-35>



- Ostovari, M., Yu, D., Yih, Y., & Steele-Morris, C. J. (2017). Impact of an onsite clinic on utilization of prevention services. *American College of Occupational and Environmental Medicine, 59*(7), 615–623.  
<https://doi.org/10.1097/JOM.000000000000134>
- Otenyo, E., & Smith, E. (2017). An overview of employee wellness programs (EWPs) in large U.S. cities: Does geography matter? *Public Personnel Management, 46*(1), 3–24. <https://doi.org/10.1177/0091026016689668>
- Ott-Holland, C., Sheperd, W., & Ryan, A. (2019). Examining wellness programs over time: Predicting participation and workplace outcomes. *Journal of Occupational Health Psychology, 24*(1), 163–179. <http://dx.doi.org/10.1037/ocp0000096>
- Parker, E. A., McArdle, P. F., Gigia, D., Trilling, A., Bahr-Roberstons, M., Costa, N., Berman, B. M., & D'Adamo, C. R. (2019). An onsite fitness facility and integrative wellness program positively impacted health-related outcomes among teachers and staff at an urban elementary/middle school. *Global Advances in Health and Medicine, 8*, 1–8. <https://DOI:10.1177/2164956119873276>
- Patel, M. S., Asch, D. A., Rosin, R., Small, D. S., Bellamy, S. L., Eberbach, K., Walters, K. J., Haff, N., Lee, S. M., Wesby, L., Hoffer, K., Shuttleworth, D., Taylor, D. H., Hilbert, V., Zhu, J., Yang, L., Wang, X., & Volpp, K. G. (2016). Individual versus team-based financial incentives to increase physical activity: A randomized, controlled trial. *Journal of General Internal Medicine, 31*(7), 746–754.  
<https://doi.org/10.1007/s11606-016-3627-0>

Patient Protection and Affordable Care Act, 42 U.S.C. § 18001 et seq. (2010).

<https://www.govinfo.gov/content/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf>

PDK International. (2019). *PDK poll of the public's attitudes toward the public schools: Frustration in the school* (Report No. 51).

<https://pdkpoll.org/assets/downloads/2019pdkpoll51.pdf>

Perrault, E., Hildenbrand, G., & Heejoon, R. (2020). Employees' refusal to participate in an employer-sponsored wellness program: Barriers and benefits to engagement. *Compensation & Benefits Review*, 52(1), 1–11.

<https://doi.org/10.1177/0886368719899209>

Pollitz, K., & Rae, M. (2016). *Workplace wellness programs characteristics and requirements* [Issue brief]. The Henry J. Kaiser Family Foundation.

<http://files.kff.org/attachment/Issue-Brief-Workplace-Wellness-Programs-Characteristics-and-Requirements>

Pollitz, K., & Rae, M. (2017). *Changing rules for workplace wellness programs: Implications for sensitive health conditions* [Issue brief]. The Henry J. Kaiser Family Foundation. <http://resource.nlm.nih.gov/101707730>

Pomeranz, J. L. (2015). Participatory workplace wellness programs: Reward, penalty, and regulatory conflict. *The Milbank Quarterly*, 93(2), 301–318.

<https://doi.org/10.1111/1468-0009.12123>

Porter, T. (2020). *Reflecting on teacher wellbeing during the COVID-19 pandemic*. Institute of Educational Sciences.

[https://ies.ed.gov/ncee/edlabs/regions/pacific/blogs/blog28\\_reflecting-on-teacher-wellbeing-during-COVID-19-pandemic.asp](https://ies.ed.gov/ncee/edlabs/regions/pacific/blogs/blog28_reflecting-on-teacher-wellbeing-during-COVID-19-pandemic.asp)

- Prada-Ospina, R. (2019). Social psychological factors and their relation to work-related stress as generating effect of burnout. *Interdisciplinary: Journal of Psychology and Related Sciences*, *36*(2), 39–53. <https://doi.org/10.16888/interd.2019.36.2.3>
- Prescott, M. P., Dixon, L. B., Elbel, B. E., & Schwartz, A. E. (2018). Operationalizing local school wellness policies in New York City. *Health Behavior Policy Review*, *5*(6), 90–97. <https://doi.org/10.14485/HBPR.5.6.8>
- Rabarison, K. M., Lang, J. E., Bish, C. L., Bird, M., & Massoudi, M. S. (2017). A simple method to estimate the impact of a workplace wellness program on absenteeism cost. *American Journal of Health Promotion*, *31*(5), 454–455. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5724963/>
- Ramberg, J., Låftman, S. B., Åkerstedt, T., & Modin, B. (2018). Teacher stress and students' school well-being: The case of upper secondary schools in Stockholm. *Scandinavian Journal of Educational Research*, *63*(1), 1–15. <https://doi.org/10.1080/00313831.2019.1623308>
- Rohlf, M. (2020). Immanuel Kant. In E. N. Zalta (Ed.), *The Stanford encyclopedia of philosophy archive* (Spring 2020 ed.). Stanford Center for the Study of Language and Information. <https://plato.stanford.edu/archives/spr2020/entries/kant/>
- Rosenstock, I. M. (1974). Historical origins of the health belief model. *Health Education Monographs*, *2*(4), 328–335. <https://doi.org/10.1177/109019817400200403>
- Ryan, G. (2018). Introduction to positivism, interpretivism, and critical theory. *Nurse Researcher*, *25*(4), 14–20. <https://doi.org/10.7748/nr.2018.e1466>

- Sandercock, V., & Andrade, J. (2018). Evaluation of worksite wellness nutrition and physical activity programs and their subsequent impact on participants' body composition. *Journal of Obesity*, 2018, 1–14.  
<https://doi.org/10.1155/2018/1035871>
- Schultz, N. S., Chui, K. K., Economos, C. D., Lichtenstein, A. H., Volpe, S. L., & Sacheck, J. M. (2019). A qualitative investigation of factors that influence school employee health behaviors: Implications for wellness programming. *Journal of School Health*, 89(11), 890–898. <https://doi.org/10.1111/josh.12831>
- Schwatka, N. V., Dally, M. J., Tenney, L., Smith, D., Weitzenkamp, D., Atherly, A., Brockbank, C. V. S., Goetzl, R. Z., Jinnett, K., & McMillen, J. (2018). The impact of worksite wellness programs by size of business: A 3-year longitudinal study of participation, health benefits, absenteeism, and presenteeism. *Annals of Work Exposures & Health*, 62(1), 42–54. <https://doi.org/10.1093/annweh/wxy049>
- Seaverson, L. D. (2015). *Building a wellness champion network*. Society for Human Resource Management. <https://www.shrm.org/resourcesandtools/hr-topics/benefits/pages/wellness-champion-networks.aspx>
- Sharma, G. (2017). Pros and cons of different sampling techniques. *International Journal of Applied Research*, 3(7), 749–752.  
<http://www.allresearchjournal.com/archives/?year=2017&vol=3&issue=7&part=K>
- Shea, D. G., & Scanlon, D. (2017). Moving beyond “wellness does not work.” *Health Matrix*, 27(1), 125–142.  
<https://scholarlycommons.law.case.edu/healthmatrix/vol27/iss1/7>

- Sherman, B. W., & Addy, C. (2018). Association of wage with employee participation in health assessments and biometric screening. *American Journal of Health Promotion, 32*(2), 440–445. <https://doi.org/10.1177/089011708607>
- Simmons, M., McDermott, M., Lock, J., Crowder, R., Hickey, E., DeSilva, N., Leong, R., & Wilson, K. (2019). When educators come together to speak about well-being: An invitation to talk. *Canadian Journal of Education, 42*(3), 850–872. <http://journals.sfu.ca/cje/index.php/cje-rce/article/view/3959>
- Simon, M. K., & White, J. (2016). Survey/interview validation rubric for expert panel. <http://www.dissertationrecipes.com/surveyinterview-validation-rubric-for-an-expert-panel/>
- Skaalvik, E. M., & Skaalvik, S. (2016). Teacher stress and teacher self-efficacy as predictors of engagement, emotional exhaustion, and motivation to leave the teaching profession. *Creative Education, 7*(11), 1251–1275. <http://dx.doi./10.4236/ce.2016.713182>
- Skaalvik, E. M., & Skaalvik, S. (2017). Still motivated to teach? A study of school context variables, stress and job satisfaction among teachers in senior high school. *Social Psychology of Education, 20*(1), 15–37. <https://doi.org/10.1007/s11218-016-9363-9>
- Skaalvik, E. M., & Skaalvik, S. (2018). Job demands and job resources as predictors of teacher motivation and well-being. *Social Psychology of Education, 21*(11), 1251–1275. <https://doi.org/10.1007/s11218-018-9464-8>
- Smith, J. (2019, April). *The road to burnout: Dispositional and situational factors affecting teacher self-efficacy, job-related stress, and occupational burnout*

[Conference proceedings]. National Conference of Undergraduate Research, Kennesaw, GA, United States.

<http://www.ncurproceedings.org/ojs/index.php/NCUR2019/article/view/2890/1490>

Song, Z., & Baicker, K. (2019). Effect of a workplace wellness program on employee health and economic outcomes: A randomized clinical trial. *Journal of the American Medical Association*, *321*(15), 1491–1501.

<https://doi:10.1001/jama.2019.3307>

Spegman, A. (2017). Make wellness work. *District Administration*, *53*(4), 43–45.

Stroo, M., Conover, C., Adcock, G., Myneni, R., Olaleye, D., & Østbye, T. (2015). The relationship between the use of a worksite medical home and ED visits or hospitalizations. *The Journal of Health Care*, *52*, 1–9.

<https://doi.org/10.1177/0046958015609608>

Syed, I. U. B. (2020). Diet, physical activity, and emotional health: What works, what doesn't, and why we need integrated solutions for total worker health. *BioMed Central Public Health*, *20*(1), 1–9. <https://doi.org/10.1186/s12889-020-8288-6>

Tabak, R. G., Williams, J. L., Brownson, R. C., Heins, J., Evanoff, B. A., & Peck, W. A. (2016). Perspectives on worksite wellness efforts to improve nutrition and activity. *Health Behavior Policy Review*, *3*(5), 468–279.

<http://dx.doi.org/10.14485/HBPR.3.5.7>

Tapps, T., Symonds, M., & Baghurst, T. (2016). Assessing employee wellness needs at colleges and universities: A case study. *Cogent Social Sciences*, *2*(1).

<https://doi.org/10.1080/23311886.2016.1250338>

- Terry, P. (2018). On voluntariness in wellness: Considering organizational health contingent incentives. *American Journal of Health Promotion, 33*(1), 9–12.  
<https://doi.org/10.1177/0890117118817012>
- Tsai, R., Alterman, T., Grosch, J. W., & Luckhaupt, S. E. (2019). Availability of and participation in workplace health promotion programs by sociodemographic, occupation, and work organization characteristics in US workers. *American Journal of Health Promotion, 33*(7), 1028–1038.  
<https://doi.org/10.1177/0890117119844478>
- Tung, C., Yin, Y., Zhou, Y., Chang, C., Lin, P., & Liu, C. (2018). An analysis of healthy workplace accreditation and health promotion efforts based on employees' perspectives. *Health Promotion and Health Education, 73*(5), 322–329.  
<https://doi.org/10.1080/19338244.2017.1365683>
- Turner, K., & Theilking, M. (2019). Teacher wellbeing: Its effects on teaching practice and student learning. *Issues in Educational Research, 29*(3), 938–960.  
<http://www.iier.org.au/iier29/turner2.pdf>
- Vu, M., White, A., Kelley, V., Kuca-Hopper, J., & Liu, C. (2016). Hospital and health plan partnerships: The Affordable Care Act's impact on promoting health and wellness. *American Health & Drug Benefits, 9*(5), 269–278.  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5007056/pdf/ahdb-09-269.pdf>
- Wellness in the Schools. (2020). Our response to COVID-19.  
<http://www.wellnessintheschools.org/our-response-to-covid-19/#>

- Wessels, E., & Wood, L. (2019) Fostering teachers' experiences of well-being: A participatory action learning and action research approach. *South African Journal of Education, 30*(1), 1–11. <https://doi.org/10.15700/saje.v39n1a1619>
- Wieneke, K. C., Clark, M. M., Sifuentes, L. E., Egginton, J. S., Lopez-Jimenez, F., Jenkins, S. M., Riley, B. A., & Olsen, K. D. (2016). Development and impact of a worksite wellness champions program. *American Journal of Health Behavior, 40*(2), 215–220. <https://doi.org/10.5993/AJHB.40.2.6>
- Wilkenson, A. V., Davé, A., Ozdemir, E., Rodriguez, L., & Reininger, B. M. (2020). Make your move experience: A worksite wellness pilot in south Texas. *American Journal of Health Promotion, 34*(2), 161–168. <https://doi.org/10.1177/0890117119885874>
- Willis, J. (2007). *Foundations of qualitative research: Interpretive and critical approaches* (1st ed.). Sage.
- Wu, D. (2020). Relationship between job burnout and mental health of teachers under work stress. *Revista Argentina de Clínica Psicológica, 29*(2), 387–392.
- Yang, X. (2020). Correlation between mental health, work pressure and job burnout of music teachers. *Revista Argentina de Clínica Psicológica, 29*(1), 542–548. <https://doi.org/10.24205/0327616.2020.275>
- Yanow, D., & Shwartz-Shea, P. (2015). *Interpretation and method: Empirical research method and the interpretative turn* (2nd ed.). Routledge.



## Appendix A

### School-Based Wellness Survey

For this survey, please use the following definition for wellness programs:

*According to the CDC (2019), wellness programs “refer to a coordinated and comprehensive set of strategies which include programs, policies, benefits, environmental supports, and links to the surrounding community designed to meet the health and safety needs of all employees” (Workplace Health Glossary W section).*

Below are a number of statements regarding school-based wellness programs. Please read each one and indicate to what degree you agree or disagree with each statement.

Strongly Agree      Agree      Uncertain      Disagree      Strongly Disagree

1. My position as an educator is stressful most days.
2. I have thought about leaving the teaching profession in the last year.
3. My wellness (mental, physical, emotional health) has a positive impact on my role as an educator.
4. My district’s wellness program helps lower my stress/burnout level.
5. My district wellness program has positively impacted my wellness (mental, physical, emotional health).
6. My wellness (mental, physical, emotional health) has a positive impact on my ability to be the best educator I can be.
7. My district’s wellness offerings are beneficial to me.
8. My district’s wellness program makes me feel valued by the district.
9. My district’s wellness program is a benefit that helps retain educators.
10. My district’s wellness program helps me engage with my coworkers and feel connected to the district.
11. Wellness program fitness opportunities help reduce my work-related stress.

12. Wellness program mental health opportunities help reduce my work-related stress.
13. Wellness program financial incentives make wellness programs more effective.
14. A wellness program champion makes a wellness programs more effective.
15. On-campus health care options make wellness programs more effective.
16. Health Risk Assessments (HRAs) and biometric screenings taking place on campus make wellness programs more effective.
17. Personalized offerings make wellness programs more effective.

#### Open-Ended Response

1. Describe how your involvement in your district's wellness program has impacted your overall wellness (mental, physical, emotional health).
2. Would you be willing to participate in an interview to share your perception of school-based wellness programs? If so, provide your full name.

## **Appendix B**

### **Interview Questions**

1. How has your wellness program benefited you as an educator?
2. What do you perceive as the most beneficial aspect of your district's wellness program to your colleagues?
3. How could your district's wellness program be improved?
4. Based on your experiences, what additional wellness program offerings would you like to see? Why?
5. Based on your experiences, which aspects of your wellness program have been cumbersome?
6. Which components of your district's wellness program are the most effective in improving your overall health and wellness (mental, physical, emotional)?
7. What additional wellness offerings would be helpful to improve your work-related stress and/or burnout?

## Appendix C

### School-Based Wellness Programs Interview Guide

#### Demographic Information

Name:

Years in Education:

Certification Area:

***RQ 1. What are the perceived benefits of wellness programs according to certified educators?***

1. How has your wellness program benefited you as an educator?
2. What do you perceive as the most beneficial aspect of your district's wellness program to your colleagues?  
 \*Additional if needed: such as specific activities, programs, components  
 \*Additional if needed: possibilities/concerns
3. How could your district's wellness program be improved?  
 \*Additional if needed: development, advertised, implementation, requirements  
 \*Additional if needed: current concerns

***RQ 2. How do certified educators perceive the implementation of onsite health clinics, wellness incentives, and wellness champions as strategies to reduce certified educator stress and burnout?***

4. Based on your experiences, what additional wellness program offerings would you like to see? Why?  
 \*Additional if needed: onsite clinics, incentives, wellness champions
5. Based on your experiences, which aspects of your wellness program have been cumbersome?

***RQ 3. What do certified educators perceive as the most effective components of wellness programs to improve educator health, stress, burnout, and retention?***

6. Which components of your district's wellness program are the most effective in improving your overall health and wellness (mental, physical, emotional)?
7. What additional wellness offerings would be helpful to improve your work-related stress and/or burnout?

## Appendix D

### Permission Letter

Date:

RE: Permission to Conduct Research in xxxxxx School District

To: xxxx, Superintendent of Schools

I am writing to request permission to conduct research in the xxxxx School District. I am currently pursuing my doctorate through Lindenwood University and am in the process of writing my dissertation. The study is entitled *School-Based Wellness Programs: Educator Perceptions of Wellness Programs*. I am asking permission to invite all certified employees to participate in the completion of an online School-Based Wellness Program Survey. Additionally, I would like to invite a maximum of two certified employees to participate in individual 45-minute interviews. The interviews will be audio-recorded. The purpose of the interview sessions is to identify educator perceptions of school-based wellness programs.

If you agree, please sign below, scan this page, and email to me, Rocky Valentine, at [REDACTED].

Your approval to conduct this study will be greatly appreciated. I would be happy to answer any questions or concerns you may have regarding this study.

Sincerely,



Rocky Valentine  
Doctoral Student at Lindenwood University

Approved by:

---

Print name and title here

---

Signature

---

Date

## Appendix E

### IRB Approval

Oct 2, 2020 11:21 AM CDT

RE:

IRB-21-24: Initial - School-Based Wellness Programs: Educator Perceptions

Dear Rocky Valentine,

The study, School-Based Wellness Programs: Educator Perceptions, has been Approved as Exempt.

Category: Category 1. Research, conducted in established or commonly accepted educational settings, that specifically involves normal educational practices that are not likely to adversely impact students' opportunity to learn required educational content or the assessment of educators who provide instruction. This includes most research on regular and special education instructional strategies, and research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.

The submission was approved on October 2, 2020.

Here are the findings:

#### **IRB Discussion**

- The PI is reminded that compliance with the recruitment policies at an external site resides with the PI. Should the policies of an external site require authorization from that site's IRB or another office, the PI must obtain this authorization and upload it as a modification to their approved LU IRB application prior to recruiting subjects at that site.

#### **Regulatory Determinations**

- This study has been determined to be minimal risk because the research is not obtaining data considered sensitive information or performing interventions posing harm greater than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.

Sincerely,

Lindenwood University (lindenwood) Institutional Review Board

Oct 23, 2020 5:39 PM CDT

RE:

IRB-21-24: Modification - School-Based Wellness Programs: Educator Perceptions

Dear Rocky Valentine,

The study, *School-Based Wellness Programs: Educator Perceptions*, has been Approved as Exempt.

Category: Category 1. Research, conducted in established or commonly accepted educational settings, that specifically involves normal educational practices that are not likely to adversely impact students' opportunity to learn required educational content or the assessment of educators who provide instruction. This includes most research on regular and special education instructional strategies, and research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.

The submission was approved on 2020-10-23.

Here are the findings:

**Regulatory Determinations**

- This modification entails the addition of a data collection instrument. This modification does not affect the prior risk determination or ongoing approvability of the study.

Sincerely,

Lindenwood University (Lindenwood) Institutional Review Board

## Appendix F

### Invitation to Educator to Participate in the Study

Date:

Dear Prospective Participants,

My name is Rocky Valentine, and I am currently enrolled in the doctoral program for Educational Administration at Lindenwood University. The focus of my dissertation research is to determine educator perceptions of school-based wellness programs and how different program offerings impact educator stress and burnout.

I have received permission to conduct research in the xxxxx School District from your superintendent, xxxxx. To conduct my research, I would like to invite all certified educators to participate in the completion of an online School-Based Wellness Programs Survey found at the following link: xxxxxxxxxxxxxxxx. The survey should take no more than 10 minutes to complete.

Additionally, I would like to invite a maximum of two certified educators to participate in individual 45-minute interview sessions. The interview sessions will be audio-recorded. The purpose of the interview sessions is to collect information on the perceptions of wellness programs and their impact on stress and burnout. If you are interested in being considered and possibly contacted to participate in the interview phase of the study, please provide your name at the end of the survey.

All information obtained through this research will be presented anonymously and will be coded to maintain the privacy of all individual participants. Participation in this study is completely voluntary, and subjects may withdraw at any time. Please see the Informed Consent notice attached for further information.

I wish to thank you and the xxxxx School District for supporting this study. It is hoped that results of this investigation will enable school districts to develop school-based wellness program that positively impact educator stress and burnout. If you have any questions regarding this process, please do not hesitate to contact me at [REDACTED] or [REDACTED], or Dr. Shelly Fransen at [REDACTED].

Sincerely,



Rocky Valentine



## Appendix G

### Informed Consent for Survey

# LINDENWOOD

## Survey Research Information Sheet

You are being asked to participate in a survey conducted by Rocky Valentine under the guidance of Dr. Shelly Fransen, faculty supervisor at Lindenwood University. We are conducting this study to determine educator perceptions of school-based wellness programs and how different program offerings affect educator stress and burnout. You will be asked questions about your perception of school-based wellness programs and how they have affected your mental, physical, and mental wellness. It will take about 10 minutes to complete this survey.

Your participation is voluntary. You may choose not to participate or to withdraw at any time by simply not completing the survey or closing the browser window.

There are no risks from participating in this project. We will not collect any information that may identify you. There are no direct benefits for you participating in this study.

### **WHO CAN I CONTACT WITH QUESTIONS?**

If you have concerns or complaints about this project, please use the following contact information:

Rocky Valentine: [REDACTED]

Dr. Shelly Fransen: [REDACTED]

If you have questions about your rights as a participant or concerns about the project and wish to talk to someone outside the research team, you can contact Michael Leary (Director - Institutional Review Board) at 636-949-4730 or mleary@lindenwood.edu.

By clicking the link below, I confirm that I have read this form and decided that I will participate in the project described above. I understand the purpose of the study, what I will be required to do, and the risks involved. I understand that I can discontinue participation at any time by closing the survey browser. My consent also indicates that I am at least 18 years of age.

You can withdraw from this study at any time by simply closing the browser window. Please feel free to print a copy of this information sheet.

## Appendix H

### Letter of Interview Participation

Date:

Dear (Participating School) School Staff Member,

My name is Rocky Valentine. I am a doctoral student at Lindenwood University, and I am conducting a research study titled entitled *School-Based Wellness Programs: Educator Perceptions of Wellness Programs*. You indicated on the approved survey your willingness to participate in an interview to share your perceptions of school-based wellness programs. I have attached the Research Information Sheet and a copy of the interview questions. If you are still willing to participate, please respond affirmatively to this email message, and I will be in contact with you to schedule a day and time that are convenient. Interviews can be conducted via phone or a web conferencing system.

Please contact me at [REDACTED] with any questions you might have.

Thank you,

Rocky Valentine  
Lindenwood University  
Doctoral Student

## Appendix I

### Informed Consent for Interview

# LINDENWOOD

## Research Information Sheet

You are being asked to participate in a research study. We are conducting this study to determine if educator perceptions of school-based wellness program match the intended goals and how administrators can develop effective offerings to impact educator stress and burnout. During this study, you will participate in a telephone or video conference interview. It will take about 45 minutes to complete this study.

Your participation is voluntary. You may choose not to participate or withdraw at any time.

There are no risks from participating in this project. There are no direct benefits for you participating in this study.

We will not collect any data which may identify you.

We will do everything we can to protect your privacy. We do not intend to include information that could identify you in any publication or presentation. Any information we collect will be stored by the researcher in a secure location. The only people who will be able to see your data include members of the research team, qualified staff of Lindenwood University, and representatives of state or federal agencies.

### **Who can I contact with questions?**

If you have concerns or complaints about this project, please use the following contact information:

Rocky Valentine: [REDACTED]

Dr. Shelly Fransen: [REDACTED]

If you have questions about your rights as a participant or concerns about the project and wish to talk to someone outside the research team, you can contact Michael Leary (Director - Institutional Review Board) at 636-949-4730 or [mleary@lindenwood.edu](mailto:mleary@lindenwood.edu).

### **Vita**

Rocky C. Valentine received his Bachelor of Arts in History in 2008 from MidAmerica Nazarene University. He received his post-baccalaureate teaching certificate in 9-12 Social Sciences from Missouri State University in 2010. Rocky began teaching Social Sciences in the Sparta School District in 2010. While teaching middle school social studies, received his Masters of Arts in School Administration from Lindenwood University in 2012. In 2013, Rocky began serving as the Sparta Middle School Principal. He received his Specialist in Educational Administration in 2016. Since 2017, Rocky has served as Superintendent of Schools for the Sparta School District.