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Wellness: A Model for Corporate Programming

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WELLNESS: A MODEL FOR CORPORATE PROGRAMMING

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ABSTRACT

Wellness is defined as an Active Process of Individual Choice. The article presents a conceptual model of general programming ideas (elements of individual control) and motivational techniques (elements of influence).

Employee wellness programs will vary from company to company but the basic concept is to change employee attitudes toward their own health and well-being.

Sometimes the most requested programs, such as weight control and smoking cessation, may not be the best place to begin. This may be due to immediate negative feedback of such activities. On the other hand, programs such as exercise and relaxation have immediate positive feedback and may ultimately relate to the success of weight control and smoking cessation programs.

WELLNESS: A MODEL FOR CORPORATE PROGRAMMING

While the term wellness is fairly new, many of the concepts have been known for decades. But it is just in the last few years that the interest and demand for wellness programs has mushroomed. Perhaps this is due to rising health care costs and the realization that many of the diseases that plague our society are, to some degree, preventable.

Pneumonia, flu and tuberculosis, the leading causes of death in

1900, are viral and bacteriological diseases for which we now have cures. On the other hand, current killers such as heart attack, cancer and stroke, are degenerative or life style diseases. These, in part, reflect the degeneration process that may occur in the human body. They are life style related in that degeneration is accelerated or decelerated by the way we live our lives.

DEFINITION

In order to achieve increased understanding, the concept of wellness needs definition. Several popular definitions currently exist. Dunn (1) first defined wellness as "an integrated method of functioning which is oriented toward maximizing the potential of which the individual is capable, within the environment where he is functioning". Hettler (2, pp. 77-78) further defines wellness as "an active process through which the individual becomes aware of and makes choices toward a more successful existence". While most popular definitions emphasize the positive direction to wellness, many experts acknowledge that individuals often choose to act in ways that negatively affect their health. Therefore, this article focuses on the choices people may or may not make to achieve their own degree of wellness. For the purposes of this model we contend that lifestyle is AN ACTIVE PROCESS OF INDIVIDUAL CHOICE.

ACTIVE means that the practice of wellness requires some activity on our part. Obviously, exercise and physical fitness routines are active. But the other facets of wellness are also actively practiced. In this sense, relaxation and stress management are active. In order to relax during stressful situations, one must practice the art of relaxation. Mental and emotional relaxation comes from having analyzed stressful behaviors and attitudes and making some positive changes in those attitudes to help bring about more positive behaviors. The important idea is that one cannot just take a passive attitude towards wellness and expect to be healthy. In most cases this just does not happen.

Wellness is a PROCESS. Becoming a healthy person does not happen overnight. The practice of wellness is an on-going process. If individuals are sedentary, they cannot expect to become physically fit by jogging one time, or even occasionally. One possible reason most diets fail is that the term diet implies a temporary state of mind and subsequent short term behavior. Individuals choose to go on a high carbohydrate, low protein and fat DIET to lose weight for a period of time. Once that period is over, the typical human behavior is to revert back to old eating habits. The PROCESS of weight control is a habit. It is a pattern of positive nutritional behavior and physical activity. Ideally, once these habits are established they are adhered to throughout life.

Wellness is practiced by INDIVIDUALS. Individuals must exercise to become physically fit, choose what and how much to eat, light the cigarette, and decide how to deal with the potentially stressful situation.

Thus, we all have individual CHOICES in the matter of achieving the state of wellness. Perhaps we have forgotten that we do have a choice in such matters. We light cigarettes unconsciously; no choice. Right? Wrong. We have just forgotten that we have alternatives. In simplistic terms, everything we do requires a decision. But, in many cases, if not most, that decision is made so rapidly and seemingly without much consideration that people do not realize that a choice, or series of choices, was involved. The object is to choose and practice behaviors that will result in a positive influence on our health. Old habits, usually practiced without thinking, must be broken and new wellness-related habits must be interjected.

To this point, the discussion has presented the definition of wellness to be a relationship of behavior to health. Wellness is the result of positive behaviors. Negative behaviors will usually lead to poor health; health is a result of combining these four key phrases of the definition: ACTIVE PROCESS of INDIVIDUAL CHOICE. Choosing to ignore health problems, delaying active solutions or continuing poor habits result in decreased chances of optimal health.

THE THEORETICAL MODEL

In order to further understand the individual's role in achieving wellness, a model (see Figure 1) for wellness was developed. Although similar to other popular wellness models, this model allows the individual to see those behaviors over which he has direct control and to understand the factors that may influence his behavior. Both levels are dictated by the person's attitudes and values. Thus, the level of control and the level of influence are presented, with a person's attitudes and values being the central part of the model.

This wellness model is not intended to present all the possible health or non-health behaviors and attitudes. Rather, it is an attempt to group these behaviors into a practical clustering, allowing people to understand the basic factors that affect total health and well-being.

The behavioral components of wellness are connected: one behavior will affect another. A program designed only for exercise and fitness cannot help but have an impact on the other controlled behaviors. An individual's weight normally becomes easier to control. One becomes more conscious of nutritional habits. The person's ability to relax is enhanced, therefore, resulting reactions to stress are improved. Likewise, the desire or need for drugs may diminish.

Similarly, the elements of influence must be linked since they are also interacting. For instance, the environment is the physical space that we occupy, within a community of social, family and vocational relationships. Hobbies or avocational interests may be used to improve these relationships by increasing these contacts or escaping from them. The more of these elements that are linked together, the stronger the influence upon individual behavior.

With the connection made among the elements of behavior that we control and the elements of influence, one should now consider the interaction between these two levels of the model. As seen in the diagram, tying the level of control and the level of influence are two-way arrows passing through our filter system of values and beliefs. An example of this interaction may be the social influence upon drug behavior. Peer pressure may influence a peron's attitude towards drugs and may ultimately result in increased usage. Reversing the pathway, if the individual stops his drug use, the peers may begin to question the individual's incentive or motivation, which may have a subtle effect on their own attitudes and behaviors.

This may be an oversimplification of the process. The choices are not usually that obvious. There is a constant mire of overlapping behaviors, influences and attitudes.

In order to improve health, changes in behavior and attitudes must occur. But which occurs first, behavior change or attitude adjustment? The process appears to occur simultaneously. As people begin to change behaviors through awareness, education and activity, an adjustment in attitudes and values is also occurring. The subtle changes in attitudes can be the stimulus for embarking on behavior change.

It is often found through real-life experiences that as more and more behaviors are changed for the better, attitudes and values begin to evolve into a more positive philosophy of life. Good health and enjoying life (play) become higher priorities. Emotional and spiritual well-being is enhanced. Health becomes a "religion" and conversely, the quest for the ideal life embodies one's health behaviors and attitudes. The eventual outcome is, hopefully, positive mental, physical, emotional, and spiritual well-being.

Given the theoretical nature of these concepts, how does one practice wellness? That's the key: Practice. Individuals do not accomplish wellness by just saying that they are going to do it. Change occurs as a result of practicing the various components of the model until they become a part of day-to-day behavior.

To begin, behavior change usually starts with an analysis of

present behaviors and attitudes and a decision that there is a need for change. This analysis may be formal, as in recording a food diary. In this manner, we write down everything we eat, when and where we eat it, and how we felt when we ate it. This structured analysis allows us to determine the number of calories consumed, the relative importance of the food consumed and the speed at which the food was eaten. From this analysis we begin to make adjustments in eating behavior. Similarly, our attitudes toward eating and even the importance of eating may begin to change.

The analysis of current behaviors may not be as structured or formal as previously mentioned. Suppose an individual hears a presentation on fitness. This in itself may be enough stimulus for someone to start questioning a sedentary life style. As the individual informally looks at his present activity level, he may decide to start walking to and from lunch as a means of increasing relaxation during the lunch hour. As endurance increases and the walks become more and more pleasurable, a possible decision to start jogging may follow. Over a period of time, the person establishes a good physical fitness and exercise program. But the initial change was fairly simple and painless. The process began with a seed and grew into a sturdy tree.

This analysis has briefly discussed how individuals go about taking charge of their own behavior and attitudes in order to become healthier. Each of the components of wellness is deserving of much more elaboration. Even though the change process is individual in nature, the wellness model lends itself to group or aggregate programming. Starting a physical fitness program is sometimes made easier by becoming involved with a group exercise class which adds a social dimension. The influence (reinforcement) is made even stronger by starting the class at work. Through such settings and experiences, the desire to change is enhanced by social, vocational and community influences. The individual benefits by these various influences, as well as the convenience of having the group meet at the workplace without having to travel extra time and distance.

CONCLUSION

As professionals, we have a responsibility to help individuals attain their wellness goals. We also have an obligation to promote successful wellness programs with individuals and, where possible, to the groups of which they are members.

Experience has shown that the more successful programs are those that offer clear, immediate feedback. Exercise programs may be quite successful because there is some immediate return or reward, even if that feedback is muscle soreness or an invigorating feeling that comes from exercise. Such circumstances remind us that we are becomig more in tune with our bodies. Relaxation training also provides some immediate,

positive feedback.

A word of caution: Programs such as weight control and smoking cessation, while often the most requested by employee groups, are not necessarily the best place to begin. These programs, without the support of the other links of the model, may not be successful due to the long-term nature of the benefit return. Both programs offer immediate return but the feedback is perceived as negative due to the ill effects of nicotine withdrawal or hunger. Research has shown that the long-term success rates of such programs are not encouraging.

This model does not begin to present all possible topics referred to as "wellness". The model does help one to conceptualize possible wellness topics, and suggests that combining elements strengthens the influence upon the individual's behavior. Wellness planners and practitioners may use this model as a guide for the custom design of successful wellness programs.

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FIGURE 1

WELLNESS MODEL