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THE INVESTIGATION OF FIRST-YEAR WELLNESS PROGRAMMING IN COLLEGE TO
REDUCE STRESS AND ANXIETY LEVELS

by

Charlotte Muriel, Ed. D

A DISSERTATION

submitted to Lynn University in partial fulfillment
of the requirements for the degree of

Doctor of Education

2023

Doctoral Program in Educational Leadership

Ross College of Education

Lynn University

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Abstract

CHARLOTTE MURIEL: The Investigation of First-Year Wellness Programming in College to Reduce Stress and Anxiety Levels.

The COVID-19 pandemic brought mental health to light, although college students have long been experiencing mental health struggles. First-year experience courses have been shown to relieve some of the stresses associated with the college transition (Holliday, 2014); however, the existing programming does not meet the needs of college students affected by the COVID-19 pandemic. Due to the increased need for mental health services and counseling on college campuses, there is a need for additional support for students dealing with wellness concerns.

This action research study used a three-phase exploratory sequential mixed methods design. Phase One included two audio-recorded focus group interviews conducted via Zoom, one with university faculty and one with university staff. Questions asked during the interviews related to the wellness components included in a mandatory first-year course at a small, private university in the Southeastern United States and what might be missing. Participants were asked to examine the Six Dimensional Wellness model by Dr. Bill Hettler and determine which dimensions were missing from the course.

The results indicated that the current first-year course should add social, emotional, and spiritual wellness components. Phase Two included creating a wellness-based module constructed from the themes and the missing course components found in the results from Phase One. This included information on campus resources, relationships, friendships, mindfulness, stress, and anxiety. Phase Three began with a pre-test administered to all first-year students voluntarily during the first week of the aforementioned mandatory first-year class. Students were asked to work through the module and then take the post-test four weeks later during the course's

final week. The pre-and post-test questions were from the Depression, Anxiety, and Stress Scale-21 (DASS-21), where each item was scored on a four-point Likert scale and measured levels of depression, anxiety, and stress during the first week of class and then again during the last week of the course. The research concluded that although the mean scores between the pre-and post-tests for depression, anxiety, and stress decreased slightly, the p value for each showed no statistical significance between the pre-and post-tests. This showed promising results indicating that the online wellness-based module may be the first step to increasing levels of wellness in first-year students at a small, private university in the Southeastern United States. However, there is still work that needs to be done.

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I want to acknowledge those who have helped me on this journey to complete my dissertation. First, I sincerely thank my committee chair and committee members. Dean Kathleen Weigel, thank you for believing in me, encouraging me, and always being there. Thank you for your knowledge and patience. Dr. Jennifer Lesh, thank you for your guidance and expertise. Your classes gave me the knowledge and tools to succeed in this program and profoundly impacted me. Dr. Natalie Capiro, thank you for your continued support, time, and valuable feedback. I want to thank Dr. Melissa Lehman and Dr. Stefanie Powers for trusting me to develop the course and allowing it in the classrooms. I also want to thank Jahzeel Ramos in the College of Communication and Design and Dr. JeVaughn Lancaster in Instructional Design for going above and beyond and helping me with this project. This endeavor would not have been possible without the unconditional support of my husband, Alvaro Muriel. When I mentioned this program, you did everything possible to make this work for our family and pushed me to succeed. To my beautiful girls, Isabella and Penelope, thank you for understanding how important this was to me and bringing me tea while I worked! I am also thankful to my parents for helping us with our children when I had class, and my husband had to work, and to my sisters, Elouisa and Jessica, for their continued encouragement. Finally, I want to thank my incredible cohort for our friendships and endless support.

Dedication

I dedicate this dissertation to my amazing daughters, Isabella and Penelope. You have patiently and lovingly supported me on this journey, and I am forever grateful. I want you to know that you can achieve anything with hard work, determination, and a good work ethic. I love you both with all my heart. This is all for you. Love you, love you, love you.

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Chapter I: Introduction

The COVID-19 pandemic, caused by a novel coronavirus (Kim, 2020), has impacted people's mental health worldwide. The United Nations (UN) Secretary-General, Antonio Guterres, stated, "Unless we act now to address the mental health needs associated with the pandemic, there will be enormous long-term consequences for families, communities, and societies." (We Need to Take Action to Address the Mental Health Crisis in This Pandemic, 2021). The UN has also advised governments worldwide to take mental health consequences seriously and ensures widespread access to mental health support and resources (Facing Mental Health Fallout from the Coronavirus Pandemic, 2021).

Background

Mental health issues such as depression and anxiety are frequent among college students (Keyes et al., 2012), and this is particularly prevalent during their first year. Students have reported feeling homesick, lonely, and distressed within their interpersonal relationships (Conley et al., 2013). According to the spring 2019 data report from the American College Health Association (ACHA), undergraduate college students surveyed reported that 22.8% felt lonely, 21.6% felt anxious, 19.8% felt depressed to the point that it was difficult to function, and 24.3% reported having sleep difficulties (Home | American College Health Association, 2021).

Mental illness is not a new issue for researchers (Pedrelli et al., 2015); however, the COVID-19 pandemic has added an extreme amount of fear, pressure, and uncertainty into the lives of college students. According to Son et al. (2020), college students stated that COVID-19 increased the level of worry and fear about their health and the health of loved ones, with 43% worrying about vulnerable family members, including older adults and those with existing health

problems. Fifteen percent of students also described an increased fear for family members in the healthcare field, and 11% stated they were worried about contracting the virus themselves (Son et al., 2020).

Life has changed considerably for people worldwide since the beginning of the pandemic in 2020, and communication and social interactions have changed significantly. Education during the pandemic has been particularly challenging for grade-level and college students. For example, students have indicated feeling they need more instructor support due to online or remote classes (Son et al., 2020). Thirty-one percent stated that their assignments were more challenging to complete and that the number of assignments had also increased. The majority of students surveyed, 89%, found it difficult to concentrate on their academics due to a lack of interaction in online classes, a lack of accountability, and access to social media, video games, and the internet. The home was also considered a distracting environment due to interruptions by family members (Son et al., 2020). In a study conducted from March 2020 to May 2020, 30.5% of college students reported that their mental health had impaired their academics compared to 21.9% in the fall of 2019 (Home | American College Health Association), 2021). A fall 2020 data report from ACHA reveals that there have been significant increases in many areas during the pandemic. Students reporting loneliness increased significantly to 53.3%, 35.2% felt anxious, and depression rose to 26.4% (Undergraduate student reference group - ACHA 2020).

Sleep disturbances have also been linked to depression in college students, suggesting that sleep quality is related to increased health and well-being (Çelik et al., 2019). It is thought that depressive symptoms may decrease if sleep problems are dealt with (Nyer et al., 2013). According to the ACHA (2021), difficulty sleeping rose to 25.7% at the beginning of the pandemic.

Significance of Study

In April 2020, approximately 1.5 billion children and youth were affected by school closures in 195 countries worldwide to contain the spread of COVID-19, affecting college, pre-primary and grade-level students (UNESCO, 2021). Since then, many schools, colleges, and universities have reopened, but education looks different from what it once did in early 2020. Students stopped meeting for lectures in large auditoriums and had to work on classroom projects with their peers via Zoom. Students had to be socially distanced at all times, wearing facemasks, and physical contact with each other became minimal. Remote learning became a way of life for many, and students and educators alike had to adapt quickly. The United Nations Educational, Scientific and Cultural Organization (UNESCO) stated that the "COVID-19 outbreak is also a major education crisis" (UNESCO, 2021). As of January 2021, UNESCO reported that 13.4% of the world's student population is still affected by school closures. Approximately 234 million learners were out of school, and 33 countries are still affected by school closures. UNESCO also reports that two-thirds of an academic year was lost worldwide due to the COVID-19 school closures (UNESCO, 2021).

Many returning and first-time college students in the United States hoped they could return to on-campus classes in the fall of 2020. However, in a survey of 3000 colleges and universities, only 4% of colleges were entirely in-person, 10% were fully online, and the rest were a hybrid model of both in-person and virtual (Here's Our List of Colleges' Reopening Models, 2021).

According to the Collaborative for Academic, Social, and Emotional Learning (CASEL), social and emotional learning (SEL) "is the process through which all young people and adults

acquire and apply the knowledge, skills, and attitudes to develop healthy identities, manage emotions and achieve personal and collective goals, feel and show empathy for others, establish and maintain supportive relationships, and make responsible and caring decisions" (Fundamentals of SEL, 2021). SEL has proven to be successful in K-12 learning environments, but more research needs to be conducted in college settings. The limited studies show that including anxiety alleviating and social-emotional learning activities in the classroom results in students having a significantly improved ability to consider stressful events as challenges they could meet. They also found that activities that taught students social-emotional skills and mindsets to college students in the classroom can reduce anxiety levels (Stocker & Gallagher, 2019).

First-year experience (FYE) courses that include social and emotional learning in college curriculums have positively impacted retention rates and Grade Point Averages (GPAs). Studies show that FYE programs have positively influenced students' academic performance and were higher than those who had not taken an FYE course (Jamelske, 2009). Other research shows a relationship between wellness and academic success for first-year college students (Ballentine, 2010).

As the world is experiencing a pandemic, current programming in U.S. universities and colleges may not be sufficient to decrease the stress and anxiety that college students face today, as shown by the high numbers of stress and anxiety reported in the fall of 2020 in the ACHA survey (Active Minds' Student Mental Health Survey, January 2021). This indicates that it is the ideal time to reevaluate and revamp current wellness programming efforts and focus on the importance of college students' wellness.

Statement of the Problem

According to a September 2020 study by Active Minds, Student Mental Health Survey, 75% of college students reported that the pandemic has negatively impacted their mental health. Of all those surveyed, 78% reported feeling disappointment or sadness, 77% reported feeling lonely or isolated, and 87% reported feeling stressed or anxious (Active Minds' Student Mental Health Survey, 2021). Suicidal thoughts have also increased significantly in college students since the start of the pandemic. In a study by Wang et al. in 2020, researchers found that an alarming one in five respondents reported having suicidal thoughts, 71.75% reported anxiety, with over 38% in the moderate to severe range (Wang et al., 2020). According to the Centers for Disease Control and Prevention, one in four people aged between 18 and 24 (the typical age of a college student) had seriously contemplated suicide in June 2020 compared to the same period in 2019 (Czeisler, 2020).

According to the American College Health Association (ACHA), 64% of students are concerned about loved ones contracting the virus, which adds another layer of stress that was not present before (Home | American College Health Association, January 2021). According to Son et al., college students stated that COVID-19 increased the level of worry and fear about their health as well as the health of loved ones. Forty-three percent worried about vulnerable family members, including older adults and those with existing health problems. Fifteen percent also described an increased fear for family members in the healthcare field, and 11% stated that they were worried about contracting the virus themselves (Son et al., 2020).

Theoretical Frameworks

Wellness has become a popular word, but its roots date back to ancient times. Healthcare professionals have long used the term wellness, but in the past 100 years, a more holistic definition has developed. In 1948, the World Health Organization (WHO) defined health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (Callahan, 1973, p.77). This definition cleared the way for the broader meaning of wellness commonly used today. According to Halbert Dunn (1959), also known as the "father of the wellness movement," this definition from the WHO's Constitution describes the state of well-being to mean well in a positive sense in all areas. Dunn (1959) states that complete physical, mental, and social well-being needs to happen together to create wellness of the body, mind, and environment.

In 1976, Dr. Bill Hettler, a staff physician and director of the Health Service and Lifestyle Improvement Program at the University of Wisconsin- Stevens Point ("The Art of Health Promotion," 2015), created a hexagonal model of wellness, also known as the Six Dimensions of Wellness model. Hettler wanted to emphasize the multi-dimensional quality of human growth and development and created the Six Dimensions of Wellness model (Origins of the Hettler 6-Dimensional Model, 2007). This model focused on the behavioral choices people could make to enhance their life. Although there are many different wellness models, ranging from five to seventeen (Oliver et al., 2018), Hettler stated that "the truly best model is the one you actually use" (Origins of the Hettler 6-Dimensional Model, 2007).

Hettler also created the Lifestyle Assessment, which was based on the Six Dimensions of Wellness, and together with his colleagues from the University of Wisconsin- Stevens Point,

created the National Wellness Institute in 1977 and the first National Wellness Conference in 1978 (Origins of the Hettler 6- Dimensional Model, 2007).

Hettler defined wellness as "an active process through which individuals become aware of and make choices towards a more successful existence." This definition is based on the following:

- Wellness is considered a conscious, self-directed, and evolving process of achieving full potential.
- Wellness is multidimensional and holistic, encompassing lifestyle, mental and spiritual well-being, and the environment.
- Wellness is positive and affirming.

(Six Dimensions of Wellness | National Wellness Institute, 2020).

The Six Dimensions of Wellness, according to Hettler (Origins of the Hettler 6-Dimensional Model, 2007), are as follows:

1. **Occupational Wellness:** recognizes personal satisfaction and enrichment in one's life through work.
2. **Physical Wellness:** recognizes the need for regular physical activity. Encourages learning about diet and nutrition while discouraging the use of tobacco drugs and excessive alcohol consumption.
3. **Social Wellness:** encourages contributing to one's environment and community.
4. **Intellectual Wellness:** recognizes one's creative and stimulating mental activities.

5. **Spiritual Wellness:** recognizes our search for meaning and purpose in human existence.
6. **Emotional Wellness:** recognizes awareness and acceptance of one's feelings. Includes the degree to which one feels positive and enthusiastic about oneself and life.

Hettler wanted to highlight how all dimensions are connected and can contribute to healthy living. Depending on the participants' responses, not all dimensions may be recommended as necessary components of the wellness program. If that is the case, future research should focus on the dimensions not suggested.

Purpose of Study

The side effects of the COVID-19 pandemic are enormous and may not be fully understood for many years. Research suggests that college students face an unprecedented amount of stress and anxiety. Over 70% of students surveyed in a study that focused on the mental health of college students in the United States stated an increased level of stress and anxiety due to the COVID-19 pandemic (Son et al., 2020). In the past, first-year programs effectively reduced stress and anxiety among students who took part in such a course, but stress and anxiety levels are still high in the fall of 2020. This suggests that the existing programming may not meet the needs of college students affected by the COVID-19 pandemic.

This action research study uses related literature to develop an online wellness-based module and incorporate it into the mandatory first-year class at a small, private university in the Southeastern United States. This curriculum will support students' mental and emotional health and well-being based on the Six Dimensional Model of Wellness created by Dr. Bill Hettler. The

Six Dimensional Model of Wellness will guide the content creation of the course as it focuses on the behavioral choices people could make to enhance their life. The creation of this program, based on research, will:

- Aim to decrease stress and anxiety levels in first-year college students caused by the COVID-19 pandemic by providing students with the tools necessary to overcome challenges.
- Contribute to increasing first-year college students' overall social and emotional well-being.

Research Questions

Q1: What are some of the necessary components of a wellness-based program that focus on stress and anxiety in first-year college students?

Q2. How will an online wellness-based module increase the levels of wellness in first-year private university students?

Assumptions

Students may assume that stress and anxiety are a normal part of the college experience and even life. Due to this assumption, many may not seek help because they see the experience as expected. This false assumption can lead to a lack of awareness and treatment options.

It is common knowledge that the COVID-19 pandemic has increased and caused significant mental health issues for many due to various reasons. The world had to worry about their health and potentially catching a deadly virus. Children suddenly had to go remote and

attend virtual school. They were unable to socialize with friends or enjoy playdates for months. College students were sent back home to complete their degrees online. Adults were being laid off or furloughed, which caused a significant financial burden for many. The lucky ones got to work from home, but for some, that was stressful, and many missed going to the office. Businesses and restaurants closed without knowing when they would open their doors again. Travel was restricted, leaving many unable to see their friends and loved ones.

Mental health is an issue that should be taken as seriously as physical health, but there needs to be more understanding and awareness on the topic (Shrivastava et al., 2012). If college students were provided with more education on various wellness topics, the experience might be more enjoyable. This could contribute to outcomes like graduating on time and increasing general well-being.

Definition of Terms

Anxiety refers to an abnormal and overwhelming sense of apprehension and fear often marked by physical signs (such as tension, sweating, and increased pulse rate), by doubt concerning the reality and nature of the threat, and by self-doubt about one's capacity to cope with it (Merriam-Webster, 2022).

COVID-19 refers to a mild to severe respiratory illness that is caused by a coronavirus (Merriam-Webster, 2022).

Depression refers to a mood disorder that is marked by varying degrees of sadness, despair, and loneliness and that is typically accompanied by inactivity, guilt, loss of concentration, social withdrawal, sleep disturbances, and sometimes suicidal tendencies (Merriam-Webster, 2022).

First-Year Experience Courses, often referred to as college success courses or freshman seminars, are courses for first-year students in 2-year and 4-year colleges (First Year Experience Courses, 2016).

Pandemic refers to an outbreak or product of sudden rapid spread, growth, or development (Merriam-Webster, 2022).

Remote Learning refers to where the student and the educator are not physically present in a traditional classroom environment. Instruction is disseminated through technology tools such as discussion boards, video conferencing, and virtual assessments (Phelps et al., 2022).

Stress refers to a mental or emotional strain or tension resulting from adverse or very demanding circumstances (Chaw, 2023).

Wellness refers to being in good health, especially as an actively pursued goal (Merriam-Webster, 2022).

Chapter II: Review of the Literature

The literature review examines the impact of the COVID-19 pandemic on college student's mental health and well-being. An in-depth study of wellness from ancient times to its modern-day concept must be discussed to achieve this. The research will provide a comprehensive examination of the wellness of college students and describe how the COVID-19 pandemic has affected their overall wellness. The review aims to support the idea that implementing an online wellness module into a first-year experience course in college can provide the tools and education for students to manage stress and anxiety, contributing to overall college success.

History of Wellness

Wellness has become a popular word, but its roots date back to ancient times. Healthcare professionals have long used the term wellness, but in the past 100 years, a more holistic definition has developed. In 1948, the World Health Organization (WHO) defined *health* as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (Callahan, 1973). This definition cleared the way for the broader meaning of wellness that is commonly used today.

Traditional Chinese Medicine (TCM) is one of the world's oldest systems of medicine, dating back to 3000-2000 B.C. This holistic perspective to achieving health and well-being through harmony within one's life was influenced by the ancient philosophies of Taoism and Buddhism. Many therapies and practices commonly used today, such as tai chi, acupuncture, and herbal medicine, were born from this (History of Wellness, 2014).

Hippocrates, who lived from 460-375 B.C., was also known as the Father of Medicine and one of the most influential figures in Greek medicine. He was the first physician to focus on preventing sickness rather than treating the disease (Jhala & Jhala, 2012). Hippocrates was the first to argue that disease is a product of diet, lifestyle, and environmental factors.

Ancient Roman medicine in 50 B.C. focused on preventing disease over curing disease and adopted a similar belief to the Greeks. Ancient Romans also developed a public health system and an extensive system of aqueducts, sewers, and public baths, which helped prevent the spread of germs and maintained a healthier population (History of Wellness, 2014).

In the Nineteenth Century, the United States and Europe saw numerous alternative healthcare methods focused on self-healing, preventative care, and holistic medicine. Holistic medicine refers to treating the whole person rather than just the disease's symptoms. It addresses the psychological, familial, societal, ethical, spiritual, and biological dimensions of health and illness (Gordon, 1982). The holistic approach looks at each person uniquely and holds each person responsible for their health and society's responsibility for promoting health (Gordon, 1982).

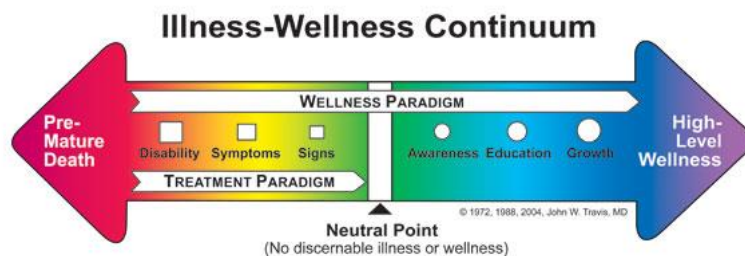
The Twentieth Century saw many societal changes and became an era of modern medicine. The contemporary use of the term wellness can be dated back to the 1950s by a physician, Halbert L. Dunn. Dr. Dunn is considered the Father of the Wellness Movement and the author of *High-Level Wellness* (Halbert Dunn Award, 2022). According to Dunn (1959), in the 1950s, health was only seen in terms of disease and death. Dunn (1959) felt that it might be difficult for the world to turn in the opposite direction and focus on good health made up of overlapping levels of wellness. Dunn (1959) considered the importance of supporting various medical and health programs which involved preventative or rehabilitative research and

activities. His work caught the attention of several other physicians and intellectuals who ultimately built upon it.

In the 1970s, Dr. John W. Travis founded the world's first wellness center in Mill Valley, California, and, in 1975, developed a 12- dimensional wellness assessment tool called the Wellness Inventory. The Wellness Inventory consists of ten Likert-style questions on a scale of 0-10 ratings on the 12 dimensions of wellness to understand a person's overall level of wellness (Lothes & Nanney, 2020). Travis also created a wellness continuum in 1977 (See Figure 1), highlighting that the simple absence of illness does not necessarily bring wellness and does not mean quality of life. It is simply a neutral point in the middle of the graph. The Illness-Wellness Continuum is a graphic representation of illness and wellness (Ii, 2020). The model shows that a person can have deep anxiety or is genuinely unhappy but has no physical symptoms. High-level wellness, according to Travis, includes awareness, education, and growth. It can include self-care activities such as physical and emotional care, using one's mind constructively, and being creative and spiritual (Ii, 2020). Travis believed that no matter where a person is on the continuum, it is only important whether they face wellness or illness. As a person moves from the neutral point, which represents no discernable illness or wellness, and moves to the left, a person indicates a worsening state of well-being—additionally, moving in the opposite direction to the right signals increasing health and well-being levels (Travis & Ryan, 2004).

Figure 1

The Illness-Wellness Continuum



Note. This figure depicts the Illness-Wellness Continuum created by Travis, J. W., & Ryan, R. S. (2004). *Wellness Workbook: How to Achieve Enduring Health and Vitality*. Celestial Arts.

In 1977, Dr. Donald Ardell published his book, *High-Level Wellness: An Alternative to Doctors, Drugs, and Disease*, influenced by Dunn's work. Ardell concluded, "Wellness initiatives in one area of your life will reinforce health-enhancing behaviors in other areas" (Ardell, 1977, p. 4). For example, he suggested that if a person took up jogging and stayed with it for a week or developed a meditation technique or other relaxation skill, this effort would carry over, sustain, and motivate the person to pursue other dimensions of high-level wellness. He felt that, "The more positive things you do for your body, the fewer negative things (e.g., smoking) you will want to do against it" (Ardell, 1977, p.4).

Also, in the 1970s, the University of Wisconsin- Stevens Point (UWSP) started the first university-based campus wellness center based on the work of John W. Travis. Due to this, the number of campus wellness programs began to increase all over the United States in the 1970s and 1980s. James Albertson, who was the president of the University of Wisconsin- Stevens Point (UWSP) from 1962-1967, believed that a university should not only teach the academic offerings but should also help people learn how to live their lives successfully (Origins of the 6-Dimensional Model of Wellness, 2007).

Dr. Bill Hettler, a staff physician and director of the Health Service and Lifestyle Improvement Program at the University of Wisconsin- Stevens Point (The Art of Health Promotion, 2015), built upon the work of Travis and created a hexagonal model of wellness. Hettler wanted to emphasize the multi-dimensional quality of human growth and development and created the Six Dimensions of Wellness model (Origins of the Hettler 6-Dimensional Model, 2007). This model focused on the behavioral choices people could make to enhance their life.

Although there are many different wellness models, ranging from five to seventeen (Oliver et al., 2018), Hettler stated that "the truly best model is the one you actually use" (Origins of the Hettler 6-Dimensional Model, 2007). Hettler also created the Lifestyle Assessment, which was based on the Six Dimensions of Wellness model, and together with his colleagues from the University of Wisconsin- Stevens Point, created the National Wellness Institute in 1977 and the first National Wellness Conference in 1978 (Origins of the Hettler 6- Dimensional Model, 2007).

Hettler defined wellness as "an active process through which individuals become aware of and make choices towards a more successful existence." This definition is based on the following:

1. Wellness is considered a conscious, self-directed, and evolving process of achieving full potential.
2. Wellness is multidimensional and holistic, encompassing lifestyle, mental and spiritual well-being, and the environment.
3. Wellness is positive and affirming.

(Six Dimensions of Wellness / National Wellness Institute, 2020).

The Six Dimensions of Wellness

Dr. Bill Hettler, co-founder of the National Wellness Institute (NWI) and a staff physician and director of the Health Service and Lifestyle Improvement Program at the University of Wisconsin- Stevens, developed the Six Dimensions of Wellness Model (See Figure 2).

Figure 2

The Six Dimensions of Wellness Model



Note. Figure 2 depicts the Six Dimensions of Wellness Model developed by Dr. Bill Hettler. (Six Dimensions of Wellness, 2021).

According to the National Wellness Institute (Six Dimensions of Wellness, 2021), the following are the definitions of each of the six dimensions:

Occupational Wellness: This dimension recognizes personal satisfaction and enrichment in one's life through their work. This dimension relates to a person's attitude towards their work. In order to attain occupational wellness, a person must work through their unique gifts, skills, and talents to do what is personally meaningful and rewarding. An essential component of this dimension is a person's choice of profession, their job satisfaction, and their career ambitions, as well as their performance.

Occupational wellness focuses on these beliefs:

- Choosing a career consistent with our values, interests, and beliefs is better than selecting an unrewarding one.
- Developing functional, transferable skills through structured involvement opportunities is better than remaining inactive and uninvolved.

This dimension is essential for college students as they will focus on finding employment during their final year of college and after graduation. Colleges and universities can prepare students for this transition by focusing on occupational wellness.

Physical Wellness: This dimension stresses the importance of regular physical activity and learning about diet and nutrition. The dimension discourages the use of tobacco, drug, and excessive alcohol consumption. Optimal wellness is achieved by combining good exercise and healthy eating habits. The physical activity levels of college students are of concern because research shows that approximately 30% - 50% of students do not participate in enough physical activity to increase their health benefits (Keating et al., 2005).

Physical wellness, according to Hettler (1980), focuses on these beliefs:

- It is better to consume foods and beverages that enhance good health rather than those that impair it.
- It is better to be physically fit than out of shape.

Social Wellness: This dimension highlights the importance of contributing to one's environment and community. Those on this wellness path will become more aware of their importance in society and their impact on multiple environments. Improving the world by encouraging healthier living and initiating better communication with those around us is crucial to this dimension. Hettler (1980) emphasized social wellness in relation to others and the environment. This includes volunteer and community support.

Social wellness follows these beliefs:

- It is better to contribute to the common welfare of our community than to think only of ourselves.

- It is better to live in harmony with others and our environment than to live in conflict with them.

Intellectual Wellness: This dimension seeks to recognize a person's creative and stimulating mental activities. This dimension can also relate to cultural activities outside the classroom and beyond. A person well in this dimension cherishes the importance of intellectual growth and stimulation. Traveling can also be a part of this dimension related to problem-solving, creativity, and learning. A person who is seen as well in this dimension will also spend more time pursuing personal interests and reading books, magazines, and newspapers while keeping up with current issues and ideas. Hettler's (1980) definition is focused on the acquisition, development, application, and articulation of critical thinking.

Intellectual wellness follows these beliefs:

- It is better to stretch and challenge our minds with intellectual and creative pursuits than become self-satisfied and unproductive.
- It is better to identify potential problems and choose appropriate courses of action based on available information than to wait, worry, and contend with major concerns like that.

Spiritual Wellness: This dimension focuses on a search for meaning and purpose in human existence. If a person is well in this dimension, they will have a more consistent view of their beliefs and values. Hettler (1980) described spiritual wellness as an idea that gives goals and unity to thoughts and actions. According to Hettler (1980), spiritual wellness seeks meaning, purpose in existence, and understanding of one's place in the universe.

Spiritual wellness follows these beliefs:

- It is better to ponder the meaning of life for ourselves and to be tolerant of the beliefs of others than to close our minds and become intolerant.

- It is better to live each day consistent with our values and beliefs than to do otherwise and feel untrue to ourselves.

Emotional Wellness: This dimension focuses on awareness, acceptance, and coping with different emotions, feelings, and thoughts healthily and adaptively and satisfying relationships with others. Hettler (1980) believed that emotional wellness was a continuous process incorporating awareness, constructive expression, and management of emotions. Hettler (1980) believed emotional wellness was the acceptance and understanding of feelings in oneself and others.

Emotional wellness follows these beliefs:

- It is better to be aware of and accept our feelings than to deny them.
- It is better to be optimistic and our approach to life than pessimistic.

Wellness of College Students

Approximately 17.5 million undergraduate students are enrolled in colleges and universities in the United States (College Enrollment & Student Demographic Statistics, 2021). Transitioning to college from high school can be a stressful time for college students, and as a result, many students suffer from mental health issues. Mental health issues such as stress and anxiety are frequent among college students (Keyes et al., 2012). College students have long been experiencing these issues, particularly during their first year. According to the Spring 2019 data report from the American College Health Association (ACHA), undergraduate college students surveyed reported that 23.4% felt hopeless, 17.6% felt overwhelmed, and 23% felt lonely. Almost 20% of students stated that they felt so depressed that it was difficult to function, 21.6% felt overwhelming anxiety, and 44.7% rated their overall stress levels as more than average. (Home | American College Health Association, January 2021).

There is enormous pressure on college students to succeed academically, thrive, and get involved in extracurricular activities, and advocating for their health can prove challenging. These pressures during their time at college can negatively impact the health and well-being of the student body (Wellness 101, 2021). Many students feel that stress is a standard part of the college experience, and according to Pace et al., (2018), some students think that they do not need help because they see stress as a fundamental part of the college experience. Many students also arrive at college with ineffective coping strategies, and colleges and universities provide few coping skills and remedies to be successful (Beauchemin, 2018).

College students have stated many barriers to seeking mental health resources, such as awareness and stigma (Pace et al., 2018). There is a consistent lack of knowledge about campus mental health resources in college students, which therefore causes a barrier to seeking help. Thirty percent of college students do not know that counseling services are available at their institute (Pace et al., 2018). The stigma of seeking mental health services is also a significant barrier impacting mental health help-seeking. Society holds negative views regarding those seeking help, so students are less likely to seek support (Pace et al., 2018). Homesickness is another reason that the mental health of college students may suffer. Homesickness is a mixture of depressive and anxious symptoms. While the transition to college can be a stimulating experience socially and intellectually for some, for others, the transition can be overwhelming and distressing (Thurber & Walton, 2012). When entering college, students need to know how to make and maintain friendships and relationships, independently manage their lives, adjust to new schedules, and succeed. Due to this, lower stress management scores of college students have been reported (LaFontaine et al., 2006). This is likely because many students are away from

family and friends for the first time and are transitioning to finding new strategies to manage stress (LaFontaine et al., 2006).

The course load required in college courses can also be overwhelming for incoming students, and many first-year students are not adequately prepared for that workload (Wyatt & Bloemker, 2013). College students are responsible for keeping up with homework, reading books and textbooks outside the classroom, and managing their schedules. College students experience more freedom than in high school, but they also need more structure.

According to Thurber & Walton (2012), if students can positively adjust from home, their student experience can be enhanced. Making and building relationships and friendships will become easier and more manageable. A positive adjustment can promote resilience and prepare college students for future success. Students desire to feel connected to their university community and recognize that a sense of belonging is essential to their overall health and wellness (Wellness 101, 2021). University students have reported a high reliance on social acceptance and a need to belong, and the university setting provides students with many opportunities to strengthen social ties and connections (Baldwin et al., 2017). College students with a strong need to belong will potentially seek various academic and social memberships (Baldwin et al., 2017).

The COVID- 19 Pandemic

The COVID-19 pandemic has added extreme fear, pressure, and uncertainty to the lives of college students. According to Son et al. (2020), college students stated that the COVID-19 pandemic had increased worry and fear about their health, and 43% were worried about vulnerable family members, including older adults and family members with existing health

problems. Students are also concerned about family members who work in the healthcare field, and 11% of students stated that they were worried about contracting the virus themselves (Son et al., 2020). These concerns are in addition to the other stressors mentioned in previous sections that college students already have to navigate.

Since the beginning of 2020, life has changed considerably for people worldwide. The way we communicate and interact socially has changed significantly. Education during the pandemic has been particularly challenging for grade-level and college students. For example, students have indicated needing more instructor support due to online or remote classes (Son et al., 2020). Thirty-one percent stated that the assignments had become more challenging to complete and that the number of assignments had also increased. The majority of students surveyed, 89%, found it difficult to concentrate on their academics due to a lack of interaction in online classes, a lack of accountability, and access to social media, video games, and the internet (Son et al., 2020). Some also considered the home a distractive environment as it included interruptions by family members (Son et al., 2020). In a study conducted from March 2020 to May 2020, 30.5% of college students reported that their mental health had impaired their academics compared to 21.9% from the fall of 2019 (Home | American College Health Association, January 2021). A fall 2020 data report from ACHA reveals that there have been significant increases in mental health concerns of college students during the pandemic, including students reporting loneliness which increased significantly to 53.3%. Thirty-five percent reported feeling anxious, depression rose to 26.4%, and difficulty sleeping rose to 25.7% (Home | American College Health Association, 2021).

According to a September 2020 study by Active Minds, Student Mental Health Survey, 75% of college students reported that the pandemic has negatively impacted their mental health.

Of all those surveyed, 78% reported feeling disappointment or sadness, 77% reported feeling lonely or isolated, and 87% reported feeling stressed or anxious (Active Minds' Student Mental Health Survey, 2021). The physical activity levels of college students have also been impacted, with 56% stating that their daily levels had decreased significantly. One in four students also said their depression increased dramatically during this time (Active Minds' Student Mental Health Survey, 2021).

Suicidal thoughts have increased significantly in college students since the start of the pandemic. Studies suggest that an alarming one in five respondents in a college survey reported having suicidal thoughts, and 71.75% reported anxiety, with over 38% in the range of moderate to severe (Wang et al., 2020). According to the Centers for Disease Control and Prevention, one in four people between 18 and 24 (the typical college student age) had seriously contemplated suicide in June 2020 compared to the same period in 2019 (Czeisler, 2020).

The side effects of the COVID-19 pandemic are enormous and may not be fully understood for many years. Research suggests that college students face an unprecedented amount of stress and anxiety. Over 70% of students surveyed in a study that focused on the mental health of college students in the United States stated an increased level of stress and anxiety due to the COVID-19 pandemic, and 97% presumed that other students were experiencing similar stress and anxiety because of COVID-19 (Son et al., 2020). At least 54% of students indicated the negative impacts of the pandemic on their academics, health, and lifestyle (Son et al., 2020). Eighty-six percent stated that the pandemic had increased their level of social isolation, and eighty-two percent showed concerns about their academic performance being impacted by the pandemic (Son et al., 2020).

Social and Emotional Learning

According to the Collaborative for Academic, Social, and Emotional Learning (CASEL), social and emotional learning (SEL) "is the process through which all young people and adults acquire and apply the knowledge, skills, and attitudes to develop healthy identities, manage emotions and achieve personal and collective goals, feel and show empathy for others, establish and maintain supportive relationships, and make responsible and caring decisions" (Fundamentals of SEL, 2021). Social and emotional learning (SEL) was first introduced in 1994 by educators, researchers, and child advocates. The group initially reviewed concerns about the effectiveness of various positive youth programs in schools nationwide. Social-emotional learning was introduced as an outline to address school-aged children's needs and coordinated into school programs (Fundamentals of SEL, 2021).

Researchers, teachers, parents, and school principals agree that social and emotional competencies can be taught, modeled, and practiced, eventually leading to positive student outcomes that are important for success in school and life. When educational settings support students' social and emotional needs, they are more likely to flourish and thrive academically (Mulholland, 2017). There are many benefits of Social Emotional Learning. CASEL recognizes the following:

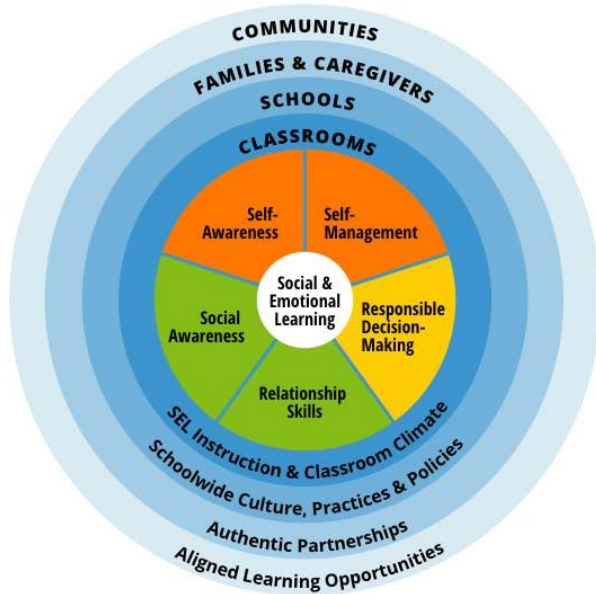
- Improvement in students' social and emotional skills, attitudes, relationships, academic performance, and classroom and school climate perceptions.
- A decline in students' anxiety, behavior problems, and substance use.
- Long-term improvements in students' skills, attitudes, prosocial behavior, and academic performance.

CASEL has identified five interrelated sets of cognitive, affective, and behavioral competencies that make up SEL (*Explore SEL*, 2021):

- **Self-awareness.** The ability to accurately recognize one’s emotions and thoughts and their influence on behavior.
- **Self-management.** The ability to regulate one’s emotions, thoughts, and behaviors effectively in different situations and to set and work toward personal and academic goals.
- **Social awareness.** The ability to take the perspective and empathize with others from diverse backgrounds and cultures and to recognize family, school, and community resources and supports.
- **Relationship skills.** The ability to establish and maintain healthy and rewarding relationships with diverse individuals and groups through communicating, listening actively, cooperating, negotiating conflict constructively, and seeking and offering help when needed.
- **Responsible decision-making.** The ability to make constructive and respectful choices about personal behavior and social interactions based on consideration of ethical standards, safety concerns, the realistic evaluation of the consequences that stem from actions, and the well-being of self and others.

Figure 3

The Collaborative for Academic, Social, and Emotional Learning (CASEL) Wheel



Note. The CASEL Wheel. Retrieved from <https://casel.org/fundamentals-of-sel/what-is-the-casel-framework/>

According to Weissberg & Cascarino (2013), students in K-12 who have received SEL programs have benefited from the following:

- Improved social and emotional skills, self-concept, bonding to school, and classroom behavior.
- Fewer conduct problems such as disruptive classroom behavior, aggression, bullying, and delinquent acts; and
- Reduced emotional distress such as depression, stress, or social withdrawal.

As the transition from high school to college can be overwhelming for some students, the literature shows that social and emotional competence skills can help with the transition. Studies have cited different topics and materials that should be studied in a higher education setting.

Wyatt & Bloemker (2013) suggest the use of the following topics:

1. Knowledge of emotions in self and others.

2. Relationship Skills.
3. Tolerance Skills.
4. Behavioral and Perceptive Flexibility.

First-Year Programming

Many colleges and universities provide first-year students with a first-year experience course to assist undergraduate students with the adjustment to college life and to prepare them to be more successful. These first-year experience courses usually include an expanded version of the content provided during orientation and often include education on academic skills, time management skills, and stress management. Since many students need to be adequately prepared for the intense workload required in college and have difficulties managing homesickness and relationships or making friends (Wyatt & Bloemker, 2013), these first-year courses aim to help students succeed in their new environment.

Research suggests that learning academic skills, knowing the available support, and the potential supportive relationships established in the first-year course can help college students transition from high school to college. Functioning in social and emotional competence correlates to the academic and social skills necessary for a successful college transition (Wyatt & Bloemker, 2013). If students are not equipped with the skills needed to look after their health and well-being, many higher education institutions could see a decline in enrollment because students leave with no improvements to their overall health (Ford, 2015).

International students can also greatly benefit from these first-year courses. Tailored first-year courses can better prepare students for college life and contribute to social and emotional development (Yan & Sendall, 2016). These courses can help international students become more

aware of college resources and better prepare them for the adjustment to an American classroom. Yan & Sendall, (2016), also found that a first-year course can help international students maintain relationships with friends and family, and make more American friends. Finally, they found that international students are not unlike domestic students as they all experience similar challenges during the first year of college.

Consequences of Poor Mental Health

As the COVID-19 pandemic is still ongoing as of 2022, it is challenging to assume exactly what mental health concerns may affect children and adults in the future. Historically, experiencing a traumatic event has been linked to worsening mental health issues. For example, the Chernobyl disaster in the former Soviet Union in 1986 resulted in increased mental health problems among its residents, which ultimately became a public health problem. The rates of those suffering from anxiety, depression, and post-traumatic stress disorder (PTSD), were two to four times higher among the subjects who were “Chernobyl exposed” compared to the general population even up to eleven years after the event (Yuriko Suzuki et al., 2015).

More recently, a study that focused on the exposure to traumatic events and behavioral problems of preschool children suggested that those who witnessed the 9/11 attacks were nearly three times more likely to experience symptoms of depression and anxiety than those who had not been exposed. The researchers also found that those exposed were almost five times more likely to experience sleep problems (Chemtob et al., 2008). The events mentioned, although significant, personally affected a relatively small number of people, compared to the COVID-19 pandemic, which has affected almost every single person on the planet, ultimately affecting mental health worldwide.

Mental health issues have also prevented students from getting the most out of college experiences. For example, students suffering from mental health issues may lack the same level of curiosity, engagement, and involvement found in their peers without any mental health issues. Students will likely experience a diminished quality of life (Nathan, 2016). Feeling overwhelmed or having depression can lower the body's ability to fight disease; therefore, students with poorer mental health may be sicker and use more healthcare services (Nathan, 2016). Institutions of higher education may also experience negative impacts if their students who suffer from mental health issues are left untreated. They could potentially suffer from losing tuition, as students may not be able to complete their degree and potentially lose funds from alumni donations (Nathan, 2016). Society and the local community can be negatively affected by the poor mental health of college students. Students who cannot finish their degrees may be unable to contribute valuable skills in a competitive job market (Consequences of Student Mental Health Issues | Suicide Prevention Resource Center, 2002). Studies have also shown that essential professional skills can be lost, and poor mental health can impact early work experiences (Nathan, 2016).

Conclusion

The COVID-19 pandemic has increased stress and anxiety in college students. First-year experience courses have shown to relieve some of the stresses associated with the college transition (Holliday, 2014); however, the existing programming may not meet the needs of college students affected by the COVID-19 pandemic. Due to the increased need for mental health services and counseling on college campuses, there is a need for alternate support to be created and offered for students dealing with stress and wellness concerns and preventative strategies to lessen stress (Beauchemin, 2018).

By focusing attention on the wellness behaviors of college students, higher education administrators can develop programs and activities to enhance student wellness which would impact their success in college and help them develop health behaviors (LaFontaine et al., 2006). By developing a curriculum based on the Six Dimensional Model of Wellness by Dr. Bill Hettler, "a person becomes aware of the interconnectedness of each dimension and how they contribute to healthy living" (Six Dimensions of Wellness | National Wellness Institute, 2020).

Chapter III: Research Design and Methodology

The transition to college from high school can be stressful for college students, and as a result, many students suffer from mental health issues (Thurber & Walton, 2012), such as stress and anxiety (Keyes et al., 2012). College students have long been experiencing these issues, particularly during their first year. According to the Spring 2019 data report from the American College Health Association (ACHA), undergraduate college students surveyed reported that 23.4% felt hopeless, 17.6% felt overwhelmed, and 23% felt lonely. Almost 20% of students stated that they felt so depressed that it was difficult to function, 21.6% felt overwhelming anxiety and 44.7% rated that their overall stress levels were more than average. (Home | American College Health Association, January 2021).

The COVID-19 pandemic has added an extreme amount of fear, pressure, and uncertainty into the lives of college students. According to Son et al. (2020), college students stated that the COVID-19 pandemic had increased the level of worry and fear about their health and that of their loved ones. Many students, 43%, were worried about vulnerable family members, including older adults and family members with existing health problems. Students were also concerned about family members who work in the healthcare field, and 11% of students stated that they were worried about contracting the virus themselves (Son et al., 2020). These concerns are in addition to the other stressors mentioned in previous sections that college students already need to navigate.

To address the issue of decreasing stress and anxiety levels of college students, the researcher will conduct an action research study using a sequential mixed method design. This three-phase mixed method design will begin with exploring qualitative data and analysis by

using focus groups. Based on the data analysis from the focus groups and using the Six Dimensional Model of Wellness, the researcher will then build a feature (Creswell & Creswell, 2018), an online wellness-based module, and finally, test the feature in a third quantitative phase by administering a pre- and post-test. The primary hypothesis of this study is that an online wellness-based module offered as a supplement to a first-year class will decrease stress and anxiety in college students.

Proposed Research

This action research study intends to understand the necessary components of an online wellness-based program, inspired by the Six Dimensional Model by Dr. Bill Hettler (Six Dimensions of Wellness | National Wellness Institute, 2020). The study will explore how the module would decrease the stress and anxiety of first-year college students at a small, private university in the Southeastern United States. The researcher will use an exploratory sequential mixed method design to collect qualitative data to develop the content for an online wellness-based module to improve student learning and decrease stress and anxiety levels in first-year college students.

Research Design

In order to answer the research questions, the researcher will use action research and an exploratory sequential mixed methods design. Mixed method designs involve combining qualitative and quantitative research and data in a research study in a three-phase design (Creswell & Creswell, 2018). According to Creswell & Creswell (2018), the three-phase exploratory sequential mixed methods is a design that begins with the researcher exploring and analyzing qualitative data. The researcher will then build a feature to be tested and then test that

feature in a quantitative third stage. According to Creswell & Creswell (2018), “The intent of this design is to explore with a sample first so that a later quantitative phase can be tailored to meet the needs of the individuals being studied” (p.15). In this study, it is essential to learn about the wellness dimensions that could improve student wellness and should be included in the module based on the feedback from the focus groups.

Research Questions

Q1: What are some of the necessary components of a wellness-based program that focus on stress and anxiety in first- year college students?

Q2. How will an online wellness-based module increase the levels of wellness in first-year private university students?

Population and Sample

The current study will take place at a small, private university in the Southeastern United States. The population consists of 122 full-time faculty and 375 full-time staff members. The undergraduate student population totals 2247 with 1,114 male students and 1,133 female full-time students. In the graduate program, there are 289 males and 520 females. Of the total enrollment of all students, 41.58% identify as White, 16.96% identify as Hispanic, 11.91% identify as Black or African-American, 1.39% identify as Asian, 0.31% identify as American Indian or Alaska Native, and 0.15% identify as Native Hawaiian or other Pacific Islander.

Of the 122 full-time faculty members, three are identified as project leaders and content creators for the mandatory first-year class that all incoming students must take. These three faculty members will act as gatekeepers for the researcher to gain access to the participants in

Focus Group One. The researcher will gain access by sending an email (Appendix A) to the gatekeepers requesting the contact information of all faculty who teach the course. An email will then be sent to these faculty members (Appendix B) asking them to participate in Focus Group One.

For the second focus group, an email (Appendix B) will be sent to various professional staff from the same university whose primary function is student well-being and success. The contact information of these individuals will be taken from the university website and will include departments such as Counseling Services and Student Health, Campus Recreation, and Student Success. Finally, once the online wellness-based module has been developed, it will be implemented into the mandatory first-year course with the students in this class as the study participants.

Phase One

The researcher will facilitate two focus groups in order to gain the perspective of various professionals at the university, all of whom work with students daily, inside and outside of the classroom, for this action research study. The first focus group will include a sample of faculty members who teach the mandatory first-year class. This class is a foundational course for all first-year students. It is a one-credit course designed to guide students through the transition to academic life at the university. The course, which is taken over one semester, focuses on learning helpful resources and skills in academic support, information literacy, registration and advising, study abroad, and researching future careers. The faculty must have been teaching the class for at least two years to ensure that they taught the course at the research site during the pandemic. The reason for choosing these faculty members, in particular, is because they have firsthand

knowledge of teaching first-year students in the mandatory class during the pandemic. The second focus group will include various professional staff from the same university whose primary function is student well-being and student success. This group of professional staff may give a different perspective of student well-being from outside of the classroom. The researcher will have access to both sets of participants for the study through working at the research site and will be contacted by the researcher through email (Appendix B).

Participants for Focus Group One at the research site will be selected via gatekeepers, who are the faculty who lead and design the first-year class. The researcher will ask the gatekeepers to provide the names and contact information through email (Appendix A) of the faculty members who teach the first-year class. The researcher will then reach out to the potential participants via email (Appendix B) and ask them if they would like to participate in this study. The faculty members who respond and would like to participate will become the sample for Focus Group One. The focus group will be conducted using Zoom and will be audio-taped through the website along with a backup recording device.

For the second focus group, which will also be conducted using Zoom and will be audio-taped, the researcher will recruit participants from different departments at the university that primarily work with students' well-being and student success. An email (Appendix B) will be sent to staff members in those departments, and a deadline date will be given for potential participants to respond. Once the deadline has passed, the researcher will email a calendar invite and an informed consent form for participants to sign before participating in the focus groups (Appendix C).

Phase Two

The researcher will create an online wellness-based module (Appendix H) created from the results in Phase One. Once the module is complete, the researcher will administer the course to all first-year students in a mandatory first-year class. The course will be an online supplement to the already created course required for all incoming first-year students. The online wellness-based module will be optional for students to take and will be a self-contained and self-paced module. This way the instructors for the course do not have to teach any additional content and the students can move through the course at their own pace. Permission to implement the course will be included in Appendix A, which is the email to the gatekeepers as they are the project leaders and content creators of the mandatory first-year course.

Phase Three

Once the online wellness-based module has been created, the researcher will create a pre- and post-test (Appendix J) using total population sampling. This form of purposive sampling involves surveying the entire population that has a specific set of characteristics. As the research site is a small, private university, the first-year class is estimated at approximately 600 students.

Instrumentation

Phase One

The researcher will use qualitative measures to answer the first research question by using focus groups. The researcher will act as the vital instrument in this data collection. The researcher will gather the information and interpret it. The literature shows that a focus group interview should have six to eight interviewees in each group (Creswell & Creswell, 2018). The

interview will contain semi-structured questions to obtain the participants' opinions, such as: “What has been your experience teaching the mandatory first-year class regarding students' mental health?” and “What has been your experience working with first-year students throughout the pandemic regarding students' mental health?”

This type of qualitative data collection allows the participants to provide historical information, which would be information on what they perceive wellness to be and what aspects of wellness may be missing in the first-year course. It also gives the researcher control over the questioning (Creswell & Creswell, 2018) and asks the specific questions needed to create the online wellness module. The researcher will sample faculty members at the university (Focus Group One) and professional staff who work directly with students from the same institution (Focus Group Two) using two separate focus groups with semi-structured audiotaped questions (Appendix D). Each focus group will be scheduled through Zoom. During the focus groups, the researcher will present the Six Dimensional Model of Wellness along with definitions and examples (Appendix E) from the National Wellness Institute using the screen share function of Zoom. The informed consent form (Appendix C) will also be shared with all participants and will be required to be returned and signed before the beginning of the focus groups.

This study will focus on the Six Dimensional Model of Wellness created by Dr. Bill Hettler as this model focuses on the behavioral choices people make to enhance their life. Although there are many different wellness models, ranging from five to seventeen (Oliver et al., 2018), Hettler stated that "the truly best model is the one you actually use" (Origins of the Hettler 6-Dimensional Model, 2007). By developing a curriculum based on the Six Dimensional Model of Wellness by Dr. Bill Hettler, "a person becomes aware of the interconnectedness of each

dimension and how they contribute to healthy living" (Six Dimensions of Wellness | National Wellness Institute, 2020).

Focus Group One

The researcher will follow a script (Appendix F) and orally ask questions to the group in a Zoom meeting and audio record answers. The following semi-structured focus group questions will be asked to each group in order to answer the first overarching research question of Q1: What are some of the necessary components of a wellness-based program that focus on stress and anxiety in first- year college students?

1. How long have you taught the mandatory first-year class?
2. What topics are discussed during the class and what are the students' learning outcomes?
3. What has been your experience teaching the mandatory first-year class in terms of students' mental health?
4. Are there any content specific areas in which you think students might benefit from knowing during the class in regards to their well-being?
5. What has been your experience working with first-year students throughout the pandemic in terms of students' mental health?
6. Based on the Six Dimensional Model of Wellness, in which two dimensions do you see students in your class needing the most help?
7. What are the key concepts that you think would be beneficial for student well-being to include in an online wellness-based module specifically relating to the two wellness dimensions you selected? Please explain.

8. Are there any resources on or off campus that students are not aware of that would benefit student well-being?

Focus Group Two

Again, the researcher will follow a script (Appendix G) and orally ask questions to the group in a Zoom meeting and audio record answers. The following semi-structured focus group questions will be asked to each group in order to answer the first overarching research question of Q1: What are some of the necessary components of a wellness-based program that focus on stress and anxiety in first- year college students?

1. What department do you work in?
2. In what capacity do you work with students?
3. What has been your experience working with students in terms of students' mental health?
4. Are there any content-specific areas in which you think students might benefit from knowing in regard to their well-being?
5. What has been your experience working with first-year students throughout the pandemic regarding students' mental health?
6. Based on the Six Dimensional Model of Wellness, in which two dimensions do you see students that you work with needing the most help?
7. What are the key concepts that you think would be beneficial for student well-being to include in an online wellness-based module specifically relating to the two wellness dimensions you selected. Please explain.

8. Are there any resources on or off-campus that students are not aware of that would benefit student well-being?

Phase Two

After analyzing the data in Phase One, the researcher will create the online wellness-based module (Appendix H) in Canvas, a course management system used by the research site that posts grades, information and assignments online. The online wellness-based module will include content on the themes derived from the focus group responses. The online wellness-based module will be embedded into the mandatory first-year course by the gatekeepers.

Phase Three

After completing Phase Two, which is the creation of the online wellness-based module, the researcher will use a pre- and post-test to determine whether the module successfully decreased stress and anxiety levels of first-year students. The total population sample for the study, if they opt to take the pre-test, will be all first-year students at a small, private university in Southeastern United States. The pre-test (Appendix J) with informed consent (Appendix I) as the first question will be administered before the participants can access the online wellness-based module. Participants will be given the option not to take the pre-test and told that they could click “Exit”, at any time. The researcher will make it clear that non-completion of the pre-test would not result in being unable to complete the module and would not affect their grade in the class. The pre-test, which would be administered in Canvas, will ask participants a series of questions using a Likert-type scale. A Likert scale is a bipolar response with scales that range from a group of categories, usually least to most, which asks participants to specify how much they agree or disagree or approve or disapprove (Allen & Seaman, 2007). For this study, the

researcher will use the Depression, Anxiety and Stress Scale-21 (DASS-21) where each item is scored on a four-point Likert scale ranging from 0 (“did not apply to me at all”) to 3 (“applied to me very much”). The Likert-type scale questions would ultimately answer the second overarching research question:

Q2. How would this module increase the levels of wellness in first-year college students?

This is a developed and reliable scale used to provide a self-report measure of anxiety, depression, and stress signals (da Silva et al., 2016). The DASS-21 is a short form of the 42-item measure of the Depression Anxiety Stress Scale (DASS), which was developed in 1995 by Lovibond and Lovibond (Crawford & Henry, 2003). The reliability of the DASS-21 has shown that it has excellent Cronbach’s alpha values of 0.91, 0.89, and 0.78 for the subscales of depression, anxiety, and stress, respectively (Coker et al., 2018). In another study, the internal consistency showed the DASS-21 had alpha values of 0.84 to 0.85, proving its reliability (Pezirkianidis et al., 2018). According to Creswell & Creswell, 2018, a scale’s internal consistency is evaluated by a Cronbach’s alpha value between 0 and 1. The optimal values range from 0.7 and 0.9 (Creswell & Creswell, 2018). The DASS- 21 is in the public domain, and there are no special permissions needed and is free to use. Four sample questions from the DASS-21 are listed below as well as a brief instruction section. The complete list of questions is listed in Appendix J.

“Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement”. The rating scale is as follows:

- 0 Did not apply to me at all
- 1 Applied to me to some degree, or some of the time
- 2 Applied to me to a considerable degree, or a good part of time
- 3 Applied to me very much, or most of the time

- | | | |
|---|--|---------|
| 1 | I found it hard to wind down | 0 1 2 3 |
| 2 | I was aware of dryness of my mouth | 0 1 2 3 |
| 3 | I couldn't seem to experience any positive feeling at all | 0 1 2 3 |
| 4 | I experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion) | 0 1 2 3 |

Procedures

Phase One

The first phase in this study will be qualitative as the researcher will explore what content is necessary for an online wellness module, given the increased amount of stress and anxiety in first-year college students since the beginning of the pandemic. This will be achieved by using the qualitative data from the two focus groups. The data is then analyzed, and the information from this analysis will be used for the content development stage (Creswell & Creswell, 2018).

When each group joins the Zoom call for the focus groups, the researcher will discuss the study's details and the participants' involvement and will read from a script (Appendix F and G) to make sure the same details are provided to each group. The researcher will email each participant a digital copy of the informed consent form (Appendix C), requiring it to be read, signed and emailed back before beginning the focus group. All participants will be informed that they can choose to leave the meeting or decline to participate if they feel uncomfortable in any way and at any time. The participants will be made aware that participating in the focus group

will be voluntary and that there are no risks associated with active participation. By choosing not to participate in the study, there will be no detriment to their jobs. Participants will be informed that there are no benefits to participating in the study, however, participants may benefit from knowing they are helping the mental well-being of first-year students on a college campus. As the focus groups will be held via Zoom, participants will also be asked to agree to the recording of the session by clicking “OK” on the screen when the recording begins. Participants will each be given a pseudonym such as participant one, participant two, etc., to maintain anonymity.

Phase Two

During Phase Two of this study, the content development stage, the researcher will create the online wellness-based module, which will be based on the literature review and the results of the initial qualitative data analysis. According to Creswell & Creswell, (2018), the "intent of this design is to explore with a sample first so that a later quantitative phase can be tailored to meet the needs of the individual being studied" (p.224).

Phase Three

Phase Three of this design will be quantitative, and the researcher will administer the feature (the online wellness-based module) to the population sample and analyze the results. The pre- and post-tests will be offered online through Canvas. At the beginning of each test, there will be a statement to let participants know that they can end the survey at any time by clicking on the “Exit” button. Participants will be told that questions cannot be skipped if they choose to participate in the tests. Participants will be told how many questions there are and the approximate time it will take to complete. The pre- and post-tests should take no longer than 10 minutes to complete. Participants will also be told that there are no benefits to taking the surveys;

however, they may benefit from knowing that they are helping the mental well-being of their peers. The post-test will be offered in the same manner as the pre-test. The data collected from both tests will be stored on a password-protected computer that only the researcher will have access to and the participants will remain completely anonymous.

Data Collection

Phase One

In order to collect the data from the two focus groups, the researcher will record the responses using a handheld recording device as well as using the recording feature in the Zoom online application in case one device fails. The researcher will also take pen and paper notes in case there are any technical difficulties with the recording equipment and will record any observable reactions from the participants. Upon the completion of the focus group interviews, the researcher will transcribe the results and organize them into codes to generate themes that will be developed into the different sections for the online wellness-based module. The qualitative data will then be stored on a password-protected computer that only the researcher has access to. After two years, the data will be deleted.

Phase Three

The researcher will administer the online wellness-based module to all first-year students and then quantitatively analyze whether the module successfully decreased stress and anxiety, according to the DASS-21 using pre- and post-tests. As the mandatory first-year course lasts for one semester (approximately 14-16 weeks), the first-year students will have access to the online wellness-based module at the beginning of the semester. Participants will need to complete the module by the end of the semester.

By using an exploratory sequential mixed methods design, the researcher will give a voice to study participants and make sure that the study findings are grounded in the participants' experiences (Wisdom & Creswell, 2013). For example, the participants' views in the qualitative phase are pertinent in the creation of the online wellness module.

Data Analysis

Phase One

Once the raw data from the two focus groups have been collected, the researcher will then organize and prepare the data for analysis. The researcher will transcribe the audio recording into a Word document using speech-to-text on Microsoft Word through the "Dictate" feature. The researcher will then carefully read through all of the data. The researcher will use color-coding by using different highlighters to cluster similar topics and responses together and make notes in the document's margin. According to (Creswell & Creswell, 2018, p.193), "Coding involves taking text data or pictures gathered during data collection, segmenting sentences (or paragraphs) or images into categories, and labeling those categories with a term." The researcher will then organize the topics into different categories such as major, unique and leftover topics (Creswell & Creswell, 2018). Once this step is completed, the researcher will go back to the data, abbreviate the topics as codes, and write the codes next to the appropriate segments of the text (Creswell & Creswell, 2018). The researcher will then attempt to turn these codes into categories by reducing the total number of codes and turning them into categories. These categories will then be used as themes. This study aims to get three to five themes and then decipher what wellness components are missing from the mandatory first-year course.

Phase Two

Based on the analysis of Phase One, the researcher will create an online wellness module to encompass the information that could be missing from the course that is already in place and would benefit the mental well-being of first-year college students. The three to five themes will guide the content of the module and will be embedded into the first-year mandatory class as a self-paced module that students can voluntarily take.

Phase Three

The quantitative data will be analyzed using descriptive statistics and an inferential statistical test. The paired t-test will use the collective data to look for differences between the pre- and post-survey results. This test yields a comparison of two groups in terms of outcomes and is a suitable test for analysis with one independent variable and one dependent variable (Creswell & Creswell, 2018). The pre- and post-test results will be compared in terms of the entire group, and the researcher will look at whether the data shows a decrease in stress and anxiety levels in first-year college students.

This information collected and analyzed from the two focus groups and the pre- and post-tests will assist the researcher in understanding whether or not the content in the online wellness-based module decreases stress and anxiety levels in college students.

Ethical Considerations

Phase One

When each group arrives via Zoom for the focus group, the researcher will discuss the study's details and the participants' involvement by reading through the informed consent form. The researcher will email each participant a digital copy of the informed consent form (Appendix

C), requiring it to be read, signed and emailed before beginning the focus group. All participants will be informed that they can choose to leave the meeting or decline to participate if they feel uncomfortable in any way at any time. The participants will be made aware that participating in the focus group will be voluntary and that there are no risks associated with active participation. By choosing not to participate in the study, there will be no detriment to their jobs. Participants will be informed that there are no benefits to participating in the study, however, participants may benefit from knowing they are helping the mental well-being of first-year students on a college campus. As the focus groups will be on Zoom, participants will also be asked to agree to the recording of the session. Participants will be given pseudonyms and identities will only be known to the researcher and those in the focus groups.

Phase Three

As this study focuses on stress and anxiety in first-year college students, the researcher will administer the informed consent form (Appendix I) and the pre- and post-test to all first-year students through their first-year required course. The pre-test will be offered to all participants before taking part in the online wellness-based module. The pre-test will be given to participants as part of the module and the informed consent will be provided as the first question of the test. Students will be made aware that not taking the tests will not affect their grades in the class. Participants will be given the option not to take the test and told that they could click “Exit”, at any time. The researcher will clarify that non-completion of the test would not result in being unable to complete the module.

Confidentiality

In Phase One, all focus group participants will be required to sign an informed consent form (Appendix C). The names of all participants will be kept private and replaced with a pseudonym. The data collected from participants will be stored on a password-protected computer that only the researcher can access. After two years, the data will be deleted.

Anonymity

In Phase Two, all students who choose to participate in the pre- and post-tests will be required to sign an informed consent form (Appendix I). The names of all participants will be kept private and replaced with a pseudonym. The data collected from participants will be stored on a password-protected computer that only the researcher can access.

Anyone over the age of 18 will be allowed to participate in the research study. Participants who are 17 years old and under will be unable to participate as it would require parental consent. Since the research site is a university, and most students live away from their parents or guardians, it would take too much time to get parental consent. Participants will be asked on both the pre- and post-tests if they are 17 years old or younger and if the answer is yes, they will be thanked for their time and the test will end.

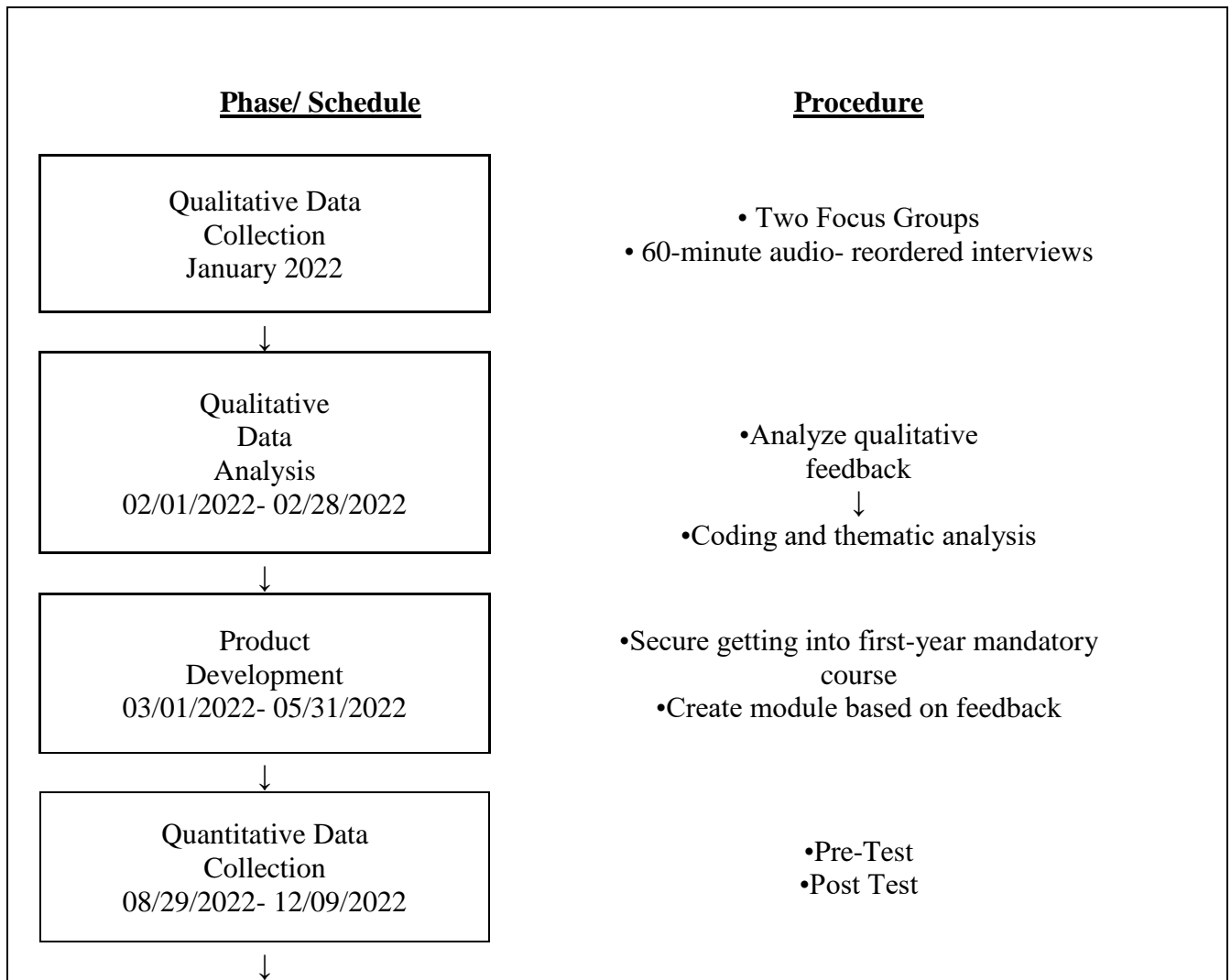
Timeline

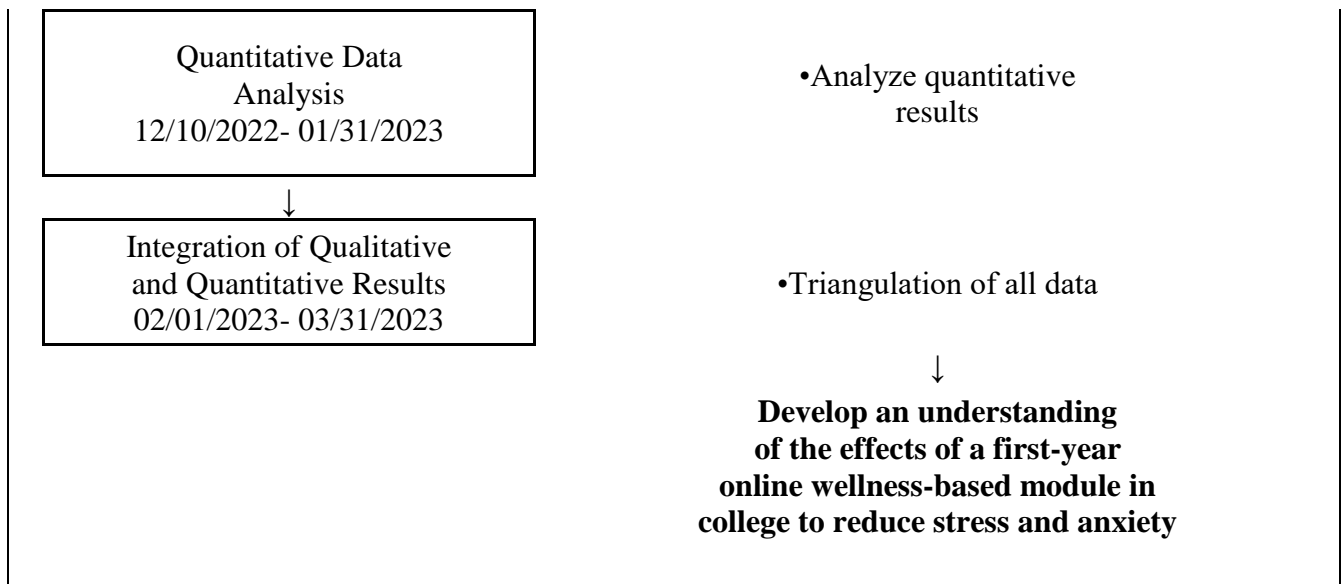
The research will take approximately 15 months to complete. Focus groups will be scheduled to take place in January 2022. The feedback from these sessions will then be used to create the online wellness module. The module will be completed by August 2022 and ready for use at the beginning of the 2022 - 2023 academic year.

The online wellness module will be embedded in a first-year class at the research site as a supplemental program. It will be self-paced and must be completed within the first semester. The pre-test will be administered in August 2022, and the post-test will be administered in December 2022. Data analysis will then occur in early 2023, with a final defense taking place in March 2023.

Figure 4

Procedural Flowchart of the Study





Note. This figure depicts the procedural flowchart and timeline of proposed research.

Delimitations

In the first focus group, participants will be the faculty members who teach the first-year class to incoming first-year students at a small, private university in the Southeastern United States. This is the class where the online wellness-based module will be embedded. This could potentially exclude other faculty members from the university who teach other subjects such as psychology or education. The faculty in these majors may have important and relevant content relating to student mental well-being, which may be beneficial for future research. The online wellness module will be geared towards first-year students only. This does not mean that students in their sophomore, junior, senior, and even graduate years would not benefit from wellness programs. In fact, the sophomore year in college has been described as the year where many students struggle the most. Often, many institutions see retaining the first-year class as a success and then turn their attention to the next incoming class, forgetting entirely about sophomores (Garcia, 2011). For future studies, the researcher would suggest studying the

wellness levels of other student classes as the needs of these students could be different from a first-year class. Also, as the study will begin as students are transitioning to college during a pandemic, the course content may need to be re-evaluated every year. This way, the module can reflect the unique needs of a student's experience.

For Phase Three of the study, the pre- and post-tests and the online wellness-based wellness module will be administered to all first-year students. As this is a supplement to the class, it is voluntary, meaning that students are not required to take it in order to complete the module. As the research will take place in the fall of 2022, this does leave out first-year college students who start their freshman year in the spring semester.

Limitations

This study's limitations are that the researcher will focus on faculty and professional staff who teach first-year college classes or are wellness professionals at the research site for the focus groups in the qualitative stage. Students will not be asked for their feedback and suggestions, which is important as they are the ones who will receive the program once it has been developed, however, this is an opportunity for future research. The researcher may also have some personal bias towards wellness as the researcher works in a wellness department within the research site. The researcher may also know some of the faculty and staff being interviewed in the focus groups, leading some participants to answer perhaps the way they think the researcher wants them to answer. The researcher will make it clear to all participants that there will be no negative consequences to their job in order to encourage participants to answer truthfully. In the quantitative stage, students may also only complete either the pre- or post-test. There is no

requirement to complete both, which could make the sample skewed. In that case, the researcher will use an excel randomizer program in order to obtain an even sample size.

Another possible limitation of the study is that the pandemic is still currently ongoing. Students are affected as young as elementary school children by the pandemic, and we may not know the extent of how much they have been impacted for a long time. The researcher's curriculum may need to be updated annually based on each incoming first-year class's needs.

There is always the risk of an instructor who teaches the mandatory first-year course somehow interfering with the results. For example, an instructor may have a passion or a deep understanding of the importance of wellness and may already include more wellness education or information into the course overall, potentially impacting the results. As the research site is a university that emphasizes wellness, the results could also be skewed if students attend other wellness programs during the first semester that the university sponsors or hosts.

The benefit of conducting this research is that the university administration will know which areas of wellness are lacking in education and could use the data to plan events. The results could be shared with various departments and offices at the research site to assist in future programming. Finally, the results may show that services need to be created or offered, which would assist the administration with future planning.

Future Cycles

Once the online wellness-based module is designed, the researcher will pilot the program and collect the data. This program will continue to be a part of the mandatory first-year course, with edits and modifications made each year if necessary. The researcher will eventually create a

wellness pillar program with different wellness programs specifically for each college year, with each program building on the previous one.

This online wellness-based module will act as another tool for faculty to promote students' mental well-being. It will prepare first-year students for their wellness journey at the research site, ultimately preparing them for academic success and assisting with retention.

Summary

The researcher is aware that stress and anxiety has increased in many people all over the world since the beginning of the COVID-19 pandemic, with college students being particularly affected. The mental health of college students is a serious issue, and if left unaddressed, can have devastating consequences. This study may provide the wellness components that could make a difference in the mental health of college students. This study uses an exploratory sequential mixed method design to gain feedback from two focus groups in order to design an online wellness-based module. Once completed, the online wellness-based module will be embedded into a mandatory first-year course at the research site and the researcher will administer pre- and post-tests to willing participants. If the results show that this module can reduce stress and anxiety in first-year college students, it may provide colleges and universities with a wellness module that could be replicated and used in first-year courses around the country.

Chapter IV: Results

The purpose of this study was to decrease first-year college students' stress and anxiety levels by developing an online wellness-based module designed to support students' mental and emotional health and well-being at a small, private university in Southeastern United States.

According to a September 2020 study by Active Minds, Student Mental Health Survey, 75% of college students reported that the pandemic had negatively impacted their mental health. Of all those surveyed, 78% reported feeling disappointment or sadness, 77% reported feeling lonely or isolated, and 87% reported feeling stressed or anxious (Active Minds' Student Mental Health Survey, 2021). Suicidal thoughts have also increased significantly in college students since the start of the pandemic. Studies suggest that an alarming one in five respondents in a college survey reported having suicidal thoughts, and 71.75% reported anxiety, with over 38% in the range of moderate to severe (Wang et al., 2020). According to the Center for Disease Control and Prevention, one in four people aged between 18 and 24 (the typical age of a college student) had seriously contemplated suicide in June 2020 compared to the same time period in 2019 (Czeisler, 2020). Since then, feelings of anxiousness, stress, and loneliness among college students have increased significantly. According to the 2022-23 Student Lifestyle Survey conducted by Sodexo, over 60% of students in 2022 reported feeling overwhelmed and anxious during their time at college compared to 40% of students attending during 2020. Feelings of loneliness have also increased significantly by 65% since 2020, and first-year college students are struggling more than other years with feeling overwhelmed at college ('22-'23 Student Lifestyle Survey – High School Digest | Sodexo At School, 2022).

Summary of Analysis Phase One- Qualitative Phase

Sample

In this phase, the researcher conducted two focus groups inviting various campus members to participate. The first focus group comprised of faculty who taught the mandatory first-year course during and after the pandemic. The researcher was granted access to the faculty by the gatekeepers who oversee the content development of the first-year mandatory course. After receiving approval from the Institutional Research Board (Appendix L), the researcher emailed the faculty members asking them to participate in an online Zoom focus group (Appendix B). The email invite was sent to 32 faculty members, and out of that, 7 individuals agreed to participate in Focus Group One. The second focus group comprised of professional staff members whose primary function is student well-being and success at the same institution. The researcher acquired the contact information from the university website. Email invitations were sent to the following departments asking for at least one staff member to attend:

- Case Managers
- Counseling Services
- Dean of Students Office
- Housing and Residence Life
- Student Conduct and Community Standards
- Student Health
- Student Success
- The Center for Student Involvement
- The Institute for Achievement and Learning
- Title IX Office and Compliance

Out of the ten departments contacted, six responded with eight participants. Invitations to both groups stated that no incentives would be provided for participating in the interview but that they may benefit from knowing they are helping the mental well-being of first-year students on their college campus. The risks of involvement in the study were described as minimal, and the researcher included a statement to let all participants know they would be allowed to exit the Zoom call at any time. All participants were made aware in the informed consent that all names would be kept private and replaced with a pseudonym, and all files and data would be stored on a password-protected computer that only the researcher would have access to. After two years, the data would be deleted.

The Six Dimensions of Wellness model PDF (Appendix E) and an informed consent form (Appendix C) were sent to participants upon receipt of their acceptance, and a signed informed consent form was requested to be returned to the researcher no later than one day before the focus group. On the day of the focus groups, the researcher read from a script (Appendix F and G) to make sure the same details were given to each group. Focus Group One interview lasted 38 minutes and 19 seconds, and the Focus Group Two interview lasted 39 minutes and 7 seconds.

Table 1

Focus Group One Participants by Gender

Focus Group One Faculty Participants	
Male	4
Female	3

Table 2

Focus Group Two Participants by Gender

Focus Group Two Staff Participants	
Male	2
Female	6

Both focus groups were asked a series of questions to ultimately answer the first research question-

Q1: What are some of the necessary components of a wellness-based program that focus on stress and anxiety in first-year college students?

The following questions were asked to Focus Group One participants:

1. How long have you been teaching the mandatory first-year class?
2. What topics are discussed during the class, and what are the student learning outcomes?
3. What has been your experience teaching the mandatory first-year class in terms of students' mental health?
4. Are there any content-specific areas in which you think students might benefit from knowing during the class in regards to their well-being?
5. What has been your experience working with first-year students throughout the pandemic regarding students' mental health?
6. Based on the Six Dimensional Model of Wellness, in which two dimensions do you see students in your class needing the most help?

7. What are the key concepts that you think would be beneficial for student well-being to include in an online wellness-based module specifically relating to the two wellness dimensions you selected. Please explain.
8. Are there any resources on or off-campus that students are not aware of that would benefit student well-being?

The following questions were asked to Focus Group Two participants:

1. What department do you work in?
2. In what capacity do you work with students?
3. What has been your experience working with students in terms of students' mental health and/ or well-being?
4. Are there any content-specific areas in which you think students might benefit from knowing in regards to their well-being?
5. What has been your experience working with first-year students throughout the pandemic and since the pandemic regarding students' mental health and well-being?
6. Based on the Six Dimensional Model of Wellness, in which two dimensions do you see students that you work with needing the most help?
7. What are the key concepts that you think would be beneficial for student well-being to include in an online wellness-based module specifically relating to the two wellness dimensions you selected. Please explain.
8. Are there any resources on or off-campus that students are not aware of that would benefit student well-being?

Qualitative Data Analysis Procedures

Both focus group interviews were recorded using a handheld recording device and the recording feature on Zoom and stored in the Cloud. During both focus groups, the researcher used the Zoom transcription program. The researcher downloaded each transcription and cleaned up the data by checking for spelling errors, deleted time references, and gave all participants a pseudonym by randomly assigning each person, Participant 1, Participant 2, etc. Once completed, the researcher listened to the audio recording while reading the transcripts to make sure the content was accurate. After reading through the transcript, the researcher underlined words, terms, and sentences which alluded to specific content areas. The researcher then went back through the document and made notes in the margin to identify the content area based on the Six Dimensional Model by Dr. Bill Hettler (Six Dimensions of Wellness | National Wellness Institute, 2020). The researcher then color-coded the document to separate the content by color. The researcher then was able to identify the major themes, unique themes, and leftover themes. Themes were considered major if they were mentioned in the transcripts five or more times. Unique themes were identified if they were mentioned 2-4 times, and leftover themes were identified if they were mentioned once.

Table 3

Focus Group One Themes

Focus Group One: Faculty	Major	Unique	Leftover
	Social Wellness: Relationships and Friendships	Resiliency	Intellectual
	Social Wellness: Connection to Campus Resources	Sleep	Medication
	Spiritual	Emotional	Covid
		Well-being	Physical
		Sexual Assault	

Table 4

Focus Group Two Themes

Focus Group	Major	Unique	Leftover
Two: Staff	Social Wellness: Relationships and Friendships	Block Schedule	Physical
	Social Wellness: Connection to Campus Resources	Technology/ social media/ Apps	Well-being
	Emotional Wellness: Mental Health	Boundaries Lack of college readiness	Alcohol and Other Drugs

Summary of Responses from Focus Groups

Throughout both focus groups, participants discussed a lack of social wellness in their students ranging from not knowing how to get involved on campus, to how to make friends and social connections, to building a sense of community. Since this theme encompassed much of the conversation, the researcher split the theme of social wellness into two groups:

1. Social Wellness: Relationships and Friendships.
2. Social Wellness: Connections to Campus Resources.

Major theme: Social Wellness - Relationships and Friendships.

This theme is supported by the literature, which states that lower stress management scores have been reported in many college students since students are away from their family and friends for the first time (LaFontaine et al., 2006) and that the transition from high school to college can be overwhelming for some. Also, due to the pandemic, 77% of students felt lonely or isolated (Active Minds' Student Mental Health Survey, 2021), and 86% of students stated that the pandemic had increased their level of social isolation (Son et al., 2020).

The quotes below validate the first theme:

FG1. Participant 4: "...the number one reason students feel stressed is because they don't know who their friends are yet and they're trying to adjust their friendships as opposed to their academic work or living on campus. They know how to do their laundry, they know how to find food, but they couldn't find friends, they were having a hard time with friendships, so I tried to make that connection, so they had a lot of ice breakers, and just like social connections."

FG1. Participant 6: "College students don't know how to make small talk anymore, and they don't know how to establish relationships, because everything has been, especially the last two years, everything has been online and on social media and just having those skills to just sort of make small talk and that they've lost a lot of that, so it's really important that we're doing that in these classes, just sort of to reacclimate them, make them human."

FG1. Participant 5: "I noticed personally a huge shift even from last year to this year and students, and I don't know if it was just my class that I happen to have this year, the students in terms of just conversation. I really try to build that sense of community and all the classes that I teach, and me personally, I struggled a lot this year in my [mandatory first-year course] class honestly, I've never struggled like that, and I've been teaching since 2013. So, I noticed a huge shift, and I was talking to one of the students after, and they're the ones who actually said, I think it's because we're not used to talking to each other, and I thought, wow, it's true, it's from the pandemic."

FG2. Participant 5: "We see students having a hard time being able to actually jump in and connect with other students. It's student after student after student. They are saying that they just have not found that friend group, so they don't get to talk about anything real with anyone... Meeting friends and a lack of community is very difficult for a lot of students."

FG2. Participant 6: "I think the social and relationship programming would be helpful. Like how to make friends, but also to know how to understand and see when relationships and friendships are no longer healthy. For the other part, that social aspect, there's a lot of expectations that you find your best friends in college, know then for the rest of your life and your kids grow together, kind of that fairytale and there is a lot of pressure and then unfortunately with covid, I think just social media played a big role as well and kind of hindering those skills that college students come in with already and they have those friends and maybe when to know when it's not the greatest for you and know that it's ok to leave a friendship and still wish that person well."

Major theme: Social Wellness - Connection to Campus Resources

Participants in both groups agreed that students know how to contact certain departments on campus and know the services provided, but how to physically get to the office and make an appointment seemed difficult. Also, the uncertainty of not knowing whom they will see when they get to the office to make an appointment was mentioned as a concern. This is supported by the literature, which states that student wellness development can be enriched by a) developing relationships with students and b) knowing the services offered on campus (Ford, 2015).

The quotes below validate the second theme:

FG1. Participant 2: “A brief list, you know, all the people that they can contact, you know, from the Health Center to, you know, I think there might be a list of therapists whatever, counseling maybe in some of these courses have a little teeny video... “Hi I'm Jane Doe and I'm a coach here at the university” or “I'm a therapist if you need anything, please reach out to me or our staff, and here is our email and telephone number. We're here to help you” ... Maybe those little videos they could click on them, see who they are [and] contact them.”

FG1. Participant 7: “Getting from point A to Point B might be the challenge, so they know it's there but what's going to motivate them to take that step to set up a counseling meeting, to visit the office or to explore some of those services so maybe kind of bridging the gap between just knowing about it and how actually to activate that service, maybe that's a strategy, but I believe they know about what's available.”

FG2. Participant 2: “I have heard that they know that counseling exists on campus, but they don't know where it physically is, and so they don't take the initiative to show up in person. With physicalness of where it is, is an issue for them, and then they don't go.”

FG2. Participant 3: “The students, who will often be like, “Oh, I want to be involved in a club or organization, but I just don't know how to do that,” and I don't think students know that you can just do it. You can just show up at a meeting and like be there and do that. So, I think a lot of times, students know their resources, but they don't know how, they don't know what office to go to,

they don't know whom to reach out to, and that seems like an overwhelming barrier for them.”

Major theme: Spiritual Wellness

In Focus Group One, the spiritual theme was mentioned multiple times, as participants thought that it was not discussed enough in the classroom and the participants highlighted the importance of it. Research suggests that spiritual wellness is an area of concern for many students as the topic is not typically included in many college Health and Wellness courses (Murray and Miller, 2001).

The quotes below validate the third theme:

FG1. Participant 2: “I think that spiritual element is something even though it's explained here I don't think we perhaps talked how to talk and discuss it the best we can, in the classroom.”

FG1. Participant 2: “The spiritual, you know, it's something that we really don't want to get into. I mean we're always taught don't get into politics and spiritual stuff in the classroom, but it's really important. A lot of people certainly have beliefs, and their background and whatever how it can be worked upon or talked about is really important.”

During Focus Group One, Participant 4 stated that they felt as though the definition of spiritual dimension, which is, “*It is better to ponder the meaning of life for ourselves and to be tolerant of the beliefs of others than to close our minds and become intolerant. It is better to live each day in a way that is consistent with our values and beliefs than to do otherwise and feel untrue to ourselves*” (Hettler, 1976), and the definition of emotional dimension, which is, “*It is better to be aware of and accept our feelings than to deny them. It is better to be optimistic in*

our approach to life than pessimistic” (Hettler, 1976), were too similar and it was difficult for them to separate the two. For Participant 4, “Finding harmony between internal personal feelings and emotions through the rough stretches of your path” which is a part of the spiritual wellness definition is to them, “quintessential emotional development.” Spiritual wellness does in fact have a strong relationship with mental and emotional health and spiritual wellness can improve mental health by its effect on emotional regulation (Akbari & Hossaini, 2018). Studies have also shown that students with lower levels of spiritual well-being reported increased levels of depression, greater sadness and higher levels of anxiety among university students. Students with increased social well-being often feel more peaceful and stable and have clear goals (Leung & Pong, 2021). This shows that both dimensions are highly interconnected and it may be difficult to separate the two.

Major theme: Emotional Wellness

Although emotional wellness came up in Focus Group One, the participants in Focus Group Two discussed the topic more often and in more detail. As these staff members are primarily from health and wellness offices, student affairs, and student success, this was not surprising.

The quotes below validate the fourth theme:

FG2. Participant 1: "We have a lot of students that have problems with their academics, and what we do is chat with them, whether it's over the phone or in person, and a lot of times, there are many different mental health reasons why they're not doing well in class, and we try to connect them to the counseling center or submit a CPR [a concerned persons report] and try and get them the right resources. I think we deal with a lot of students who are feeling very

overwhelmed... And they miss a few assignments, and they get overwhelmed and discouraged and it kind of snowballs from there.”

FG2. Participant 5: “So many students saying that their anxiety is up and the world being what it is. But because they don't feel like they can do anything.”

FG2. Participant 4: “Even seeing it here in the clinic when something that can be seen as a minor illness can be displayed as something major, just because of their anxiety level and the inability to cope and their stress is kind of causing that reaction. So, we're kind of seeing it in every aspect.”

Participant Quotes to Support Findings

Table 5

Focus Group One Themes with Participant Quotes.

<p>FOCUS GROUP ONE</p> <p>THEMES</p>	
<p>Social Wellness: Relationships/ Friendships</p>	<p>Participant 4: “...the number one reason students feel stressed is because they don't know who their friends are yet and they're trying to adjust their friendships as opposed to their academic work or living on campus. They know how to do their laundry, they know how to find food, but they couldn't find friends, they were having a hard time with friendships, so I tried to make that connection, so they had a lot of ice breakers, and just like social connections.”</p>

	<p>Participant 6: “College students don't know how to make small talk anymore, and they don't know how to establish relationships, because everything has been, especially the last two years, everything has been online and on social media and just having those skills to just sort of make small talk and that they've lost a lot of that, so it's really important that we're doing that in these classes, just sort of to reacclimate them, make them human.”</p> <p>Participant 5: “I noticed personally a huge shift even from last year to this year and students, and I don't know if it was just my class that I happen to have this year, the students in terms of just conversation. I really try to build that sense of community and all the classes that I teach, and me personally, I struggled a lot this year in my [mandatory first-year course] class honestly, I've never struggled like that, and I've been teaching since 2013. So, I noticed a huge shift, and I was talking to one of the students after, and they're the ones who actually said, I think it's because we're not used to talking to each other, and I thought, wow, it's true, it's from the pandemic.”</p>
<p>Social Wellness: Connection to Campus Resources</p>	<p>Participant 2: “A brief list, you know, all the people that they can contact, you know, from the Health Center to, you know, I think there might be a list of therapists whatever, counseling maybe in some of these courses have a little teeny video... “Hi I'm Jane Doe and I'm a coach here at the university” or “I'm a therapist if</p>

	<p>you need anything, please reach out to me or our staff, and here is our email and telephone number. We're here to help you.” Maybe those little videos they could click on them, see who they are [and] contact them.”</p> <p>Participant 7: “Getting from point A to Point B might be the challenge, so they know it's there but what's going to motivate them to take that step to set up a counseling meeting, to visit the office or to explore some of those services so maybe kind of bridging the gap between just knowing about it and how actually to activate that service, maybe that's a strategy, but I believe they know about what's available.”</p>
Spiritual	<p>Participant 2: “I think that spiritual element is something even though it's explained here I don't think we perhaps talked how to talk and discuss it the best we can, in the classroom.”</p> <p>Participant 2: “The spiritual, you know, it's something that we really don't want to get into. I mean we're always taught don't get into politics and spiritual stuff in the classroom, but it's really important. A lot of people certainly have beliefs, and their background and whatever how it can be worked upon or talked about is really important.”</p>

Table 6
Focus Group Two Themes with Participant Quotes

<p>FOCUS GROUP TWO</p> <p>THEMES</p>	
<p>Social Wellness: Relationships/ Friendships</p>	<p>Participant 5: "We see students having a hard time being able to actually jump in and connect with other students. It's student after student after student. They are saying that they just have not found that friend group, so they don't get to talk about anything real with anyone... Meeting friends and a lack of community is very difficult for a lot of students."</p> <p>Participant 6: "I think the social and relationship programming would be helpful. Like how to make friends, but also to know how to understand and see when relationships and friendships are no longer healthy. For the other part, that social aspect, there's a lot of expectations that you find your best friends in college, know then for the rest of your life and your kids grow together, kind of that fairytale and there is a lot of pressure and then unfortunately with Covid, I think just social media played a big role as well and kind of hindering those skills that college students come in with already and they have those friends and maybe when to know when it's not the greatest for you and know that it's ok to leave a friendship and still wish that person well."</p>

<p>Social Wellness: Connection to Campus Resources</p>	<p>Participant 2: “I have heard that they know that counseling exists on campus, but they don't know where it physically is, and so they don't take the initiative to show up in person. With physicalness of where it is, is an issue for them, and then they don't go.”</p> <p>Participant 3: “The students, who will often be like, “Oh, I want to be involved in a club or organization, but I just don't know how to do that,” and I don't think students know that you can just do it. You can just show up at a meeting and like be there and do that. So, I think a lot of times, students know their resources, but they don't know how, they don't know what office to go to, they don't know whom to reach out to, and that seems like an overwhelming barrier for them.”</p>
<p>Emotional Wellness</p>	<p>Participant 1: "We have a lot of students that have problems with their academics, and what we do is chat with them, whether it's over the phone or in person, and a lot of times, there are many different mental health reasons why they're not doing well in class, and we try to connect them to the counseling center or submit a CPR [a concerned persons report] and try and get them the right resources. I think we deal with a lot of students who are feeling very overwhelmed... And they miss a few assignments, and they get overwhelmed and discouraged and it kind of snowballs from there.”</p>

	<p>Participant 5: “So many students saying that their anxiety is up and the world being what it is. But because they don't feel like they can do anything.”</p> <p>Participant 4: “Even seeing it here in the clinic when something that can be seen as a minor illness can be displayed as something major, just because of their anxiety level and the inability to cope and their stress is kind of causing that reaction. So, we're kind of seeing it in every aspect.”</p>
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Results for Research Question One

What are some of the necessary components of a wellness-based program that focus on stress and anxiety in first-year college students?

Based on the feedback provided in both focus groups regarding what components are missing in the mandatory first-year course, the researcher created an online module that was embedded into the first-year course during the fall semester.

The topics that were included in the course (Appendix H) were as follows:

- Campus Resources:
 - A video was created for each of the departments listed below. Each video began with a student leader introducing themselves from a well-known location in the center of campus. The student leader then walks the camera to the location of each department. As the camera enters each location, a staff member is there to

greet them, introduce themselves and explain all services provided by that department, as well as describing in detail what to expect during a visit.

- Counseling Services
- The Center for Student Involvement
- The Fitness Center
- Student Health
- Student Wellness and Health Promotions
- Each video varied in length from 1 minute and 20 seconds to 3 minutes and 2 seconds.
- What is Stress and Anxiety?
 - What is Stress?
 - Acute Symptoms
 - Chronic Symptoms
 - YouTube video: Tips for Managing Stress
 - What is Anxiety?
 - Types of Anxiety
 - YouTube video: What is the Cycle of Anxiety?
- Mindfulness:
 - What is Mindfulness?
 - Components of Mindfulness
 - Benefits of Mindfulness
 - Mindfulness Practices
 - Mindfulness Meditation

- Mindfulness Walk
 - Five Senses Activity
- Mindfulness Introduction Video
- 5-4-3-2-1 Grounding & Mindfulness Activity Video
- Small Talk and Conversation Starters
 - Rules of Good Conversations
- Problem- Solving
 - Problem- Solving skills
- Additional Resources
 - Self-Care Tips
 - The Importance of Campus Recreation Participation
 - Wellness Certificate
 - Additional Resources
 - Campus Resources phone numbers and links

Summary of Analysis Phase Three- Quantitative Phase

Sample

The sample used in this study were all first-year students at a small, private university in the Southeastern United States. All first-year students had access to the online module through the gatekeepers who embedded it into the mandatory first-year course. The informed consent (Appendix I) stated that the module was voluntary and not a mandated part of the first-year course. Students were asked to complete the pre-test during the first week of class, complete the online module, and then complete the post-test during the final week. In total, 314 pre-tests and 159 post-tests were fully completed.

Quantitative Data Analysis Procedures

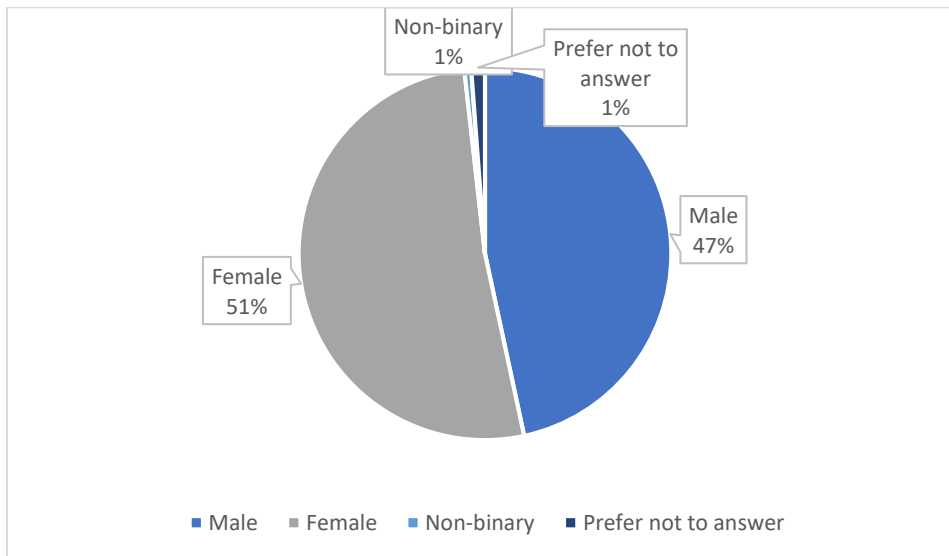
The online survey website SurveyMonkey, which allows users to create surveys online, was used for both the pre- and post-tests. To have access to the pre- and post-tests, participants had to be a student of the university, be enrolled in the mandatory first-year course, and be over the age of 18. Participants were told that there were 26 questions on the pre- and post-tests and that it would take approximately 10 minutes to complete. The first question on both the pre- and post-tests was the informed consent (Appendix I). If participants did not give their voluntary consent, the tests ended, and participants were not allowed to continue. The second question on both the pre- and post-tests asked if the participants were 18 years old or over. If the participant selected no, indicating that they were 17 years old or under, the test ended, and students could not continue. Participants were also given the option not to take the test and told they could click “Exit” at any time.

In total, 361 pre-tests were started with a 72% completion rate, and 178 post-tests were started with a 73% completion rate. The average time for a participant to work through the pre-test was 9 minutes, and for the post-test, it was 10 minutes, but participants could have taken as long as they needed to complete. Once the post-test closed, the researcher cleaned up the data sets and erased any tests that were not fully completed, which left 314 pre- and 159 post-tests. Due to the uneven number of pre- and post-tests, the researcher used a Microsoft Excel randomizer to assign each pre-test a random number between zero and one. The researcher then sorted the pre-tests in ascending order and used the first 159 tests.

The gender of participants was almost even, with 49.7% males, 46.6% females, and 0.6% non-binary students. One student stated that they preferred not to answer.

Figure 5

Participant Gender

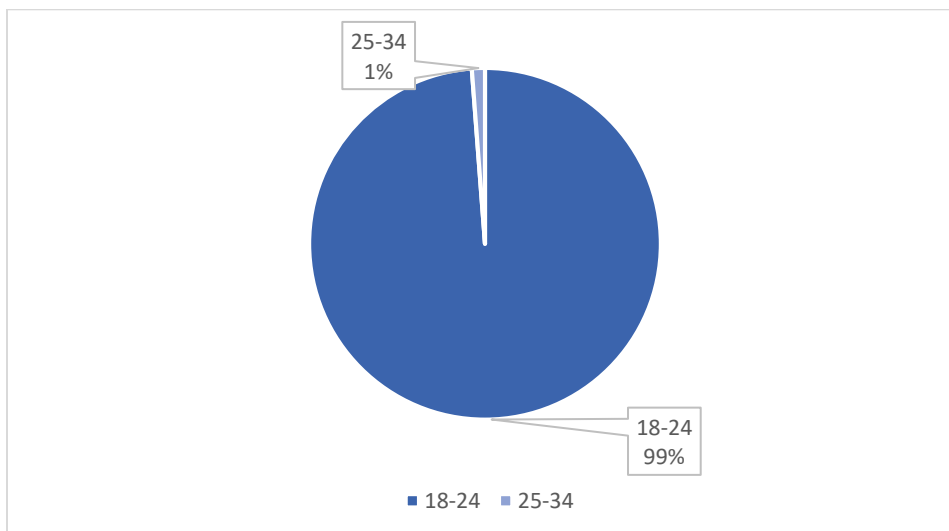


Note. This chart depicts the gender of participants.

The majority of students were aged between 18 and 24 years old. Only two students, 1.2%, were between the ages of 25-34.

Figure 6

Participants Age



Note. This chart depicts the age of participants.

The major with the most number of students was Business with 12.9% of the total participants, and Criminal Justice and Education both at 9.8%. The majors with the least number of students were Advertising and Public Relations, Environmental Science, Film Production, Finance, Healthcare Management, Hospitality, and Marketing.

Table 7

Participant Majors

Advertising and Public Relations	0.6%
Aviation	2.5%
Biology	4.3%
Business	12.9%
Communications	1.2%
Criminal Justice	9.8%
Cybersecurity	3.1%
Data Analytics	3.1%
Education	9.8%
Entrepreneurship	4.3%
Environmental Science	0.6%
Fashion and Retail	1.8%
Film Production	0.6%
Finance	0.6%
Forensic Investigation	6.1%
Healthcare Management	0.6%
Hospitality	0.6%
Marketing	0.6%
Music	1.2%
Performance	1.8%
Political Science	1.8%
Professional Pilot	6.1%
Psychology	8.6%
Social Impact and Entrepreneurship	1.8%
Sports Management	4.3%
Undecided	8.6%

The researcher used the Depression, Anxiety, and Stress Scale- 21 Items (DASS-21) scale to ask participants 21 questions relating to depression, anxiety, and stress on a Likert scale.

The DASS- 21 is a well-established instrument for measuring depression, anxiety, and stress with good reliability and validity, showing excellent Cronbach’s alpha values of 0.91, 0.89, and 0.78 for the subscales of depression, anxiety, and stress, respectively (Coker et al., 2018).

Participants indicated how much each statement applied to them over the past week, with a rating scale as follows:

- 0 Did not apply to me at all
- 1 Applied to me to some degree or some of the time
- 2 Applied to me to a considerable degree or a good part of the time
- 3 Applied to me very much or most of the time

Seven of the questions related to depression, seven to anxiety, and seven to stress. The questions were out of order, and it was unclear to the participants which question related to which variable. Using the answer sheet for the DASS-21 (Appendix K), the researcher recoded the questions relating to each topic for both the pre- and post-tests and created three new variables.

Table 8

DASS-21 Questions Broken Down by New Variables

Variable	Question Number
Depression	3,5,10,13,16,17,21
Anxiety	2,4,7,9,15,19,20
Stress	1,6,8,11,12,14,18

Results for Research Question Two

Q2: How will an online wellness-based module increase the levels of wellness in first-year private university students?

The researcher used an independent samples t-test rather than a paired t-test as the pre- and post-test could not be matched. The independent samples t-test tests the difference between the two means of two independent variables (Cronk, 2019). This test was used because the researcher could not match the pre- and post-tests to individual participants due to the sensitive nature of the questions and because they were anonymized. The participants were not required to enter any identifying information when completing either test. As the questions related to mental health, the researcher made the pre- and post-test anonymous to give participants the confidence to be honest with their answers. In this case the samples are independent of each other as there is no relationship between them.

Table 9

Descriptive Statistics Results

<i>Descriptive Statistics</i>						
Pretest (1) vs. Posttest (2)	N	Minimum	Maximum	Mean	Std. Deviation	
1.00	Stress	159	1.00	3.14	1.6101	.49687
	Anxiety	159	1.00	3.57	1.4762	.49843
	Depression	159	1.00	3.14	1.3468	.47174
	Valid N (listwise)	159				
2.00	Stress	159	1.00	3.86	1.5588	.59216
	Anxiety	159	1.00	3.14	1.3998	.46771
	Depression	159	1.00	3.71	1.3119	.51424
	Valid N (listwise)	159				

Using the Statistical Package for Social Sciences (SPSS), the researcher used a dependent variable (depression, stress, and anxiety scores) and an independent variable (the module). The grouping variable had two distinct values (1 for the pre-test and 2 for the post-test).

Table 10*Group Statistics*

Group Statistics					
	Pretest (1) vs. Posttest (2)	N	Mean	Std. Deviation	Std. Error Mean
Stress	1.00	159	1.6101	.49687	.03940
	2.00	159	1.5588	.59216	.04696
Anxiety	1.00	159	1.4762	.49843	.03953
	2.00	159	1.3998	.46771	.03709
Depression	1.00	159	1.3468	.47174	.03741
	2.00	159	1.3119	.51424	.04078

The Group Statistics table (Table 10) provides some basic descriptive statistics comparing the pre- and post-test means for each variable and the standard deviation for each. The mean for each variable does appear to decrease slightly between the pre- and post-tests.

Table 11*Independent Samples t-test Results.*

Independent Samples Test											
		Levene's Test for Equality of Variances				t-test for Equality of Means				95% Confidence Interval of the Difference	
		F	Sig.	t	df	One-Sided p	Two-Sided p	Mean Difference	Std. Error Difference	Lower	Upper
Stress	Equal variances assumed	2.175	.141	.835	316	.202	.404	.05121	.06130	-.06940	.17183
	Equal variances not assumed			.835	306.749	.202	.404	.05121	.06130	-.06942	.17184
Anxiety	Equal variances assumed	.294	.588	1.409	316	.080	.160	.07637	.05421	-.03028	.18302
	Equal variances not assumed			1.409	314.730	.080	.160	.07637	.05421	-.03028	.18302
Depression	Equal variances assumed	.067	.795	.630	316	.264	.529	.03489	.05534	-.07400	.14378
	Equal variances not assumed			.630	313.677	.264	.529	.03489	.05534	-.07400	.14378

In this study, the researcher looked at the one-sided p value as the hypothesis stated that an online wellness-based module offered as a supplement to a first-year class will decrease stress and anxiety in college students. The p value describes the probability that the null hypothesis will

be rejected. A p value less than 0.05 is statistically significant, indicating strong evidence to reject the null hypothesis. There is less than a 5% probability that the null hypothesis is correct, and the results are random. The lower the p value, the greater the chance that the reported effect would be seen again in the real world if this sample and test were used again. The results show a p value of 0.202 for stress, a p value of 0.080 for anxiety, and a p value of 0.264 for depression. Even though the mean values did decrease slightly for each variable, as shown in Table 10, the p value for each variable was not statistically significant as each one was above the 0.05 threshold.

Stress Results

An independent-sample t-test was calculated by comparing the mean score of the pre-test to the mean score of the post-tests whose data could not be matched. No significant difference was found ($t= 0.835$, $p= .202$, $p> .05$). The mean of the pre-test scores for stress ($M=1.61$, $sd=0.50$) was not significantly different from the mean of the post-test scores for stress ($M=1.56$, $sd=0.59$).

Anxiety Results

An independent-sample t-test was calculated by comparing the mean score of the pre-test to the mean score of the post-tests whose data could not be matched. No significant difference was found ($t= 1.409$, $p= .080$, $p> .05$). The mean of the pre-test scores for anxiety ($M=1.48$, $sd=0.0.498$) was not significantly different from the mean of the post-test scores for anxiety ($M=1.40$, $sd=0.468$).

Depression Results

An independent-sample t-test was calculated by comparing the mean score of the pre-test to the mean score of the post-tests whose data could not be matched. No significant difference

was found ($t= 0.630$, $p= .264$, $p> .05$). The mean of the pre-test scores for depression ($M=1.35$, $sd=0.47$) was not significantly different from the mean of the post-test scores for depression ($M=1.31$, $sd= 0.514$).

Summary

During the qualitative data analysis, the researcher answered research question one: *What are some of the necessary components of a wellness-based program that focus on stress and anxiety in first-year college students?* The researcher used the focus group results to create the content of an online wellness-based module. Using information from the faculty who taught the mandatory first-year class and the professional staff members who work with students daily, the researcher developed multiple themes, which led to the content creation of the wellness-based module. Several themes were consistent between the two groups, showing that both sets of participants felt similar when discussing what they believed was missing to address stress and anxiety in a first-year module. The online wellness-based module can be found in Appendix H.

Although the quantitative data analysis, which compared the mean scores between the pre- and post-tests, was not found to be statistically significant, the mean scores for each variable decreased slightly, showing a small effect, just not enough to be significant. In this case, the data was able to answer research question two: *How will an online wellness-based module increase the levels of wellness in first-year private university students?* Anxiety was the one variable with the lowest p value of 0.080, the closest value to the 0.05 threshold to be statistically significant. This shows that the online module may have been the first step to increasing levels of wellness in first-year students at a private university, but there is still work that needs to be done.

Chapter V: Conclusion

This study aimed to examine the issue of reducing stress and anxiety levels of college students through first-year wellness programming. The researcher developed an online wellness-based module and incorporated it into the mandatory first-year class at a small, private university in the Southeastern United States. By creating the curriculum, the researcher wanted to:

- Decrease stress and anxiety levels in first-year college students caused by the COVID-19 pandemic by providing students with the tools necessary to overcome challenges.
- Increase the overall social and emotional well-being of first-year college students.

The literature review showed that college students frequently report anxiety and depression, particularly during their first year of college (Keyes et al., 2012). Additionally, 24.3% reported sleep difficulties, 22.8% felt lonely, and 19.8% felt depressed to the point that it was difficult to function (Home | American College Health Association, 2021).

The study gathered qualitative and quantitative data using a sequential mixed method design and analyzed the results. According to Creswell & Creswell (2018), three-phase exploratory sequential mixed methods is a design that begins with the researcher exploring qualitative data and analyzing. The researcher then built a feature to be tested and then tested that feature in a quantitative third stage.

The qualitative data was collected by conducting two focus groups, interviewing various collegiate professionals (faculty and professional staff members), analyzing the data, and creating themes based on the results. The themes were then aligned with a specific wellness

dimension, and topics were created. The researcher then created an online wellness-based module and used the topics to develop the wellness content. The self-paced module was then incorporated into the mandatory first-year class, which participants had access to during their first week of class. The quantitative data was collected by asking students in the mandatory class to take a pre-test before working through the module and then asked to take a post-test when it was completed. The tests included demographic and Likert-scale questions from the Depression, Anxiety, Stress Scale 21 questions (DASS-21). The class was taken over a time period of four weeks. In total, 314 pre-tests and 159 post-tests were fully completed.

Summary of Results of Research Questions

Research Question One: What are some of the necessary components of a wellness-based program that focus on stress and anxiety in first-year college students?

The researcher identified three major themes and wellness dimensions from both focus groups during the first qualitative phase of this study, which were:

1. Social Wellness
 - a. Relationships and Friendships
 - b. Connections to Campus Resources
2. Emotional Wellness
3. Spiritual Wellness

Both focus groups concluded that social wellness was the dimension that students struggled with the most. They also agreed that relationship and friendship-making was challenging for students, especially after the COVID-19 pandemic. One observation was that the pandemic

affected students' ability to start conversations and make small talk. Students struggled in the classroom to speak to each other and initiate conversations. Many focus group participants suggested that because students had been online for the past two years, it affected their ability to socialize. This was supported by one of the focus group participants, who said that this had been the most challenging class they had taught in almost ten years due to the lack of conversations and social connections in their classroom. Due to this, the researcher included the following information in the mandated first-year course:

Small Talk and Conversation Starters

Small Talk and Conversation Starters

The thought of meeting new people at college can be a little intimidating, especially during the first week or so. Remember, everyone is in the same boat! For some people, it is easy to make friends or to start a conversation but for others, it can be a little more difficult and sometimes requires practice. College is a great way to meet and get to know others. Use these tips and suggestions if you need a little help. You never know who you will meet!

Rules of Good Conversations:

Conversations are supposed to be two-way, like a game of tennis. The conversation goes back and forth between partners, but if it stays on one side too long, then it is no longer a conversation.

Here are some ways to help keep the conversation going back and forth if you are struggling:

- **Find common interests:**
 - Sports, where you grew up, video games, hobbies, music, education.
 - Once you have found common interests, think about how you can use this information in the future.
 - Maybe you could generate ideas of things to do with a friend.
- **Ask the person about themselves:**
 - Remember, conversations are about trading information and going back and forth between partners, as well as trading information.
 - What have you been up to lately?
 - What did you do over the weekend?
 - What are you doing this weekend?
 - Have you figured out where all your classes are?
 - Who is your favorite person to follow on Instagram?
 - Where's the last place you traveled? What did you do there?
 - What types of things do you like to do in your free time?
 - These types of questions can provide information about what a person likes as well as what they are interested in.
- **Common conversation topics about college students:**
 - School/ Work
 - Weekend activities
 - What is happening on campus?
 - Sports
 - Movies and TV shows
 - Video Games
 - Music and Concerts
 - Books
- Sometimes, it can be natural to talk about ourselves, but if your goal is to make and keep friends, it is best to find common interests, so ask them about their interests.
- **Ask open-ended questions:**
 - Closed- ended questions limit the responses, usually with a yes or a no. With open-ended questions, the responses are not limited and can lead to further conversations.
- **Listen:**
 - When people do not listen, it makes it seem like they're uninterested in the person they are talking to. One way to show someone you are listening is to ask follow-up questions or share related information. There are many non-verbal methods to demonstrate listening such as:
 - Smiling
 - Laughing (when appropriate)
 - Making good eye contact
- **Building connections with others:**
 - Join a club or organization or attend one of the many events happening on campus. Check out [Presence](#) to find out what is happening on campus. Remember to visit the Center for Student Involvement (CSI) located in the University Center with any questions!

Laugeson, E. A. (2013). The Science of Making Friends: Helping socially challenged teens and young adults. Jossey-Bass.

In addition to relationships and friendships, a connection to campus resources was also discussed at length during both focus groups. Participants felt that although students may know the resources on campus, physically going to the office and making an appointment was very intimidating. Due to this observation, the researcher created videos highlighting several essential campus departments connected to wellness. These were Counselling Services, Student Wellness and Health Promotions, Student Health (medical services on campus), the Fitness Center (gym), and the Center for Student Involvement. Each video included an introduction from a student leader (a student who held a paid position in one of the Student Affairs departments) who began by introducing themselves and the department they were going to introduce. The video started from a highly recognized place on campus. Then the video followed them to the office so anyone watching could see exactly how to get to that particular place. Once the door opened, a staff member greeted the camera, explained services, how to make an appointment, and how to contact the department for more information. Each video lasted approximately two minutes.

In Focus Group One, participants also felt that spiritual wellness was an area that was missing. One participant also felt spirituality and emotional wellness were highly interconnected, and it was difficult to separate the two. After researching popular spiritual activities on college campuses, the researcher found that mindfulness was a popular choice, especially for a non-denominational college (Cultivating the Spirit - Spirituality in Higher Education, 2010). Mindfulness is "a mental state achieved by focusing one's awareness on the present moment, while calmly acknowledging and accepting one's feelings, thoughts, and bodily sensations, used as a therapeutic technique" (Oxford Dictionary, Mindfulness, 2023). The researcher included mindfulness information in the course (listed below) and two videos, which focused on

introducing students to mindfulness and a grounding and mindfulness activity video.

Mindfulness

What is Mindfulness?

Mindfulness is a state of nonjudgmental awareness of what's happening in the present moment, including the awareness of one's own thoughts, feelings, and senses.

Components of Mindfulness:

Awareness: During a state of mindfulness, you will notice your thoughts, feelings, and physical sensations as they happen. The goal is not to clear your mind or to stop thinking- it is to become aware of your thoughts and feelings, rather than getting lost in them.

Acceptance: The thoughts, feelings, and sensations that you notice should be observed in a nonjudgmental manner. For example, if you notice a feeling of nervousness, simply state to yourself: "I notice that I am feeling nervous". There is no need to further judge or change the feeling. Once you can name the feeling, you are better equipped to manage it.

Benefits of Mindfulness:

- Reduced symptoms of depression and anxiety
- Greater satisfaction within relationships
- Improved memory, focus, and mental processing speed
- Reduced rumination (repetitively going over a thought or problem)
- Improved ability to adapt to stressful situations
- Improved ability to manage emotions

Mindfulness Practice

Note: *Mindfulness is a state of mind, rather than a particular action or exercise. However, without practice, mindfulness is difficult to achieve. These techniques are designed to help you practice.*

Mindfulness Meditation:

Sit in a comfortable place and begin paying attention to your breathing. Notice the physical sensation of air filling your lungs, and then as you slowly release the breath. When your mind wanders- which it will- simply notice your thoughts, and turn your attention back to your breathing.

Mindfulness Walk:

While walking, make a point to practice mindfulness. Start by noticing how your body moves and feels with each step. Notice how your foot feels as it connects with the pavement. If you are on grass, notice how soft it might be. Then, expand your awareness of your surroundings. What do you see? Hear? Smell? Feel? This technique can also be expanded to other daily activities.

Five Senses:

Make a conscious effort to notice the present moment through each of your senses.

- 5 things you see
- 4 things you feel
- 3 things you hear
- 2 things you taste
- 1 thing you smell

TherapistAid.com

(TherapistAid, *Mindfulness exercises*, 2012).

In addition to social and spiritual wellness, Focus Group Two identified emotional wellness as a dimension that needed to be included in the course. Words and phrases from the

Focus Group Two transcript used to identify emotional wellness were “overwhelmed,” “anxiety,” “mental health,” “concerned persons reports,” “feeling discouraged,” and “inability to cope.” As the study focuses on anxiety and stress levels of college students and emotional wellness was considered a missing element, the researcher included information on stress and anxiety (See below). Also included in this section were two YouTube videos: Tips are Managing Stress (MindWebteam, *Tips for managing stress* 2021) and What is the Cycle of Anxiety? (*What is the cycle of anxiety?* 2018). Additional content was added to the module, including resources such as self-care tips and the contact information for on and off-campus resources.

Stress and Anxiety

▾ What is Stress and Anxiety?

Stress

Stress is one way that our bodies respond to the day-to-day struggles and demands of life. A little bit of stress can be healthy- it keeps us alert and productive. However, when we experience too much stress that interrupts our daily living, it can result in serious physical, emotional, and behavioral symptoms.

Acute Symptoms

Symptoms that occur before or during a stressful situations

Physical	Emotional/ Cognitive	Behavioral
Asthma	Worry	Nail biting
Headaches	Irritability	Constant thoughts about stressors
Migraines	Anger	Restlessness
Back pain	Loss of motivation	Teeth grinding
Sweating	Difficulty concentrating	Disrupted sleep, diet, and exercise
Nausea	Mood instability	Interpersonal conflict
Indigestion	Memory problems	Social withdrawal
Chest pain		Substance use
Fatigue		Procrastination

Chronic Symptoms

Symptoms and consequences of long-term stress

Heart Disease	Depression	Sleep disorders
Anxiety Disorders	Memory impairment	Weakened immune system
Skin diseases	Substance use	Poor diet and exercise habits

Anxiety

Anxiety is a mental and physical reaction to perceived threats. In small doses, anxiety is helpful. It protects us from danger and focuses our attention on things we need to get done in a positive manner. But when anxiety is too severe or occurs too frequently, it can become debilitating.

What are some symptoms of anxiety?

- uncontrollable worry
- poor concentration
- excessive nervousness
- increased heart rate
- sleep problems
- upset stomach
- muscle tension
- avoidance of fear

Types of Anxiety

Generalized Anxiety: An excessive amount of anxiety or worry in several areas of life, such as job responsibilities, health, finances, or minor concerns (e.g. completing housework).

Phobias: A very intense fear of a specific situation or object, which is out of proportion to its actual threat. For example, a fear of giving speeches, or of spiders, could be considered a phobia.

Panic: An extreme anxious response where a person experiences a panic attack. During a panic attack, the individual experiences numerous physical symptoms, and is overwhelmed by a feeling of dread.

(TherapistAid, 2012).

Research Question Two: How will an online wellness-based module increase the levels of wellness in first- year private university students?

During a student's first semester at the university, all students are required to take a mandatory first-year course. This is a foundational one-credit course designed to guide students through the transition to academic life at the university. The course focuses on learning helpful programs and skills in academic support, information literacy, registration and advising, study abroad, and researching future careers. The gatekeepers allowed the researcher to include the online wellness-based module which was created from the themes in the qualitative stage into the mandatory first-year course. The course was voluntary, and students were told that there would be no negative consequences for non-completion. Students could take the course at their leisure as it was self-paced. The only requirement was that it had to be completed by the end of the term.

The researcher created a pre- and post-test (Appendix J), which included demographic information and questions from the Depression, Anxiety, Stress Scale 21 Questions (DASS-21). Students were asked to answer 21 questions about depression, anxiety, and stress on a Likert scale. Participants indicated how much each statement applied to them over the past week. In total, 314 pre-tests and 159 post-tests were fully completed. The researcher used 159 pre-tests and all 159 post-tests for analysis. In order to have an equal amount of pre- and post-tests, the researcher used a Microsoft Excel randomizer, which generated a random decimal number between zero and one and assigned it to each pre-test. The researcher then organized the numbers in ascending order, used cells 1-159, removed tests 160-314, and transferred them to another document to create a final data set of 159 pre-tests and 159 post-tests.

The researcher found that although the mean scores between the pre- and post-tests for each variable did decrease slightly, the p value for each was greater than 0.05, meaning that there was not a statistical significance between the pre- and post-tests. The p value for stress was 0.202, for anxiety, 0.080 and depression was 0.264. Out of the three variables, the one closest to statistical significance was anxiety, with a p value of 0.080. This shows that the online module may have been the first step to increasing levels of wellness in first-year students at a private university, but there is still work that needs to be done.

Even before the COVID-19 pandemic students were experiencing stress and anxiety particularly first year students (Conley et al, 2013). The pandemic has increased many mental health issues, especially in school-aged children and college students. In a study from the beginning of the pandemic, 30.5% of college students reported that their mental health had impacted their academic performance compared to 21.9% in the fall of 2019 (Home | American College Health Association, 2021). During the pandemic, 87% of students reported feeling

stressed or anxious (Active Minds' Student Mental Health Survey, January 2021), 71.75% reported anxiety, and over 38% reported moderate to severe anxiety (Wang, 2020).

Discussion of the Results

In 1977, Dr. John W. Travis created the Illness- Wellness Continuum (Figure 1), a graphic representation of disease and wellness (Ii, 2020). Travis said that no matter where a person is on their continuum, it is only important if they are facing health or disease (Travis & Ryan, 2004). Moving to the right of the continuum to high-level wellness signals increasing health and wellness. High-level wellness, according to Travis, includes awareness, education, and growth. It can include self-care activities such as physical and emotional care, constructive use of one's mind, and creativity and spirituality (Ii, 2020). The participants in this study were given information (awareness) and encouraged to use the tools (growth), so they are ultimately heading toward high-level wellness. The information provided to students in the wellness-based module can be used at any time, for example, knowing where Counseling Services is located and how to make an appointment when needed or remembering how to do a grounding and mindfulness activity in times of increased anxiety and stress. Therefore, students can always work towards high-level wellness by using the tools provided in the wellness-based module when needed.

Additionally, Ardell, suggested that "Wellness initiatives in one area of your life will reinforce health-enhancing behaviors in other areas" (Ardell, 1977, p. 4). For example, if someone decided to practice a relaxation skill for one week, the effort would carry over and motivate that person to pursue other dimensions of high-level wellness. The researcher will not know how the information provided in the module will be used in the future and the potential

effect it may have. The data in this study was collected two and a half years after the onset of the pandemic. The actual impact that the pandemic has had on our mental health is not yet fully known. However, by providing first-year programming and offering college students the resources and tools to learn more about their social, spiritual and emotional wellness, wellness levels could be increased.

Limitations

The researcher included faculty and professional staff in the qualitative data collection using focus groups. It would have been beneficial to hear from students who had taken the mandatory first-year class during the pandemic and included that information in the course. It would also be interesting to see if the information collected was similar or different from the information from the faculty and staff.

Due to the sensitive nature of the questions asked on the DASS-21, the researcher decided it was best not to ask participants to identify themselves in any way. The researcher felt that participants may not have answered truthfully if they had known that there may have been a chance that someone would know who they were. The researcher, therefore, made it clear on the informed consent (Appendix I) that all pre- and post-tests were anonymous. This ultimately led to unmatched pre- and post-tests. The results may have been different if the researcher had matched the data and seen if levels of depression, stress, and anxiety had decreased and wellness levels had increased. The researcher would have been able to conduct a paired sample t-test instead of an independent sample t-test which may have led to different results.

A traditional college semester is approximately sixteen weeks at many higher education institutions, which was the case at the research site up until fall 2020. Due to the pandemic and

wanting to limit the number of students in a class and on campus, the research site decided to switch to a block schedule. The block schedule splits the sixteen -week semester into four blocks, with one block made up of four weeks. This block schedule of four weeks may not allow much time for students to absorb the information provided, which could have affected the outcome and the study results. Participants were only in week four of their first year of college when they were asked to take the post-test, meaning they had only been on campus for four weeks. They may have needed more time to acclimate to college life, make friends and other social connections, and develop relationships with roommates and professors. Students may still be homesick at the four-week mark and miss their family and friends. If the traditional semester were still in place, the results may have been different as students would have taken the post-test on week sixteen rather than week four.

Recommendations for Future Research

In order for the wellness-based module to be included in the mandatory first-year class, the content had to be self-contained and self-paced. The faculty teaching the course only offered the wellness-based module to their students. They did not go over the content or teach it in any way. In the future, students might benefit from learning about wellness in the classroom from a professional rather than a self-paced module.

The videos which were created for the wellness-based module showed the location of five different departments on campus. These videos introduced the viewer to the staff members from each department and explained the services provided at each location. In the future, it might be beneficial to not only show the videos but also to encourage the staff from each department to go into the classrooms and present information about their services and what they provide. This

would also allow students to interact with that person and ask questions. Another option would be to add class tours of each location so that students could physically explore the space and feel comfortable going if they ever need it.

Finally, creating a tiered wellness program that changes each academic year to provide students with increasingly challenging educational content related to wellness may be beneficial. This could include creating a classroom wellness project, such as infographics or a poster campaign on wellness topics, or completing a wellness certificate aimed at teaching student's multiple skill-building techniques. These wellness programs and educational opportunities could assist students whose mental health has been affected by the pandemic. As Social and Emotional Learning (SEL) has been proven successful in the K-12 learning environment (Stocker & Gallagher, 2019), it is essential to study this more in college settings. It has been shown that anxiety levels of college students can be reduced by using classroom activities that teach them social-emotional skills and mindset (Stocker & Gallagher, 2019). This online wellness-based module can act as another tool for faculty to promote students' mental well-being, preparing first-year students for their wellness journey and, ultimately preparing them for academic success as well as assisting with retention.

Appendix A: Email to Gatekeepers for Contact Information

Greetings,

I am a current doctoral candidate at Lynn University in the Educational Leadership program at the Ross College of Education and I am also employed at the university. I am researching my dissertation titled, *“The Investigation of First-Year Wellness Programming in College to Reduce Stress and Anxiety Levels.”*

I am seeking the contact information, including the names and email addresses of the faculty members who have taught the Lynn 101 class since the fall of 2020. I would like to invite them to participate in a focus group and ask questions regarding wellness in the first-year students. I would like to ask what they believe are some of the necessary components of a wellness-based program that focuses on stress and anxiety in first-year college students.

Once I have conducted the focus group, I will design and create an online wellness-based module based on the feedback regarding which topics and content may be helpful for the well-being of our students. I would also like to ask for your permission to include this supplemental module in the Lynn 101 class. This module will be self-paced, requiring no extra teaching from the instructors. The module is not mandatory and will act simply as a supplement to the Lynn 101 course. The module would also require pre- and post-test and informed consent.

I would appreciate having this information by March 18, 2022 if possible. If you have any questions or concerns regarding the study, please feel free to reach out to the researcher directly by phone at (561) 237-7955 or email at cmuriel@lynn.edu.

Thank you in advance for your assistance.

Sincerely,

Charlotte Muriel

Appendix B: Recruitment Email to Staff and Faculty

Greetings:

I am a current doctoral candidate at Lynn University in the Educational Leadership program at the Ross College of Education and am also employed at the university. I am researching my dissertation titled, “*The Investigation of First-Year Wellness Programming in College to Reduce Stress and Anxiety Levels.*”

I would like to invite you to take part in a focus group interview which will take place via Zoom on **04/13/2022** at 11 am. Your views will be used to help me create the content for a wellness-based module which will be included as a supplement to the Lynn 101 course in the fall of 2022. I am currently looking for six to eight faculty members who have previously taught the Lynn 101 classes to participate. The interview will last approximately 60 minutes and is voluntary. Choosing not to participate will cause no detriment to your job.

There are no incentives provided for participating in the interview but know that you may benefit from knowing you are helping the mental well-being of first-year students on our college campus. The risks of involvement in this study are minimal, and you will be given the option of exiting the Zoom call at any time.

If you are willing to participate in this research study, please respond by **04/01/2022**. The Zoom link information will then be sent out with an informed consent form. The informed consent form will need to be returned to the researcher before the focus group interview on 04/13/2022.

If you have any questions or concerns regarding the study, please feel free to reach out to the researcher directly by phone at (561) 237-7955 or email at cmuriel@lynn.edu.

Thank you in advance for your assistance.

Sincerely,

Charlotte Muriel

Appendix C: Informed Consent for Focus Group Participants

Purpose of the Research:

The purpose of this research is to examine the issue of reducing stress and anxiety levels of college students through first-year wellness programming.

Procedures:

Your participation in this research will guide the specific content to be included in the online wellness-based module. The module will be designed to support students' mental and emotional health and well-being and will be based on the Six Dimensional Model of Wellness created by Dr. Bill Hettler. You will be asked eight questions regarding your experiences and observations made inside or outside of the classroom related to students' mental health and well-being. Your answers can be based on visual observations as well as your perception of any concerns being addressed/ spoken about between the student and yourself. This focus group will be held via Zoom and will be audio recorded.

Compensation:

There are no incentives provided for participating in the focus group but know that you may benefit from knowing you are helping the mental well-being of first-year students on our college campus.

Time Required:

The focus group will last approximately 60 minutes and only one session will be required.

Potential Risks:

The risks of involvement in this study are minimal, and there will be an option of exiting the Zoom call at any time.

Confidentiality:

The names of all participants will be kept private and replaced with a pseudonym, however, it is impossible to guarantee complete confidentiality on a platform like Zoom. The data collected from participants will be stored on a password-protected computer that only the researcher can access. After two years, the data will be deleted. The data collected in this study will not be used in future research.

Contact Information:

If you have any questions or concerns about the study, you may contact the researcher Charlotte Muriel at (561) 237-7955 or cmuriel@lynn.edu. Additionally, you may contact IRB Chair, Melissa Knight at mknight@lynn.edu.

Voluntary Consent

I acknowledge that the researcher has informed me of the purpose of the study and that I understand and have read the information above. I understand that even if I agree to participate in the focus group now, I can change my mind at any time without any consequences of any kind.

I give my voluntary consent to participate in this study.

Signature of Participant

Date

Researcher

Date

Appendix D: Semi-Structured Interview Questions for Focus Groups

Focus Group One:

1. How long have you been teaching the mandatory first-year class?
2. What topics are discussed during the class and what are the students' learning outcomes?
3. What has been your experience teaching the mandatory first-year class in terms of students' mental health?
4. Are there any content specific areas in which you think students might benefit from knowing during the class in regard to their well-being?
5. What has been your experience working with first-year students throughout the pandemic in terms of students' mental health?
6. Based on the Six Dimensional Model of Wellness, in which two dimensions do you see students in your class needing the most help?
7. What are the key concepts that you think would be beneficial for student well-being to include in an online wellness-based module specifically relating to the two wellness dimensions you selected? Please explain.
8. Are there any resources on or off campus that students are not aware of that would benefit student well-being?

Focus Group Two:

1. What department do you work in?
2. In what capacity do you work with students?
3. What has been your experience working with students in terms of students' mental health?
4. Are there any content-specific areas in which you think students might benefit from knowing in regards to their well-being?
5. What has been your experience working with first-year students throughout the pandemic regarding students' mental health?
6. Based on the Six Dimensional Model of Wellness, in which two dimensions do you see students that you work with needing the most help?
7. What are the key concepts that you think would be beneficial for student well-being to include in an online wellness-based module specifically relating to the two wellness dimensions you selected. Please explain.
8. Are there any resources on or off-campus that students are not aware of that would benefit student well-being?

Appendix E: The Six Dimensions of Wellness Model

The Six Dimensions of Wellness Model

Developed by Dr. Bill Hettler, co-founder of the National Wellness Institute (NWI), this interdependent model, commonly referred to as the Six Dimensions of Wellness, provides the categories from which NWI derives its resources and services.

A Description of Each Dimension

OCCUPATIONAL

The occupational dimension recognizes personal satisfaction and enrichment in one's life through work. At the center of occupational wellness is the premise that occupational development is related to one's attitude about one's work. Traveling a path toward your occupational wellness, you'll contribute your unique gifts, skills, and talents to work that is both personally meaningful and rewarding. You'll convey your values through your involvement in activities that are gratifying for you. The choice of profession, job satisfaction, career ambitions, and personal performance are all important components of your path's terrain.

Occupational wellness follows these tenets:

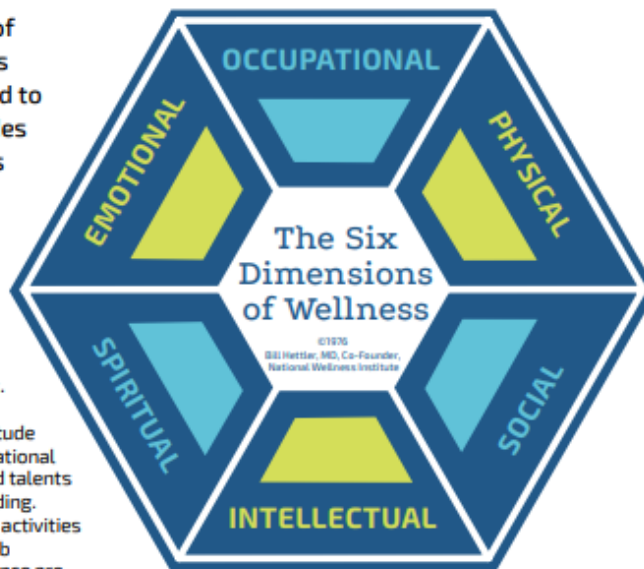
- It is better to choose a career which is consistent with our personal values, interests, and beliefs than to select one that is unrewarding to us.
- It is better to develop functional, transferable skills through structured involvement opportunities than to remain inactive and uninvolved.

PHYSICAL

The physical dimension recognizes the need for regular physical activity. Physical development encourages learning about diet and nutrition while discouraging the use of tobacco, drugs and excessive alcohol consumption. Optimal wellness is met through the combination of good exercise and eating habits. As you travel the wellness path, you'll strive to spend time building physical strength, flexibility and endurance while also taking safety precautions so you may travel your path successfully, including medical self-care and appropriate use of a medical system. The physical dimension of wellness entails personal responsibility and care for minor illnesses and also knowing when professional medical attention is needed. By traveling the wellness path, you'll be able to monitor your own vital signs and understand your body's warning signs. You'll understand and appreciate the relationship between sound nutrition and how your body performs. The physical benefits of looking good and feeling terrific most often lead to the psychological benefits of enhanced self-esteem, self-control, determination and a sense of direction.

Physical wellness follows these tenets:

- It is better to consume foods and beverages that enhance good health rather than those which impair it.
- It is better to be physically fit than out of shape.



SOCIAL

The social dimension encourages contributing to one's environment and community. It emphasizes the interdependence between others and nature. As you travel a wellness path, you'll become more aware of your importance in society as well as the impact you have on multiple environments. You'll take an active part in improving our world by encouraging healthier living and initiating better communication with those around you. You'll actively seek ways to preserve the beauty and balance of nature along the pathway as you discover the power to make willful choices to enhance personal relationships and important friendships, and build a better living space and community.

Social wellness follows these tenets:

- It is better to contribute to the common welfare of our community than to think only of ourselves.
- It is better to live in harmony with others and our environment than to live in conflict with them.

INTELLECTUAL

The intellectual dimension recognizes one's creative, stimulating mental activities. A well person expands his or her knowledge and skills while discovering the potential for sharing his or her gifts with others. Using intellectual and cultural activities in the classroom and beyond the classroom combined with the human resources and learning resources available within the university community and the larger community, a well person cherishes intellectual growth and stimulation. Traveling a wellness path, you'll explore issues related to problem solving, creativity, and learning. You'll spend more time pursuing personal interests and reading books, magazines, and newspapers, while keeping abreast

of current issues and ideas. As you develop your intellectual curiosity, you'll actively strive to expand and challenge your mind with creative endeavors.

Intellectual wellness follows these tenets:

- It is better to stretch and challenge our minds with intellectual and creative pursuits than to become self-satisfied and unproductive.
- It is better to identify potential problems and choose appropriate courses of action based on available information than to wait, worry, and contend with major concerns later.

SPIRITUAL

The spiritual dimension recognizes our search for meaning and purpose in human existence. It includes the development of a deep appreciation for the depth and expanse of life and natural forces that exist in the universe. Your search will be characterized by a peaceful harmony between internal personal feelings and emotions and the rough and rugged stretches of your path. While traveling the path, you may experience many feelings of doubt, despair, fear, disappointment and dislocation, as well as feelings of pleasure, joy, happiness and discovery. These are all important experiences and components to your search and will be displayed in the value system you will adapt to bring meaning to your existence. You'll know you're becoming spiritually well when your actions become more consistent with your beliefs and values, resulting in a "world view."

Spiritual wellness follows these tenets:

- It is better to ponder the meaning of life for ourselves and to be tolerant of the beliefs of others than to close our minds and become intolerant.
- It is better to live each day in a way that is consistent with our values and beliefs than to do otherwise and feel untrue to ourselves.

EMOTIONAL

The emotional dimension recognizes awareness and acceptance of one's feelings. Emotional wellness includes the degree to which one feels positive and enthusiastic about one's self and life. It includes the capacity to manage one's feelings and related behaviors including the realistic assessment of one's limitations, development of autonomy, and ability to cope effectively with stress. The well person maintains satisfying relationships with others. Awareness of, and accepting a wide range of feelings in yourself and others is essential to wellness. On the wellness path, you'll be able to express feelings freely and manage feelings effectively. You'll be able to arrive at personal choices and decisions based upon the synthesis of feelings, thoughts, philosophies, and behavior. You'll live and work independently while realizing the importance of seeking and appreciating the support and assistance of others. You'll be able to form interdependent relationships with others based upon a

foundation of mutual commitment, trust, and respect. You'll take on challenges, take risks, and recognize conflict as being potentially healthy. Managing your life in personally rewarding ways, and taking responsibility for your actions, will help you see life as an exciting, hopeful adventure.

Emotional wellness follows these tenets:

- It is better to be aware of and accept our feelings than to deny them.
- It is better to be optimistic in our approach to life than pessimistic.

Applying the Six Dimensions of Wellness Model



By applying the model, a person becomes aware of the interconnectedness of each dimension and how they contribute to healthy living. This holistic model explains:

- how a person contributes to his or her environment and community, and how to build better living spaces and social networks;
- the enrichment of life through work, and its interconnectedness to living and playing;
- the development of belief systems, values, and creating a world-view;
- the benefits of regular physical activity, healthy eating habits, strength and vitality, as well as personal responsibility, self-care and when to seek medical attention;
- self-esteem, self-control, and determination as a sense of direction;
- creative and stimulating mental activities, and sharing your gifts with others.

Applying a wellness approach can be useful in nearly every human endeavor. As a pathway to optimal living, wellness is being applied to related fields, such as health promotion and holistic health, and has seen a growth in "helping professions" including counseling and medical arts and practices. The National Wellness Institute devised three questions that can help persons and organizations assess the degree to which wellness is incorporated into a particular approach or program:

- Does this help people achieve their full potential?
- Does this recognize and address the whole person (multi-dimensional approach)?
- Does this affirm and mobilize people's positive qualities and strengths?

Appendix F: Script for Focus Group One

Welcome:

Good morning/ afternoon. Thank you all for joining me today via Zoom. My name is Charlotte Muriel, and I will be the moderator for this focus group.

Informed Consent:

Before we start, I would like to go over the informed consent form. I understand that to be a part of this group, it was required to read, sign and email back to me, but I would just like to read through it one more time. I will also present the form on my screen to be visible to everyone.

Purpose of the Research:

The purpose of this research is to examine the issue of reducing stress and anxiety levels of college students through first-year wellness programming.

Procedures:

Your participation in this research will guide the specific content to be included in the online wellness-based module. The module will be designed to support students' mental and emotional health and well-being and will be based on the Six Dimensional Model of Wellness created by Dr. Bill Hettler. You will be asked eight questions regarding your experiences and observations made inside or outside of the classroom related to students' mental health and well-being. Your answers can be based on visual observations as well as your perception of any concerns being addressed/ spoken about between the student and yourself. This focus group will be held via Zoom and will be audio recorded.

Compensation:

There are no incentives for participating in the focus group but know that you may benefit from knowing you are helping the mental well-being of first-year students on our college campus.

Time Required:

The focus group will last approximately 60 minutes, and only one session will be required.

Potential Risks:

The risks of involvement in this study are minimal, and there will be an option of exiting the Zoom call at any time.

Confidentiality:

The names of all participants will be kept private and replaced with a pseudonym, however, it is impossible to guarantee complete confidentiality on a platform like Zoom. The data collected from participants will be stored on a password-protected computer that only the researcher can access. After two years, the data will be deleted. The data collected in this study will not be used in future research.

Ground Rules:

Before we jump into the questions, I just wanted to mention a few details that I believe are important. Firstly, everyone's opinion is valued, and there may be different opinions based on

each person's individual experiences. I am very interested in hearing all points of view, and it is also OK to talk to one another and not just me. I would welcome discussions between you all.

Introductions:

I would like to start by going around the room and having each person introduce themselves and state how long they have been teaching the Lynn 101 class.

Questions:

Before I begin with the questions, I would like to take approximately three-five minutes and share my screen and display the Six Dimensional Model of Wellness by Dr. Bill Hettler. This particular model focuses on people's behavioral choices to enhance their lives. Although there are many different wellness models, ranging from five to seventeen, Hettler stated that "the truly best model is the one you actually use". Hettler believed that by developing a curriculum based on the Six Dimensional Model of Wellness, "a person becomes aware of the interconnectedness of each dimension and how they contribute to healthy living". Please take no more than 5 minutes to read through the Six Dimensional Model of Wellness on the screen. I will leave it on the screen throughout the interview to refer back to it when needed.

OK, thank you for that. I will now begin my questions.

1. How long have you been teaching the mandatory first-year class?
2. What topics are discussed during the class, and what are the student learning outcomes?
3. What has been your experience teaching the mandatory first-year class in terms of students' mental health?
4. Are there any content-specific areas in which you think students might benefit from knowing during the class in regard to their well-being?
5. What has been your experience working with first-year students throughout the pandemic regarding students' mental health?
6. Based on the Six Dimensional Model of Wellness, in which two dimensions do you see students in your class needing the most help?
7. What are the key concepts that you think would be beneficial for student well-being to include in an online wellness-based module specifically relating to the two wellness dimensions you selected. Please explain.
8. Are there any resources on or off-campus that students are not aware of that would benefit student well-being?

Wrap Up:

Are there any wellness topics that we did not discuss that you think are important or any final thoughts?

Thank you:

Thank you for coming and contributing to such a meaningful conversation. I learned a great deal from this and look forward to implementing your suggestions and recommendations into an online wellness-based module. Thank you for sharing your thoughts.

Appendix G: Script for Focus Group Two

Welcome:

Good morning/ afternoon. Thank you all for joining me today via Zoom. My name is Charlotte Muriel, and I will be the moderator for this focus group.

Informed Consent:

Before we start, I would like to go over the informed consent form. I understand that to be a part of this group, it was required to read, sign and email back to me, but I would just like to read through it one more time. I will also present the form on my screen to be visible to everyone.

Purpose of the Research:

The purpose of this research is to examine the issue of reducing stress and anxiety levels of college students through first-year wellness programming.

Procedures:

Your participation in this research will guide the specific content to be included in the online wellness-based module. The module will be designed to support students' mental and emotional health and well-being and will be based on the Six Dimensional Model of Wellness created by Dr. Bill Hettler. You will be asked eight questions regarding your experiences and observations made outside of the classroom related to students' well-being. Your answers can be based on visual observations as well as your perception of any concerns being addressed/ spoken about between the student and yourself. This focus group will be audio recorded.

Compensation:

There are no incentives for participating in the focus group but know that you may benefit from knowing you are helping the well-being of first-year students on our college campus.

Time Required:

The focus group will last approximately 60 minutes, and only one session will be required.

Potential Risks:

The risks of involvement in this study are minimal, and there will be an option of exiting the Zoom call at any time.

Confidentiality:

The names of all participants will be kept private and replaced with a pseudonym, however, it is impossible to guarantee complete confidentiality on a platform like Zoom. The data collected from participants will be stored on a password-protected computer that only the researcher can access. After two years, the data will be deleted. The data collected in this study will not be used in future research.

Ground Rules:

Before we jump into the questions, I just wanted to mention a few details that I believe are important. Firstly, everyone's opinion is valued, and there may be different opinions based on each person's individual experiences. I am very interested in hearing all points of view, and it is also OK to talk to one another and not just me. I would welcome discussions between you all.

Introductions:

I would like to start by going around the room and having each person introduce themselves and state how long they have been working at the University.

Questions:

Before I begin with the questions, I would like to take approximately three-five minutes and share my screen and display the Six Dimensional Model of Wellness by Dr. Bill Hettler. This particular model focuses on people's behavioral choices to enhance their lives. Although there are many different wellness models, ranging from five to seventeen, Hettler stated that "the truly best model is the one you actually use". Hettler believed that by developing a curriculum based on the Six Dimensional Model of Wellness, "a person becomes aware of the interconnectedness of each dimension and how they contribute to healthy living". Please take no more than 5 minutes to read through the Six Dimensional Model of Wellness on the screen. I will leave it on the screen throughout the interview to refer back to it when needed.

OK, thank you for that. I will now begin my questions.

1. What department do you work in?
2. In what capacity do you work with students?
3. What has been your experience working with students in terms of students' mental health and/or well-being?
4. Are there any content-specific areas in which you think students might benefit from knowing in regard to their well-being?
5. What has been your experience working with first-year students throughout the pandemic and since the pandemic regarding students' mental health and well-being?
6. Based on the Six Dimensional Model of Wellness, in which two dimensions do you see students that you work with needing the most help?
7. What are the key concepts that you think would be beneficial for student well-being to include in an online wellness-based module specifically relating to the two wellness dimensions you selected. Please explain.
8. Are there any resources on or off-campus that students are not aware of that would benefit student well-being?

Wrap Up:

Are there any wellness topics that we did not discuss that you think are important or any final thoughts?

Thank you:

Thank you for coming and contributing to such a meaningful conversation. I learned a great deal from this and look forward to implementing your suggestions and recommendations into an online wellness-based module. Thank you for sharing your thoughts.

Appendix H: Online Wellness-Based Module

[Collapse All](#) [View Progress](#) [Export Course Content](#) [+ Module](#) ⋮

⋮	▼ Start Here	✓	+	⋮
⋮	📄 Welcome from the Instructor	✓		⋮

⋮	▼ Wellness Module	Complete One Item	✓	+	⋮
⋮	📄 Overview & Objectives View	✓			⋮
⋮	📄 Informed Consent and Pre Test	✓			⋮
⋮	📄 Content View	✓			⋮
⋮	🗨️ Reflection 100 pts Submit	✓			⋮
⋮	📄 Post Test	✓			⋮

Welcome from the Instructor



Welcome from the Instructor

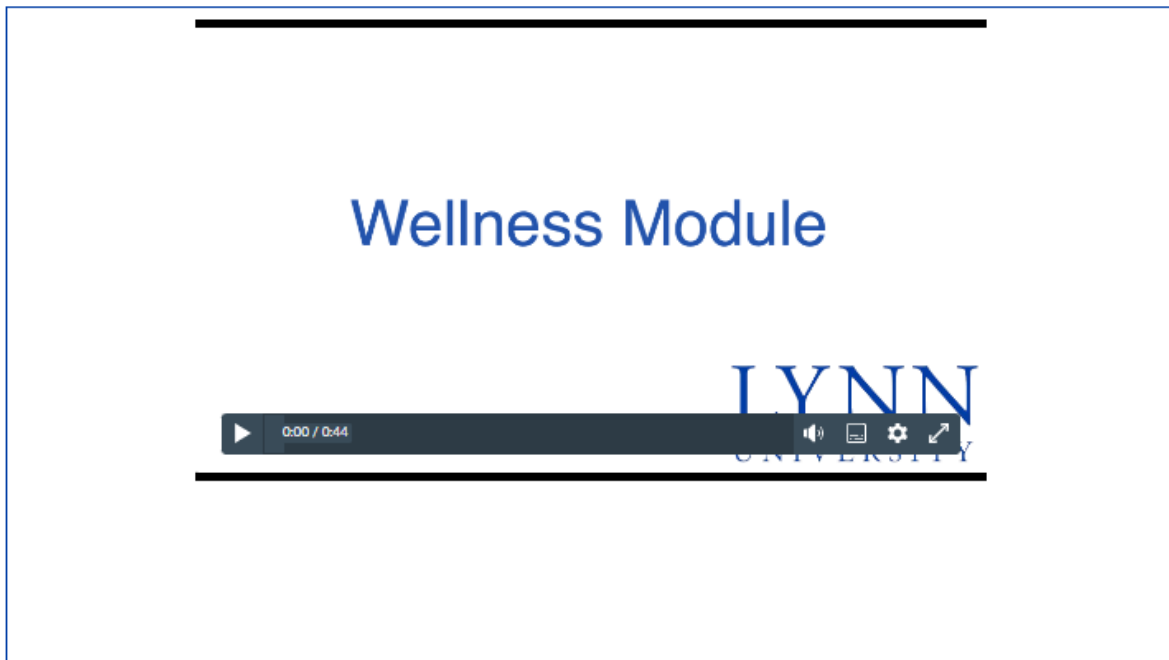
Module Progress Bar

Start Here

1 of 1

Module Introduction Video

Watch the welcome video from the instructor. You may need to push the **Play** button to begin the video



Professor Info

- ◆ Charlotte Muriel
- ✉ cmuriel@lynn.edu
- ☎ 1-881-237-7955
- 📍 Office Location: E.M.L. First Floor
- 🗓 By Appointment



✓ Objectives

1. By the end of the course, the student will be able to:
 - Identify where important campus wellness resources are located on campus
 - Describe the difference between stress and anxiety
 - Describe the benefits of mindfulness
 - Describe common conversation topics about college students

📅 Tasks

- Watch the Welcome Video
- Take the pre test
- Work through the content and watch the video
- Write a brief reflection
- Take the post test

Push Next to continue

◀ Previous

Informed Consent and Pre Test

Module Progress Bar

Wellness Module

2 of 5

Wellness Module Informed Consent

Purpose of the Research:

The purpose of this research is to examine the issue of reducing stress and anxiety levels of college students through first-year wellness programming.

Procedures:

Your participation in this study will assist the researcher in learning about how an online wellness-based module embedded into a first-year course could decrease stress and anxiety levels of college students. You will be asked a total of 26 questions. 21 of those questions will be from the Depression, Anxiety and Stress Scale-21 (DASS-21) where each item is scored on a four-point Likert scale ranging from "did not apply to me at all" to "applied to me very much". The scale is used to provide a self-report measure of anxiety, depression, and stress. The additional five questions include the informed consent and four demographic questions. Questions cannot be skipped.

The online wellness-based module will include content reacting to the Six-Dimensional Model of Wellness created Dr. Bill Hettler. It will include reading materials, videos and interactive tools.

Compensation:

There are no incentives provided for participating in the pre-test, the post-test or the online module, but you may benefit from knowing that you are helping the mental well-being of first-year students on our college campus.

Time Required:

The time required to complete the pre and post-test should be no longer than 10 minutes to answer all 26 questions.

The time required to complete the online wellness-based module should take no longer than three hours and the student has the entire length of the Lynn 101 course to complete it.

Potential Risks:

While the researcher believes that the risks of involvement in this study are minimal, students will be asked about their mental health in the pre and post-tests, which could be a potential risk and cause discomfort, or "trigger" stronger experiences. In order to assist students who have a negative reaction to the questions, the phone number for on-campus Counseling Services will be provided to all students at the beginning and end of the pre and post-test. Non-completion of the pre/ post-tests or the online wellness-based module will not result in any penalty or failure of the Lynn 101 class. The Lynn 101 professor will verbally express this also.

The survey can be terminated at any time by clicking on the "Exit" button on the screen.

Confidentiality:

The names of all participants will be kept private and replaced with a pseudonym by the researcher. Lynn 101 professors would not have any access to any data or results, only the researcher. The data collected from participants will be stored on a password-protected computer that only the researcher can access. After two years, the data will be deleted. The data collected in this study will not be used in future research.

Contact Information:

If you have any questions or concerns about the study, you may contact the researcher Charlotte Muriel at (561) 237-7955 or cmuriel@lynn.edu. Additionally, you may contact the researcher's dissertation chair, Kathleen Weigel, at kweigel@lynn.edu or the IRB Chair, Melissa Knight, at mknight@lynn.edu.

Counseling Services at Lynn University: (561) 237- 7237

Use the button Below to access the pre-test

[access the pre-test](#)

• Previous

Content

Module Progress Bar



Wellness Module

Please use the expanders ▶ below to display the content in each tab.

- ▶ Campus Resources
- ▶ What is Stress and Anxiety?
- ▶ Mindfulness
- ▶ Small Talk and Conversation Starters
- ▶ Problem-Solving Skills
- ▶ Additional Resources

After reviewing each tab, push **Next** to continue

◀ Previous

Campus Resources

As an incoming student at Lynn University, knowing the different available campus resources is essential. These resources have been developed to make college life easier, but you need to take advantage of them. Below you will find some videos that will introduce you to some of the resources here at Lynn. You will be introduced to the staff, see where the offices are located and hear about their services. They will also tell you how to make an appointment if and when you need to.

Student Wellness and Health Promotions



Counseling Services



Student Health



The Center for Student Involvement (CSI)



The Fitness Center and Campus Recreation



- What is Stress and Anxiety?

Stress

Stress is one way that our bodies respond to the day-to-day struggle and demands of life. A little bit of stress can be healthy- it keeps us alert and productive. However, when we experience too much stress that interrupts our daily living, it can result in serious physical, emotional, and behavioral symptoms.

Acute Symptoms

Symptoms that occur before or during a stressful situation

Physical	Emotional/ Cognitive	Behavioral
Aches	Worry	Nail biting
Headaches	Irritability	Constant thoughts about stressors
Migraines	Anger	Battleness
Back pain	Loss of motivation	Teeth grinding
Sweating	Difficulty concentrating	Disrupted sleep, diet, and exercise
Nausea	Mood instability	Interpersonal conflict
Indigestion	Memory problems	Social withdrawal
Chest pain		Substance use
Fatigue		Procrastination

Chronic Symptoms

Symptoms and consequences of long-term stress

Heart Disease	Depression	Sleep disorders
Anxiety Disorders	Memory impairment	Weakened immune system
Skin diseases	Substance use	Poor diet and exercise habits

TherapistEd.com



Anxiety

Anxiety is a mental and physical reaction to perceived threats. In small doses, anxiety is helpful. It protects us from danger and focuses our attention on things we need to get done in a positive manner. But when anxiety is too severe or occurs too frequently, it can become debilitating.

What are some symptoms of anxiety?

- uncontrollable worry
- poor concentration
- excessive nervousness
- increased heart rate
- sleep problems
- upset stomach
- muscle tension
- avoidance of fear

Types of Anxiety

Generalized Anxiety: An excessive amount of anxiety or worry in several areas of life, such as job responsibilities, health, financial, or minor concerns (e.g. completing homework).

Phobia: A very intense fear of a specific situation or object, which is out of proportion to its actual threat. For example, a fear of giving speeches, or of spiders, could be considered a phobia.

Panic: An extreme anxious response where a person experiences a panic attack. During a panic attack, the individual experiences numerous physical symptoms, and it is overlaid by a feeling of dread.

TherapistEd.com



Mindfulness



What is Mindfulness?

Mindfulness is a state of nonjudgmental awareness of what's happening in the present moment, including the awareness of one's own thoughts, feelings, and senses.

Components of Mindfulness:

Awareness: During a state of mindfulness, you will notice your thoughts, feelings, and physical sensations as they happen. The goal is not to clear your mind or to stop thinking. It is to become aware of your thoughts and feelings, rather than getting lost in them.

Acceptance: The thoughts, feelings, and sensations that you notice should be observed in a nonjudgmental manner. For example, if you notice a feeling of nervousness, simply state to yourself, "I notice that I am feeling nervous." There is no need to further judge or change the feeling. Once you can name the feeling, you are better equipped to manage it.

Benefits of Mindfulness:

- Reduced symptoms of depression and anxiety
- Greater satisfaction within relationships
- Improved memory, focus, and mental processing speed
- Reduced rumination (repetitively going over a thought or problem)
- Improved ability to adjust to stressful situations
- Improved ability to manage emotions

Mindfulness Practice

Note: Mindfulness is a state of mind, rather than a particular action or exercise. However, without practice, mindfulness is difficult to achieve. These techniques are designed to help you practice.

Mindfulness Meditation:

Sit in a comfortable place and begin paying attention to your breathing. Notice the physical sensation of air filling your lungs, and then as you slowly release the breath. When your mind wanders – which it will – simply notice your thoughts, and turn your attention back to your breathing.

Mindfulness Walk:

While walking, make a point to practice mindfulness. Start by noticing how your body moves and feels with each step. Notice how your feet feel as they contact with the pavement. If you are on grass, notice how soft it might be. Then, expand your awareness of your surroundings. What do you see? Hear? Smell? Feel? This technique can also be expanded to other daily activities.

Five Senses:

Make a conscious effort to notice the present moment through each of your senses.

- 5 things you see
- 4 things you feel
- 3 things you hear
- 2 things you taste
- 1 thing you smell

TherapistDiv.com

WATCH: Introduction to Mindfulness Video presented by Dr. Rob Freund



WATCH: 5-10-2-5 Grounding & Mindfulness Activity VIDEO presented by Dr. Rob Freund



Small Talk and Conversation Starters

The thought of meeting new people at college can be a little intimidating, especially during the first week or so. Remember, everyone is in the same boat! For some people, it is easy to make friends or to start a conversation but for others, it can be a little more difficult and sometimes requires practice. College is a great way to meet and get to know others. Use these tips and suggestions if you need a little help. You never know who you will meet!

Rules of Good Conversations:

Conversations are supposed to be two-way, like a game of tennis. The conversation goes back and forth between partners, but if it stays on one side too long, then it is no longer a conversation.

Here are some ways to help keep the conversation going back and forth if you are struggling:

- **Find common interests:**
 - Sports, where you grew up, video games, hobbies, music, education.
 - Once you have found common interests, think about how you can use this information in the future.
 - Maybe you could generate ideas of things to do with a friend.
- **Ask the person about themselves:**
 - Remember, conversations are about trading information and going back and forth between partners, as well as trading information.
 - What have you been up to lately?
 - What did you do over the weekend?
 - What are you doing this weekend?
 - Have you figured out where all your classes are?
 - Who is your favorite person to follow on Instagram?
 - Where's the last place you traveled? What did you do there?
 - What types of things do you like to do in your free time?
 - These types of questions can provide information about what a person likes as well as what they are interested in.
- **Common conversation topics about college students:**
 - School/ Work
 - Weekend activities
 - What is happening on campus?
 - Sports
 - Movies and TV shows
 - Video Games
 - Music and Concerts
 - Books
- Sometimes, it can be natural to talk about ourselves, but if your goal is to make and keep friends, it is best to find common interests, so ask them about their interests.
- **Ask open-ended questions:**
 - Closed- ended questions limit the responses, usually with a yes or a no. With open-ended questions, the responses are not limited and can lead to further conversations.
- **Listen:**
 - When people do not listen, it makes it seem like they're uninterested in the person they are talking to. One way to show someone you are listening is to ask follow-up questions or share related information. There are many non-verbal methods to demonstrate listening such as:
 - Smiling
 - Laughing (when appropriate)
 - Making good eye contact
- **Building connections with others:**
 - Join a club or organization or attend one of the many events happening on campus. Check out [Presence](#) to find out what is happening on campus. Remember to visit the Center for Student Involvement (CSI) located in the University Center with any questions!

Laugeson, E. A. (2013). *The Science of Making Friends: Helping socially challenged teens and young adults*. Jossey-Bass.



▸ Campus Resources

▸ What is Stress and Anxiety?

▸ Mindfulness

▸ Small Talk and Conversation Starters

▾ Problem-Solving Skills

Problem-solving skills help you determine the source of a problem and find an effective solution. In college it is important for students to be able to feel confident to work through problems and find solutions. In order to help you get started, here are some questions to ask yourself:

- What holds you back from making decisions in a timely way?
- What techniques do you use to solve problems?
- How do others' expectations impact you when it comes to decision-making and problem-solving?
- How can you take more responsibility for your decision?
- How do you react when asked to make a decision on the spot?
- How do you like to make decisions when you're doing so with a group of people?

▸ Additional Resources

Additional Resources

Self-Care Tips

Self-care means taking time to do things you enjoy. Usually, self-care involves everyday activities that you find relaxing, fun, or energizing. These activities could be as simple as reading a book, or as big as taking a vacation.

Self-care also means taking care of yourself. This means eating regular meals, getting enough sleep, caring for personal hygiene, and anything else that maintains good health.

Make self-care a priority. There will always be other things to do, but don't let these interrupt the time you set aside for self-care. Self-care should be given the same importance as other responsibilities.

Set specific self-care goals. It's difficult to follow through with vague goals, such as "I will take more time for self-care". Instead, try something specific, such as "I will walk for 30 minutes every evening after dinner".

Make self-care a habit. Just like eating one apple doesn't eliminate health problems, using self-care just once won't have much effect on reducing stress. Choose activities that you can do often, and that you will stick with.

Set boundaries to protect your self-care. You don't need a major obligation to say "no" to others— your self-care is reason enough. Remind yourself that your needs are as important as anyone else's.


A few minutes of self-care is better than no self-care. Set an alarm reminding you to take regular breaks, even if it's just a walk around the block or an uninterrupted snack. Oftentimes, stepping away will energize you to work more efficiently when you return.

Unhealthy activities don't count as self-care. Substance use, over-eating, and other unhealthy behaviors might hide uncomfortable emotions temporarily, but they cause more problems in the long run.

Keep up with self-care, even when you're feeling good. Doing so will keep you in a healthy routine. Plus, self-care might be part of the reason why you're feeling good!

TherapistAid.com

The Importance of Campus Recreation Participation


In addition to the physical benefits, studies show that regular fitness center usage and/or participation in intramural sports have a profound impact on academic success. Active participation in Campus Recreation programming often leads to reduced stress and anxiety, increased cognitive functioning, and improved mood and self-esteem. All of these factors contribute to improved academic success as well as a better quality of life for the students who participate. Check out our Campus Recreation, fitness and recreation page at <https://www.lynn.edu/student-life/health-and-wellness/fitness-and-recreation> 

Vasold, K. L., Deere, S. J., & Pivarnik, J. M. (2019). Club and Intramural Sports Participation and College Student Academic Success. Recreational Sports Journal, 43(1), 55–66. <https://doi.org/10.1177/1558866119840085> 

Wellness Certificate

Looking for additional ways to improve your wellness on campus? Complete a Wellness Certificate and build your resume at the same time!

The certificate program will teach students the many skills they need to be emotionally healthy adults. The Wellness Certificate is a great opportunity for students to strengthen their resumes, particularly for those pursuing careers in psychology, education, or other helping fields. The workshops will also challenge students in areas of self-development, reflection, and application of their new skills.

To find out more information about the wellness certificate, please click [here](#). 

 Feel free to contact Charlotte Muriel at cmuriel@lynn.edu for any questions or concerns.

Additional Resources

1. Campus Recreation- (561) 237- 7732
2. Campus Safety- (561) 237- 7226
3. Counseling Services- (561) 237- 7237
4. Dean of Students- (561) 237- 7230
5. Concerned Person's Report- [Concerned Persons Report](#) 
6. Housing and Residence Life- (561) 237- 7236
7. Student Conduct and Community Standards- (561) 237- 7581
8. Student Health- (561) 237- 7231
9. Student Involvement- (561) 237- 7569
10. Student Wellness and Health Promotions- (561) 237- 7955
11. National Suicide Prevention Lifeline- (800) 273- 8255

Appendix I: Informed Consent for Pre- and Post-Tests

Purpose of the Research:

The purpose of this research is to examine the issue of reducing stress and anxiety levels of college students through first-year wellness programming.

Procedures:

Your participation in this study will assist the researcher in learning about how an online wellness-based module embedded into a first-year course could decrease stress and anxiety levels of college students. You will be asked to answer 21 questions on the Depression, Anxiety and Stress Scale-21 (DASS-21) where each item is scored on a four-point Likert scale ranging from 0 (“did not apply to me at all”) to 3 (“applied to me very much”). The scale is used to provide a self-report measure of anxiety, depression and stress. Questions cannot be skipped.

The online wellness-based module will include content relating to the Six Dimensional Model of Wellness created by Dr. Bill Hettler. It will include reading materials, videos and interactive tools.

Compensation:

There are no incentives provided for participating in the pre-test, the post-test or the online module, but know that you may benefit from knowing you are helping the mental well-being of first-year students on our college campus.

Time Required:

The time required to complete the pre- and post-test should be no longer than 10 minutes to answer all 21 questions.

The time required to complete the online wellness-based module should take no longer than five hours and the student has the entire length of the Lynn 101 course to complete it.

Potential Risks:

While the researcher believes that the risks of involvement in this study are minimal, students will be asked about their mental health in the pre- and post-tests, which could be a potential risk and cause discomfort, or "trigger" stronger experiences. In order to assist students who have a negative reaction to the questions, the phone number for the on-campus Counseling Center will be provided to all students at the beginning and end of the pre- and post-test. Non-completion of the pre- post-tests or the online wellness-based module will not result in any penalty or failure of the Lynn 101 class. The Lynn 101 professor will verbally express this also.

The survey can be ended at any time by clicking on the “Exit” button on the screen.

Confidentiality:

The names of all participants will be kept private and replaced with a pseudonym by the researcher. Lynn 101 professors would not have any access to any data or results, only the researcher. The data collected from participants will be stored on a password-protected computer

that only the researcher can access. After two years, the data will be deleted. The data collected in this study will not be used in future research.

Contact Information:

If you have any questions or concerns about the study, you may contact the researcher Charlotte Muriel at (561) 237-7955 or cmuriel@lynn.edu.

Voluntary Consent

I acknowledge that the researcher has informed me of the purpose of the study and that I understand and have read the information above. I understand that even if I agree to participate in the pre- and post-test now, I can change my mind at any time without any consequences of any kind.

I give my voluntary consent to participate in this study.

Signature of Participant

Date

Researcher

Date

Appendix J: Pre- and Post-Tests

1. Informed Consent
2. Are you 18 years old or older?
Yes/ No

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement. The rating scale is as follows:

0 Did not apply to me at all

1 Applied to me to some degree, or some of the time

2 Applied to me to a considerable degree or a good part of time

3 Applied to me very much or most of the time

3. I found it hard to wind down 0 1 2 3
4. I was aware of dryness of my mouth 0 1 2 3
5. I couldn't seem to experience any positive feeling at all 0 1 2 3
6. I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion) 0 1 2 3
7. I found it difficult to work up the initiative to do things 0 1 2 3
8. I tended to over-react to situations 0 1 2 3
9. I experienced trembling (e.g. in the hands) 0 1 2 3
10. I felt that I was using a lot of nervous energy 0 1 2 3
11. I was worried about situations in which I might panic and make a fool of myself
0 1 2 3
12. I felt that I had nothing to look forward to 0 1 2 3
13. I found myself getting agitated 0 1 2 3
14. I found it difficult to relax 0 1 2 3
15. I felt down-hearted and blue 0 1 2 3
16. I was intolerant of anything that kept me from getting on with what I was doing
0 1 2 3
17. I felt I was close to panic 0 1 2 3
18. I was unable to become enthusiastic about anything 0 1 2 3
19. I felt I wasn't worth much as a person 0 1 2 3
20. I felt that I was rather touchy 0 1 2 3
21. I was aware of the action of my heart in the absence of physical exertion (e.g., sense of heart rate increase, heart missing a beat) 0 1 2 3
22. I felt scared without any good reason 0 1 2 3
23. I felt that life was meaningless 0 1 2 3
24. Gender: How do you identify?
 - Man
 - Woman
 - Non-binary
 - Prefer not to answer

25. What is your major?

26. What is your age?

1. 18-24 years old
2. 25-34 years old
3. 35- 44 years old
4. 45- 54 years old
5. 55 years or older

Appendix K: Depression, Stress, Anxiety Scale 21

DASS21		Name:	Date:		
<p>Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.</p> <p>The rating scale is as follows:</p> <p>0 Did not apply to me at all 1 Applied to me to some degree, or some of the time 2 Applied to me to a considerable degree or a good part of time 3 Applied to me very much or most of the time</p>					
1 (s)	I found it hard to wind down	0	1	2	3
2 (a)	I was aware of dryness of my mouth	0	1	2	3
3 (d)	I couldn't seem to experience any positive feeling at all	0	1	2	3
4 (a)	I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5 (d)	I found it difficult to work up the initiative to do things	0	1	2	3
6 (s)	I tended to over-react to situations	0	1	2	3
7 (a)	I experienced trembling (e.g. in the hands)	0	1	2	3
8 (s)	I felt that I was using a lot of nervous energy	0	1	2	3
9 (a)	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10 (d)	I felt that I had nothing to look forward to	0	1	2	3
11 (s)	I found myself getting agitated	0	1	2	3
12 (s)	I found it difficult to relax	0	1	2	3
13 (d)	I felt down-hearted and blue	0	1	2	3
14 (s)	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15 (a)	I felt I was close to panic	0	1	2	3
16 (d)	I was unable to become enthusiastic about anything	0	1	2	3
17 (d)	I felt I wasn't worth much as a person	0	1	2	3
18 (s)	I felt that I was rather touchy	0	1	2	3
19 (a)	I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)	0	1	2	3
20 (a)	I felt scared without any good reason	0	1	2	3
21 (d)	I felt that life was meaningless	0	1	2	3

DASS-21 Scoring Instructions

The DASS-21 should not be used to replace a face to face clinical interview. If you are experiencing significant emotional difficulties you should contact your GP for a referral to a qualified professional.

Depression, Anxiety and Stress Scale - 21 Items (DASS-21)

The Depression, Anxiety and Stress Scale - 21 Items (DASS-21) is a set of three self-report scales designed to measure the emotional states of depression, anxiety and stress.

Each of the three DASS-21 scales contains 7 items, divided into subscales with similar content. The depression scale assesses dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest / involvement, anhedonia and inertia. The anxiety scale assesses autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect. The stress scale is sensitive to levels of chronic non-specific arousal. It assesses difficulty relaxing, nervous arousal, and being easily upset / agitated, irritable / over-reactive and impatient. Scores for depression, anxiety and stress are calculated by summing the scores for the relevant items.

The DASS-21 is based on a dimensional rather than a categorical conception of psychological disorder. The assumption on which the DASS-21 development was based (and which was confirmed by the research data) is that the differences between the depression, anxiety and the stress experienced by normal subjects and clinical populations are essentially differences of degree. The DASS-21 therefore has no direct implications for the allocation of patients to discrete diagnostic categories postulated in classificatory systems such as the DSM and ICD.

Recommended cut-off scores for conventional severity labels (normal, moderate, severe) are as follows:

NB Scores on the DASS-21 will need to be multiplied by 2 to calculate the final score.

	Depression	Anxiety	Stress
Normal	0-9	0-7	0-14
Mild	10-13	8-9	15-18
Moderate	14-20	10-14	19-25
Severe	21-27	15-19	26-33
Extremely Severe	28+	20+	34+

Lovibond, S.H. & Lovibond, P.F. (1995). Manual for the Depression Anxiety & Stress Scales. (2nd Ed.)Sydney: Psychology Foundation.

Appendix L: IRB approval 3.8.2022



Institutional Review Board
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561-237-7000 | lynn.edu
Melissa Knight, MA, Chair

Date: 3/8/2022

To: Charlotte|Muriel
From: Melissa Knight
Project Number: 21.13

Protocol Title: The Investigation of first-Year wellness Programming in College to reduce Stress and Anxiety Levels
Project Type: New
Review Type: Expedited
Action: Approved
ApprovalDate: 3/8/2022
Expiration Date: 3/8/2023

Thank you for your submission for this research study. The Lynn University IRB has APPROVED your New - Project. This approval is in accordance with 45 CFR §46.111 Criteria for IRB approval of research. All research must be conducted in accordance with this approved submission.

It is important that you retain this letter for your records and present upon request to necessary parties.

- This approval is valid for one year. **IRB Form 4: Application to Continue (Renew) a Previously Approved Project** will be required prior to the expiration date if this project will continue beyond one year.
- Please note that any revision to previously approved materials or procedures must be approved by the IRB before it is initiated. Please submit **IRB Form 5 Application for Procedural Revisions of or Changes in Research Protocol and/or Informed Consent Form 1 of a Previously Approved Project** for this [procedure](#).
- All serious and unexpected adverse events must be reported to [the IRB](#). Please use **IRB Form 6 Report of Unexpected Adverse Event, Serious Injury or Death** for this procedure.
- At the completion of your data collection, please submit **IRB Form 8 IRB Report of Termination of Project**.

If you have any questions or comments about this correspondence, please contact the chair of the Lynn University IRB, Melissa Knight (mknight@lynn.edu). Melissa Knight, Institutional Review Board Chair

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Appendix M: IRB approval 8.8.2022



Institutional Review Board
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Melissa Knight, MA, IRB Chair

DATE: 8/8/2022
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PROTOCOL TITLE: The Investigation of First-Year Wellness Programming in College to reduce Stress and Anxiety Levels
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Melissa Knight, Institutional Review Board Chair

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