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Experiences of Women Faculty Using Meditative Practices Through Workplace Health Promotion in Ontario

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Walden University
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Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Health Education and Promotion

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Abstract

Workplace stress is pervasive and changes to the postsecondary teaching and learning environment have contributed to stress among women faculty and adversely impacted their personal well-being. The purpose of this qualitative study was to understand how the constructs in the health belief model (HBM) play a role in the use of worksite wellness initiatives to manage stress and promote wellness among women postsecondary faculty in Ontario. The research questions were designed based on the HBM to examine the participants' perceptions of severity and susceptibility to workplace stress, perceived benefits and barriers to participation, motivation to participate, and self-efficacy. Women faculty at Ontario colleges and universities who met the sampling criteria of teaching for two or more years and participating in a meditative practice through their workplace wellness program in the last three years were invited to participate in the study. A total of eight faculty participated in semistructured interviews through Zoom. The resulting data were analyzed using a thematic method. Participants reported physical, mental, and interpersonal impacts of workplace stress to varying degrees. Reported benefits of participating included opportunities to take a break, reset, and feel reenergized during the day. Barriers included feeling too busy, lack of consistency in program delivery, and lack of a dedicated space to participate in these offerings within the institution. Implications for positive social change include providing valuable insights to reform existing workplace wellness programs, encourage participation, and develop policies to achieve positive well-being outcomes across the provincial postsecondary system.

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Dedication

This work is dedicated to determined, resilient, hardworking women everywhere and those who love and support them. I sincerely thank the eight women who participated in this research and shared their stories with honesty and depth. A big thank you to all the people along the way who connected me to individuals in their network and helped make this research happen.

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I want to thank my family and friends who acted as my cheerleaders and sounding boards every step of the way! Thank you to my sisters, by birth and choice, for believing in me and lifting me up when I needed it. And thank you to Steve, who heard every frustration, was there with a quick high five when things were going well, held down the fort at home when I was up to my neck in this process, and stood by through it all with his quiet, unwavering support.

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Chapter 1: Introduction to the Study

Significant changes in postsecondary education institutions worldwide have resulted in challenging academic employment environments that have contributed to personal and professional faculty stress (Sabagh et al., 2018). Fifty percent of Canadians surveyed reported an increase in stress and a deterioration of their mental health since the onset of the COVID-19 pandemic (Centre for Addiction and Mental Health [CAMH], 2020). In Ontario, postsecondary faculty are experiencing stress related to balancing nonacademic responsibilities, social isolation, and the increased workload that accompanies online teaching (Han, 2020). Other sources of stress may include the demands of classroom performance, pressures to research and publish, institutional responsibilities outside of the classroom, and balancing student needs (Kennette & Lin, 2019). When there is a lack of effective coping mechanisms, there is an increase in an individual's risk of harming themselves and others (Mental Health Commission of Canada [MHCC], 2018). There is a need for postsecondary institutions to develop health promotion interventions to support faculty (Beauregard et al., 2018; Gaudet et al., 2021; Johnson et al., 2021; Padkapayeva et al., 2018).

The workplace is a source of chronic stress (American Heart Association News, 2020; The Institute for Work and Health, 2021; Sabagh et al., 2018). Chronic stress can lead to emotional and physical symptoms, including muscle tension, low energy, disrupted sleep, and high blood pressure, which increases the risk of heart attack and stroke (American Heart Association News, 2020; CAMH, 2020; Kim et al., 2018). Research on both animal and human subjects indicates that stress can also lead to

neurotoxic effects of stress hormones in the brain (Lupien et al., 2018). This research has led to the development of models that recommend creating early stress interventions to reduce chronic stress on the brain (Lupien et al., 2018).

According to the Global Workplace 2021 report, the daily stress of employees in over 100 countries reached a record high in 2020 (Armstrong, 2021). Respondents in the United States and Canada indicated the highest levels of stress globally at 57% (Armstrong, 2021). Two out of 3 U.S. employees reported that work is a significant stress factor (American Heart Association News, 2020). In Canada, Microsoft's annual World Trend Index revealed that workers reported stress levels higher than the global average (Coop, 2021). A survey of more than 1,000 employees in Canada showed that 32% of participants indicated that their stress levels had increased during the COVID-19 pandemic, and 73% of those who work at home reported symptoms of burnout (Navarrete, 2021).

A survey of Canadian teachers found that 85% reported that poor work-life balance negatively impacts their quality of teaching (Laurie & Larson, 2020). In Canada, stress and burnout have increased educators' absenteeism in schools, training centers, colleges, and universities, from 8.9 days lost in 2014 to 11.9 days lost in 2018 (Laurie & Larson, 2020). Teacher stress and burnout can decrease job satisfaction and commitment (Laurie & Larson, 2020). A study of 347 university faculty in Brazil found that 36.6% have burnout (Alves et al., 2019). In a survey of more than 570 faculty at colleges and universities in the United States, 52% of faculty reported a substantial increase in

workplace stress (Flaherty, 2020). Very little is known about faculty stress in Ontario and proactive measures that will positively impact their health and well-being.

There is a need for more research in higher education employee health in Canada. The Canadian Centre of Expertise on Mental Health in the Workplace reported that 87% of organizations assessed indicate a need for better data or access to better data on mental health support strategies in the workplace (Government of Canada, 2020). The Institute for Work and Health (n.d.) is an independent, nonprofit organization in Canada that engages in health promotion and injury prevention research for Canadian workers. The Institute for Work and Health contended that workplaces play a critical role in safeguarding workers' well-being. The Okanagan Charter (2015) was created as an outcome of the 2015 International Conference on Health Promoting Universities and Colleges and is a call to postsecondary institutions to integrate health promoting values into their mission and vision statements. This call to action recognizes that institutes of higher education play a critical role in health promotion for the academic community and the community at large (Okanagan Charter, 2015). The Canadian Postsecondary Community of Practice for Workplace Wellness is a group of Canadian colleges and universities that are committed to working together to promote workplace health, safety, and accommodation (University of British Columbia, n.d.). This voluntary group recognized that the structure of Canadian colleges and universities is unique and seeks to create positive change within these workplaces by establishing relationships, sharing knowledge and best practices, and developing resources (University of British Columbia, n.d.). There is a growing awareness of the psychosocial stressors in the work environment

and an understanding that distinct environments require scholarship that provides a more comprehensive approach to support employee mental health and well-being (Shahidi et al., 2021). I conducted this study to provide postsecondary institutions in Ontario with valuable information to better support their employees.

Women's rates of work-related stress are almost 15% higher than men (Cox, 2021). Women also report more symptoms of stress and more awareness of the impact of stress on their health than men, but they are not more successful in managing their stress (American Psychological Association, 2012). Research has shown an increase in integrating stress management interventions into worksite wellness programs (Richardson, 2017). Worksite wellness initiatives are organized, employer-sponsored programs that promote health (Hill-Mey et al., 2015). Worksite wellness strategies that incorporate stress management interventions can support women in adopting and maintaining behaviors that lower health risks, improve physical and emotional well-being, and enhance their quality of life (Hill-Mey et al., 2015).

There is little information on how women faculty describe their experiences using meditative worksite wellness initiatives to reduce stress and promote health in Ontario. The current study is unique because it addressed an underresearched area in workplace health education and promotion and the need for research on interventions to improve and maintain employees' health, including psychological well-being (PWB) (Trudel-Fitzgerald et al., 2019). In this study, I applied a general qualitative approach to explore how the constructs in the health belief model (HBM; i.e., perceived susceptibility and perceived severity [perceived threat], perceived barriers, perceived benefits, self-efficacy,

and cues to action) play a role in the use of worksite wellness initiatives to manage stress and promote wellness among women postsecondary faculty in Ontario. If the results are shared across the provincial postsecondary system, there is the possibility of reforming existing workplace health promotion programs to achieve positive well-being outcomes across the system (see Batras et al., 2016).

In this chapter, I review the principal problem that is guiding this study. This chapter also includes the following major sections: (a) background, (b) problem statement, (c) purpose of the study, (d) research questions, (e) theoretical framework, (f) nature of the study, (g) definitions, (f) assumptions, (g) scope and delimitations, (h) limitations, and (i) significance. I conclude the chapter with a summary of the problem and these major discussion points.

Background

The postsecondary education system in Ontario primarily consists of publicly funded, degree-granting universities and community colleges that award 2- and 3-year diplomas and certificates, with some offering bachelor's degrees (Immigration, Refugees and Citizenship Canada, 2016). Universities in Ontario focus on academic and professional programs, while community colleges focus on career training and trades (Immigration, Refugees and Citizenship Canada, 2016). Workplace stress in the teaching profession can have a long-term impact on physical and mental health (Canadian Centre for Occupational Health and Safety, 2020). Higher education has changed dramatically in the last 2 decades, and these changes have adversely impacted postsecondary faculty's psychological and physical well-being (Sabagh et al., 2018). Research in the United

Kingdom, Australia, and Canada has indicated that increasing stress among academics is a growing concern that affects well-being, performance, student learning, and institutional productivity (Sabagh et al., 2018).

Historically, federal legislative initiatives in Canada have been created to avoid or reduce violence and harassment (Lippel, 2011). In 2013, the MHCC (2020) launched the National Standard of Canada for Psychological Health and Safety in the Workplace, which is a compilation of voluntary guidelines to help organizations promote mental health in the workplace. More recently, The Centre of Expertise on Mental Health in the Workplace released the Federal Workplace Mental Health Checklist, which encourages workplaces to develop organizational activities aligned with the MHCC's standard (Government of Canada, 2020). At the provincial level, the Ministry of Labour, Training and Skills Development (2018) stipulated that a psychologically healthy workplace should take action to avoid harm to workers and encourage mental and emotional well-being. In 2017, the Workplace Safety and Insurance Act was modified to include a chronic and traumatic mental stress entitlement that acknowledges Ontario workers' concerns (Ministry of Labour, Training and Skills Development, 2018).

There are direct and indirect costs associated with designing strategies that help improve the health burden of workplace stress (Bhattacharya, 2013). It is estimated that 70% of health care costs are attributed to behavioral and lifestyle choices (Bali, 2018). Long-term stress increases the risk of headaches, a weakened immune response, fertility issues, and high blood pressure (CAMH, 2020). Chronic stress can also lead to mental

health issues, including anxiety, depression, problematic substance use, and sleep difficulties (CAMH, 2020).

Ongoing, on-site workplace wellness interventions can promote and encourage healthier behaviors that can diminish psychosocial challenges related to stress and reduce health care costs (Bali, 2018). Various strategies that fall under positive psychology have been suggested to reduce stress, including meditative practices, gratitude, and mindfulness (Kennette & Lin, 2019). These interventions have been shown to generate important positive effects on mind-body processes, like the stress response, ability to focus, and regulation of emotions both at work and at home (Crain et al., 2017). Exploring interventions to help manage workplace stress can benefit both employees and employers (Bali, 2018). Research on the experiences of faculty using existing workplace wellness programs that emphasize stress management strategies for maintaining and improving mental health can benefit employees, their families, organizations, and communities (MHCC, 2020).

Problem Statement

Stress can negatively impact health outcomes, influence an organization's functioning, and affect the health of communities (Arpaia & Andersen, 2019). Before the COVID-19 crisis, 47% of Canadians stated that their work was the most stressful part of their daily life (MHCC, 2018). Today, workplace stress in Canada is at an all-time high (Armstrong, 2021). Canadian employee's reported that their stress levels have increased during the COVID-19 pandemic (Navarrete, 2021).

Stress exists in every profession, including teaching (Rao & Lakshmi, 2017). Eighty-five percent of Canadian teachers reported that stress and lack of work-life balance adversely affect their teaching quality (Laurie & Larson, 2020). High levels of stress are cited as a primary reason that 25%–50% of teachers leave the profession in the first 5 years (Haydon et al., 2018). Chronic stress can lead to emotional and physical issues that are detrimental to overall well-being (American Heart Association News, 2020; CAMH, 2020; Kim et al., 2018). While there has been ongoing research on stress levels among elementary and high school teachers and health promotion interventions to mitigate stress, less is known about chronic stress for postsecondary faculty in general and women faculty in Ontario in particular.

Stress among postsecondary faculty is increasing (Rapanta et al., 2020; Smith, 2020). Fifty-two percent of faculty at colleges and universities reported a significant increase in workplace stress (Flaherty, 2020). Two thirds of academics have reported mental health issues, including anxiety, psychological distress, and burnout (Bourgeault et al., 2021). A Canadian survey reported that 91% of academics believe that their mental health had a negative impact on their productivity at work (Mantler et al., 2021).

An increase in workplace stress will have significant consequences for women faculty. Women reported lower mental health levels than men at 52% compared to 58%, respectively (Statistics Canada, 2020(b). Recent data examining burnout for women employees indicated that 74% of women reported being somewhat or very stressed due to work compared to 61% of male employees (Cox, 2021). A survey of 366 faculty members at a public university showed that more than one third suffered from burnout,

but men had higher scores of quality of life, physical and psychological health, and relationships than women (Alves et al., 2019). In the same study, women faculty were significantly more exhausted than men (Alves et al., 2019).

Stress and Burnout Among Faculty Women

Research indicated that women faculty working in male-dominated academic departments are subjected to gendered microaggressions and sexism (Warren & Bordoloi, 2021). The gender inequality that persists in postsecondary institutions in North America limits women's scholarly contributions (Gaudet et al., 2021; Turner Kelly, 2019). A study at a large midwestern university in the United States revealed that women were more likely to be employed as lecturers than men with a rate of 14.8% compared to 7% and less likely to be hired as full professors, with 20.3% of women compared to 33.5% of men (Elliott & Blythe, 2021). In Canada, women's representation among university teaching staff is rising; however, women still only make up 28% of full professorships in Canadian university settings (Catalyst, 2020). In higher education, women faculty experience inequalities related to salary, rank, and access to leadership positions that lead to job dissatisfaction and psychological distress (Elliott & Blithe, 2021). In Canada, women who are full professors earn an annual salary of $158,626 compared to the $166,925 that their male colleagues make with the same distinction (Catalyst, 2020).

Ongoing gender inequality in academia is also connected to how work and resources are shared and valued, which relates to how women faculty are valued by the organizational culture (Gaudet et al., 2021). When the organizational culture rests on false or insincere gender neutrality, competition between faculty members can increase

leading to long hours and neglect of personal relationships (Gaudet et al., 2021). Women faculty are disproportionately affected by this pressure due to the conflicting demands of the roles that make up their complex lived experiences (Gaudet et al., 2021). When systemic sexism is intertwined with other marginalized identities, the adverse consequences are more severe (Turner Kelly, 2019).

Research has indicated that women in academia pay a higher price than men as they build their careers, which leads to higher rates of stress and issues with work-life balance (Gaudet et al., 2021). For women, there is a relationship between workplace stress and life stress that may be attributed to a greater responsibility for unpaid work and family responsibilities in the home (Padkapayeva et al., 2018). In their research on university faculty, Elliott and Blythe (2021) found that 21.9% of women reported a greater responsibility for elder care at home compared to 14.4% of men. Elliott and Blythe incorporated open-ended responses to enhance their quantitative findings and reported that 13 faculty members commented on work-life conflict issues, and 10 of the 13 were women.

The COVID-19 pandemic has highlighted long-standing stress points and issues with how academic work is structured (Bourgeault et al., 2021). In Ontario, most postsecondary education shifted to online delivery in March of 2020 due to the COVID-19 pandemic (University Affairs, 2021). Moving class delivery online has created additional stress for faculty who may have been struggling with work-life balance (Rapanta et al., 2020). During the pandemic, women have had to step away from their research to prioritize family responsibilities, which has led to a record drop in the number

of papers submitted by women academics (Gaudet et al, 2021). Some academic fields are reporting a 50% productivity loss among women since the onset of the pandemic (Priore, 2020).

Women workers experience more stress and health issues than their male counterparts (De Sio et al., 2017; Malik & Bjorkqvist, 2018). Workplace stress can lead to burnout, and burnout has adverse consequences on faculty well-being (Sabagh et al., 2018). When stress is unmanaged, it can lead to depression, anxiety, low self-esteem, illness, and disease (Malik & Bjorkqvist, 2018; Slavich, 2016;). There is an urgent need to examine the susceptibility and severity of stress in the postsecondary work environment, understand the varied effects of stress on well-being, and how to reduce harm by exploring participation in practical and accessible worksite health promotion strategies (Arpaia & Andersen, 2019; Burman & Goswami, 2018; Malik & Bjorkqvist, 2018).

Worksite Wellness and Meditative Practice

Previous studies have investigated meditation practices to reduce stress and burnout for elementary and secondary school teachers (Bartlett et al., 2019; Csaszar et al., 2018; Floman, 2018; Schnaider-Levi et al., 2017). Existing research on K–12 teachers and meditation illustrated the benefits of meditative techniques on teachers' stress levels and their personal and professional lives (Hepburn & McMahon, 2017). A meta-analytic review of 25 primary studies on workplace mindfulness interventions revealed that workplace-delivered mindfulness trainings can help reduce employee stress and improve well-being (Barlett et al., 2019). Research has indicated that women (10.3%) are more

likely to use meditation practices than men (5.2%), and the most common reason for engaging in meditative practices is to reduce stress (Upchurch & Johnson, 2019). Despite the known stressors that disproportionately impact women in academia, little attention has been given to women's experiences using care practices to navigate workplace stress (Gaudet et al., 2021). Worksite health promotion programs that offer meditative practices may help women faculty in Ontario manage workplace stress, but little research has been conducted on the barriers and benefits to participation (Smith, 2020).

Purpose of the Study

The purpose of this qualitative study was to understand how the constructs in the HBM (i.e., perceived susceptibility and perceived severity [perceived threat], perceived barriers, perceived benefits, self-efficacy, and cues to action) play a role in the use of worksite wellness initiatives to manage stress and promote wellness among women postsecondary faculty in Ontario.

Research Questions

There is little known information on the perceived susceptibility and severity of workplace stress; perceived barriers and benefits to participating in meditative worksite wellness initiatives; and motivators for participation, cues to action, and factors that contribute to Ontario women faculty's belief and confidence that they could participate in meditative practices to reduce stress and promote wellness within their workplace. To address the problem and meet the goals of this study, the following research questions guided this study:

RQ1: How do women faculty describe their experiences using worksite wellness initiatives to reduce stress and promote wellness in Ontario?

Subquestion 1a: How do women faculty describe their perceived susceptibility to adverse health outcomes associated with unmanaged workplace stress in Ontario?

Subquestion 1b: How do women faculty describe the perceived severity of adverse health outcomes associated with unmanaged workplace stress in Ontario?

Subquestion 1c: How do women faculty describe the perceived benefits of participating in meditative worksite wellness initiatives to reduce the threat of stress-related health outcomes in Ontario?

RQ2: How do women faculty describe the barriers to participating in meditative worksite wellness initiatives to reduce stress and promote wellness in Ontario?

RQ3: How do women faculty describe the motivators for participation in meditative worksite wellness initiatives to reduce stress and promote wellness in Ontario?

Subquestion 3a: How do women faculty describe the internal and external cues to action related to participation in meditative worksite wellness initiatives to reduce stress and promote wellness in Ontario?

Subquestion 3b: How do women faculty describe what contributed to their belief and confidence that they could implement meditative practices to reduce stress and promote wellness in Ontario?

Theoretical Framework

Behavioral health models can offer a framework for understanding the use and perceptions of stress management practices (Bistricky et al., 2017). There is little information on how women faculty describe their experiences using meditative worksite wellness initiatives to reduce stress and promote health in Ontario. I chose the HBM as the theoretical framework to guide this study and address the gap in the literature. The HBM was developed in the late 1950s and is rooted in the primary concept that health behavior is determined by personal attitudes and beliefs about disease and the approaches available to reduce the incidence of disease (Hayden, 2019). There are four primary constructs in the HBM: perceived susceptibility, perceived severity, perceived benefits, and perceived barriers. The HBM has evolved to include the explanatory components of health motivation, cues to action, and self-efficacy (Bistricky et al., 2017). The HBM has been used to explain various preventive and treatment behaviors, and perceived barriers, perceived benefits, and reported cues to action have been positively correlated to adaptive strategies to reduce stress (Bistricky et al., 2017). Research has shown that the HBM is useful for explaining the adoption of preventive health behaviors and can be used as a framework to understand factors that increase the likelihood of using meditative practices for health prevention (Valley & Stallones, 2018). The HBM was a good choice as the theoretical framework for this study because it has been widely used in health education and promotion and is well aligned with the research questions (see National Cancer Institute, 2005). The HBM was well suited to explore the issues of workplace stress and how worksite wellness initiatives can be used to promote well-being.

To better understand the HBM constructs, it was fundamental that they be defined relative to the study topic:

Perceived susceptibility: Do women postsecondary faculty members feel vulnerable to the adverse health outcomes associated with unmanaged stress?

Perceived severity: How serious do participants believe the threat of stress to be on their health and well-being?

Perceived benefits: Do participants believe that engaging in meditative practices will reduce the threat of stress-related health outcomes?

Perceived barriers: What are the obstacles or costs associated with engaging in practices to promote wellness and reduce stress?

Health motivation: What motivated participants to engage in practices to reduce stress and promote wellness?

Cues to action: What events acted as a catalyst to engage in meditative practices to reduce stress and promote wellness?

Self-efficacy: What contributed to the participants belief and confidence that they could implement meditative practices to promote wellness and reduce stress? (Bistricky et al., 2017).

Nature of the Study

In this study, I employed a general qualitative inquiry approach. General qualitative approaches are used when the intention is to understand a phenomenon and individuals' perspectives of the phenomenon (FitzPatrick, 2019). A general qualitative inquiry was the most appropriate for the current study because it is used to examine

participants' experiences through their subjective opinions, attitudes, and beliefs (see Percy et al., 2015). The general qualitative inquiry approach was suitable for this study to explore the experiences of women postsecondary faculty in Ontario and how they make meaning of their workplace stress and access to worksite wellness programs to manage stress. Data collection in the general qualitative approach characteristically focuses on semi- or fully structured data collection methods (Percy et al., 2015). Use of the general qualitative approach allowed me to construct an interview guide with questions that elicited information about events, processes, and experiences from a broad range of women postsecondary faculty in Ontario (see Percy et al., 2015). Thematic analysis is commonly used in general qualitative approaches to analyze data collected through interviews (Percy et al., 2015).

Definitions

Meditative practices: These practices range from contemplative inquiry, mantra recitation, visualization, and mindfulness meditation to movement and energy-based practices, like yoga, t'ai chi, and qigong (Dorjee, 2016; Ospina et al., 2009).

Postsecondary faculty: In Ontario, colleges tend to be more career-oriented than universities and offer full- and part-time diploma programs and certificate programs, with some offering bachelor's degrees (Immigration, Refugees and Citizenship Canada, 2016). There are 14,000 full-time professors, counselors, librarians, and instructors who are classified as faculty and are employed by 24 community colleges in Ontario who are part of the Ontario Public Service Employees Union (2021). There are 22 public universities

in Ontario, and they employ approximately 14,500 full-time professors, associate professors, assistant professors, and lecturers (Ontario Universities, 2021).

Worksite wellness: These programs are generally defined as employer-initiated or -sponsored interventions designed to discourage unhealthy behaviors and encourage preventive habits and strategies (Baid et al., 2021; Jones et al., 2019).

Assumptions

The first assumption I made in the study was that at least some women faculty in Ontario colleges and universities are participating in worksite wellness initiatives offered at their institution. This assumption was important because, without it, faculty would not know if they qualified as participants for the study. Potential participants were screened using a questionnaire to determine their eligibility for participating in this study. I also assumed that contributors would demonstrate integrity and truthfulness in their responses. Another assumption was that all participants would be willing to add to the study by openly discussing their perceptions and experiences. Before the interviews, I informed participants of the purpose of the study and the need for truth and openness during the interview process.

Scope and Delimitations

The purpose of this qualitative study was to understand how the constructs of the HBM (i.e., perceived susceptibility and perceived severity [perceived threat], perceived barriers, perceived benefits, self-efficacy, and cues to action) play a role in the use of worksite wellness initiatives to manage stress and promote wellness among women postsecondary faculty in Ontario. The scope of the study focused on the susceptibility to

stress in the postsecondary work environment, the varied effects of stress on well-being, and how to reduce harm by investigating participation in practical and accessible worksite wellness strategies (see Arpaia & Andersen, 2019; Burman & Goswami, 2018; Malik & Bjorkqvist, 2018).

Women instructors at community colleges and universities in Ontario were the population for this study. Purposeful sampling is frequently used to identify and select information-rich cases (Palinkas et al., 2015). Purposeful sampling includes choosing individuals who have experience and knowledge related to the phenomena of interest and are willing to participate in a meaningful, reflective interview (Palinkas et al., 2015). I purposefully chose information-rich cases based on a screening questionnaire. The questionnaire included basic information like years of relevant employment and the use of worksite wellness programs to help determine that the potential participant had the necessary experience to participate in the interview (see Reynolds, 2017). It is important to set minimum criteria for participation without being too specific and carefully consider whether someone should be included in the study (Reynolds, 2017). The minimum standard for participation in this study was employment teaching at an Ontario college or university for 2 or more years. In addition, potential participants had to have at least one experience using a meditative practice as part of their worksite health promotion program in the last 3 years.

Qualitative samples are typically small to maintain the depth of analysis fundamental to this approach (Vasileiou et al., 2018). When selecting an appropriate sample size, researchers must consider the nature of the study, the complexity of the

topic, access to participants, quality of the data collected, the study design, and data saturation (Dworkin, 2012). According to a literature review by Dworkin (2012), anywhere from five to 50 interview participants is satisfactory depending on the aforementioned factors. The sample size for this project was eight participants.

Limitations

Limitations of this study included recruiting participants and navigating the requirements and regulations for conducting international research. At the time of this study, I was an educator employed in the provincial college system and, therefore, part of the population being studied. I experienced workplace stress, had a regular meditation practice, and used worksite wellness initiatives to manage stress. All these factors contributed to potential areas of bias in this study. Due to this positionality, bias was mitigated by documenting experiences throughout the process in memos and notes, and audio or video recordings were used when permission was given (see Laureate Education, 2010). A peer-reviewed member checking process was also considered (see Creswell & Creswell, 2018).

Significance

This study is significant because it fills a gap in understanding by focusing specifically on the barriers and benefits of engaging in meditative practices through worksite wellness programs to manage workplace stress for women faculty in higher education. The World Health Organization (n.d.) has highlighted the need to gather evidence on the prevalence, causes, mediating, and protective factors related to women's mental health. This project is unique because it addresses an underresearched area in

workplace health education and promotion as well as the need for research on interventions to improve and maintain employees' health, including PWB (see Trudel-Fitzgerald et al., 2019).

In higher education, women faculty experience job dissatisfaction and psychological distress related to salary, rank, and promotion inequality (Elliott & Blithe, 2021). The stress that women experience at work has an adverse effect on their overall life stress that may be related to greater responsibility for household duties and family responsibilities (Padkapayeva et al., 2018). Collecting women educators' personal experiences using worksite wellness initiatives to manage workplace stress can be a catalyst for positive social change in the organizational setting and beyond. The study results can raise awareness about the detrimental impact of workplace stress and the need for effective strategies to manage it (see Walden University, 2020a). The information gathered from participants can demonstrate the value of promoting employees' well-being and encouraging them to speak out against the norm of being stressed, so others feel empowered to make positive changes for themselves. Possible contributions to positive social change from this study include providing valuable insights to reform existing workplace wellness programs, encouraging participation, and developing policies to achieve positive well-being outcomes across the system provincial postsecondary system (see Batras et al., 2016).

Since women employees experience more stress and health issues than their male counterparts, it is imperative to investigate initiatives that may help women manage and mitigate stress (De Sio et al., 2017; Malik & Bjorkqvist, 2018). Participants in and

readers of this study can feel empowered to advocate for worksite stress management strategies that decrease the risk for adverse health outcomes, resulting in positive social change for individuals, families, organizations, and communities (see Arpaia & Andersen, 2019).

Summary

Employees are experiencing more workplace stress now than ever before (CAMH, 2020). Individuals' time to reduce stress and promote wellness during the day is limited, and workplace stress spills into all other aspects of life. Sharing data collected through qualitative research can offer insight from different perspectives (Elman & Kapiszewski, 2017). The purpose of this general qualitative study was to understand how the constructs of the HBM (i.e., perceived susceptibility and perceived severity [perceived threat], perceived barriers, perceived benefits, self-efficacy, and cues to action) play a role in the use of worksite wellness initiatives to manage stress and promote wellness among women postsecondary faculty in Ontario. Data were collected through semistructured interviews with eight women postsecondary faculty who have used meditative practices during worksite wellness initiatives.

This study's results can help employers build worksite wellness programs that capitalize on the benefits and reduce the barriers to participation. This study could also be used as a template to help employers uncover what is and what is not working with existing workplace wellness programs. This study could be a catalyst for modifications to existing workplace wellness programs that can motivate people to participate, resulting in

less stressed and more connected, productive, and effective employees. Additional details and themes associated with the phenomenon of interest are discussed in Chapter 2.

Chapter 2: Literature Review

Postsecondary faculty stress is growing (Rapanta et al., 2020; Smith, 2020). Mounting workplace stress negatively impacts women faculty. Women experience significant consequences of the interplay between workplace stress and life stress that may be related to their obligations for unpaid work and family responsibilities in the home (Padkapayeva et al., 2018). Women faculty experience a disproportionate amount of pressure compared to their male counterparts due to the conflicting demands of the roles that make up their complex lived experiences (Gaudet et al., 2021). Conflicting roles, inadequate work-life balance, and a lack of coping mechanisms results in women workers experiencing more stress and health issues than their male counterparts (De Sio et al., 2017; Malik & Bjorkqvist, 2018). The COVID-19 pandemic has exacerbated women's struggle to find balance between home and work responsibilities (Gaudet et al., 2021). There have been few studies that examine workplace stress among women in general and women postsecondary faculty specifically. Workplace stress can lead to burnout, mental and emotional distress, illness, and disease (Sabagh et al., 2018). Worksite wellness and health promotion programs have been used in educational settings to reduce stress and improve well-being personally and professionally (Barlett et al., 2019; Csaszar et al., 2018: Floman, 2018; Hepburn & McMahon, 2017; Schnaider-Levi et al., 2017). The purpose of this qualitative study was to understand how the constructs of the HBM play a role in the use of worksite wellness initiatives to manage stress and promote wellness among women postsecondary faculty in Ontario.

In this literature review, I first outline the literature search strategy before discussing the theoretical framework and the effect of workplaces stress on postsecondary faculty, exploring gender differences and stress, examining what is known about worksite wellness, illustrating how meditative practices area used to reduce and manage stress, and investigating the use of meditative practices in worksite wellness programs.

Literature Search Strategy

I searched for the literature included in this review using the Thoreau search tool at the Walden University Library and the Google Scholar search engine. Other databases searched were Medline, APA Psychinfo, Complimentary Index, CINAHL Plus, and Academic Search Complete. The literature search was limited to peer-reviewed, scholarly journal articles published between 2016 and 2021.

The phrases and keywords used in this literature search included *health belief model, health belief theory or hbm and history or background or past historical and employee health and wellness, postsecondary faculty and stress and wellbeing or well-being or well being, worksite wellness and stress, meditation and stress,* and *gender and stress.* I organized the reviewed articles using Zotero notes and tags as well as a database search log to maintain order and categorize suitable articles for inclusion.

Theoretical Framework

In this study, I used the HBM to provide a foundation for understanding the perceived susceptibility and perceived severity (i.e., perceived threat), perceived barriers, perceived benefits, self-efficacy, and cues to action that influence the use of worksite

wellness initiatives to manage stress and promote wellness among women postsecondary in southwestern Ontario. The HBM was developed in the 1950s by researchers at the United States Public Health Service (Hayden, 2019). The primary concept of the HBM is that an individual's perceptions about a negative health outcome, beliefs about their susceptibility, and the benefits of engaging in available approaches to minimize the negative impact can affect health behavior (Hayden, 2019; Rinaldi-Miles & Das, 2016).

The main constructs of the model include perceived seriousness, perceived susceptibility, perceived benefits, and perceived barriers (Hayden, 2019). Perceived seriousness is related to an individual's views about the seriousness or severity of an illness or disease based on medical information or beliefs about personal consequences resulting from not engaging in preventive behaviors (Hayden, 2019; Rinaldi-Miles & Das, 2016). Perceived susceptibility refers to an individual's beliefs regarding their risk of developing an illness or disease; a greater the perceived risk increases the likelihood of health behavior changes (Hayden, 2019; Rinaldi-Miles & Das, 2016). Perceived benefits are an individual's opinion about whether a behavior change is valuable or useful in decreasing the risk of developing the illness or disease (Hayden, 2019; Rinaldi-Miles & Das, 2016). Perceived barriers refer to an individual's beliefs about the obstacles that prevent adopting a new behavior (Eichenberg et al., 2021; Hayden, 2019; Rinaldi-Miles & Das, 2016).

In addition to the main constructs, there are three categories of modifying variables that affect an individual's perceived benefit of a preventive behavior: demographic (i.e., age, gender, marital status, and ethnicity), sociopsychological (i.e.,

peer group, social class, and personality), and structural (i.e., knowledge and previous experiences; Eichenberg et al., 2021; Hayden, 2019). In the HBM, it is also stipulated that behavior is impacted by cues to action and self-efficacy (Hayden, 2019; Rinaldi-Miles & Das, 2016). Cues to action are the people, events, or things that motivate individuals to change their behavior (Hayden, 2019; Rinaldi-Miles & Das, 2016). Self-efficacy is an individual's belief in their ability to successfully complete tasks, overcome challenges, and achieve goals (Hayden, 2019; Rinaldi-Miles & Das, 2016).

Since the HBM was developed in 1950, consideration has been given to the importance of preventive and promotion characteristics of health behaviors, treatment approaches, and health-related guidance for illness and disease (Lee & Kim, 2019). Application of the HBM can help to explain the situations and conditions that influence an individual's decision to engage in health behaviors (Eichenberg et al., 2021). The HBM has been effectively applied to wide-ranging health behaviors and diverse populations (Eichenberg et al., 2021). The HBM has been used in health education interventions to investigate the effect of the constructs to improve the health promotion behaviors of women related to cancer prevention (Sharifikia et al., 2019). Other research found a positive impact of health education guided by the HBM on the nutritional habits of female students (Vahedian-Shahroodi et al., 2019). Luquis and Kensinger (2018) found that the HBM constructs of perceived susceptibility and perceived seriousness played a significant role in motivating young adults to use preventive health services. Shen et al. (2020) found that education based on the HBM can significantly improve blood pressure control in hypertension patients in community settings. Jovrand et al.

(2021) found that incorporating the HBM constructs into workplace exercise interventions was effective in improving daily exercise for staff. Amraei et al. (2020) evaluated the effect of an educational program built on the HBM on improving nurses' preventive behaviors related to cardiovascular diseases. The authors concluded that the model can be used to increase the severity, benefits, and self-efficacy of preventive behaviors and encouraged them to modify their diet.

The HBM has been successfully used in workplace health interventions. Based on research at two large U.S. universities, Rinaldi-Miles and Das (2016) concluded that the HBM can be meaningfully applied to physical activity interventions in the workplace. Knippen et al.'s (2018) cross-sectional health risk assessment used constructs from the HBM and the theory of planned behavior in a large, urban, academic-medical institution. The authors concluded that there is a need for evidence-based worksite wellness programs that encourage self-efficacy, accountability, and positive perceived norms. Knippen et al. also reinforced the need for worksite wellness programs to focus on mental health due to employees' beliefs in their susceptibility to mental health issues. Amin et al. (2018) demonstrated the effectiveness of an educational intervention based on the HBM regarding osteoporosis knowledge and preventive behaviors among female academics in Malaysia. An HBM-based health education intervention targeting female teachers in Saudi Arabia provided further evidence that initiatives based on the HBM framework successfully improve breast cancer knowledge and practices (Alameer et al., 2019). El-kest et al. (2021) found that a preventive cervical and breast cancer education program

based on the HBM successfully increased the knowledge and beliefs of women faculty teaching in the medical programs at a university in Egypt.

The HBM has been used as a framework in stress reduction and mental health interventions. St. Hilaire (2016) considered general self-efficacy, the HBM, the theory of care-seeking behavior, and symbolic interactionism as they are incorporated into the Preventive Efficient Stress Situation questionnaire model and used as an assessment tool for stress reduction and management. Fakhri et al. (2017) explored the effect of an education intervention based on the HBM related to relaxation and anxiety in nulliparous women and found that knowledge, perceived sensitivity and severity, perceived barriers and benefits, self-efficacy, and cues to action all improved significantly in the experimental group. Nobling and Maykrantz (2017) used the HBM to explore perceptions about the use of mental health services among college students. Bistricky et al. (2017) found that health beliefs about mental illness was a motivator associated with increased intent to use stress reduction techniques, including breathing exercises, meditation, and yoga, among college students. Okechukwu and Bbabatunde (2021) found that the HBM significantly predicted work-related stress, except for perceived susceptibility, and concluded that processes to address stress among physicians in the workplace should include HBM constructs. Valley and Stallones (2018) found that the HBM constructs cues to action, perceived benefits and barriers, and self-efficacy helped to conceptualize health care workers' experiences and challenges in following the practices taught during a workplace mindfulness intervention.

I used the HBM to frame this study, guide the research approach, and develop the research questions. The HBM was the most appropriate framework to use in this study because the constructs have been successfully used to explore the experiences and conditions that influence a person's decision to participate in health-promoting behaviors (see Eichenberg et al., 2021). The HBM has successfully guided research in interventions targeting women educators in worksite wellness programming related to stress and managing stress through meditative practices. I used the HBM as a framework to explore the individual perceptions of women who are troubled by perceived susceptibility and severity of workplace stress and their access to worksite wellness practices to manage their stress.

Literature Review of Related Concepts

Effects of COVID-19 on Mental Health

The secretary general of the United Nations has acknowledged that the mental health of societies has been significantly impacted by COVID-19 and needs to be addressed immediately (Statistics Canada, 2020a). A survey of 46,000 Canadians asked about the impact of COVID-19 on their mental health revealed that 24% are experiencing fair or poor mental health and 28% reported high stress (Statistics Canada, 2020a). Women reported lower mental health levels than men at 52% compared to 58%, respectively (Statistics Canada, 2020b).

Established Effects of Chronic Stress

Chronic psychological stress can increase the risk of cardiovascular disease (Kim et al., 2018; Liu, Li, et al., 2017; Tawakol et al., 2017; Yao et al., 2019). A systematic

review of the literature and meta-analysis of 11 studies and 5,696 participants revealed that psychosocial stress was related to an increased risk of hypertension (Liu, Li, et al., 2017). In their meta-analysis and review of studies looking at heart rate variability and psychological stress, Kim et al. (2018) found neurobiological evidence indicating that stress affects heart rate variability.

Workplaces Stress and Postsecondary Faculty

Workplace stress may also be referred to as job stress or occupational stress (Burman & Goswami, 2018). Workplace stress typically results from being overwhelmed by demands, expectations, and deadlines that produces feelings of strain, anxiety, and lack of coping (Burman & Goswami, 2018; Malik & Bjorkqvist, 2017). Workplace stress can have adverse effects on PWB and overall health (Arpaia & Anderson, 2019; Burman & Goswami, 2018; Kennette & Lin, 2019; Lee & Shin, 2017; Rajoo et al., 2020; Rao & Lakshmi, 2017). Dimensions of PWB include happiness and life satisfaction, but it is a complex construct that also involves aspects connected to perceived stress, daily functional and disability status, and physical health (Trudel-Fitzergald et al., 2019).

Research has indicated that postsecondary academic environments are stressful and that job related stress can impact well-being, job satisfaction, and productivity (Kennette & Lin, 2019; Malik & Bjorkqvist, 2018; Salimzadeh et al., 2020). Faculty experience greater levels of stress compared to other postsecondary staff, professional occupations, and the general population (Malik & Bjorkqvist, 2018; Salimzadeh et al., 2020). Globally, postsecondary institutions have undergone noteworthy changes, including increasing internationalization, the influence and scope of administration,

increasing work demands, and the importance of the applicability of academic work (Malik & Bjorkqvist, 2017; McNaughton-Cassill, 2017; Mudrak et al., 2018; Sabagh et al., 2018; Zabrodska et al., 2018). Additionally, the COVID-19 pandemic has had a tremendous impact on higher education institutions around the world (Johnson et al., 2020; Rapanta et al., 2020).

In many developed countries, postsecondary institutions have shifted from a collegial academic environment to market-driven organizations (Zabrodska et al., 2018). This new structure has intensified demands, altered work-life balance, eroded autonomy and prestige, and created more stressful workplaces (Zabrodska et al., 2018). Inadequate working conditions; lack of social support, promotion, and development opportunities; and workplace bullying have also contributed to workplace stress (Malik & Bjorkqvist, 2017).

Persistent workplace stress can increase sick days, impact mental and physical health, and lead to faculty burnout (Kennette & Lin, 2019; Malik & Bjorkqvist, 2017; Sabagh et al., 2018; Zabrodska et al., 2018). Burnout is often described as a depletion of resources or a state of physical, mental, and emotional exhaustion (Kennette & Lin, 2019; Zabrodska et al., 2018). Faculty burnout adversely impacts psychological and physical health, faculty behaviors, student satisfaction and perceptions about having students' needs met (Zabrodska et al., 2018). The symptoms of burnout are often compared to the symptoms of depression and may include perceived low personal achievement, detachment, cynicism, pessimism, deceased energy, and dissatisfaction with accomplishments (Kennette & Lin, 2019; Sabagh et al., 2018). The physical and

behavioral indicators related to stress can include mild to severe rashes, cardiovascular disease, poor sleep, and relationship deterioration (Malik & Bjorkqvist, 2018).

The COVID-19 pandemic has added to existing challenges facing postsecondary faculty and exacerbated workplace stress (Johnson et al., 2020; Rapanta et al., 2020). Challenges include shifting to emergency remote teaching, redesigning course delivery to provide effective learning experiences for students, adapting to student needs, and navigating new technology (Johnson et al., 2020; Rapanta et al., 2020). Postsecondary faculty have reported trying to alleviate their students' stress and anxiety related to online learning while dealing with the adjustments and stress associated with switching to a new delivery model (Johnson et al., 2020; Rapanta et al., 2020).

Gender Differences and Stress

Stress can have a significant impact on the health of employees (De Sio et al., 2017; Elliott & Blithe, 2021; Kerr et al, 2021; Meng & Wang, 2018; Padkapayeva et al., 2018; Rajoo et al., 2020; Richardson, 2017). There has been an increase in awareness regarding the work environment as a social determinant of health (De Sio et al., 2017). Long working hours, increased demands, and unrealistic employer expectations are cited as contributing factors to job stress (Richardson, 2017). Research has also pointed to ongoing forms of gendered workplace stress, including emotional labor, stress related to gender roles, and posttraumatic stress, that can impact physiological responses to workplace stress (Birze et al., 2020; Russell & Weigold, 2020). Despite emerging information, health inequalities related to women and men are understudied in workplace stress literature (Kerr et al., 2021).

Gendered socialization impacts the ways that individuals learn to participate in social interactions that are associated with and considered appropriate for their biological sex (Birze et al., 2020). Men and women are held accountable to conform to these gender norms in ways that may threaten their gendered sense of self and cause stress in the workplace (Birze et al., 2020). Trying to conform to stereotypical emotional expressions based on gender norms can be an ongoing workplace stressor (Birze et al., 2020). Kneavel (2021) found that there are gender differences related to perceived stress and quality of social support whereby women reported higher levels of stress and greater social support. Men are less likely to provide or seek social support, and women have larger support networks (Kneavel, 2021). Social support may also be more accessible in female-dominant occupations (Kerr at al., 2021). Social support is an important consideration for coping with stress and the potential impacts of long-term stress (Kneavel, 2021).

Stress affects people differently, and women workers are more likely than men to report experiencing stress and health issues related to stress (Canadian Mental Health Association, 2021; De Sio et al., 2017; Malik & Bjorkqvist, 2018). Middle-aged women are more vulnerable to stress, anxiety and depression related to work and there are higher turnover rates among women employees due to workplaces stress (Rajoo et al., 2020). For women, workplace stress and life stress are interrelated resulting from the pressures associated with the responsibility for unpaid work and family responsibilities in the home (Ansari, 2019; Denson et al., 2018; Dibaji et al., 2017; Ju et al., 2018; Kerr et al., 2021; Padkapayeva et al., 2018). The literature consistently shows that women are at a higher

risk for depression and burnout (Kerr at al., 2021). The World Health Organization (n.d.) has highlighted the need to gather evidence on the prevalence, causes, mediating, and protective factors related to women's mental health.

Klapproth et al. (2020) found that female teachers reported being more stressed than male teachers and the elevated stress was likely the result of gender disparities in spheres outside of work. Research in postsecondary institutions has recognized that there are gender inequalities in higher education that disadvantage women faculty, increase stress, and negatively impact well-being (Denson et al., 2018; Elliot & Blithe, 2021). Gender stereotypes of postsecondary faculty depict women as less competent, less successful, and poor leaders compared to men (Elliot & Blithe, 2021). Women faculty present higher levels of stress associated with teaching and higher rates of burnout than their male colleagues (Redondo-Florez et al., 2020).

Dengate et al. (2019) have added to the research on workplace stress and gender in their analysis that exposed a gender gap with women faculty taking a greater responsibility for their student's personal and mental health problems than their male counterparts. The expectation that women will be more nurturing or more empathetic can silently become part of women faculty's job description (Dengate et al., 2019). This uneven burden of care, where women faculty are more frequently approached by students to discuss non-academic issues, increases faculty's perceived stress, and adds emotional labor to existing academic and institutional responsibilities (Dengate et al., 2019).

Russell and Weigold (2020) looked at gender and field in their comparison of work stress and comfort at a large, public midwestern university and a medium, private

midwestern university. They found that women identified unique stressors related to feminine role expectations that often go unrecognized (Russell & Weigold, 2020). Russell and Weigold also reported that women experience higher rates of workplace stress related to work/time demands, lack of support at work, and limits on career advancement. These authors recommend additional research examining the best methods to support women in higher education (Russell & Weigold, 2020).

Chichra et al. (2019) found that among faculty in India, men are more likely to report structural and administrative sources of workplace stress while women are more likely to highlight interpersonal sources of stress. The same study also noted that men are more likely to use cigarettes and alcohol as methods to cope with stress while women were more likely to use unhealthy eating as a coping strategy (Chichra et al., 2019). Denson et al. (2018) found that research on work-life balance among postsecondary faculty shows important gender differences with women faculty revealing lower job satisfaction, and increased difficulty balancing teaching, research, and service responsibilities. Some faculty work is transparent but much of it is not visible to co-workers or the public (O'Meara et al., 2019). Lack of transparency together with an absence of accountability, ambiguous roles, and a lack of consensus on may explain why recent research has revealed differences by gender with respect to perceived faculty workload, job satisfaction, productivity, lower morale, and increased turnover (O'Meara et al., 2019; Webber, 2019).

History of Worksite Wellness

Worksite wellness programs can be traced by to the 1970s and were used by businesses as a strategy to increase employee efficiency (Khoury, n.d.; Richemond & Needham, 2020). The Occupational Health and Safety movement during the 1970s helped highlight the role that worksite wellness can play in employee productivity (Khoury, n.d.; Richemond & Needham, 2020). Knowledge of health as a lifestyle issue grew in the 1980s and 1990s with an increasing awareness of obesity and other chronic illnesses related to behavioral health choices (Richemond & Needham, 2020). In the early 2000s, management in different industries were creating worksite wellness programs for their employees (Richemond & Needham, 2020).

Today, worksite wellness programs typically concentrate on health improvement outcomes, lowering the risk of illness and disease, improving absenteeism, boosting employee morale, and lowering health care costs (Click et al., 2019; Jacobs, 2017; Linnan et al., 2017; McEntyre et al., 2020; Mitchell et al., 2021; Schwatka et al., 2018). Worksite wellness programs can be advantageous over community initiatives or programs offered by health care institutions based on the amount of time employees spend at work (Mitchell et al., 2021). The benefits of worksite wellness programs can be seen at the individual, group, and organizational level by assessing health outcomes, job performance, and institutional profitability (Richemond & Needham, 2020). Broad workplace wellness programs have been common in the United States but there has been less support for these programs in Canada (Jacobs, 2017; Lowensteyn et al., 2018). The limited support for worksite wellness programs in Canada may be explained by the

national health care plan which renders employers less financially responsible for the health care expenditures of employees (Lowensteyn et al., 2018).

Worksite wellness programs offer a concrete approach for employers to support their employees' health and well-being (Lloyd et al., 2017; Lowensteyn et al., 2018; McEntyre et al., 2020; Mitchell et al., 2021). Worksite wellness programs that operate on a top-down approach with management dictating the direction of the program have failed because they do not reflect the preferences, needs, and goals of the employees (Richemond & Needham, 2020). To encourage participation in worksite wellness programming, employees should be involved in designing the program to foster a sense of ownership and early buy-in (Richemond & Needham, 2020).

One of the goals of worksite wellness programs is to facilitate connections between employees by creating an environment that fosters support and accountability (Mitchell, 2021; Richemond & Needham, 2020). Research indicates that best practice approaches to improve employee health, build healthy work environments, and create comprehensive, sustainable health promotion programs include health education that involves developing skills related to behavior change; ensuring social and physical environments support healthy behaviors; incorporating the program into the organization's human resource offerings and infrastructure and creating a seamless transition between related programs (Linnan et al., 2017). Additionally, the data on successful worksite wellness programs are those that are guided by a theoretical framework to help facilitate positive behavior change (Lloyd et al., 2017). The success of theory-driven wellness programs has been established for large corporate organizations,

but there is less information available on this approach in postsecondary institutions (Lloyd et al., 2017).

Historically, wellness programming in academic institutions has targeted the student population rather than employees (Amaya et al., 2019). Creating and delivering comprehensive worksite wellness programs at postsecondary institutions presents an opportunity to have a positive impact on public health by supporting positive health changes for employees and alleviating health care costs (Linnan et al., 2017; Lloyd et al., 2017). To achieve widespread success, program planners must address potential challenges from the outset including institutional capacity like funding, and trained program staff, perceived lack of employee interest, and leadership support (Linnan et al., 2017). There is a lack of research on college and university campuses, and there is much to learn about the status of worksite wellness programs in postsecondary institutions and organizational and employee interest in health promotion programming (Linnan et al., 2017). By gathering information on worksite wellness activities in higher education, there is an opportunity to develop human and environmental health, improve productivity and engagement, align with global health agendas, and create environments that inspire, faculty, staff, and students (Okanagan Charter, 2015).

An assessment of all 58 colleges within North Carolina's community college system revealed that there is leadership support and interest in promoting health on campus, larger colleges offer more comprehensive wellness programs, and physical activity programs are the most common (Linnan et al., 2017). Face to face program interventions are preferred by college employees, but distanced, web-based strategies

should also be explored (Linnan et al., 2017). There is some research to suggest that incentivizing employees to participate has been effective, rather than tying the incentive to behavioral outcomes (Hunt & Griffeth, 2020; Richemond & Needham, 2020). Worksite wellness programs that provide access to programming during the workday have reduced the common barrier of lack of time, and increased employee engagement (Hunt & Griffeth, 2020).

The University of Wisconsin Milwaukee College of Nursing has developed and implemented a strategy for a healthy academic environment through their Working Well Initiative (Treisman, n.d.). The Working Well Initiative includes activities like weekly wellness emails, chair massage, organized walks, yoga, and meditation (Treisman, n.d.). The Working Well Initiative has developed into a sustainable framework that engages faculty, staff, and students as wellness champions or participants who inspire each other to be well (Treisman, n.d.). Research at a midwestern university focused on the positive impact of community well-being in recent literature and reviewed three community well-being initiatives delivered by the university worksite wellness program (Click et al., 2019). Researchers found that social connectedness is critical to overall well-being and organizational impact is amplified when worksite wellness programs create value for their employees and the broader community (Click et al., 2019).

Meditative Practices and Stress Management

Meditative, or contemplative practices may include contemplative inquiry, mantra recitation, visualization, and mindfulness meditation as well as movement and energy-based practices like yoga, t'ai chi, and qigong (Dorjee, 2016; Koncz et al., 2020; Moszeik

et al., 2020; Ospina et al., 2009). Meditation practices have been a fundamental part of Eastern cultures for centuries and became commonly used in the West in the latter half of the 20th century (Gupta, 2021; Hilton et al., 2019). Mindfulness, or awareness of the present moment, is the core of meditative practices that are used to help practitioners relax and moderate negative thoughts, emotions, or stressors (Hilton et al., 2018; Janssen et al., 2018; Koncz et al., 2020; Moszeik et al., 2020; Rojiani et al., 2017).

Meditative practices can be used as proactive strategies to prevent and manage the health disturbances that arise from stress and burnout (Avvenuti et al., 2020; Gamaiunova et al., 2019; Gupta, 2021; Johnson et al., 2020; Koncz et al., 2020; Morais & Quintao, 2019; Moszeik et al., 2020; Naragatti & Hiregoudar, 2019; Nguyen et al., 2020). Qualitative research on meditative practices that focus on mindfulness has shown the that the approach can lead to feelings of calm and relaxation, increase the ability to handle difficult situations, and reduce sleep difficulties (Wongtongkam et al., 2017). Yoga is often described as moving meditation that includes breathwork and a focus on physical postures that may help people quiet their minds, practice self-reflection, and self-observation (Behmer, 2019; Gupta, 2021). Yoga practices that involve breathing techniques and asana (physical postures), exemplify the essential concepts of meditation, and can be categorized with other meditative practices (Behmer, 2019; Formenti, 2019). Meditative practices result in quicker stress recovery that is associated with self-regulation strategies (Gamaiunova et al., 2019; Moszeik et al., 2020).

Research indicates that women are more likely to use meditation practices than men and the most common reason for engaging in meditative practices is to reduce stress

(Upchurch & Johnson, 2019). There is existing research on women using meditation to manage stress associated with a cancer diagnosis (Liu et al., 2017; Pagliaro & Bernardini, 2019). Leach et al. (2017) studied transcendental meditation to reduce the physical and emotional harm for women dealing with domestic violence. Meditation has also been used in a randomized controlled trial with a positive impact on perceived stress associated with recurrent pregnancy loss (Jensen et al., 2021). There is little research on women using meditative practices to manage workplace stress.

Meditative Practices in Worksite Health Promotion

Employee well-being is a challenge faced by organizational leaders and health promotion specialists across different industries (Johnson et al., 2020). Availability, or lack of time is often cited as a common barrier to self-care behaviors (Nguyen et al., 2020). There is growing interest globally in mindfulness interventions, including meditation, due to the potential physical and mental health benefits (Hilton et al., 2019; Janssen et al., 2018; Mascaro et al., 2020). Workplace mindfulness and meditation interventions can be delivered face-to-face or online and can vary widely in duration (Janssen et al., 2018). Decades of research point to the benefits of meditation and mindfulness training on health, behavioral and cognitive outcomes, however, the effectiveness of mindfulness training and meditation in the workplace is not as extensive (Mellor et al., 2019). However, in recent years there has been a growing interest from researchers and practitioners to explore the application and practice of mindfulness interventions (Johnson et al., 2020).

Corporate Workplace Mindfulness Training

There is emerging evidence that meditative practices can be a powerful tool implemented by organizations to improve employee effectiveness, enhance well-being, and job satisfaction (Bartlet et al., 2019; Hilton et al., 2019; Karimi et al., 2019). Major companies like Google, Aetna, and General Mills have offered their employees mindfulness training to optimize their performance (Hilton et al., 2019). In the United States, 13% of workers state that they use mindfulness enhancing practices (Hilton et al., 2019). In Canada, 500,000 employees call in sick to work each week for mental health related issues, prompting companies and organizations to consider incorporating mindfulness practices in the workplace (Lucke, 2018).

Meta-Analytic Reviews of Workplace Mindfulness

A meta-analytic review of 25 primary studies on workplace mindfulness interventions examines the claim that these interventions reduce stress, and support mental health, overall well-being, and work performance (Bartlett et al., 2019). Studies were included in the review if they were published in English, the intervention was described as a mindfulness program, the intervention was prepared and provided to staff by employers, a randomized-control trial design was used, and a validated tool was administered to measure mindfulness, stress, mental health, work performance, or overall well-being (Bartlett et al., 2019). The worksite mindfulness interventions were diverse ranging from short, self-guided meditations with no instruction, to a 42-hour class over 8 weeks (Bartlett et al., 2019). Most interventions were delivered face-to-face, however some workplaces offered flexible remote delivery options (Bartlett et al., 2019). Close to

50% of the interventions included instruction on stress physiology, one third provided education on mindfulness theory, and most programs encouraged participants to practice meditation between scheduled meeting times (Bartlett et al., 2019).

The results of the studies included in the review indicate that mindfulness training had significant positive effects on perceived stress, psychological distress, anxiety, well-being, and sleep (Bartlett et al., 2019). The results for improvements in work performance, depression, and burnout were inconclusive (Bartlett et al., 2019). The results were comparable for participants across industries; however, participants were primarily drawn from large, white-collar organizations (Bartlett et al., 2019). Bartlett et al. (2019) concluded that mindfulness interventions delivered at work can help employees reduce stress and improve mental health and well-being, but further investigation is required to evaluate the potential role mindfulness interventions may play in balancing the stresses of work.

Use of Meditation Practices for K-12 Teachers

Studies have investigated meditation practices to reduce stress and burnout for elementary and secondary school teachers (Bartlett et al., 2019; Csaszar et al., 2018; Floman, 2018; Hepburn & McMahon, 2017; Schnaider-Levi et al., 2017). Existing research on K-12 teachers and meditation illustrates the benefits of meditative techniques on teachers' stress level and their personal and professional lives (Csaszar et al., 2018; Hepburn & McMahon, 2017; Rao & Lakshmi, 2017). There is a critical need to decrease stress in the postsecondary work environment and adding meditation practices for

postsecondary staff is a viable strategy to pursue (Malik & Bjorkqvist ,2018; Smith, 2020).

Summary of Major Themes in the Literature

Workplace or occupational stress is pervasive and often results from competing job demands, expectations, and deadlines that result in employees feeling overwhelmed, anxious, and unable to cope (Burman & Goswami, 2018; Malik & Bjorkqvist, 2017). Ongoing workplace stress can impact PWB, job satisfaction, and productivity (Kennette & Lin, 2019; Malik, & Bjorkqvist, 2018; Salimzadeh et al., 2020). Prolonged workplace stress can have a significant health impact on employees with effects ranging from skin rashes and poor sleep to relationship deterioration, and cardiovascular disease (Malik & Bjorkqvist, 2017).

Postsecondary academic environments are particularly stressful and faculty experience greater levels of stress than other postsecondary staff, skilled professionals, or the general population (Malik & Bjorkqvist, 2018; Salimzadeh et al., 2020). Higher stress levels among postsecondary faculty globally may be explained by internationalization, the impact of organizational leaders, changing work demands, particularly during the COVID-19 pandemic, and the importance placed on the applicability of academic work (Johnson et al., 2020; Malik & Bjorkqvist, 2017; McNaughton-Cassill, 2017; Mudrak et al., 2018; Rapanta et al., 2020; Sabagh et al., 2018; Zabrodska et al., 2018). Ongoing workplace stress among faculty has increased sick days, had a detrimental impact on mental health, and has led to faculty burnout (Kennette & Lin, 2019; Malik & Bjorkqvist, 2017; Sabagh et al., 2018; Zabrodska et al., 2018).

Workplace stress and burnout can affect people differently and women workers are more likely than men to report experiencing stress and health issues related to stress (Canadian Mental Health Association, 2021; De Sio et al., 2017; Malik & Bjorkqvist, 2018). The increased perception of stress among women workers can be traced to the intersection between work related pressures and the responsibilities of unpaid work at home (Ansari, 2019; Denson et al., 2018; Dibaji et al., 2017; Ju et al., 2018; Padkapayeva et al., 2018). Women faculty report higher levels of stress than their male counterparts resulting in lower job satisfaction, lower morale, and inadequate work-life balance (O'Meara et al., 2019; Webber, 2019).

Historically, worksite wellness programs were used to increase employee efficiency and productivity and as awareness of health and lifestyle grew, programs expanded to include strategies aimed at lowering the risk of disease, improving absenteeism and employee morale, and lowering health care costs (Click et al., 2019; Jacobs, 2017; Linnan et al., 2017; McEntyre et al., 2020; Mitchell et al., 2021; Schwatka et al., 2018). There has been limited support for worksite wellness initiatives in Canada likely due to the national health care plan which reduces employers' responsibility for their employee's health care expenses (Lowensteyn et al., 2018). Worksite wellness programs can provide organizations with a tangible strategy to support their employee's health and overall well-being (Lloyd et al., 2017; Lowensteyn et al., 2018; McEntyre et al., 2020; Mitchell et al., 2021). Best practices for worksite wellness initiatives include involving employees in the design of the program, include an accountability component, health education and skill development, use trained staff, address perceived lack of

interest, gain leadership support, and embed the program into existing organizational infrastructure (Linnan et al., 2017; Richemond & Needham, 2020).

Meditative or contemplative practices have their roots in Eastern cultures and include mantra recitation, visualization, and mindfulness meditation as well as movement and energy-based practices like yoga, t'ai chi, and qigong (Dorjee, 2016; Koncz et al., 2020; Moszeik et al., 2020; Ospina et al., 2009). Mindfulness is at the heart of these practices that are used for relaxation and to moderate negative emotions and stressors (Hilton et al., 2018; Janssen et al., 2018; Koncz et al., 2020; Moszeik et al., 2020; Rojiani et al., 2017). Meditative practices are used to prevent and manage stress and burnout (Avvenuti et al., 2020; Gamaiunova et al., 2019; Gupta, 2021; Johnson et al., 2020; Koncz et al., 2020; Morais & Quintao, 2019; Moszeik et al., 2020; Naragatti & Hiregoudar, 2019; Nguyen et al., 2020). Women are more likely than men to use meditative practices to manage overall stress (Upchurch & Johnson, 2019).

There is growing evidence on the use of meditative practices within organizations to improve employee effectiveness, enhance well-being, and job satisfaction (Bartlet et al., 2019; Hilton et al., 2019; Karimi et al., 2019). Studies on K-12 teachers using meditative practices to reduce stress and burnout revealed positive personal and professional outcomes (Bartlett et al., 2019; Csaszar et al., 2018; Floman, 2018; Hepburn & McMahon, 2017; Rao & Lakshmi, 2017; Schnaider-Levi et al., 2017). It is essential to decrease stress in the postsecondary work environment, there is very little research in this area, and meditative practices for postsecondary staff is a viable strategy to explore (Malik & Bjorkqvist ,2018; Smith, 2020). In chapter 3, I outlined the research

methodology that was used to explore the experiences of women faculty using meditative practices to manage stress and promote wellness.

Chapter 3: Research Method

The purpose of this general qualitative approach was to understand how constructs of the HBM play a role in the use of worksite wellness initiatives to manage stress and promote wellness among women postsecondary faculty in Ontario. In this chapter, I describe the research methodology and design in the following sections: (a) research design and rationale, (b) role of the researcher, (c) methodology, (d) participant logic selection, (e) instrumentation, (f) data collection, (e) semistructured interviews, (f) data analysis plan, (g), issues of trustworthiness, and (h) ethical procedures. This chapter concludes with a summary.

Research Design and Rationale

In Ontario, 7 out of 10 respondents in a recent poll indicated that the COVID-19 pandemic had prompted a severe mental health crisis, and 81% of Canadian workers surveyed stated that the pandemic has adversely impacted their mental health (CAMH, 2020). Chronic stress can increase sick days, lead to burnout, and impact overall health (Kennette & Lin, 2019; Malik & Bjorkqvist, 2017; Sabagh et al., 2018; Zabrodska et al., 2018). Chronic, unmanaged psychological stress can also increase the risk of cardiovascular disease (Kim et al., 2018; Liu, Li, et al., 2017; Tawakol et al., 2017; Yao et al., 2019).

There is a critical need to assess the susceptibility to stress in the postsecondary work environment, understand the diverse effects of stress on well-being, and determine how to decrease harm by investigating participation in practical and accessible worksite health promotion programs (Arpaia & Andersen, 2019; Burman & Goswami, 2018;

Malik & Bjorkqvist, 2018). Women faculty indicated higher levels of stress compared to their male counterparts, which leads to lower job satisfaction and morale as well as issues with work-life balance (O'Meara et al., 2019; Webber, 2019). For women, there is a connection between workplace stress and life stress that may result from a greater responsibility for unpaid work and family responsibilities in the home (Padkapayeva et al., 2018). There is little known about the perceived susceptibility and severity to workplace stress; perceived barriers and benefits to participating in meditative worksite wellness initiatives; and motivators for participation, cues to action, and factors that contribute to women faculty's belief and confidence that they could participate in meditative practices to reduce stress and promote wellness within their workplace. To address the problem and purpose of the current study, I developed the following research questions to guide this study:

RQ1: How do women faculty describe their experiences using worksite wellness initiatives to reduce stress and promote wellness in Ontario?

Subquestion 1a: How do women faculty describe their perceived susceptibility to adverse health outcomes associated with unmanaged workplace stress in Ontario?

Subquestion 1b: How do women faculty describe the perceived severity of adverse health outcomes associated with unmanaged workplace stress in Ontario?

Subquestion 1c: How do women faculty describe the perceived benefits of participating in meditative worksite wellness initiatives to reduce the threat of stress-related health outcomes in Ontario?

RQ2: How do women faculty describe the barriers to participating in meditative worksite wellness initiatives to reduce stress and promote wellness in Ontario?

RQ3: How do women faculty describe the motivators for participation in meditative worksite wellness initiatives to reduce stress and promote wellness in Ontario?

Subquestion 3a: How do women faculty describe the internal and external cues to action related to participation in meditative worksite wellness initiatives to reduce stress and promote wellness in Ontario?

Subquestion 3b: How do women faculty describe what contributed to their belief and confidence that they could implement meditative practices to reduce stress and promote wellness in Ontario?

I used a general qualitative approach in this study. General qualitative methods are employed when the aim is to understand a phenomenon through gathering rich, detailed information from the participants' perspectives (FitzPatrick, 2019). A general qualitative inquiry was the most suitable to address the research questions because it is used to examine participants' experiences through their subjective opinions, attitudes, and beliefs (see Percy et al., 2015). The general qualitative inquiry was appropriate for this study to explore the experiences of women postsecondary faculty in Ontario and how they make meaning of their workplace stress and access to worksite wellness programs to

manage stress. Data collection in the general qualitative approach characteristically focuses on semi- or fully structured data collection methods (Percy et al., 2015). Use of the general qualitative approach allowed me to construct an interview guide with questions that elicited information about events, processes, and experiences from a broad range of women postsecondary faculty in Ontario (see Percy et al., 2015). Thematic analysis is regularly used in general qualitative studies to analyze data gathered through interviews (Percy et al., 2015).

Role of the Researcher

When using the qualitative method, the researcher is an active participant in semistructured and unstructured interviews and is commonly referred to as the data collection instrument (Pezalla et al., 2012). The researcher's skill level, experience, attributes, assumptions, and biases can influence the quality of qualitative research (Pezalla et al., 2012). It is necessary for qualitative researchers to reflect on and understand themselves as part of the research process to actively manage biases.

Potential areas of bias in this study may have stemmed from the fact that, at the time of the study, I was a full-time faculty member working in the provincial college system, part of the population being studied, and had experienced workplace stress. I use a variety of meditative practices and worksite wellness initiatives to manage and alleviate stress. Due to this positionality, bias was mitigated by recording experiences during the research process in memos and notes, and audio or video recordings were used when participant permission was provided (see Laureate Education, 2010). A peer-reviewed member checking process was also considered (see Creswell & Creswell, 2018).

Methodology

The target population was women postsecondary faculty in Ontario, Canada who experience workplace stress and use meditative practices, either virtually or face-to-face, through their worksite wellness programs to manage or mitigate stress.

Participant Selection Logic

Individual women faculty at postsecondary institutions in Ontario were the population for this study. I recruited participants by using my professional network to share the project information. Inclusion criteria helped ensure that the study population provided consistent, reliable information, and exclusion criteria were the factors that rendered the recruited population ineligible for participation (see Garg, 2016).

Participant Recruitment

I recruited participants from postsecondary institutions in Ontario that have a comprehensive worksite wellness program for staff. I sent the email invitation to women faculty in my professional network to explain the details of the project.

Sampling

I sent open-ended questionnaires to women faculty, both those who had participated in the on-site wellness workshops, and those who did not understand some of the barriers to participation. Potential participants were contacted by email. Participants were selected using purposeful sampling from the completed, open-ended questionnaires to participate in interviews. Purposeful sampling is often used to identify and select information-rich cases in qualitative research (Palinkas et al., 2015). Purposeful sampling involves selecting individuals with experience and understanding of the phenomena of

interest who are prepared to participate in a meaningful, reflective interview (Palinkas et al., 2015). In this project, I chose information-rich cases based on a screening questionnaire.

The questionnaire involved general information like years of applicable employment and participation in worksite wellness programs to establish whether the potential participant had the required experience to contribute to the interview (see Reynolds, 2017). It is essential to set minimum criteria for participation without being too specific and cautiously consider whether an individual should be involved in the study (Reynolds, 2017). If possible, based on the number of responses to the questionnaire, purposeful, random sampling will add credibility to the study (Ravitch & Carl, 2016). In this case, nonparticipation in worksite wellness was a criterion for exclusion, while identifying as a woman was a criterion for inclusion.

Qualitative samples are characteristically small to preserve the depth of analysis central to this methodological approach (Vasileiou et al., 2018). When selecting a sample size researchers must consider the nature of the study, the complexity of the topic, access to participants, quality of the data collected, the study design, and data saturation (Dworkin, 2012). According to a literature review by Dworkin (2012), from five to 50 interview participants is satisfactory depending on the factors mentioned above. The sample size for this project was eight participants.

Qualitative researchers may not define their sample size before beginning their study. They may choose their cases gradually until the data collected reaches a saturation point when there is repetition in the stories being told by participants and no new data are

generated, or the point in coding when no new themes are identified (Ishak & Bakar, 2014; Saunders et al., 2018).

Data Collection Methods

In-depth interviews are suitable when the researcher aims to explore the experiences and perspectives of the chosen population by gathering original or new information (Bairagi & Munot, 2019). Qualitative interviews allow the researcher to study events and situations through the outlook of the research participants (Bairagi & Munot, 2019). I designed the interview questions used in the current study to explore participants' experiences with workplace stress and their use of worksite wellness initiatives to manage stress and promote wellness. The interview questions were developed using previous course resources and information from reviewing the literature to understand the concepts that I wanted to include in the questions. Peer-reviewed, academic journal articles that investigated comparable topics or used the same theoretical framework were examined. I also reviewed two dissertations that included an interview guide.

Instruments

An interview guide contains predetermined questions to help the researcher organize the interviews and maintain consistency as the topic is explored with each participant (McGrath et al., 2018). The interviews began with some easy questions that helped the interviewee get comfortable, settle into the process, and encourage them to share information about themselves (see McGrath et al., 2018). Perceived benefits and barriers are two concepts from the HBM that were included in the research questions and

were integrated into several questions in the interview guide. I used the interview guide worksheet; the interview guide – good and bad examples document; feedback from former classmates, professors, and my dissertation chair; and the Rubin and Rubin's (2012) book, *Qualitative Interviewing: The Art of Hearing Data*, to develop the interview protocol. An audit trail was kept during the interview process, including the planning stage, the interviews, after the interviews, and after the participant debriefing sessions. These logs helped provide a rationale for the choices made throughout the research process (see Nowell et al., 2017).

The participant recruitment plan included inviting women postsecondary faculty in Ontario for one-on-one interviews. There are 24 community colleges in Ontario and 22 universities. I recruited faculty through email and social media. Participants were given the option to participate in a face-to-face or a virtual interview depending on their location and preference. All interviews were virtual and were recorded using Zoom software. I also took notes by hand during the interview process. The interviews lasted approximately 25 to 35 minutes. When each interview was complete, I informed the participant that there were no additional questions. Participants were asked if they have any questions or concerns that can be addressed before the interview concluded, and they were reminded of the member checking process. When I completed transcribing the interview, I shared the interview transcript with the participant to confirm its accuracy. The interview concluded when the interviewees were thanked for their participation.

Semistructured interviews may be used in qualitative research. In semistructured interviews, the researcher has a topic or phenomena of interest they want to explore and

they prepare questions in advance, but the interview style allows the interviewer to explore the participant's experiences depending on the previous answers and interviewee's knowledge (Bairagi & Munot, 2019). Semistructured interviews in health promotion allow researchers to gather information from community members in specific settings to develop an understanding of the participant's perceptions regarding needs, barriers, and current resources to support well-being (Hilger-Kolb et al., 2019).

Data Analysis Plan

Qualitative computer software can be used for coding and storage of data (Creswell & Creswell, 2018). NVivo and DiscoverText coding software have been previously studied, and both programs received favorable reviews. Both coding software applications provide a free trial period and offer customer service support (DiscoverText 2021; NVivo, 2021). I decided to use the hand-coding process in this study. Codes can be generated from descriptions; are a detailed interpretation of the people, places, or events in a research setting; and are useful in a general qualitative approach (Creswell & Creswell, 2018). The data analysis plan included reviewing the transcripts several times to identify codes, categories, and themes. This process helped ensure that the interview questions had been designed to adequately elicit responses that answered the research questions and provided a meaningful contribution to the literature.

Coding is also used to generate themes or categories that demonstrate the participants' perspectives in the study (Creswell & Creswell, 2018). Theming is described as the drawing together of codes from transcripts to portray the research findings in a clear and meaningful way (Sutton & Austin, 2015). Thematic analysis can

be used broadly across a variety of research questions, producing trustworthy, insightful results (Nowell et al., 2017). Thematic analysis can be a flexible, accessible approach that is useful for novice researchers examining the perspectives of different research participants (Nowell et al., 2017). Qualitative researchers also use visuals, like tables, to express descriptive information about each participant (Creswell & Creswell, 2018). I used thematic analysis and tables in this study.

Issues of Trustworthiness

Credibility

Credibility refers to the truth in the research results and is considered the qualitative equivalent of internal validity in quantitative research (Korstjens & Moser, 2018). Ensuring credibility requires the researcher to consider the research design, data collection instruments, and the data to address the complexities of a recursive design process (Ravitch & Carl, 2016). To meet the standards of credibility, I debriefed participants to validate the accuracy of interview transcripts (see Ravitch & Carl, 2016). In qualitative research, the researcher is not separate from the research. A researcher needs to take the time to understand themselves as part of the research process. As an educator employed in a community college in Ontario, Canada, it was necessary for me to actively manage biases, document my experiences throughout the process in memos and notes, use audio or video recordings when permission was given, and consider a peer-reviewed member checking process (see Creswell & Creswell, 2018).

Transferability

Transferability is usually compared to external validity in quantitative research (Ravitch & Carl, 2016). However, in qualitative research, it is not the goal to generalize the findings to other populations or settings but rather determine if the qualitative findings apply to broader contexts (Ravitch & Carl, 2016). I asked background and follow-up questions to produce thick descriptions that allow the participants' experiences to be meaningful to readers (see Korstjens & Moser, 2018).

Dependability

Dependability refers to how stable the data is and is comparable to reliability in quantitative research (Ravitch & Carl, 2016). When aiming for dependability, the researcher should clearly describe the rationale and steps taken in the research process and keep a detailed account of the research process (Korstjens & Moser, 2018). Standards of dependability were met by outlining the research approach, the steps taken, and by keeping audit trail notes.

Confirmability

Confirmability is usually depicted as the qualitative counterpart of the concept of objectivity used in quantitative research (Ravitch & Carl, 2016). In qualitative research, there is no claim of objectivity, but researchers strive to collect data that are relatively neutral, acknowledge that biases exist, and produce findings that can be confirmed (Ravitch & Carl, 2016). To meet the standard of confirmability I have acknowledged biases and continued to examine my assumptions, values and reflect on how they impact research decisions throughout this project (Korstjens & Moser, 2018).

Ethical Considerations

Approval to proceed with this general qualitative research was required through Walden University's Institutional Review Board (IRB). Walden University's IRB approval process exists to ensure that all Walden research is compliant with the university's ethical principles and the U.S. federal regulations (Walden University, 2020d). Before recruiting participants, collecting data, or accessing a data set, IRB review and approval are required (Walden University, 2020d). Students must complete Form A, describing data sources and partner sites, and the responses are used to determine which IRB review steps the project requires, including protection of human subjects, ethical partnerships with partner organizations, alignment with Walden's social change mission, and appropriate use of scholarly tools (Walden University, 2020d). The IRB gathers information on data collection and analyses, the research questions used in the study, and if observation is being used, where it will take place (Walden University, 2020d). Walden University's IRB approval number for this study is 06-10-22-1006979.

There are two primary ethical issues related to using human subjects in research; obtaining fully informed consent, and ensuring the participants are unharmed (Babbie, 2017). Written informed consent was secured from participants so they can decide for themselves if they are willing to accept the potential benefits and risks associated with participation (Babbie, 2017). At the beginning of each interview, participants were told that they will not be identified in any documents related to this project. All hard copies and electronic files were stored in a home office. Electronic files were password protected and any notes or printed transcripts were stored in a secure space. I reviewed

the interview data and will keep it in a secure space for 5 years and then it will be destroyed using a shredder for hard copy documents and permanent deletion for electronic files.

This research was conducted in Canada. While there are no boundaries on the Walden IRB's capability to review international research, I investigated the international compilation of regulations provided by the federal Office of Human Research protections (Walden University, 2020c). It was necessary that I be aware of and compliant with all regulations related to government infrastructures and guidelines associated with human subjects' research (Walden University, 2020c). When research is conducted in a country other than the United States, Walden applies the ethical standards of whichever country has stricter regulations (Walden University, 2020c).

To prepare to meet all ethical guidelines, I participated in IRB office hours to discuss recruiting participants with potential research sites, obtaining consent, international research considerations, and sharing results with stakeholders (Walden University, 2020b). To avoid ethical problems during this research, I adhered to the following

- not pressuring vulnerable individuals to participate
- ensuring that there was alignment among all components of the proposed research
- describing recruitment, consent, and data collection procedures in detail
- not naming any institutions where participants are employed
- storing data securely

- not including participant names or contact information in the research records (Walden University, 2020d).

Summary

A general qualitative inquiry was used in this project to address the purpose of this study. The general qualitative inquiry was the most appropriate research design because it examines participants' experiences through their subjective opinions, attitudes, and beliefs (Percy et al., 2015). I collected data from eight participants using semistructured interviews. The interview participants were women postsecondary faculty members who have used meditative practices through the worksite wellness program at the college or university where they are employed. The data analysis plan included reviewing the transcripts several times and identifying codes, categories, and themes. Member checking was used to ensure the credibility of the data (see Creswell & Creswell, 2018). In chapter 4, I provided detailed descriptions of participant recruitment, demographics, data collection, data analysis, and the study results.

Chapter 4: Results

In this general qualitative study, I explored the experiences and perceptions of women teaching at a postsecondary institution in Ontario who have used meditative practices to manage stress as part of their workplace wellness program. There is little information on how women faculty describe their experiences using meditative worksite wellness initiatives to reduce stress and promote health in Ontario.

I used the HBM as a framework for this study to better understand the participants' experiences from the perspectives of the participants themselves (see Hayden, 2019). A general qualitative design was employed in this study to contribute to the existing literature through conducting a thematic analysis of in-depth interview data from a sample of women postsecondary instructors who have used meditative practices through a worksite wellness program to manage stress.

I aimed to understand the connection between the workplace stress that women faculty experience and their use of meditative practices through worksite wellness programming to manage stress. The results are expected to improve existing workplace health promotion programs in postsecondary institutions in Ontario to help achieve positive well-being outcomes across the system (see Batras et al., 2016). The participant interviews were confidential and recorded. The following research questions guided the interviews:

RQ1: How do women faculty describe their experiences using worksite wellness initiatives to reduce stress and promote wellness in southwestern Ontario?

Subquestion 1a: How do women faculty describe their perceived susceptibility to adverse health outcomes associated with unmanaged workplace stress in southwestern Ontario?

Subquestion 1b: How do women faculty describe the perceived severity of adverse health outcomes associated with unmanaged workplace stress in southwestern Ontario?

Subquestion 1c: How do women faculty describe the perceived benefits of participating in meditative worksite wellness initiatives to reduce the threat of stress-related health outcomes in southwestern Ontario?

RQ2: How do women faculty describe the barriers to participating in meditative worksite wellness initiatives to reduce stress and promote wellness in southwestern Ontario?

RQ3: How do women faculty describe the motivators for participation in meditative worksite wellness initiatives to reduce stress and promote wellness in southwestern Ontario?

Subquestion 3a: How do women faculty describe the internal and external cues to action related to participation in meditative worksite wellness initiatives to reduce stress and promote wellness in southwestern Ontario?

Subquestion 3b: How do women faculty describe what contributed to their belief and confidence that they could implement meditative practices to reduce stress and promote wellness in southwestern Ontario?

The study results can help employers build worksite wellness programs that highlight the benefits and moderate the barriers to participation. The study findings could also act as a framework to help organizations discover what is working and what is not working in existing workplace wellness programs. The results of this study may prompt modifications to existing programs and help encourage people to participate, resulting in less stressed and more connected, productive, and effective employees.

This chapter includes the following major sections: (a) setting, (b) demographics, (c) data collection, (d) data analysis, (e) evidence of trustworthiness and (f) results. I conclude the chapter with a summary.

Setting

I adhered to the Walden IRB guidelines during participant recruitment and ensured that no personal or institutional associations influenced the participants in this study. The women faculty who agreed to participate in this study were willing to describe their experiences with workplace stress and their use of meditative practices as part of their worksite wellness program to manage stress and promote well-being. Participants were recruited through email using my professional contacts and purposeful sampling. All participants who volunteered met the study inclusion criteria. In the interviews, I focused on gathering the participants' reflections on workplace stress, their perceptions of the benefits and barriers of participating in meditative practices through worksite wellness initiatives, and their confidence levels around continuing those practices on their own. Data collection was consistent throughout the process, and all interviews were conducted virtually via Zoom in a private location.

Demographics

The population sample for this study was markedly homogenous. While it was not my intention to seek a homogenous sample when recruiting participants, it is notable that that are similar characteristics across demographics. Participant recruitment was challenging because it began in June when many faculty members were wrapping up their work before the summer break. I obtained demographic information regarding age, employment status, cultural background, marital status, and annual income. The sample characteristics are presented in Table 1, and the homogeneity of the sample will be discussed as a limitation in Chapter 5.

All participants identified as female as was required by the nature of the research inquiry. Participants fell into the age categories of 31–40 years old, 41–50, and over 50. All participants had taught at a college or university in Ontario for 2 or more years and have participated in at least one meditative practice through their workplace wellness program in the last 3 years. Five participants taught at an Ontario college, and three participants taught at an Ontario university. All participants indicated European or Canadian when asked about their cultural background. Participant household income fell into the ranges of $50,000 to $100,000, $100,000 to $150,000, and over $150,000. Five participants indicated that they were married, two indicated they were single/never married, and one participant was separated. Table 1 displays the demographics of all participants in this study.

Table 1

Participant Demographics

Participant	Age	Employment Status	Cultural Background	Household Income	Marital Status
P1	31-40	PT instructor	European	$50K–100K	Single/NM
P2	Over 50	FT faculty	European	Over $150K	Married
P3	31-40	FT faculty	European	$50K–100K	Single/NM
P4	Over 50	FT faculty	Canadian	Over $150K	Married
P5	41-50	FT faculty	European	Over $150K	Married
P6	31-40	FT faculty	European	$100K–150K	Married
P7	41-50	FT faculty	European	$100K–150K	Separated
P8	31-40	FT faculty	European	Over $150K	Married

Note. PT = Part-time; NM = Never married; FT = Full-time.

Data Collection

I received Walden IRB approval to move to the final study stage in June 2022, and the data collection process began immediately. I sent more than 250 emails to professional contacts. After a slow start to the recruitment process, I submitted a change request to the IRB to use social media as a recruitment tool in July 2022, and this request was approved by the IRB. Email and social media were then used to generate initial contact with potential participants. Once a participant expressed an interest, I responded to the participant's email with a prescreening questionnaire to determine their eligibility to continue. If a participant met the inclusion criteria, they were sent the informed consent form. When consent was granted, the participant was sent the demographic

questions and selected an interview date and time. I conducted eight interviews between June 2022 and September 2022. One interview was conducted in June, four were conducted in July, and three in September. All interviews were conducted via Zoom in a secure location and recorded for transcription purposes. Interviews lasted between 22 and 38 minutes. After completing the eight interviews, I determined that data saturation had been reached with participants replicating answers to the interview questions.

Before each interview began, I explained the interview process in detail to the participant, including the safety and confidentiality of data storage. Establishing rapport and ensuring participant comfort was the next step in each interview. The nature of the study was then described, and participants were reminded that the interview would be audio recorded. I used two recording procedures: The recording function in Zoom was activated after the interview process was described to each participant, and a voice recorder application on my iPhone was also employed. Participant data were recorded using assigned numbers to maintain their confidentiality.

I asked questions one at a time from the interview guide that had been approved by the IRB. Adequate pauses were used to allow participants to think about their answers. When necessary, questions were rephrased to ensure participant comprehension, and probing was used to explore topics in depth. I took notes during each interview, but the details and nuances of responses were captured in the audio recordings.

I transcribed the interviews within 24 to 48 hours after completed them. Participants were identified in the transcripts using their participant numbers only. Once the transcription was completed, a copy of the transcript was sent to the participant so

they could review their responses. I invited the participants to respond by email with any corrections or further details that they wanted to add. No participants informed me that their thoughts and experiences were inaccurately captured in the transcripts, but two participants added information to what they had previously shared after reviewing their transcripts. Saturation was reached with Participant 7, and I interviewed one more participant to confirm that no new information was being generated. The data collection process was complete with a sample size of eight.

Only one interview was scheduled per day throughout the data collection process. I engaged in reflexive journaling throughout to review the interview process and my role as an instrument for data collection. All participants openly shared their experiences and gave detailed responses, though some were more in depth than others. Recruitment and interviewing concluded after the eighth interview. All names and locations were omitted from the dissertation manuscript, and participant data were stored and discussed according to their assigned identifier (e.g., P1, P2, etc.).

Data Analysis

Coding

The interview data were sorted, coded, and analyzed to ascertain themes. I reviewed the transcripts twice to develop familiarity and then for a third and fourth time to identify words and categories with similar meanings. Hand coding was used in this process, and a data summary table was created in Microsoft Word to organize data. I kept a reflexive journal throughout the interview process. Themes clearly emerged from the

interviewees' shared experiences and perceptions about their participation in meditative practices through their workplace wellness program.

With the research questions in mind, I generated 42 preliminary codes by reading and reviewing the interview transcriptions, creating a data summary table in Microsoft Word, and analyzing the data. Categories and common themes were identified, and I then grouped the 42 codes into six primary emergent themes: the physical, mental, and interpersonal impact of workplace stress; perceived benefits of participation in meditative practices through workplace wellness; perceived barriers of participation in meditative practices through workplace wellness; motivation to participate in meditative practices through workplace wellness; confidence in implementing meditative practices to reduce stress; and future hopes for workplace wellness in academia. Thematic saturation was noted during the coding and analysis of all eight transcripts. The most common codes for participants centred around the infiltration of workplace stress in personal relationships resulting in feeling short tempered, the perception of lack of time to participate in wellness offerings, the benefit of shared experiences while participating and the normalization of workplace stress, and the need for workplace wellness practices that are offered consistently and long term. Not all participants discussed every category identified, and some codes were not addressed as frequently as others. Some codes were less regularly repeated in the data but still provided meaningful information in the more significant categories. These codes include imposter syndrome as a source of stress, stress impacting eating habits, a supportive boss as a motivator for participating in workplace wellness, and not wanting to blur the lines of work and life as a barrier to participation in

workplace wellness. Tables 2 through 5, found throughout this chapter, display the codes and emergent themes based on the research questions.

Evidence of Trustworthiness

Qualitative data must be conducted rigorously to produce results that are considered meaningful (Nowell et al., 2017). Validity is not a goal in qualitative research; instead, researchers employ procedures to create trustworthiness so that readers can understand the data with confidence in the research findings (Stahl & King, 2020). The four general criteria for establishing trustworthiness are credibility, dependability, confirmability, and transferability (Stahl & King, 2020). I engaged in various practices in this study to ensure that the data collected are trustworthy.

Spending time establishing rapport with each participant at the beginning of the interview was critical to building a relationship that encouraged participants to discuss their experiences in rich detail so that the experiences become tangible to the reader (see Stahl & King, 2020). Each interview took place within an adequate amount of time to elicit comprehensive responses and allowed me to record observations. I used member checking throughout the data collection process to ensure credibility. Each participant was sent the interview transcript by email to allow them to substantiate detailed accounts of their experiences and perceptions. Participants were asked to comment on the accuracy of the transcript and to respond by email with any corrections or additions. Coding did not begin until the participant verified the accuracy of the interview transcript. Participant recruitment continued until data saturation was achieved and no new information was gathered from participants.

Qualitative research does not seek replicability, but qualitative researchers contend that patterns and accounts from one setting may be relevant to others (Stahl & King, 2020). With transferability in mind, I used purposeful sampling during participant recruitment to increase participant diversity. More than 250 emails were sent to faculty and workplace wellness coordinators at colleges and universities in Ontario. The emails included the recruitment flyer detailing the study's purpose, the estimated duration of interviews, inclusion criteria, and the availability of a $25 gift card for participation. Each participant thoroughly answered the interview questions providing thick description and sufficient details that applied to other contexts (see Stahl & King, 2020).

Dependability centers on establishing trust in the study findings (Stahl & King, 2020). With the idea of peer inspection of the research in mind, I was careful about what was recorded as fact and what was my interpretation of the data (see Stahl & King, 2020). Codes were gleaned from the interviews, and categories and themes were generated to allow for a clear, logical interpretation of the data (see Stahl & King, 2020).

Confirmability is achieved when credibility, transferability, and dependability are established (Stahl & King, 2020). Objectivity is not the goal of qualitative research, but the data must be credible, and the data collection process must be transparent, with consideration given to ethics and the researcher's biases. I used reflexive journaling throughout the data collection process to strive toward the confirmability of the research findings. This process established confidence that my conclusions were based on participant responses and not my own musings.

Results

This qualitative study aimed to increase the understanding of the experiences of women faculty who use meditative practices as part of workplace wellness to manage stress and promote well-being. To attend to each research question, participant responses were analyzed for each interview to determine key themes. The primary emergent themes from this research study were the physical, mental and interpersonal impact of workplace stress; perceived benefits of participation in meditative practices through workplace wellness; perceived barriers of participation in meditative practices through workplace wellness; motivation to participate in meditative practices through workplace wellness; confidence in implementing meditative practices to reduce stress, and future hopes for workplace wellness in academia. A detailed analysis organized by research question and theme is outlined below.

Research Question 1

Changes in postsecondary education institutions globally have contributed to academic employment settings that have increased personal and professional faculty stress (Sabagh et al., 2018). In Ontario, postsecondary faculty stress is connected to balancing non-academic responsibilities, social isolation, and the increased workload accompanying online teaching (Han, 2020). There were few notable differences in the sources of workplace stress and experiences with workplace stress between Ontario college faculty and Ontario university faculty. The participants in this study used yoga, meditation, breathwork, and wellness walks as part of their workplace wellness programs.

All eight participants in this study reported experiencing physical, mental, and interpersonal impacts related to workplace stress. As discussed below, there was much overlap in the experiences shared in this area.

Emergent Theme: Physical, Mental, and Interpersonal Impact of Workplace Stress

Participants were asked about their workplace stress, and it impacts with overall wellness. Participants discussed the value of people coming together to de-stress and how it normalizes workplace stress, fosters community, and provides opportunities to meet colleagues or see them in a different light. P1 said, "I get to interact with my colleagues in a different way. There's the mutual recognition of the fact that we're all people who experienced stress." P2 stated that, "I think the benefits for everyone are knowing that there are other people joining the session, probably for very similar reasons that you did. It normalizes that there is workplace stress." P4 shared that, "it really allowed you to see other people on the same page as you, it wasn't just you feeling that way, you're not alone." P6 said, "nice to catch up with a colleague, can get a little bit of a social connection, it's good." P8 shared, "it was actually a connection point for us. It was a connection for a new type of social relation that I never would have thought if I didn't see him there."

Participants discussed muscle tension, sleep disruptions, and lack of personal self-care (eating and exercising) as the physical impacts. P1 shared, "when I'm feeling stressed out at work, I am definitely feeling less good in my body, there's a lot of muscle tension and soreness." P6 said, "for me, it's like I notice, even now, it's been interesting to feel like wow, my shoulder gets sore by the end of the day, and I'd forgotten that's

interesting." P8 stated, "Physically, I would carry the stress in my neck and shoulders." P2 said, "when you're stressed at work, it's everywhere, for me it affects everything, it affects how I sleep." P3 shared "that during these stressful moments, there's difficulty sleeping." P6 stated, "I know when I'm stressed out, it disrupts my sleep." P7, shared that "I'm like waking up at night, and my wheels are spinning, I go back to the negative events that are wearing on me, so some kind of sleep disturbance is possible." P8 stated that "and I think mental stress, makes it difficult to sleep." P1 shared that, "it's just harder for me to be a functioning adult in my life. Like it's harder to do my dishes, clean my apartment and exercise." P4 stated, "stress affects the whole physical aspect, of not eating right, not getting up and moving enough." P5 said, "sometimes I don't look at the clock, and it's 2pm, and I go, oh, like I didn't eat lunch."

Participants discussed feeling overwhelmed, being short-tempered, snappy, or frazzled as the mental impacts. P1 shared that "I feel like I'm just a bit more short tempered." P2 stated, "when I'm stressed, I'm not welcoming during those times because I feel like the task is more important than the person." P3 shared, "during the stressful moments, you react as opposed to respond, so you get snappy." P5 said, "I'm sure I can be more irritable when I'm stressed out." P6 shared, "I know when I'm stressed out, I get grumpy, or as I like to call it, ragey on the inside."

Participants discussed lack of engagement and taking the stress out on loved ones as the interpersonal impacts. P1 shared, "my interactions with other people suffer when I'm feeling stressed." P2 said, "I get quiet. So, when I'm emotionally stressed, I'm just not willing to risk sharing things in different environments. I'm just guarded." P3 stated,

"you get into conflict situations with friends and family that could otherwise be avoided." P4 shared, "there's times when I just kind of want to be an introvert, where I don't want to socialize because I've got too many things on my mind that I need to get done." P5 said, "if I'm a little quick to anger or something, of course, it's coming off on my family and it's not their fault and that's not fair to them." P6 shared, "I lose my patience a little bit." P7 stated, "with partners I've been close with, I'll tend to be more like easily agitated or frustrated with the people I'm closest with, not my children, but yeah definitely partners and stuff." P8 shared that, "I think it causes a lot of tension in relationships."

Emergent Theme: Perceived Benefits of Participation in Meditative Practices Through Workplace Wellness

All participants were able to describe the benefits that they perceive to be associated with partaking in meditative practices through their workplace wellness programs. The participant responses to the question on perceived benefits presented overlapping data as outlined below. One participant provided a unique and noteworthy response. She felt that scheduling in these practices provided an anticipatory benefit, knowing there was something to look forward to later in the day or week.

Participants described the benefits as a form of escapism, an opportunity to reset, slow down, and take a break in the day to avoid burnout. P1 shared, "it reminds me that I actually just slow down and try to do my work in a different way that doesn't make me feel stressed." P2 stated, "I'm just always looking for how I can just make these little changes. I don't ever want to get to a spot where I feel like I'm burnt out." P4 said, "just

having that relaxation, just to escape was really necessary." P5 shared, it was definitely like a break, or an escape from the nine to five." P6 said, "those are always really nice to get out to stretch, get fresh air, you know, different space. It's a nice reset." P8 shared that "there's that piece of what it meant to pause work in the middle of the day."

Some participants shared the benefits of doing something for themselves or just having their own time. P1 said, "I think it's also just getting to focus on being there my own self, and not as an educator." P4 stated, "sharing how you carve out more time for yourself and how it's necessary." P5 shared, "you have to start making stops and starts for yourself. I just needed to find that time for myself." P8 said that "it gave me time … without people knocking on my office window…time to collect my thoughts."

Some participants felt that the benefits of participating in meditative practices through workplace wellness were a sense of calm, feeling centered, or generating positivity. P3 shared, "meditation allows us to change the vibration and the energy that exists on that plane. And it means we can have a positive impact on the world." P4 said, "knowing that we have this energy, and maybe look at things differently. It gave me some positivity." P5 stated, "super-calm, I felt, I did have that moment, where you like feel more centered." P7 shared that, "having your prevailing feelings or thoughts throughout the day, which is more positive."

An additional benefit was having the opportunity to move during the day and, feeling reenergized physically. P4 shared, "I think the benefits also include just the energy that you have, having more energy to do what you have to do." P5 said, "I would

feel like I had more energy to kind of attack the rest of my day. P8 stated that, “being able to do that physical activity meant the meant break.”

Table 2

Emergent Themes Related to Research Question 1

Research question	Codes	Emergent Themes
RQ1: How do women faculty describe their experiences using worksite wellness initiatives to reduce stress and promote wellness in Ontario? SubQ1a: How do women faculty describe their perceived susceptibility to adverse health outcomes associated with unmanaged workplace stress in Ontario? SubQ1b: How do women faculty describe the perceived severity of adverse health outcomes associated with unmanaged workplace stress in Ontario? SubQ1c: How do women faculty describe the perceived benefits of participating in meditative worksite wellness initiatives to reduce the threat of stress-related health outcomes in Ontario?	Normalizing workplace stress Fosters community We are all people who experience stress Provides opportunities to meet colleagues Seeing colleagues in a different light Muscle tension Sleep disruptions Lack of personal self-care (eating and exercising) Overwhelmed Short-tempered Lack of engagement Taking stress out on loved ones Escapism Opportunity to reset Taking a break in the day to avoid burnout Doing something for yourself Time that is their own Sense of calm/centred Generating positivity Physically moving Reenergized during the day	Physical, mental, and interpersonal impact of workplace stress Perceived benefits of participation in meditative practices through workplace wellness

Research Question 2

Participants gave similar answers regarding the barriers to joining meditative practices through their workplace wellness programs more often. Common responses include being busy and finding the time, the lack of a dedicated space to engage in these

practices, not wanting to put on yoga wear or have people see their bodies, lack of consistency in what is offered, concern about who is leading the practice or the quality of the offering, and the institution's response to these offerings. A response cited by two participants was the lack of understanding or skepticism around the practices being offered. Three participants shared information that offered discrepant data. One participant felt that the meditative practices only offered temporary relief, so she did not want to bother with it. Another participant discussed the concept of wellness and how that can rub people the wrong way. One participant discussed the lack of male participants at the sessions and how that feels like it reinforces the idea that women do not manage stress as well.

When discussing the perceived barriers related to time, P1 said, "sometimes I just feel like I'm just too busy, there's just too much going on and it's hard for me to actually decide to take that time and go and do the thing." P2 shared, "we try to start these little things and then you get so busy and maybe the part is that everyone has different schedules, or … not sure." P4 said, "when is it offered? Does it work with my schedule? And then the timing you know, my time versus the time that I'm willing to kind of give up in order to prioritize that well-being." P5 stated, "certainly time, but you know, how much of that is an actual thing versus a self-perception? I do acknowledge that that's like kind of my own barrier." P7 shared, "I think just time, carving out that time in the day or whenever to be able to attend." P8 said, "the other barrier, like why wouldn't I have done it more often was mostly time."

Some participants discussed the lack of dedicated space at their institution to engage in these practices as a barrier. P2, shared, “we don’t have a space where we can go.” P8 said, “it felt a bit ad hoc and probably was in terms of where they were holding these. So, if they had a dedicated space that was quiet and calm, maybe I would consider doing meditation.”

Some cited not wanting to put yoga wear on at work or have people see their bodies as a barrier to participation. P1 said, “It gives me weird body feelings sometimes. I have to put on my unprofessional workout clothes and then is there going to be body judgement?” P8 shared, “that her colleagues won’t join her because they don’t want to put on their yoga wear, they don’t want people seeing their bodies.”

Several participants discussed the need for more consistency in what is being offered as a barrier to participation. P2 said, “there hasn’t been an alignment at work. We start these little things, and then there’s nothing. It’s not sustainable.” P4 shared, “I think maybe even consistency, like the same time and same day … that could be easier to carve out your time because you’re always committed.” P6 stated, “there’s a lack of structure to support that. So, it’s also very much viewed as an afterthought, an additional thing.” P7 shared that, “classes offered consistently at the Wellness Center at times of the day that would work for a variety of staff,” would encourage participation.

The quality offerings or who is leading the offering came up as a barrier in many of the shared experiences. P1 said, “there always is this element of like, well, if I go, is the person who teaches that, are they going to be like wellness focused…or lose weight, eliminate fat and change your body into this.” P4 shared, “a barrier can be in respect to

who is presenting the yoga or wellness activities and the qualifications or experience they may have or lack of to lead." P8 stated that, "the quality of the initiative prevented me from doing it more often."

The participants also shared that their academic institution's response to workplace wellness initiatives can be a barrier to participation. P1 shared, "I feel like if it's a top-down communication of like, wellness as a mandate … I feel like people will be on board." P2 said, "I don't think they always have a good pulse on what's needed and what's happening at the college so it could be just a random offering." P3 stated that, "part of the struggle for other people I think has to do partly with the fact that organizations, including postsecondary institutions are pushing these wellness programs to people as a way of not having to provide any of that other substantial stuff." P6 shared,

> if you're going to back it, build it into everyone's schedule, make it mandatory. Take away something else that's less important to build in time for it, or you know, look at your policy. Look at your processes. Like talk to people about what they want.

When asked about how the administration supports workplace wellness or employee wellness, P7 said, "I don't think it's very supported." P8 stated that, "I think we're very reactive. So, if other big institutions are doing this, and we're like well, why aren't we doing this?"

Table 3

Emergent Themes Related to Research Question 2

Research question	Codes	Emergent Themes
RQ2: How do women faculty describe the barriers to participating in meditative worksite wellness initiatives to reduce stress and promote wellness in Ontario?	Too busy, too much going on Lack of a dedicated space to practice Discomfort wearing workout wear at work/people seeing their bodies Not sustainable Lack of structure Lack of consistency Concern about who is leading the activity Concern about the quality of the offering Need institutional wellness as a policy/mandate Institution does not know what is needed Institution is reactive	Perceived barriers of participation in meditative practices through workplace wellness

Research Question 3

The experiences shared by participants regarding their motivations to participate in meditative practices through their workplace wellness programs and the catalysts to engage in these practices included feeling valued as an employee and support from administration, wanting to manage stress, and wanting to connect with others and feel part of the community. One participant said they were already using the strategies outside

of work. Another shared that she was motivated to participate because she knew the instructor and wanted to support her.

Emergent Theme: Motivation to Participate in Meditative Practices Through Workplace Wellness

When discussing feeling motivated to participate in meditative practices based on the support they feel from their employer and their value as an employee, P1 said, "I really value anything that I can go to at work that makes me feel like people care about me as a human being. I also feel like it's acceptable because it's put on by the university." P5 shared that, "because it was coming from work, I think it was permission. But my bosses and you know, higher ups are telling me, look, you're going to be more productive if you take this time for yourself."

The desire to manage stress was a motivator or a catalyst for some interviewees to participate. P2 said,

> I think early on in my career, I didn't know how to manage my workload well. So, I learned, okay, I have to figure out how to get some balance and these sessions always felt like, oh, someone's gonna have the answer for me.

P3 stated, "it is one of the easiest and most effective ways to reduce stress." P8 shared, "there were too many trains on the tracks at the same time in different aspects of my life. So, it was the opportunity, but also the pressures that I knew I needed to relieve."

Wanting to connect with others was a common motivator to participate while feeling isolated during the COVID-19 pandemic. P1 said, "the ones that I did go to are really great. They were all virtual and it was nice to just like see people during the

pandemic. It was just like, you're interacting again, in that different context." P3, shared, "it also provides opportunities to meet colleagues. It did allow me to get to know some people, so that was good." P4 said, I just think for me, that's a really huge piece that I didn't realize until going through COVID to realize how much I need that connectivity."

Emergent Theme: Confidence in Implementing Meditative Practices to Reduce Stress

The responses that touch on self-efficacy, or the participant's belief and confidence that they could implement meditative practices to promote wellness and reduce stress, were more varied (Bistricky et al., 2017). Some felt that participating gave them the knowledge, confidence, or a reminder that they could practice independently. One participant mentioned that if she wants to reserve time for her health, she will usually go for something physical on her own.

When asked about having the confidence to participate in meditative practices on her own, P1 said, "yeah, I have enough agency and flexibility in my job to decide to do that. I do all kinds of stuff on my own all the time." P2 shared, "I think if I hadn't participated in the professional development, I wouldn't even know what's available." P4 said, "I would definitely want to go to quite a few classes before I felt like I would do it on my own."

Table 4

Emergent Themes Related to Research Question 3

Research question	Codes	Emergent Themes
RQ3: How do women faculty describe the motivators for participation in meditative worksite wellness initiatives to reduce stress and promote wellness in Ontario?	Feeling valued as an employee Sanctioned by the institution	Motivation to participate in meditative practices through workplace wellness
SubQ3a: How do women faculty describe the internal and external cues to action related to participation in meditative worksite wellness initiatives to reduce stress and promote wellness in Ontario?	Wanting to manage stress and not feel burnt out Needing to relive the pressure	
SubQ3b: How do women faculty describe what contributed to their belief and confidence that they could implement meditative practices to reduce stress and promote wellness in Ontario?	Knowing they have agency and flexibility in their job Participation provided the knowledge of what's available Repeated participation to develop confidence	Confidence in implementing meditative practices to reduce stress

Emergent Theme: Future Hopes for Workplace Wellness in Academia

The final emergent theme is not directly related to a research question, but it came up so often in the participant's shared experiences that it is worth including. P4 said, "I think a variety would be good so that it doesn't get stagnant." P3 and P6 talked about wanting to see the root causes of workplace stress addressed. P3 said, "I was very much involved in academic labour struggles but at the same time, I was regularly meditating. So, I feel like we need both of those things." P6 shared that, "she'd like to see if anyone

can figure out how to do it beyond a band aid, broken lip service kind of thing." P7 and P8 both discussed wanting to see an expansion of funds allocated to employees to include more choice or discretionary usage. P7 said, "it would be good to use our professional development money maybe like in terms of employee wellness if needed." P8 stated,

> sometimes I just wished they'd increase our benefits so that we could just go and do stuff whenever, wherever we wanted to do it. I think there's other ways that the institution can deliver these services if they're serious about it.

Table 5

Emergent Themes About Future of Workplace Wellness

Codes	Emergent Themes
Variety to avoid stagnation	Future hopes for workplace wellness in academia
Addressing the root causes of workplace stress	
Discretionary use of allocated funds	

Summary

The purpose of this qualitative study was to understand how the constructs of the health belief model (perceived susceptibility and perceived severity [perceived threat]; perceived barriers; perceived benefits; self-efficacy, and cues to action) play a role in the use of worksite wellness initiatives to manage stress and promote wellness among women postsecondary faculty in Ontario. I collected data through semistructured interviews with women postsecondary faculty who have used meditative practices during worksite

wellness initiatives. All eight participants described their experiences with workplace stress and their use of meditative practices to manage stress and promote wellness. A thematic analysis of the interview transcripts revealed six emergent themes through the experiences of women faculty in Ontario. The physical, mental, and interpersonal impact of workplace stress; perceived benefits of participation in meditative practices through workplace wellness; perceived barriers of participation in meditative practices through workplace wellness; motivation to participate in meditative practices through workplace wellness; confidence in implementing meditative practices to reduce stress; and future hopes for workplace wellness in academia.

In chapter 5, I outline the key findings of this study and provide an interpretation of the research findings compared to the literature review. I also discuss how the study contributes to the knowledge on workplace stress and meditative practices used through workplace wellness programs to manage stress and promote wellness. I discuss the limitations and recommendations for future research, and the implications for positive social change based on this research.

Chapter 5: Discussion, Conclusions, Recommendations

With this general qualitative study, I aimed to improve the understanding of the perceptions of women faculty who have experienced workplace stress and have used meditative practices through their worksite wellness program to reduce stress and promote health in Ontario. The HBM was used as the theoretical framework in this study to explore the research questions previously presented and gain a better understanding of the phenomenon under study from the participants' perspectives (see Hayden, 2019).

I collected data for this study through interviews with eight women faculty who taught at a college or university in Ontario and agreed to participate in the study. The data analysis revealed six themes based on the perceptions and experiences of the participants: the physical, mental, and interpersonal impact of workplace stress; perceived benefits of participation in meditative practices through workplace wellness; perceived barriers of participation in meditative practices through workplace wellness; motivation to participate in meditative practices through workplace wellness; confidence in implementing meditative practices to reduce stress; and future hopes for workplace wellness in academia.

This study reinforces the existing research that has revealed that workplace stress is widespread and complex. Participants indicated numerous benefits and barriers to participating in meditative practices to manage stress. Despite the challenges for participation, most participants considered meditative practices offered through workplace wellness programs to be a worthwhile strategy for managing workplace stress. The themes and related concepts are interpreted in the following section.

Interpretation of the Findings

In this chapter, I discuss the results of this study that may have implications for workplace health promotion programs in postsecondary institutions. Suggestions are given for future research to continue the exploration of workplace stress and the perceptions around meditative practices to manage stress and promote wellness. Each theme is discussed in the following subsections within the context of the literature presented in Chapter 2 and the constructs of the HBM.

Theme 1: The Physical, Mental, and Interpersonal Impact of Workplace Stress

All participants reported experiencing workplace stress that impacted their physical and mental well-being and interactions with others. Regarding the physical impact, participants talked about workplace stress causing muscle tension, particularly in the shoulders, and headaches. Other participants discussed sleep disruptions related to stress, disturbances in eating patterns, and the inability to take good care of themselves with exercise. These findings were congruent with existing research that showed that ongoing workplace stress can increase sick days, impact mental and physical health, affect sleep quality, and lead to faculty burnout (see Kennette & Lin, 2019; Malik & Bjorkqvist, 2017; Sabagh et al., 2018; Zabrodska et al., 2018). Mentally, participants shared that workplace stress can leave them feeling overwhelmed, anxious, less competent in their work, more reactive, and less in control of their overall moods. These findings were consistent with those of other researchers who found that workplace stress is linked to feeling overwhelmed and producing strain, anxiety, and difficulty coping (see Burman & Goswami, 2018; Malik & Bjorkqvist, 2017). A novel finding in this study is

that participants discussed the role of imposter syndrome as a contributor and by-product of workplace stress.

Interpersonally, participants discussed the notion of workplace stress permeating their relationships outside of work. The infiltration of stress into personal relationships manifested as being short tempered and having tension in their interactions with their partners or children. Participants also shared that workplace stress can cause them to disengage or be more guarded in their interactions. These results on the adverse interpersonal impacts of workplace stress are consistent with Malik and Bjorkqvists's (2017) discussion of the linkage between working conditions, lack of social support, workplace stress, and relationship deterioration.

The findings in Theme 1 indicated that women faculty report workplace stress levels that adversely impact their personal well-being and relationships with others. The constructs of the HBM provided a framework for the research questions, data analysis, and findings in this study (see Bistricky et al., 2017). The HBM has been successfully applied to a variety of health behaviors and diverse populations (Eichenberg et al., 2021). Valley and Stallones (2018) found that the HBM constructs of cues to action, perceived benefits and barriers, and self-efficacy helped conceptualize health care workers' experiences and challenges in following the practices taught during a workplace mindfulness intervention. I used the HBM as a guide in constructing interview questions related to the perceived benefits of participating in meditative practices through workplace health promotion and encouraged participants to reflect in a meaningful way on their experiences with these practices. The HBM constructs helped me explore the

individual perceptions of women regarding their perceived susceptibility and severity of workplace stress. Participants in the current study recognized their vulnerability to unmanaged workplace stress. One individual mentioned that workplace stress makes it harder to function in life, and another stated that when they are stressed at work, it is everywhere and affects everything. Regarding the threat or severity of stress on health and well-being, two participants shared that workplace stress exacerbates existing chronic health conditions putting them at risk for additional flare-ups related to their underlying illness. Utilizing the HBM as a framework in this study supported previous work that has demonstrated the value of the use of HBM to help explain the situations and conditions that influence an individual's decision to engage in health behaviors (see Eichenberg et al., 2021).

Theme 2: Perceived Benefits of Participation in Meditative Practices Through Workplace

Qualitative research has linked meditative practices to feelings of calm, relaxation, the ability to handle difficult situations, and reduced sleep difficulties (Wongtongkam et al., 2017). The findings in the current study support what was previously known because participants discussed the benefits of engaging in workplace wellness, including taking the time to reset and recharge as well as feeling calm and centered. Regarding the ability to handle difficult situations, participants in this study discussed having more patience and being better equipped to face the next challenge after participating in the mediative practices.

Other researchers have focused on the need to facilitate connections between employees by creating an environment that fosters support and accountability (Mitchell, 2021; Richemond & Needham, 2020). Interestingly, several participants in the current study discussed coming together with colleagues, connecting with others, and feeling part of the community as benefits of participation. It may be helpful to explore using the desire to connect as a cue to action in workplace wellness initiatives.

Participants in the current study stated that the benefits of participating in their worksite wellness program to manage workplace stress were numerous, and this is consistent with previous researchers' findings. However, in one prominent example, a participant in the current study described the practices as offering temporary relief and suggested that she would not bother participating in the future. This participant had previously indicated that she experienced some benefits from participating. This discrepancy is worth noting. Another outcome of this study that differs from previous findings and may warrant further exploration is the shared statements regarding normalizing the need to manage workplace stress to reduce the stigma associated with workplace stress.

Theme 3: Perceived Barriers of Participation in Meditative Practices Through Workplace Wellness

All study participants reported some perceived barriers to participate in meditative practices through their workplace health promotion programs. A critical barrier discussed by most participants included feeling too busy and needing more time to fit it in. These findings support previous work that indicated availability or lack of time as a common

barrier to self-care behaviors (see Nguyen et al., 2020). Hunt and Griffeth (2020) reported that worksite health promotion programs that provide access to programming during the workday have reduced the common barrier of lack of time and increased employee engagement. It would be worthwhile for existing workplace wellness programs to explore the time of offerings versus participation rates.

Other concerns raised by participants in the current study related to who will lead the practices and a lack of understanding or skepticism of the practices as barriers to participation. Hunt et al. (2020) discussed research on the doubts about the benefits of meditation, unmet expectations as obstacles to participation, and how education on the benefits of meditation can help overcome the barriers. It is possible that incorporating an education component to workplace wellness programs that demystifies meditation will address this barrier.

Participants in the current study also discussed the emphasis on programming for student wellness activities and felt that programming for staff was more of an afterthought. These sentiments are consistent with the literature that indicates, historically, wellness programming in academic institutions has been designed for the student population rather than employees (see Amaya et al., 2019). Academic institutions purporting to be committed to employee well-being may strengthen their case by implementing workplace well-being policies that, at a minimum, mirror what is in place for students.

Best practice approaches to improve employee health; build healthy work environments; and create comprehensive, sustainable health promotion programs include

health education that involves developing skills related to behavior change, ensuring social and physical environments support healthy behaviors, incorporating the program into the organization's human resource offerings and infrastructure, and creating a seamless transition between related programs (Linnan et al., 2017). The absence of the best practices outlined above is echoed in the barriers to participation that participants in the current study reported. Participants discussed the lack of consistency in the offerings, offerings that do not reflect what employees want, and lack of dedicated space to practice as deterrents to participating. Academic institutions interested in revising or implementing workplace wellness programs should use the best practices as a guide and conduct need assessments to ensure the offerings are responsive to employee needs.

One participant in the current study mentioned that few men attend the meditative practices offered through their workplace health promotion program, and they indicated it could be a barrier for some because it reinforces the idea that women do not handle stress as well. While the existing research does not explore this perception as a barrier to participation, it is known that gender stereotypes of faculty portray women as less competent and successful as well as poor leaders when compared to men (Elliot & Blithe, 2021). Women faculty present higher stress levels associated with teaching and higher rates of burnout than their male coworkers (Redondo-Florez et al., 2020). Women are more likely to use meditation practices than men, and the most common reason for engaging in meditative practices is to reduce stress (Upchurch & Johnson, 2019). The potential stigma for women connected to participation in stress management practices at work should be further explored.

The current study revealed some barriers to participating in meditative practices that appear to be absent from previous findings. Several participants discussed not wanting to wear yoga clothes or expose their bodies and the potential for body shaming. These discussions could point to other underlying issues in the workplace culture that need to be addressed and reinforce the need for a dedicated practice space that feels safe. When asked about barriers to participating in meditative practices more often, one participant stated that she does not think about her mental health; if she has extra time for herself, she chooses to engage in physical activity. This revelation speaks to the need for workplace health promotion that focuses on the importance of mental health in overall well-being.

Most of the participants in the current study expressed a desire to participate further in their workplace health promotion programs if the barriers can be addressed. One participant revealed that she would consider participating in meditation if there were a quiet and calm space. Several participants discussed a gap in terms of what was being offered and what people needed, indicating that the individuals making the decisions do not necessarily have a good reading on what is needed. These findings align with those of previous research that suggest participation in worksite health promotion programming would be better supported if employees are involved in designing the program to nurture a sense of ownership and early buy-in (see Richemond & Needham, 2020).

Theme 4: Motivation to Participate in Meditative Practices Through Workplace Wellness

There has been little research on the motivation for beginning a meditation practice in general (Sedlmeier & Theumer, 2020). Research on why people meditate is nonexistent in a postsecondary environment. In this study, I discovered many similarities in the stories shared by participants regarding their motivation to participate in the meditative practices offered through their workplace health promotion programs. Some of the motivations to participate overlapped with participation benefits, including wanting to connect with others and feel part of a community. The desire to connect with others as a motivator to participate did not appear as a consistent theme in the existing literature on wellness; however, social support is recognized as an essential consideration for coping with stress and the potential impacts of long-term stress (Kneavel, 2021). These connections should be explored further.

In this study, I found that participants engaged in meditative practices as a preventive strategy to relieve pressure and avoid burnout, recognizing that their participation benefited themselves and others. These findings are consistent with the literature that has widely supported the use of meditative practices as proactive strategies to prevent and manage the health disturbances that arise from stress and burnout (see Avvenuti et al., 2020; Gamaiunova et al., 2019; Gupta, 2021; Johnson et al., 2020; Koncz et al., 2020; Morais & Quintao, 2019; Moszeik et al., 2020; Naragatti & Hiregoudar, 2019; Nguyen et al., 2020). Several participants in the current study mentioned that they felt they had permission to participate because it was offered at work and sanctioned by

management. This alleviated the guilt that they might feel from stepping away from their work for an hour during the day. This finding further supports the previous statement that academic institutions should develop workplace policies that signify the importance of employee well-being and sanction participation.

A few participants in the current study mentioned that they were motivated to participate in meditative practices because the practice was offered online, so it was accessible. These comments differ from the existing research indicating that college employees often prefer face-to-face offerings (see Linnan et al., 2017). The participants in the current study may be more comfortable with online program delivery because of their experiences working and socializing virtually during the COVID-19 pandemic. This discrepancy may disappear in the future as more post-COVID-19 pandemic research is conducted. Other interesting findings from this study suggest that some were motivated to participate in meditative practices because they already engaged in practices outside of work or knew the instructor and wanted to support them.

The findings in Theme 4 illustrate a variety of motivators for participation in meditative practices through workplace health promotion programs for women faculty in Ontario. There is limited research on college and university campuses, and there is much to learn about the status of worksite wellness programs in postsecondary institutions and institutional and employee interest in health promotion programming (Linnan et al., 2017). Further exploration of cues to action or the events and things that motivate individuals to change their behavior may be a critical element contributing to the success of workplace health promotion programs (Hayden, 2019; Rinaldi-Miles & Das, 2016).

Theme 5: Confidence in Implementing Meditative Practices to Reduce Stress

The data analysis revealed that most participants have the confidence to engage in implementing meditative practices on their own, outside of the structure of their worksite health promotion program. The findings in Theme 5 showed that several participants felt that engaging in their worksite wellness initiatives served as a reminder that when stressed out, these practices are accessible and can be used on their own when needed. One participant stated that she now engages in different ways to manage stress because of the workplace sessions. Two participants already had strong home practices before participating in the worksite initiatives. One participant mentioned that the more you go, the more comfortable you get and the more confident you are to practice independently. Self-efficacy is a person's belief in their ability to complete task and challenges effectively and achieve goals (Hayden, 2019; Rinaldi-Miles & Das, 2016). This study's findings are consistent with those of previous studies that used the HBM to explore how behavior is impacted by cues to action and self-efficacy (see Hayden, 2019; Rinaldi-Miles & Das, 2016).

One participant's response differs from previous findings in this area. When asked if the workplace wellness offerings affected their confidence to keep the practices going or try them on their own outside of work, one person answered emphatically no. This same participant described workplace wellness initiatives as offering temporary relief and rhetorically asked, why would I do it? The perception of workplace wellness programs as a band-aid solution rather than a concrete measure to address the sources of workplace

stress may affect the participants perspective of the value or usefulness of meditative practices rendering participation useless as a cue to action outside of work.

Theme 6: Future Hopes for Workplace Wellness in Academia

Research on workplace wellness programs has typically evaluated existing wellness interventions. The research has yet to thoroughly explore the hopes and desires of employees relative to workplace wellness initiatives, particularly in academia. Although it was not part of the formal interview guide, most participants shared detailed thoughts on their hopes for the future of workplace wellness at their institution. The possibilities participants would like to see considered in the future include more support from the administration, ongoing consultation with staff regarding program offerings, a dedicated space to practice, consistency and long-term offerings, an increase in workplace benefits and more choice in how to use them and addressing the root causes of workplace stress. The findings in Theme 6 offer hope that there are practical solutions to address the challenges in existing workplace health promotion programs and point to the need to make sure the programs are not performative without meeting the population's needs. Comprehensive workplace wellness programs have been standard in the United States, but there has been less support for these programs in Canada (Jacobs, 2017; Lowensteyn et al., 2018). Worksite wellness programs offer a concrete approach for employers to support their employees' health and well-being (Lloyd et al., 2017; Lowensteyn et al., 2018; McEntyre et al., 2020; Mitchell et al., 2021).

Limitations of the Study

There were limitations to this research that may have affected the results. The recruitment process started in June when many faculty members at colleges and universities in Ontario were on vacation. Over 250 emails were sent, and many of these messages received no response. The projected sample size was 12 to 20 participants early in the process. This target was not achieved, but data saturation was still met.

Geographic location is a limitation of this study. All participants taught at a college or university in Ontario. These institutions are partially funded by the provincial government and operate under the Ministry of Colleges and Universities. Interviewing women faculty in other provinces may have generated different findings based on the framework of their institutions and the resources available to them.

Interviews were conducted virtually via Zoom. Seven of the eight participants chose to have their video on during the interview. It is possible that the ability to establish rapport or observe and interpret the body language of participants was impacted by the lack of in person, face-to-face contact. Member checking was conducted by sending each participant the interview transcription to verify for accuracy.

A final limitation of this study is that the sample ended up being homogenous, as only women who indicated that their cultural background was European or Canadian volunteered to participate. Interviewing exclusively White women faculty excludes the perceptions and experiences of women faculty from other backgrounds. Homogeneity is a significant limitation in this sample. It is important to reinforce that the results of this

study only describe the experiences of the participants and cannot be generalized to the greater population of women faculty.

Recommendations for Future Research

This study focused on increasing the understanding of how the health belief model (HBM) constructs play a role in the use of worksite wellness initiatives to manage stress and promote wellness among women postsecondary faculty in Ontario. Workplace stress is pervasive, and the changing postsecondary institutional environment has exacerbated stress and contributed to adverse outcomes related to personal well-being. As the postsecondary environment continues to shift and change, it is critical to conduct additional research that will provide insight into how to encourage participation in workplace wellness programs that help faculty manage stress.

Future research could include a more robust study with a diverse population. The sample for this study was homogenous in several ways. Inclusion criteria stipulated women faculty only, it was racially homogenous, and the study only included participants who used meditative practices in their worksite health promotion programs. Future research should be conducted to include the perspectives of men and racially diverse individuals who participate in worksite wellness practices to manage stress. Additionally, future research should explore other workplace wellness initiatives beyond meditative practices to increase the understanding of perceptions related to workplace stress and strategies to manage stress.

This study was conducted after returning to work face-to-face in the wake of COVID-19. Provinces handled stay-at-home mandates and institutional closures

differently across Canada, which impacted workplace stress and accessibility of workplace health promotion resources. The women who were interviewed for this study taught at colleges and universities in Ontario. Future research could include faculty from other provinces to explore their experiences with workplace stress and health promotion practices to manage stress.

This study used the health belief model (HBM) to explore the experiences of women postsecondary faculty in Ontario and how they make meaning of their workplace stress and use of worksite wellness programs to manage stress. Future research could investigate this phenomenon using a different theoretical framework like the social cognitive theory or the social ecological model.

This research identified significant physical, mental, and interpersonal effects of workplace stress. Participants revealed that workplace stress management strategies might be beneficial in the short term. However, work needs to be done to address the sources of workplace stress for long-term, sustainable change. Additional studies are required to determine the root causes of workplace stress in the postsecondary system in Ontario so workplace wellness teams and employee union representatives can use the data to support efforts to agitate for systemic changes to address these stressors.

Participants in this study discussed concerns about who will lead the practices and mentioned a lack of understanding or skepticism of the practices as barriers to participation. Future research could explore how education on the benefits and legitimacy of meditation may help overcome the barriers to participation in a workplace setting.

The benefits and barriers to participation shared in this study make it clear that successful workplace wellness strategies need to be endorsed by postsecondary administrators and tailored to the needs of employees. Future research should include institutional needs assessments that lead to program and policy development that demonstrate a tangible commitment to employee well-being.

Implications for Positive Social Change

Creating and delivering comprehensive worksite wellness programs at postsecondary institutions presents an opportunity to positively impact public health by supporting positive health changes for employees and alleviating healthcare costs (Linnan et al., 2017; Lloyd et al., 2017). The findings in this study may create positive social change for faculty at colleges and universities in Ontario who hope to manage their workplace stress through workplace health promotion programming. The research findings express how women faculty have managed their workplace stress using meditative practices offered through their institution's workplace health promotion program, emphasizing the benefits and barriers to participation. The World Health Organization (n.d.) has highlighted the need to gather evidence on the prevalence, causes, mediating, and protective factors related to women's mental health.

Collecting women educators' experiences using worksite wellness initiatives to manage workplace stress can catalyze positive social change in the institutional setting and beyond. The study results can raise awareness about the impact of workplace stress, the need to address the sources of workplace stress, and practical strategies to manage it. The information gathered from participants can demonstrate the value of promoting

employees' well-being and encourage them to speak out against the norm of being stressed, so others feel empowered to make positive changes for themselves. Valuable insights from this study can be used to reform existing workplace wellness programs. Staff should be surveyed to determine when health promotion programming fits their schedule; programming should be offered more consistently so it is not viewed as a temporary solution to alleviate stress in the short term but a practice that is accessible long term. The results can be shared with administrators who can encourage participation and develop policies to help achieve positive well-being outcomes across the provincial postsecondary system.

As participants in this study indicated, engaging in workplace health promotion programming allows them to feel valued as a human, not just an employee. Engaging in the shared experience of workplace wellness offerings can be a catalyst, encouraging participants to advocate for worksite stress management strategies that decrease the risk for adverse health outcomes resulting in positive social change for individuals, families, organizations, and communities (Arpaia & Andersen, 2019).

Conclusion

The purpose of this general qualitative inquiry was to improve the understanding of women faculty perceptions and experiences using meditative practices to manage stress and promote wellness through workplace health promotion in Ontario, Canada. The study used the HBM as a framework to guide the research. Applying the HBM can help to explain the situations and conditions that influence an individual's decision to engage

in health behaviors (Eichenberg et al., 2021). The HBM has been effectively applied to wide-ranging health behaviors and diverse populations (Eichenberg et al., 2021).

This research identified the barriers and benefits for women faculty participating in meditative practices through their workplace health promotion programs in Ontario. The barriers included a perceived lack of time, skepticism about the practice, lack of variety and consistency, and lack of a dedicated space. The benefits included feeling calm, positive, and reenergized, feeling valued as a human, making time for yourself, connecting with co-workers, feeling part of a community, and normalizing the experience of workplace stress. All participants shared their experiences facing workplace stress. They also described what motivated them to participate in the practices offered through their workplace, how they felt during those practices and their hopes for future workplace wellness initiatives at their institution. The data generated from this study clearly illustrates that workplace stress is pervasive and multifactorial. The benefits of participating in meditative practices to manage stress are numerous, as are the barriers. Workplace health promotion programs can be valuable assets to postsecondary institutions that treat their employees as humans first and support employee health and well-being. However, there is work to be done.

Additional research is needed to provide insight into how to encourage participation in workplace wellness programs that help faculty manage stress, address the gap between what is offered and what is needed, and tackle the perception that the causes of workplace stress are being overshadowed by temporary, band-aid solutions. The stress

women faculty feel at work permeates all aspects of their life, making it an individual, institutional, family, and community issue.

Sharing the data from this research with stakeholders is necessary to help build worksite wellness programs that capitalize on the benefits and reduce the barriers to participation. This study could also be a template to help employers uncover what is working and what is not working with existing workplace health promotion programs. This study's findings can create positive social change and address the significant consequences of workplace stress and life stress by creating worksite wellness programs that can motivate people to participate, resulting in less stress and improved well-being personally and professionally.

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Appendix A: Interview Guide

Participant No:

1. How long have you been teaching and what do you teach?
2. Can you tell me about what you perceive to be your primary source of stress at work?
3. Can you describe how workplace stress impacts your overall wellness?
4. How does the stress you experience at work impact how you feel physically and emotionally, how you relate to others or your ability to prioritize your well-being?
5. What is your understanding of how unmanaged workplace stress impacts health outcomes?
6. Do you remember the first time you participated in a workplace wellness offering? What motivated you to participate?
7. Can you describe any experiences that you've had using worksite wellness offerings in the last three years, either in-person, or virtually?
8. What do you perceive to be the benefits of engaging in meditative practices through worksite wellness offerings?
9. Can you describe how you felt during these worksite wellness practices and immediately after?
10. What do you perceive to be the barriers associated with engaging in meditative worksite wellness offerings?
11. What prevents you from participating in worksite wellness practices more often?

12. What would motivate you to participate in meditative worksite wellness practices more often?
13. Do you feel confident that you can implement worksite wellness practices on your own to promote wellness and reduce stress? Why or why not? What contributes to this confidence?
14. Are there worksite wellness practices that you feel you can engage in on your own, outside of the structure of an organized class or workshop?
15. Is there anything further you'd like to add or discuss?
16. Do you have any questions for me?

Appendix B: Interview Script

Interviewer's Script

Hello, as you know, I'm a doctoral student at Walden University and I'm exploring the experiences of women instructors using meditative practices through workplace health promotion in Ontario. Interviews are being conducted with women instructors who have worked at an Ontario college or university for two or more years and have participated in a meditative practice through their worksite wellness program in the last three years. This research is a critical part of my doctoral studies to find out about women's perceptions regarding work related stress and their experiences using employer-sponsored programs to promote wellness and reduce stress. My hope is that this research may provide information that can be used to reform existing workplace health promotion programs to achieve positive well-being outcomes across the provincial postsecondary system.

You have already completed the pre-screening questionnaire and according to the criteria, you were identified to participate in this study. The next stage of this process is to take you through an in-depth interview consisting of questions that are aligned with the health belief model to explore the topic of work-related stress and health promotion practices. The interview will take 30-45 minutes and the length is dependent on how much information you choose to share. The interview questions are thought-provoking and are designed to encourage you to discuss in-depth and insightful information related to your work-stress experience and participation in worksite health promotion. The interview is voluntary and as you read in the informed consent form, you will not be identified in any documents related to this project. The interview will be recorded for transcription

purposes, stored confidentially, and will not be reused for other studies. Upon completion of this project, all your private information will be deleted. You are not required to participate in the study, and you can choose to end the interview at any time. If you want to talk privately about your rights as a participant or any negative parts of the study, you can call Walden University's Research Participant Advocate at 1- 612-312-1210. Do you have any questions? Are you ready to begin?

Closing Script

I appreciate you taking the time to share your perspective and experiences. Once I transcribe the interview, I'd like to send it to you through email to verify its accuracy. Can you please confirm your email address for me? Are you interested in receiving the results of the study once the project is completed? As a thank you for your participation, I'd like to send you an electronic gift card for Indigo or Starbucks. Do you have a preference? Do you have any final questions for me?

Thanks again and have a great day!

Appendix C: Demographic Questions

What is your age?

a) Under 25

b) 25-30

c) 31-40

d) 41-50

e) Over 50

What is your cultural background? Choose all that apply.

a) African

b) European

c) East Asian

d) South Asian

e) Southeast Asian

f) First Nations or Indigenous (please specify)

g) Hispanic or Latinx

h) Middle Eastern

i) Other (please specify)

j) Prefer not to answer

What is your marital status?

a) Married

b) Single

c) Common Law or Domestic Partnership

d) Divorced

e) Widowed

f) Never Married

What is your household income?

a) $50K-$100,000K

b) $100,000K-150,000K

c) Over $150,000K

Appendix D: Participant Screening Questionnaire

What is your gender (sex)?

(a) Female
(b) Other please specify
(c) Prefer not to say

Where do you teach?

Do you teach full-time or part-time?

How long have you been teaching?

(a) Less than two years
(b) More than two years

Have you participated in at least one worksite health promotion program in the last three years (in person or virtually) involving a meditative practice (yoga, meditation, guided breathwork, mantra recitation, visualization, t'ai chi, and quigong)?

(a) Yes
(b) No

If yes, please indicate which worksite health promotion practices you have participated in?

_____ yoga
_____ meditation
_____ guided breathwork
_____ mantra recitation
_____ visualization
_____ t'ai chi
_____ quigong
_____ Other please specify