

## RESEARCH ARTICLE

# WORKPLACE WELLNESS PROGRAM FOR NURSES: A LOGIC MODEL APPROACH



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## Abstract

**Background:** The present situation in the clinical practices in most hospitals in the Philippines presents great challenges and expectations for nurses to accomplish. Working in very busy large hospitals is considered tedious task. Even the most experienced nurses are confronted with complicated assignments that may threaten their wellness. It is in this context that the researcher conducted this study to determine (a) the nurses' rating of the availability of an existing hospital's basic health promotion program for nurses, (b) the nurses' perceptions of administrative support for the health promotion program, and (c) the nurses' appraisal of the scope of workplace wellness promotion in hospital units.

**Methodology:** A descriptive-correlational method was used. The sample consisted of 131 of 194 staff nurses from a large city government hospital. Data were collected using the Workplace Wellness Questionnaire and interviews. Ranking, weighted mean, and Pearson coefficient were used to analyze data.

**Results:** The respondents rated the availability of basic health promotion with its overall mean score of 2.61 implying that the respondents perceived that the health promotion program is supported to some extent. With

regard to the administrative support, the respondents perceived that administration was generally supportive of existing hospital health promotion program. However, they responded that they rarely experienced an optimum level of wellness. Statistical evidence supported that there is an existing relationship between the extent of workplace wellness and the availability of it and support of the administration.

**Conclusion:** Weak areas in the workplace were prioritized in the wellness program for nurses. These areas were: physical activity facilities and access to facilities outside of work hours, nutrition education/weight management, written policies and fitness programs, allocated budget, employee participation and health screening. Since the respondents experienced a low level of wellness, a nurses' workplace wellness program was formulated and proposed.

## Introduction

The researcher, being aware of the working conditions of staff nurses in city government-managed hospitals, observed that even the most experienced nurses are confronted with

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complicated tasks that threatened their wellness. The prevalence of absenteeism is high due to sickness and other problems that are (wellness) health-related. Some nurses complain about their working conditions, and there were those who are dissatisfied with their work as nurses. These observations prompted the researcher to conduct this study. A workplace health promotion program is essential to increasing nurses' health awareness and to decreasing cases of absenteeism and sick leaves. The work areas must provide various opportunities for nurses to express themselves creatively when they are on the verge of giving up so that they may have a healthy and productive well-being and disposition that will redirect their overall thinking and actions (Swinford & Webster, 1989). They should be taught to have a way of life oriented toward optimal health and well-being in which the body, mind, and spirit are integrated in order to live more fully within the human and natural community with which wellness is the driving force (Sweeney & Witmer, 1991, in Myers, 2003). All these opportunities can be provided by the work environment with the assumption that there should be congruence in the seven wellness aspects of individuals being nurtured and developed by the workplace. One way to design innovative institutional programs like wellness in the workplace is through the use of program logic model. In its simplest form, this diagrammatic representation analyzes work into four categories or steps: inputs, activities, outputs, and outcomes. Kirkpatrick (1998) contended that these steps represent the logical flow from inputs covering resources such as money, employees, and equipment to work activities, programs or processes, to the immediate outputs of the work that are delivered to customers, to the outcomes or results that are the long-term consequences of delivering such outputs. According to the development guide by the W.K. Kellogg Foundation (2004), the Program Logic Model provides a picture of how an organization does its work according to the theory and assumptions underlying a program. The model can enhance the participatory role and usefulness of evaluation.

Also, the model provides direction by emphasizing the ability to identify outcomes and anticipate ways to measure the outcomes. The Program Logic Model is a strong tool for communicating with diverse people.

Based on these premises, the researcher conducted the study to determine the clinical nurses' appraisal of the wellness promotion in each ward or unit, and the significant relationships. It was anticipated that results would provide the necessary baseline data for the proposed Wellness in the Workplace Program for the Nurses. The goal is to enable nurses to continue to live up to their ideals of the nursing profession in terms of excellence in service they provide to their clients.

Witmer and Sweeney (1992) presented a holistic model for wellness and prevention across the lifespan which is based on psychological theory and empirical research on characteristics of healthy persons. Specifically, the authors incorporated cross-disciplinary research and theoretical concepts from a variety of disciplines that supported certain human characteristics as related to health, longevity, and quality of life. Cherry, R. (2006) stated that wellness is generally used to indicate a healthy balance of the mind, body and spirit that results in an overall feeling of well-being. Shurts and Myers (2008) found positive relationships between healthy life styles and the life tasks in the Wheel of Wellness, and Connolly and Myers (2003) found positive associations between job satisfaction, mattering and the life tasks. According to Bates (2013), Employee Wellness Programs are organized programs designed to support and assist staff members in establishing healthier lifestyles. Wellness Programs can include things like; increasing employee awareness on health topics, providing behavior change initiatives, and/or establishing corporate policies that support health-related goals and objectives. Programs and policies that promote increased physical activity, tobacco use prevention and cessation, and healthy food selection are a few examples. From a management perspective, wellness programs have the potential

to decrease absenteeism, reduce medical claims costs, and improve employee productivity, recruitment, and retention. Many employers credit the implementation of institutionalized fitness programs for productivity gains in areas such as reduced errors, improved efficiency, and improved decision making Sullivan (2009).

Another important factor to consider in the preparation of a wellness program is the identification of the signs of workplace stress and burnout. This was disclosed by Cruz (1994) who commented that mood and sleep disturbances, upset stomach and headache, and disturbed relationships with family, friends, and colleagues are examples of wellness related problems. The options depend on the goals and desired outcomes of the wellness program. If the goal is to help employees change behavior, reduce risk factors, or save healthcare dollars then the wellness program would be designed to accomplish those outcomes and a budget would be necessary to support that design. Amery (2005) conducted a study on the wellness perception among nurses working in selected US hospitals (particularly in Oncology Departments) and found that the respondents perceived themselves well in the 5 dimensions of wellness developed by Myers (2003). Jadada (2009) suggested that designing a wellness program should start from an understanding of the causes of workplace maladies. Job strain results from the interaction of the worker and the conditions of work. Views differ on the importance of worker characteristics versus working conditions as the primary cause of job stress. The differing viewpoints suggest there are different ways to prevent stress at work. According to one school of thought, differences in individual characteristics such as personality and coping skills are most important in predicting whether certain job conditions will result to disorders - in other words, what is stressful for one person may not be a problem for another.

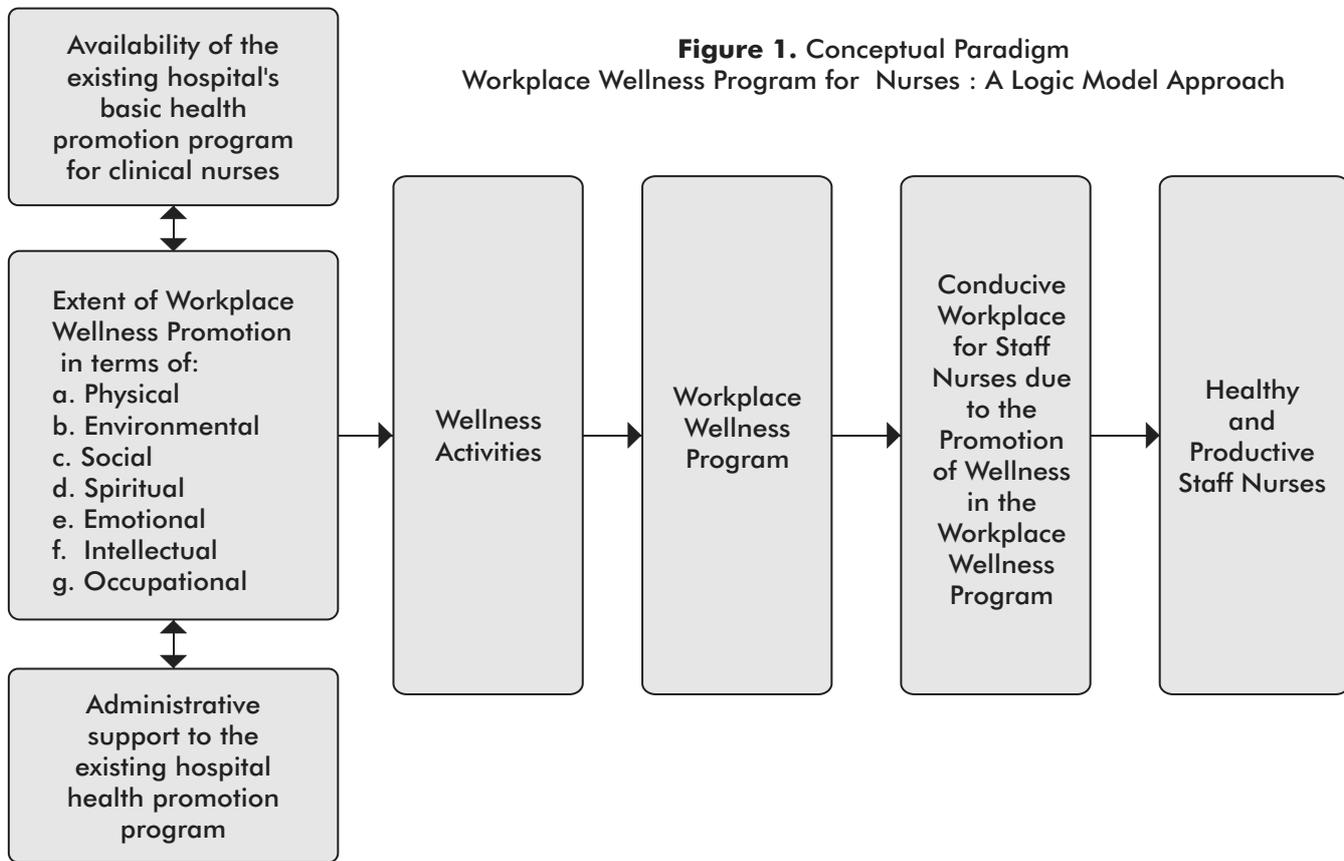
## The Program Logic Model

One useful tool to help administrators plan an effective program is the logic model. Logic models identify program outcomes, processes in which clients are to engage, and the organization structure for delivering activities. Well-conceived logic models are based on relevant disciplinary research and developed in consultation with users of the developed program (Israel, 2009).

The Program Logic Model (W.K. Kellogg 2004) is a systematic and visual way to present relationships among the resources needed to operate a program, the planned activities, and the changes or results the researcher hopes to achieve. The model presents a picture of how an organization does its work according to the theory and assumptions underlying a program. It can enhance the participatory role and usefulness of evaluation. The model supports identification of outcomes and anticipation of ways to measure outcomes.

### *Components of the model*

Arrows are used to link the sequence of events necessary for the program to be effective. In addition to the diagram, logic models can include a narrative that explains the relationships between these components. Fully-specified logic models also identify the external factors that can hinder the efforts of program staff or help them achieve the program's objectives. The model may also indicate factors which affect recruiting participants into the program. A well-reasoned logic model draws upon disciplinary knowledge bases to establish the likely outcomes of program activities and factors which can help or hinder a program's success. The logic model components are presented in <http://www.uwex.edu/2009>. A sequence of actions that describe what the program is and will do and how investments link to results is shown. The five core components in this depiction of the Program Logic Model include:



**Figure 1.** Conceptual Paradigm Workplace Wellness Program for Nurses : A Logic Model Approach

- **INPUTS:** resources, contributions, investments that go into the program
- **ACTIVITIES:** the processes, tools, events, technology, and actions that are an intentional part of the program implementation. These interventions are used to bring about the intended program changes or result
- **OUTPUTS:** activities, services, events and products that reach people who participate or who are targeted
- **OUTCOMES:** results or changes for individuals, groups, communities, organizations, communities, or systems
- **IMPACTS:** the fundamental intended or unintended change occurring in organizations, communities or systems as a result of program activities within 7 to 10 years.

*Factors that can affect the quality of a program*

Factors that can affect the quality of a program are: the needs of clientele; content and sequence of activities; availability of resources; and coordination among employees, administrators, and stakeholders. In essence, an effective program gets the right information to appropriate clients in a way that they can understand and apply.

**Methodology**

This study employed the descriptive-correlational method of research. Zulueta and Costales Jr. (2004) defined this method of research, as a fact-finding study with adequate and accurate interpretation of the findings. This method describes "what is" with emphasis on what actually existed such as current conditions, practices, situations or any phenomena without any control or

manipulation of the variables under scrutiny. Since the present study was concerned with the availability of the existing hospital's basic health promotion program for staff nurses, perceived administrative support to the existing hospital health promotion program, extent of workplace wellness promotion in the hospital wards and units and significant relationships between these areas (as rated by the nurse-respondents), the descriptive method of research is the most appropriate method to use.

This study was conducted in a 300 bed government administered city hospital in the Philippines. The hospital is a non-profit tertiary, general and training hospital. As the hospital is operated and is maintained through taxes paid by city residents, its primary concern is the admission and treatment of patients who are bona-fide residents of the city. Furthermore, the hospital is responsible for the provision of an integrated community health program and the promotion of scientific excellence through research activities.

The participants in this study were the regular permanent clinical nurses, one hundred thirty one (131) out of the total of one hundred ninety four (194) regular permanent clinical nurses assigned in the different units of the hospital. The researcher determined the sample size using the Slovin's formula Ariola (2006). The researcher utilized the lottery technique, where by all the names of the respondents per unit were placed in separate boxes and these were drawn, until the desired number was achieved. Fifty (50) participants were from Special Units, 14 were from OPD/Infirmary, 12 were from Medicine Department, 5 were from ENT Department, 9 were from Pediatric Department, 23 were from OB/DR, 13 were from Surgery Department, and 5 were from Central Supply and Nursing Administration. By employing the descriptive-correlational method of research, data were collected by utilizing the prepared Workplace Wellness Questionnaire and through the interview conducted. Ranking, weighted mean, and Pearson coefficient were used to present and interpret the data.

On the availability of the existing basic health promotion program, it was found out that generally, the respondents rated that the hospital has an available sustenance for the workplace wellness of the nurses. With regard to the administrative advocacy, the respondents perceived that they are generally supportive on activities with regard to it. However, the respondents evaluated that they rarely experienced an optimum level of wellness. The study found out that there is a significant relationship between these variables.

Statistical evidence supported that there is an existing relationship between the extent of workplace wellness and the availability of it and support of the administration. Moreover, since the respondents were rarely experienced high level of wellness, a nurses' workplace wellness program was formulated.

## Results and Discussion

Table 1 presents the composite mean summary of the staff nurses' rating of the availability of the hospital's existing basic health promotion program. Response to cardiac events and emergency is rated at the top of the fourteen areas with the mean of 3.20, followed by written policies on tobacco use and healthcare coverage with respective mean scores of 3.18 and 3.06. The lowest mean score was for physical activity facilities and access to physical activity facilities outside of work hours with the mean of 2.00. These data may mean that, although health promotion is being practiced in the hospital, it seems that not all aspects of a well prepared wellness program are in place, as can be inferred from the responses. It is, however, important to note that cardiac-related incidence emergency handling, prohibition of tobacco use and healthcare coverage are rated high since the workplace is the hospital; and this is the very purpose of their work - to save lives or control sickness.

**Table 1.** Composite Mean Summary of the Respondents' Rating on the Availability of Existing Hospital's Basic Health Promotion

| Areas Rated  | Mean | I         | Rank |
|--|------|-----------|------|
| 1. Worksite Wellness Program Policy and Worksite Wellness Plan                                   | 2.62 | A         | 5    |
| 2. Health Committee Representation   | 2.66 | A         | 4    |
| 3. Written Policies on Physical Activity and Fitness Programs                                    | 2.48 | PA        | 12   |
| 4. Breaks or Rest Periods  | 2.51 | A         | 8    |
| 5. Physical Activity Facilities and Access to Physical Activity Facilities Outside of Work Hours | 2.03 | PA        | 14   |
| 6. Written Policies on Nutrition   | 2.59 | A         | 6    |
| 7. Written Policies on Tobacco Use   | 3.19 | A         | 2    |
| 8. Response to Cardiac Events and Emergency  | 3.20 | A         | 1    |
| 9. Healthcare Coverage   | 3.06 | A         | 3    |
| 10. Health Screening   | 2.49 | PA        | 9    |
| 11. Nutrition Education/Weight Management Programs   | 2.15 | PA        | 13   |
| 12. Employee Participation   | 2.48 | PA        | 10   |
| 13. Education and Awareness Campaigns  | 2.52 | A         | 7    |
| 14. Allocated Budget for Health Program  | 2.42 | PA        | 11   |
| Overall Mean   | 2.60 | Available |      |

**Legend:**

| Weight | Score Range | Interpretation (I)      |
|--------|-------------|-------------------------|
| 5      | 4.51-5.00   | VMA=Very Much Available |
| 4      | 3.51-4.50   | MA=Much Available       |
| 3      | 2.51-3.50   | A=Available             |
| 2      | 1.51-2.50   | PA=Partially Available  |
| 1      | 1.00-1.50   | NA=Not Available        |

**Table 2.** Composite Mean Rating on Perceived Administrative Support to Existing Hospital Health Promotion Program

| Indicators                          | Mean | I         | Rank |
|-------------------------------------|------|-----------|------|
| 1. Accessibility                    | 3.18 | S         | 1    |
| 2. Practicality and Suitability     | 2.63 | S         | 3    |
| 3. Comprehensive Scope and Coverage | 2.51 | S         | 4    |
| 4. Focus on Employee's Welfare      | 2.44 | LS        | 7.5  |
| 5. Employee Involvement             | 2.55 | S         | 5    |
| 6. Sensitivity to Employee's Needs  | 2.47 | LS        | 6    |
| 7. Quality of Service               | 2.46 | LS        | 7.5  |
| 8. Continued Monitoring             | 2.41 | LS        | 9    |
| 9. Cost, Equity, and Affordability  | 2.86 | S         | 2    |
| Overall Mean                        | 2.61 | Supported |      |

Table 2 displays the composite mean rating on perceived administrative support for the existing hospital health promotion program. Generally, the obtained means ranged from the 2.41 to 3.17. The data suggest that the respondents perceived that the hospital administration does not fully support

**Legend:**

| Weight | Score Range | Interpretation (I) |
|--------|-------------|--------------------|
| 5      | 4.51-5.00   | FS=Fully Supported |
| 4      | 3.51-4.50   | MS=Much Supported  |
| 3      | 2.51-3.50   | S=Supported        |
| 2      | 1.51-2.50   | LS=Less Supported  |
| 1      | 1.00-1.50   | NS=Not Supported   |

the existing hospital health promotion program. Generally, with its overall mean score of 2.61, the respondents perceived that the health promotion program is supported to some extent. In summary, all the interview data support the findings of this study concerning the area investigated. These findings should be considered by the administration when adopting a program that would promote, improve, and maintain employee health. The findings are parallel to those of authorities on the development of a workplace wellness programs. According to Henderson (2008), in any endeavor that aspires to maintain and sustain a particular project or program, full participation of every member, employee, and even the key player is a necessity. The key players are the most significant since they have the ability to decide on major operations.

Sweeney and Witmer (1991) argued that the seven dimensions of wellness should be developed and honed in every person especially the nurse-worker since, according to Venzon (2003) nurses are at all times prone to sickness with their exposure to various diseases within the hospital

premises. Table 3 shows a Composite Mean Summary of the Respondents' Appraisal of the Extent of Workplace Wellness Promotion according to the seven dimensions of wellness in the hospital units. Informal conversation with the nurses revealed an interesting idea. Although the wellness promotion at this hospital is not that evident, they are fully aware of the benefits of having a functional workplace wellness program. They said they would like the hospital to implement one in order that avoid excess absenteeism and low performance. They also wanted to project the traditional image that Filipino nurses, whatever odds and shortcomings the workplace exposed them to, possess tender loving care qualities in the conduct of their nursing jobs. The study findings have implications for the administration and may challenge the key decision makers to consider having a concrete, comprehensive wellness program that could cover all the seven dimensions of well being and health and assure that nurses from this hospital will become models of optimum wellness in the nursing-caring services in this country and in the international arena.

**Table 3.** Composite Mean Summary of the Respondents' Appraisal of the Extent of Workplace Wellness Promotion in the Hospital Units

| Indicators    | Mean | I          | Rank |
|---------------|------|------------|------|
| Physical      | 2.5  | AE         | 4    |
| Environmental | 2.16 | LE         | 7    |
| Social        | 2.53 | AE         | 3    |
| Spiritual     | 2.61 | AE         | 2    |
| Emotional     | 2.28 | LE         | 6    |
| Intellectual  | 2.60 | AE         | 1    |
| Occupational  | 2.36 | LE         | 5    |
| Overall Mean  | 2.43 | Low Extent |      |

| Legend: | Weight | Score Range | Interpretation (I)   |
|---------|--------|-------------|----------------------|
|         | 5      | 4.51-5.00   | VHE=Very High Extent |
|         | 4      | 3.51-4.50   | HE=High Extent       |
|         | 3      | 2.51-3.50   | AE=Average Extent    |
|         | 2      | 1.51-2.50   | LE=Low Extent        |
|         | 1      | 1.00-1.50   | NE=No Extent         |

Table 4 is the composite summary of significant relationships between the availability of the hospital's basic health promotion program and extent of wellness promotion. On the other hand, Table 5 is the composite summary of significant relationships between administrative support to the existing hospital health promotion program and extent of wellness. The proposed workplace

wellness program for nurses is designed based on the weak areas, six (6) partially available areas in the existing basic health promotion program, four (4) less supported areas of administrative support to the existing program, and on all the areas of workplace wellness promotion that are described as rarely promoted and sometimes promoted.

**Table 4.** Composite Mean Summary of Significant Relationships between the Availability of Existing Hospital's Basic Health Promotion Program and Extent of Wellness Promotion

| Availability of Existing Hospital's Basic Health Promotion Program                 | Extent of Workplace Wellness Promotion |               |        |           |           |              |              |
|--|--|---------------|--------|-----------|-----------|--------------|--------------|
|  | Physical                               | Environmental | Social | Spiritual | Emotional | Intellectual | Occupational |
| Physical Activity Facilities and Access to Physical Activity Outside of Work Hours | S                                      | S             | S      | S         | S         | S            | S            |
| Nutrition Education/Weight Management Program                                      | S                                      | S             | N.S.   | S         | S         | S            | S            |
| Written Policies on Physical Activity and Fitness Program                          | S                                      | S             | S      | S         | S         | S            | S            |
| Allocated Budget for Health Program  | S                                      | S             | N.S.   | S         | S         | S            | S            |
| Employee Participation   | S                                      | S             | N.S.   | S         | S         | S            | S            |
| Health Screening   | S                                      | S             | N.S.   | S         | S         | S            | S            |

**Legend:** S=Significant NS=Not Significant

**Table 5.** Composite Mean Summary of Significant Relationships between Administrative Support to the Existing Hospital Health Promotion Program and Extent of Wellness

| Administrative Support to the Existing Hospital Health Promotion Program | Extent of Workplace Wellness Promotion |               |        |           |           |              |              |
|--|--|---------------|--------|-----------|-----------|--------------|--------------|
|  | Physical                               | Environmental | Social | Spiritual | Emotional | Intellectual | Occupational |
| Continued Monitoring   | S                                      | S             | S      | S         | S         | S            | S            |
| Focus on Employee's Welfare  | S                                      | S             | S      | S         | S         | S            | S            |
| Quality Service  | S                                      | S             | S      | S         | S         | S            | S            |
| Sensitivity to Employee's Needs  | S                                      | S             | S      | S         | S         | S            | S            |

**Legend:** S=Significant NS=Not Significant

The existing health promotion program was given a rating of availability in the areas of response to cardiac events and emergency; written policies on tobacco use; healthcare coverage; health committee representation; worksite wellness program policy and worksite wellness plan; written policies on nutrition; education and awareness campaigns; and breaks or rest periods. However the nurses rated health screening; employee participation; allocated budget for health program research; written policies on physical activity and fitness programs; nutrition education/weight management programs; and physical activity facilities and access to physical activity facilities outside of work hours as partially available. As a whole, the hospital has available basic health promotion. The administrative support to the existing program was perceived to be available in areas of accessibility; practicality and suitability; employee involvement; and comprehensive scope and coverage. However, quality of service; focus on employees' welfare and sensitivity to employee's need; continued monitoring and cost, equity, and affordability were perceived to be less supported. The scope of workplace wellness promotion in the hospital units for intellectual; spiritual; and social wellness was sometimes promoted, while physical; occupational; emotional; and environmental wellness were rarely promoted.

### **Conclusion and Further Research**

To counter the increasing cases of absenteeism and sick leaves in a workplace like hospital, a workplace wellness and health promotion program is essential. For nurses, it will help them increase their health awareness and it will provide various avenues and options for nurses to express their creativity so that they may have a healthy and productive well-being and disposition that will redirect their overall thinking and actions instead of feeling and thinking about the exhaustion and frustrations. This study is conducted to determine whether health and wellness among nurses is promoted in a government hospital in the Philippines. Specifically, the study investigated the nurses' rating on the availability of the hospital's existing program, their perceptions of administrative support of the program, and their

appraisal of the scope of workplace wellness promotion in the hospital units. The data for nurses' rating on availability of hospital's existing program presented beforehand indicate that, generally, health promotion is being practiced in the hospital, but not all aspects of a well prepared wellness program are in place. On the other hand, data for perceived administrative support for the existing hospital health promotion program suggest that the respondents perceived that the hospital administration does not fully support the existing hospital health promotion program. Generally, the respondents perceived that the health promotion program is supported to some extent and the findings are parallel to those of authorities on the development of a workplace wellness programs.

As a whole, the hospital has available basic health promotion. The administrative support to the existing program was perceived to be available in areas of accessibility; practicality and suitability; employee involvement; and comprehensive scope and coverage. However, quality of service; focus on employees' welfare and sensitivity to employee's need; continued monitoring and cost, equity, and affordability were perceived to be less supported. The scope of workplace wellness promotion in the hospital units for intellectual; spiritual; and social wellness was sometimes promoted, while physical; occupational; emotional; and environmental wellness were rarely promoted.

As a whole, workplace wellness promotion in the hospital was a limited. The proposed workplace wellness program for nurses was prepared based on the findings regarding weak areas: six (6) partially available areas in the existing program, four (4) less supported areas of administrative support for the existing program, and on all the areas of workplace wellness promotion that are described as rarely promoted and sometimes promoted.

The researcher therefore recommended to conduct further study considering other sample and population. Since there are significant findings revealed in this study, it is also

recommended to present the findings of the study and the proposed workplace wellness program to the government-managed hospital. It may be considered by the said institution which they may incorporate in their existing workplace-related programs. It is also recommended to further test program's validity and applicability. Overall, this may be presented to national institutions concerned with this kind of issue, like Department of Health (DOH). DOH should consider implementing the program in other government-run and private hospitals in the country to guarantee the promotion and development of wellness among Filipino nurses. More in-depth analyses should be done to include other variables that the present research did not cover.

#### About the Author

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